

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0012		FROM 1/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/ 1/2010 TIME 11: 40

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:
 KATHERINE SHAW BETHEA 14-0012

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	248,059	91,344	0	
2	SUBPROVIDER	0	48,157	0	0	
3	SWING BED - SNF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	-1	0	0	
100	TOTAL	0	296,215	91,344	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0012 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 6/1/2010
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	60	21,900			5,817		1,510
2 HMO					433		340
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF					393		
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	60	21,900			6,210		1,510
6 INTENSIVE CARE UNIT	6	2,190			630		139
11 NURSERY							338
12 TOTAL	66	24,090			6,840		1,987
13 RPCH VISITS							
14 SUBPROVIDER	14	5,110			1,118		589
15 SKILLED NURSING FACILITY							
18 OTHER HOME HEALTH SERVICES-H					3,646		
21 HOSPICE							
25 TOTAL	80						
26 OBSERVATION BED DAYS							444
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			10,921				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			461				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			11,382				
6 INTENSIVE CARE UNIT			1,299				
11 NURSERY			710				
12 TOTAL			13,391			5.15	
13 RPCH VISITS							
14 SUBPROVIDER			2,646				
15 SKILLED NURSING FACILITY							
18 OTHER HOME HEALTH SERVICES-H			5,638				
21 HOSPICE							
25 TOTAL						5.15	
26 OBSERVATION BED DAYS	71	373	1,730	370	1,360		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,805	716	3,864
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	5.15	822.00			1,805	716	3,864
13 RPCH VISITS							
14 SUBPROVIDER		14.00			155	145	550
15 SKILLED NURSING FACILITY							
18 OTHER HOME HEALTH SERVICES-H		8.00					
21 HOSPICE		7.00					
25 TOTAL	5.15	851.00					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 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	53,014,953		53,014,953	2,015,145.00	26.31	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	1,149,838	83,527	1,233,365	8,131.00	151.69	WS A-8-2 & INTERNAL RECO
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	17,994,728	-83,527	17,911,201	88,879.00	201.52	INTERNAL P/R RECORDS
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	4,605,522	-396,467	4,209,055	370,531.00	11.36	INTERNAL P/R RECORDS
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	298,947		298,947	4,981.00	60.02	INTERNAL A/P RECORDS
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	14,525,347		14,525,347			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,523,060		1,523,060			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	200,044		200,044			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	531,215		531,215	21,598.00	24.60	
22 ADMINISTRATIVE & GENERAL	4,449,902	380,845	4,830,747	201,546.00	23.97	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	906,596	5,454	912,050	46,858.00	19.46	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	29,668		29,668	2,275.00	13.04	
26 HOUSEKEEPING	746,079	-199,977	546,102	66,092.00	8.26	
26.01 HOUSEKEEPING UNDER CONTRACT	128,218		128,218	4,160.00	30.82	
27 DIETARY	894,983	-728,833	166,150	14,562.00	11.41	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		728,833	728,833	52,060.00	14.00	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	722,480		722,480	20,355.00	35.49	
31 CENTRAL SERVICE AND SUPPLY	47,534		47,534	4,177.00	11.38	
32 PHARMACY	842,711		842,711	24,330.00	34.64	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,538,881	-118,569	1,420,312	73,274.00	19.38	
34 SOCIAL SERVICE		162,985	162,985	6,515.00	25.02	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	35,148,443	83,527	35,231,970	1,930,426.00	18.25	
2 EXCLUDED AREA SALARIES	4,605,522	-396,467	4,209,055	370,531.00	11.36	
3 SUBTOTAL SALARIES	30,542,921	479,994	31,022,915	1,559,895.00	19.89	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	298,947		298,947	4,981.00	60.02	
5 SUBTOTAL WAGE-RELATED COSTS	14,725,391		14,725,391		47.47	
6 TOTAL	45,567,259	479,994	46,047,253	1,564,876.00	29.43	
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	10,838,267	230,738	11,069,005	537,802.00	20.58	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0012
HHA NO: 14-7131
COUNTY:
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/1/2010
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	708	0	249
2 UNDUPLICATED CENSUS COUNT		227.00	24.00	132.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	957
2 UNDUPLICATED CENSUS COUNT	383.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.79		1.79
5 OTHER ADMINISTRATIVE PERSONEL	.92		.92
6 DIRECTING NURSING SERVICE	4.11		4.11
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.07		.07
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.46		.46
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9914		

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	1,775	0	88	24
22 SKILLED NURSING VISIT CHARGES	470,375	0	23,320	6,360
23 PHYSICAL THERAPY VISITS	1,313	0	25	19
24 PHYSICAL THERAPY VISIT CHARGES	433,408	0	8,250	6,270
25 OCCUPATIONAL THERAPY VISITS	97	0	2	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	33,008	0	684	0
27 SPEECH PATHOLOGY VISITS	82	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	21,566	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	36	0	0	3
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	14,868	0	0	1,239
31 HOME HEALTH AIDE VISITS	182	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	22,204	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	3,485	0	115	46
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	995,429	0	32,254	13,869
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	256	0	40	5
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	101,896	0	17,435	1,066

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 6/ 1/2010
14-0012	FROM 1/ 1/2009	WORKSHEET S-4
HHA NO:	TO 12/31/2009	
14-7131		
COUNTY:		

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	1,887
22 SKILLED NURSING VISIT CHARGES	0	0	500,055
23 PHYSICAL THERAPY VISITS	0	0	1,357
24 PHYSICAL THERAPY VISIT CHARGES	0	0	447,928
25 OCCUPATIONAL THERAPY VISITS	0	0	99
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	33,692
27 SPEECH PATHOLOGY VISITS	0	0	82
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	21,566
29 MEDICAL SOCIAL SERVICE VISITS	0	0	39
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	16,107
31 HOME HEALTH AIDE VISITS	0	0	182
32 HOME HEALTH AIDE VISIT CHARGES	0	0	22,204
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	3,646
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	1,041,552
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	301
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	120,397

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 6/ 1/2010
14-0012	FROM 1/ 1/2009	WORKSHEET S-7
	TO 12/31/2009	

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

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

Worksheet S-2 reference data:
 Transition Period : 0
 Wage Index Factor (before 10/01) : 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0012
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/1/2010
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs 4.05	DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC			6	
11	RMB			4	
12	RMA			3	
12 .01	RMX			79	
12 .02	RML			219	
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3			50	
16	SE2			25	
17	SE1				
18	SSC				
19	SSB				
20	SSA			7	
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL			393	

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

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

Worksheet S-2 reference data:

Transition Period : 0
 Wage Index Factor (before 10/01) : 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/1/2009	6/1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET S-9
14-1588		

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	4,176			
3 INPATIENT RESPI TE CARE				
4 GENERAL INPATIENT CARE	25			
5 TOTAL HOSPICE DAYS	4,201			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE		4,176
3 INPATIENT RESPI TE CARE		
4 GENERAL INPATIENT CARE		25
5 TOTAL HOSPICE DAYS		4,201

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE				
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)				
9 UNDUPLICATED CENSUS COUNT	227			

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)		
9 UNDUPLICATED CENSUS COUNT		227

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 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 11,262,984
17.01	GROSS MEDICAID REVENUES
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 11,262,984
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) .301867
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 12,404,291

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,744,446
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	228,499
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	68,976
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,744,446

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0012
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/1/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		302,433	302,433	4,601	307,034
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		5,343	5,343		5,343
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,132,063	2,132,063	506,513	2,638,576
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,070,665	3,070,665	351,854	3,422,519
5	0500 EMPLOYEE BENEFITS	531,215	13,272,166	13,803,381		13,803,381
6.01	0610 NONPATIENT TELEPHONES				443,473	443,473
6.02	0620 DATA PROCESSING	1,010,670	667,186	1,677,856	-516,736	1,161,120
6.03	0630 PURCH, RECEIV. & STORES	338,783	433,985	772,768	-12,150	760,618
6.04	0640 ADMIN/T/CASH/AR	636,625	102,083	738,708	473,474	1,212,182
6.05	0660 OTHER ADMIN & GENERAL	2,463,824	5,193,287	7,657,111	-91,750	7,565,361
7	0700 MAINTENANCE & REPAIRS	906,596	2,728,659	3,635,255	-163,078	3,472,177
9	0900 LAUNDRY & LINEN SERVICE	29,668	298,894	328,562		328,562
10	1000 HOUSEKEEPING	746,079	526,775	1,272,854	-215,276	1,057,578
11	1100 DIETARY	894,983	644,801	1,539,784	-1,238,226	301,558
12	1200 CAFETERIA				1,238,226	1,238,226
14	1400 NURSING ADMINISTRATION	722,480	43,091	765,571		765,571
15	1500 CENTRAL SERVICES & SUPPLY	47,534	2,979,661	3,027,195	-2,949,397	77,798
16	1600 PHARMACY	842,711	1,529,137	2,371,848	-2,169,862	201,986
17	1700 MEDICAL RECORDS & LIBRARY	1,538,881	538,216	2,077,097	-130,855	1,946,242
18	1800 SOCIAL SERVICE					
18.01	1801 UTILIZATION REVIEW				175,271	175,271
20	2000 NONPHYSICIAN ANESTHETISTS					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				598,505	598,505
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	507,722	700,098	1,207,820	-542,942	664,878
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,283,694	664,800	5,948,494	-73,266	5,875,228
26	2600 INTENSIVE CARE UNIT	1,110,396	142,742	1,253,138	-2,843	1,250,295
31	3100 SUBPROVIDER	955,806	89,376	1,045,182	220	1,045,402
33	3300 NURSERY	378,541	54,967	433,508	-23	433,485
34	3400 SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,270,084	646,684	1,916,768	-182,613	1,734,155
39	3900 DELIVERY ROOM & LABOR ROOM				138,881	138,881
40	4000 ANESTHESIOLOGY		59,414	59,414	-33,338	26,076
41	4100 RADIOLOGY-DIAGNOSTIC	1,430,047	1,493,029	2,923,076	-1,667	2,921,409
41.01	3630 ULTRA SOUND	354,631	62,611	417,242	404	417,646
44	4400 LABORATORY	2,231,340	2,688,771	4,920,111	2,937	4,923,048
49	4900 RESPIRATORY THERAPY	743,791	277,790	1,021,581	-6,681	1,014,900
50	5000 PHYSICAL THERAPY	1,289,492	387,957	1,677,449	-41,535	1,635,914
51	5100 OCCUPATIONAL THERAPY	244,937	127,219	372,156	2,396	374,552
52	5200 SPEECH PATHOLOGY	229,679	104,264	333,943	-51,155	282,788
53	5300 ELECTROCARDIOLOGY	996,495	1,396,810	2,393,305	-882,423	1,510,882
54	5400 ELECTROENCEPHALOGRAPHY	183,314	54,198	237,512	364	237,876
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				4,199,234	4,199,234
55.01	5501 PSYCHIATRY/PSYCHOLOGICAL SERVICES	95,679	10,421	106,100	-25	106,075
56	5600 DRUGS CHARGED TO PATIENTS		856,028	856,028	2,052,577	2,908,605
58	5800 ASC (NON-DISTINCT PART)	378,594	36,168	414,762	2,648	417,410
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 PROVIDER BASED CLINICS	17,994,728	3,375,149	21,369,877	63,939	21,433,816
61	6100 EMERGENCY	2,976,218	303,013	3,279,231	-1,424	3,277,807
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
71	7100 OTHER HOME HEALTH SERVICES-HHA	403,826	92,811	496,637	9,997	506,634
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		526,148	526,148	-526,148	
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	329,291	143,371	472,662	17,005	489,667
95	SUBTOTALS	50,098,354	48,762,284	98,860,638	449,106	99,309,744
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	60,996	187,086	248,082		248,082
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 RETAIL PHARMACY		647,175	647,175		647,175
100.03	7952 MEALS ON WHEELS					
100.04	7954 RMS	848,334	1,209,661	2,057,995	-463,606	1,594,389
100.05	7955 CONTINUING CARE					
100.06	7956 OTHER NONREIMBURSABLE COST CENTERS					
100.07	7957 CORPORATE HEALTH	818,702	212,164	1,030,866	8,927	1,039,793
100.08	7958 CLINIC BLDGS	47,448	188,120	235,568	563	236,131
100.09	7959 DIABETIC CLINIC	137,770	12,956	150,726	1,592	152,318
100.10	7960 IHAP	1,003,349	-1,126,687	-123,338	3,418	-119,920
101	TOTAL	53,014,953	50,092,759	103,107,712	-0-	103,107,712

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0012
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/1/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		307,034
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		5,343
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-272,752	2,365,824
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	7,385	3,429,904
5	0500 EMPLOYEE BENEFITS	124,022	13,927,403
6.01	0610 NONPATIENT TELEPHONES	-2,771	440,702
6.02	0620 DATA PROCESSING		1,161,120
6.03	0630 PURCH, RECEIV. & STORES	-7,818	752,800
6.04	0640 ADMIN/CASH/AR		1,212,182
6.05	0660 OTHER ADMIN & GENERAL	-2,007,448	5,557,913
7	0700 MAINTENANCE & REPAIRS	-17,205	3,454,972
9	0900 LAUNDRY & LINEN SERVICE		328,562
10	1000 HOUSEKEEPING		1,057,578
11	1100 DIETARY		301,558
12	1200 CAFETERIA	-333,667	904,559
14	1400 NURSING ADMINISTRATION	-1,015	764,556
15	1500 CENTRAL SERVICES & SUPPLY		77,798
16	1600 PHARMACY		201,986
17	1700 MEDICAL RECORDS & LIBRARY	-45,325	1,900,917
18	1800 SOCIAL SERVICE		
18.01	1801 UTILIZATION REVIEW		175,271
20	2000 NONPHYSICIAN ANESTHETISTS		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		598,505
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	15,170	680,048
25	2500 ADULTS & PEDIATRICS		5,875,228
26	2600 INTENSIVE CARE UNIT		1,250,295
31	3100 SUBPROVIDER		1,045,402
33	3300 NURSERY		433,485
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,734,155
39	3900 DELIVERY ROOM & LABOR ROOM		138,881
40	4000 ANESTHESIOLOGY		26,076
41	4100 RADIOLOGY-DIAGNOSTIC	-667	2,920,742
41.01	3630 ULTRA SOUND		417,646
44	4400 LABORATORY	-297,717	4,625,331
49	4900 RESPIRATORY THERAPY		1,014,900
50	5000 PHYSICAL THERAPY	-1,875	1,634,039
51	5100 OCCUPATIONAL THERAPY		374,552
52	5200 SPEECH PATHOLOGY		282,788
53	5300 ELECTROCARDIOLOGY		1,510,882
54	5400 ELECTROENCEPHALOGRAPHY		237,876
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,199,234
55.01	5501 PSYCHIATRY/PSYCHOLOGICAL SERVICES		106,075
56	5600 DRUGS CHARGED TO PATIENTS		2,908,605
58	5800 ASC (NON-DISTINCT PART)		417,410
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 PROVIDER BASED CLINICS		21,433,816
61	6100 EMERGENCY	-1,214,825	2,062,982
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
71	7100 OTHER HOME HEALTH SERVICES-HHA		506,634
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		489,667
95	SUBTOTALS	-4,056,508	95,253,236
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		248,082
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 RETAIL PHARMACY		647,175
100.03	7952 MEALS ON WHEELS		
100.04	7954 RMS		1,594,389
100.05	7955 CONTINUING CARE		
100.06	7956 OTHER NONREIMBURSABLE COST CENTERS		
100.07	7957 CORPORATE HEALTH		1,039,793
100.08	7958 CLINIC BLDGS		236,131
100.09	7959 DIABETIC CLINIC		152,318
100.10	7960 IHAP		-119,920
101	TOTAL	-4,056,508	99,051,204

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCH, RECEIV, & STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMIT/CASH/AR	0640	ADMITTING
6.05	OTHER ADMIN & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
18.01	UTILIZATION REVIEW	1801	SOCIAL SERVICE
20	NONPHYSICIAN ANESTHETISTS	2000	
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	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA SOUND	3630	ULTRA SOUND
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.01	PSYCHIATRY/PSYCHOLOGICAL SERVICES	5501	MEDICAL SUPPLIES CHARGED TO PATIENTS
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	PROVIDER BASED CLINICS	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
71	OTHER HOME HEALTH SERVICES-HHA	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	RETAIL PHARMACY	7950	OTHER NONREIMBURSABLE COST CENTERS
100.03	MEALS ON WHEELS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.04	RMS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	CONTINUING CARE	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	OTHER NONREIMBURSABLE COST CENTERS	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	CORPORATE HEALTH	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	CLINIC BLDGS	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	DIABETIC CLINIC	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	I HAP	7960	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140012

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 6/ 1/2010
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DIETARY SALARIES TO CAFETERIA	A	CAFETERIA	12	728,833	
2 DIETARY OTHER EXPENSE TO CAFETERIA	B	CAFETERIA	12		509,393
3 LABOR & DELIVERY SALARIES FROM OB	C	DELIVERY ROOM & LABOR ROOM	39	104,475	
4 LABOR & DELIVERY OTHER EXP FROM OB	D	DELIVERY ROOM & LABOR ROOM	39		27,727
5 RECLASS INTEREST TO CAPITAL	E	NEW CAP REL COSTS-BLDG & FIXT	3		474,091
6		NEW CAP REL COSTS-MVBLE EQUIP	4		52,057
7 COMMUNICATION SALARY	F	NONPATIENT TELEPHONES	6.01	151,254	
8 COMMUNICATION OTHER EXPENSE	G	NONPATIENT TELEPHONES	6.01		292,219
9 RECLASS CAPITAL INS. CONTINUED	H	OLD CAP REL COSTS-BLDG & FIXT	1		4,601
10		NEW CAP REL COSTS-BLDG & FIXT	3		32,422
11		NEW CAP REL COSTS-MVBLE EQUIP	4		46,776
12					
13 RECLASS BILLABLE SUPPLIES	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,197,051
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29 RECLASS BILLABLE DRUGS	J	DRUGS CHARGED TO PATIENTS	56		2,036,057
30 RECLASS TRAVEL . . OT, PT, SPEECH	K	OTHER HOME HEALTH SERVICES-HHA	71		5,993
31					
32					
33 RECLASS BIOMED COSTS	L	ADULTS & PEDIATRICS	25		7,420
34		INTENSIVE CARE UNIT	26		7,987
35		SUBPROVIDER	31		220
1 RECLASS BIOMED COSTS	L	NURSERY	33		1,776
2		OPERATING ROOM	37		41,191
3		DELIVERY ROOM & LABOR ROOM	39		6,679
4		RADIOLOGY-DIAGNOSTIC	41		2,396
5		LABORATORY	44		10,374
6		RESPIRATORY THERAPY	49		8,303
7		PHYSICAL THERAPY	50		2,228
8		ELECTROCARDIOLOGY	53		11,157
9		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		12,237
10		DRUGS CHARGED TO PATIENTS	56		16,520
11		ASC (NON-DISTINCT PART)	58		3,403
12		EMERGENCY	61		5,521
13		PROVIDER BASED CLINICS	60.01		30,911
14		CORPORATE HEALTH	100.07		280
15		OTHER ADMIN & GENERAL	6.05		330
16 RECLASS PORT PHYSICIAN SALARY	M	HOSPICE	93	12,955	
17		UTILIZATION REVIEW	18.01	2,387	
18 RECLASS LEASE EXPENSE	N	NEW CAP REL COSTS-MVBLE EQUIP	4		253,021
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34 ADMISSION KITS	O	ADULTS & PEDIATRICS	25		10,054
35 RECLASS S&W ELECTRONIC CHARTING	P	ADULTS & PEDIATRICS	25	69,670	

RECLASSIFICATIONS

PROVIDER NO:
140012

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 6/1/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS S&W ELECTRONIC CHARTING	P	ADULTS & PEDIATRICS	25		5,330
2 PHYSICIAN PT A TIME- MEETINGS	R	MEDICAL RECORDS & LIBRARY	17	42,029	
3					
4					
5 RESIDENCY COSTS	S	I&R SERVICES-SALARY & FRINGES APPRVD	22		598,505
6		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	49,707	
7					
8 RECLASS PATIENT ACCTG EXPENSE	T	ADM T/CASH/AR	6.04	435,244	
9		ADM T/CASH/AR	6.04		33,296
10 RECLASS UR COSTS	U	UT I L I Z A T I O N R E V I E W	18.01	160,598	12,286
11 RECLASS TSC & CT HOUSEKPG SALARY	V	DATA PROCESSING	6.02	1,614	123
12		PURCH, RECEIV, & STORES	6.03	11,841	906
13		ADM T/CASH/AR	6.04	4,583	351
14		OTHER ADMIN & GENERAL	6.05	1,447	111
15		MAINTENANCE & REPAIRS	7	5,454	417
16		ELECTROENCEPHALOGRAPHY	54	1,314	100
17		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	5,440	416
18		PHYSICAL THERAPY	50	3,877	297
19		SPEECH PATHOLOGY	52	1,518	116
20		OTHER HOME HEALTH SERVICES-HHA	71	3,761	288
21		HOSPICE	93	3,762	288
22		PROVIDER BASED CLINICS	60.01	126,715	9,694
23		IHAP	100.10	3,175	243
24		RMS	100.04	4,583	351
25		CORPORATE HEALTH	100.07	8,539	653
26		CLINIC BLDGS	100.08	523	40
27		DIABETIC CLINIC	100.09	1,479	113
28		OCCUPATIONAL THERAPY	51	3,877	297
29		ELECTROCARDIOLOGY	53	5,327	407
30		RADIOLOGY-DIAGNOSTIC	41	574	44
31		ULTRA SOUND	41.01	574	44
36 TOTAL RECLASSIFICATIONS				1,957,129	8,775,111

(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:
140012

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 6/ 1/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 DIETARY SALARIES TO CAFETERIA	A	DIETARY	11		728,833		
2 DIETARY OTHER EXPENSE TO CAFETERIA	B	DIETARY	11			509,393	
3 LABOR & DELIVERY SALARIES FROM OB	C	ADULTS & PEDIATRICS	25		104,475		
4 LABOR & DELIVERY OTHER EXP FROM OB	D	ADULTS & PEDIATRICS	25			27,727	
5 RECLASS INTEREST TO CAPITAL	E	INTEREST EXPENSE	88			526,148	11
6							11
7 COMMUNICATION SALARY	F	DATA PROCESSING	6.02		151,254		
8 COMMUNICATION OTHER EXPENSE	G	DATA PROCESSING	6.02			292,219	
9 RECLASS CAPITAL INS. CONTINUED	H						
10							12
11							12
12							12
13 RECLASS BILLABLE SUPPLIES	I	OTHER ADMIN & GENERAL	6.05			83,799	12
14		CENTRAL SERVICES & SUPPLY	15			2,948,787	
15		INTENSIVE CARE UNIT	26			2,460	
16		ADULTS & PEDIATRICS	25			7,304	
17		NURSERY	33			155	
18		OPERATING ROOM	37			198,301	
19		ANESTHESIOLOGY	40			33,338	
20		RESPIRATORY THERAPY	49			6,528	
21		PHYSICAL THERAPY	50			43,514	
22		OCCUPATIONAL THERAPY	51			1,409	
23		RADIOLOGY-DIAGNOSTIC	41			349	
24		ULTRA SOUND	41.01			214	
25		EMERGENCY	61			3,010	
26		PSYCHIATRY/PSYCHOLOGICAL SERVICES	55.01			25	
27		ELECTROCARDIOLOGY	53			899,314	
28		ASC (NON-DISTINCT PART)	58			755	
29		SPEECH PATHOLOGY	52			51,588	
30	J	PHARMACY	16			2,036,057	
31	K	PHYSICAL THERAPY	50			4,423	
32		SPEECH PATHOLOGY	52			1,201	
33		OCCUPATIONAL THERAPY	51			369	
34	L	MAINTENANCE & REPAIRS	7			168,933	
35							
1 RECLASS BIOMED COSTS	L						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16 RECLASS PORT PHYSICIAN SALARY	M	PROVIDER BASED CLINICS	60.01		15,342		
17							
18 RECLASS LEASE EXPENSE	N	INTENSIVE CARE UNIT	26			8,370	10
19		ADULTS & PEDIATRICS	25			26,234	10
20		NURSERY	33			1,644	10
21		OPERATING ROOM	37			25,503	10
22		LABORATORY	44			4,989	10
23		PHARMACY	16			133,805	10
24		RESPIRATORY THERAPY	49			8,456	10
25		ELECTROENCEPHALOGRAPHY	54			1,050	10
26		RADIOLOGY-DIAGNOSTIC	41			4,332	10
27		OTHER HOME HEALTH SERVICES-HHA	71			45	10
28		CORPORATE HEALTH	100.07			545	10
29		PROVIDER BASED CLINICS	60.01			6,900	10
30		MAINTENANCE & REPAIRS	7			16	10
31		CENTRAL SERVICES & SUPPLY	15			610	10
32		PURCH, RECEIV, & STORES	6.03			24,897	10
33		OTHER ADMIN & GENERAL	6.05			5,625	10
34	O	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			10,054	
35	P	DATA PROCESSING	6.02		69,670		

RECLASSIFICATIONS

PROVIDER NO:
140012

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 6/ 1/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS S&W ELECTRONIC CHARTING	P	DATA PROCESSING	6.02		5,330	
2 PHYSICIAN PT A TIME- MEETINGS	R	PROVIDER BASED CLINICS	60.01	35,646		
3		EMERGENCY	61	3,935		
4		LABORATORY	44	2,448		
5 RESIDENCY COSTS	S	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		598,505	
6		OTHER ADMIN & GENERAL	6.05	4,214		
7		PROVIDER BASED CLINICS	60.01	45,493		
8 RECLASS PATIENT ACCTG EXPENSE	T	RMS	100.04	435,244		
9		RMS	100.04		33,296	
10 RECLASS UR COSTS	U	MEDICAL RECORDS & LIBRARY	17	160,598	12,286	
11 RECLASS TSC & CT HOUSEKPG SALARY	V	HOUSEKEEPING	10	199,977	15,299	
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
36 TOTAL RECLASSIFICATIONS				1,957,129	8,775,111	

(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:
140012

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 6/ 1/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : DIETARY SALARIES TO CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	728,833	DIETARY	11	728,833	
TOTAL RECLASSIFICATIONS FOR CODE A			728,833				728,833

RECLASS CODE: B
EXPLANATION : DIETARY OTHER EXPENSE TO CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	509,393	DIETARY	11	509,393	
TOTAL RECLASSIFICATIONS FOR CODE B			509,393				509,393

RECLASS CODE: C
EXPLANATION : LABOR & DELIVERY SALARIES FROM OB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	104,475	ADULTS & PEDIATRICS	25	104,475	
TOTAL RECLASSIFICATIONS FOR CODE C			104,475				104,475

RECLASS CODE: D
EXPLANATION : LABOR & DELIVERY OTHER EXP FROM OB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	27,727	ADULTS & PEDIATRICS	25	27,727	
TOTAL RECLASSIFICATIONS FOR CODE D			27,727				27,727

RECLASS CODE: E
EXPLANATION : RECLASS INTEREST TO CAPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	474,091			0	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	52,057	INTEREST EXPENSE	88	526,148	
TOTAL RECLASSIFICATIONS FOR CODE E			526,148				526,148

RECLASS CODE: F
EXPLANATION : COMMUNICATION SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPATIENT TELEPHONES	6.01	151,254	DATA PROCESSING	6.02	151,254	
TOTAL RECLASSIFICATIONS FOR CODE F			151,254				151,254

RECLASS CODE: G
EXPLANATION : COMMUNICATION OTHER EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPATIENT TELEPHONES	6.01	292,219	DATA PROCESSING	6.02	292,219	
TOTAL RECLASSIFICATIONS FOR CODE G			292,219				292,219

RECLASS CODE: H
EXPLANATION : RECLASS CAPITAL INS. CONTINUED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	4,601			0	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	32,422			0	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	46,776			0	
4.00			0	OTHER ADMIN & GENERAL	6.05	83,799	
TOTAL RECLASSIFICATIONS FOR CODE H			83,799				83,799

RECLASS CODE: I
EXPLANATION : RECLASS BILLABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,197,051	CENTRAL SERVICES & SUPPLY	15	2,948,787	

RECLASSIFICATIONS

PROVIDER NO:
140012

PERIOD:
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TO 12/31/2009

PREPARED 6/1/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION: RECLASS BILLABLE SUPPLIES

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
2.00			0	INTENSIVE CARE UNIT	26	2,460		
3.00			0	ADULTS & PEDIATRICS	25	7,304		
4.00			0	NURSERY	33	155		
5.00			0	OPERATING ROOM	37	198,301		
6.00			0	ANESTHESIOLOGY	40	33,338		
7.00			0	RESPIRATORY THERAPY	49	6,528		
8.00			0	PHYSICAL THERAPY	50	43,514		
9.00			0	OCCUPATIONAL THERAPY	51	1,409		
10.00			0	RADIOLOGY-DIAGNOSTIC	41	349		
11.00			0	ULTRA SOUND	41.01	214		
12.00			0	EMERGENCY	61	3,010		
13.00			0	PSYCHIATRY/PSYCHOLOGICAL SER	55.01	25		
14.00			0	ELECTROCARDIOLOGY	53	899,314		
15.00			0	ASC (NON-DISTINCT PART)	58	755		
16.00			0	SPEECH PATHOLOGY	52	51,588		
TOTAL RECLASSIFICATIONS FOR CODE I			4,197,051					4,197,051

RECLASS CODE: J
EXPLANATION: RECLASS BILLABLE DRUGS

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	DRUGS CHARGED TO PATIENTS	56	2,036,057	PHARMACY	16	2,036,057		
TOTAL RECLASSIFICATIONS FOR CODE J			2,036,057					2,036,057

RECLASS CODE: K
EXPLANATION: RECLASS TRAVEL, OT, PT, SPEECH

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	OTHER HOME HEALTH SERVICES-HHA	71	5,993	PHYSICAL THERAPY	50	4,423		
2.00			0	SPEECH PATHOLOGY	52	1,201		
3.00			0	OCCUPATIONAL THERAPY	51	369		
TOTAL RECLASSIFICATIONS FOR CODE K			5,993					5,993

RECLASS CODE: L
EXPLANATION: RECLASS BIOMED COSTS

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	ADULTS & PEDIATRICS	25	7,420	MAINTENANCE & REPAIRS	7	168,933		
2.00	INTENSIVE CARE UNIT	26	7,987			0		
3.00	SUBPROVIDER	31	220			0		
4.00	NURSERY	33	1,776			0		
6.00	OPERATING ROOM	37	41,191			0		
7.00	DELIVERY ROOM & LABOR ROOM	39	6,679			0		
8.00	RADIOLOGY-DIAGNOSTIC	41	2,396			0		
9.00	LABORATORY	44	10,374			0		
10.00	RESPIRATORY THERAPY	49	8,303			0		
11.00	PHYSICAL THERAPY	50	2,228			0		
12.00	ELECTROCARDIOLOGY	53	11,157			0		
13.00	MEDICAL SUPPLIES CHARGED TO PA	55	12,237			0		
14.00	DRUGS CHARGED TO PATIENTS	56	16,520			0		
15.00	ASC (NON-DISTINCT PART)	58	3,403			0		
16.00	EMERGENCY	61	5,521			0		
17.00	PROVIDER BASED CLINICS	60.01	30,911			0		
18.00	CORPORATE HEALTH	100.07	280			0		
19.00	OTHER ADMIN & GENERAL	6.05	330			0		
TOTAL RECLASSIFICATIONS FOR CODE L			168,933					168,933

RECLASS CODE: M
EXPLANATION: RECLASS PORT PHYSICIAN SALARY

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	HOSPICE	93	12,955	PROVIDER BASED CLINICS	60.01	15,342		
2.00	UTILIZATION REVIEW	18.01	2,387			0		
TOTAL RECLASSIFICATIONS FOR CODE M			15,342					15,342

RECLASS CODE: N
EXPLANATION: RECLASS LEASE EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	253,021	INTENSIVE CARE UNIT	26	8,370	

RECLASSIFICATIONS

PROVIDER NO:
140012

PERIOD:
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RECLASS CODE: N
EXPLANATION: RECLASS LEASE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	ADULTS & PEDIATRICS	25	26,234	
3.00			0	NURSERY	33	1,644	
4.00			0	OPERATING ROOM	37	25,503	
5.00			0	LABORATORY	44	4,989	
6.00			0	PHARMACY	16	133,805	
7.00			0	RESPIRATORY THERAPY	49	8,456	
8.00			0	ELECTROENCEPHALOGRAPHY	54	1,050	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	4,332	
10.00			0	OTHER HOME HEALTH SERVICES-HHA	71	45	
11.00			0	CORPORATE HEALTH	100.07	545	
12.00			0	PROVIDER BASED CLINICS	60.01	6,900	
13.00			0	MAINTENANCE & REPAIRS	7	16	
14.00			0	CENTRAL SERVICES & SUPPLY	15	610	
15.00			0	PURCH, RECEIV, & STORES	6.03	24,897	
16.00			0	OTHER ADMIN & GENERAL	6.05	5,625	
TOTAL RECLASSIFICATIONS FOR CODE N			253,021				253,021

RECLASS CODE: O
EXPLANATION: ADMISSION KITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	10,054	MEDICAL SUPPLIES CHARGED TO PA	55	10,054	
TOTAL RECLASSIFICATIONS FOR CODE O			10,054				10,054

RECLASS CODE: P
EXPLANATION: RECLASS S&W ELECTRONIC CHARTING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	69,670	DATA PROCESSING	6.02	69,670	
2.00	ADULTS & PEDIATRICS	25	5,330	DATA PROCESSING	6.02	5,330	
TOTAL RECLASSIFICATIONS FOR CODE P			75,000				75,000

RECLASS CODE: R
EXPLANATION: PHYSICIAN PT A TIME- MEETINGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL RECORDS & LIBRARY	17	42,029	PROVIDER BASED CLINICS	60.01	35,646	
2.00			0	EMERGENCY	61	3,935	
3.00			0	LABORATORY	44	2,448	
TOTAL RECLASSIFICATIONS FOR CODE R			42,029				42,029

RECLASS CODE: S
EXPLANATION: RESIDENCY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	598,505	I&R SERVICES-OTHER PRGM COSTS	23	598,505	
2.00	I&R SERVICES-OTHER PRGM COSTS	23	49,707	OTHER ADMIN & GENERAL	6.05	4,214	
3.00			0	PROVIDER BASED CLINICS	60.01	45,493	
TOTAL RECLASSIFICATIONS FOR CODE S			648,212				648,212

RECLASS CODE: T
EXPLANATION: RECLASS PATIENT ACCTG EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMIT/CASH/AR	6.04	435,244	RMS	100.04	435,244	
2.00	ADMIT/CASH/AR	6.04	33,296	RMS	100.04	33,296	
TOTAL RECLASSIFICATIONS FOR CODE T			468,540				468,540

RECLASS CODE: U
EXPLANATION: RECLASS UR COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	UTILIZATION REVIEW	18.01	172,884	MEDICAL RECORDS & LIBRARY	17	172,884	
TOTAL RECLASSIFICATIONS FOR CODE U			172,884				172,884

RECLASSIFICATIONS

PROVIDER NO:
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TO 12/31/2009

PREPARED 6/ 1/2010
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NOT A CMS WORKSHEET

RECLASS CODE: V
EXPLANATION : RECLASS TSC & CT HOUSEKPG SALARY

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	DATA PROCESSING	1,737	6.02	HOUSEKEEPING	215,276
2.00	PURCH, RECEIV, & STORES	12,747	6.03		0
3.00	ADMIT/CASH/AR	4,934	6.04		0
4.00	OTHER ADMIN & GENERAL	1,558	6.05		0
5.00	MAINTENANCE & REPAIRS	5,871	7		0
6.00	ELECTROENCEPHALOGRAPHY	1,414	54		0
7.00	I&R SERVICES-OTHER PRGM COSTS	5,856	23		0
8.00	PHYSICAL THERAPY	4,174	50		0
9.00	SPEECH PATHOLOGY	1,634	52		0
10.00	OTHER HOME HEALTH SERVICES-HHA	4,049	71		0
11.00	HOSPICE	4,050	93		0
12.00	PROVIDER BASED CLINICS	136,409	60.01		0
13.00	I HAP	3,418	100.10		0
14.00	RMS	4,934	100.04		0
15.00	CORPORATE HEALTH	9,192	100.07		0
16.00	CLINIC BLDGS	563	100.08		0
17.00	DIABETIC CLINIC	1,592	100.09		0
18.00	OCCUPATIONAL THERAPY	4,174	51		0
19.00	ELECTROCARDIOLOGY	5,734	53		0
20.00	RADIOLOGY-DIAGNOSTIC	618	41		0
21.00	ULTRA SOUND	618	41.01		0
TOTAL RECLASSIFICATIONS FOR CODE V		215,276			215,276

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION	TOTAL				
	1	2	3	4	5	6	7	
1 LAND	836,617						836,617	
2 LAND IMPROVEMENTS	281,799						281,799	265,639
3 BUILDINGS & FIXTURE	6,575,082						6,575,082	326,622
4 BUILDING IMPROVEMENT								
5 FIXED EQUIPMENT	2,682,116						2,682,116	2,616,537
6 MOVABLE EQUIPMENT	1,797,336					45,116	1,752,220	1,525,939
7 SUBTOTAL	12,172,950					45,116	12,127,834	4,734,737
8 RECONCILING ITEMS								
9 TOTAL	12,172,950					45,116	12,127,834	4,734,737

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION	TOTAL				
	1	2	3	4	5	6	7	
1 LAND	1,124,110	150,000		150,000			1,274,110	
2 LAND IMPROVEMENTS	2,599,712	133,694		133,694			2,733,406	403,278
3 BUILDINGS & FIXTURE	26,015,981	1,884,621		1,884,621			27,900,602	3,454,924
4 BUILDING IMPROVEMENT	19,000						19,000	
5 FIXED EQUIPMENT	16,239,792	1,106,859		1,106,859			17,346,651	1,035,240
6 MOVABLE EQUIPMENT	26,800,879	4,328,835		4,328,835		3,350,864	27,778,850	9,604,268
7 SUBTOTAL	72,799,474	7,604,009		7,604,009		3,350,864	77,052,619	14,497,710
8 RECONCILING ITEMS								
9 TOTAL	72,799,474	7,604,009		7,604,009		3,350,864	77,052,619	14,497,710

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	10,371,764		10,371,764	.117318				
2	OLD CAP REL COSTS-MV	1,752,220		1,752,220	.019820				
3	NEW CAP REL COSTS-BL	49,273,769		49,273,769	.557349				
4	NEW CAP REL COSTS-MV	27,778,850	769,282	27,009,568	.305513				
5	TOTAL	89,176,603	769,282	88,407,321	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	302,433			4,601			307,034
2	OLD CAP REL COSTS-MV	5,343						5,343
3	NEW CAP REL COSTS-BL	2,132,063		201,339	32,422			2,365,824
4	NEW CAP REL COSTS-MV	3,108,356	253,021	21,751	46,776			3,429,904
5	TOTAL	5,548,195	253,021	223,090	83,799			6,108,105

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	302,433						302,433
2	OLD CAP REL COSTS-MV	5,343						5,343
3	NEW CAP REL COSTS-BL	2,132,063						2,132,063
4	NEW CAP REL COSTS-MV	3,070,665						3,070,665
5	TOTAL	5,510,504						5,510,504

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 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			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-272,752	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-30,306	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-7,818	PURCH, RECEIV, & STORES	6.03	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	B	-2,771	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE	B	-17,205	MAINTENANCE & REPAIRS	7	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,506,830			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-315,009	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-45,325	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-746	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3		OTHER HOME HEALTH SERVICE	71	
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 EMS TUITION REVENUE	B	-5,712	EMERGENCY	61	
37.01 NON ALLOWABLE ADVERTISING	A	-75,110	OTHER ADMIN & GENERAL	6.05	
37.02 MISC CAFETERIA REVENUE	B	-17,912	CAFETERIA	12	
37.03 MISC. REVENUE	B	-15,600	OTHER ADMIN & GENERAL	6.05	
37.06 LOSS ON SALE OF ASSET-NEW	B	37,891	NEW CAP REL COSTS-MVBLE E	4	9
37.07 PT SPECIAL PROGRAM REVENUE	B	-1,875	PHYSICAL THERAPY	50	
37.09 SALE OF RADIOLOGY COPIES	B	-667	RADIOLOGY-DIAGNOSTIC	41	
37.13 GAIN ON SALE - OLD	B	-200	NEW CAP REL COSTS-MVBLE E	4	9
37.14					
37.15					
37.16					
37.18 AHA & IHA LOBBYING COSTS	A	-32,595	OTHER ADMIN & GENERAL	6.05	
37.20 EMPLOYEE PHYSICALS	A	124,022	EMPLOYEE BENEFITS	5	
37.22 EDUCATION REVENUE (CHILD BIRTH CLASS)	B	-1,015	NURSING ADMINISTRATION	14	
37.23					
37.25					
37.26 PHYSICIAN RECRUITMENT COSTS	A	-155,367	OTHER ADMIN & GENERAL	6.05	
37.27 NON ALLOW A&G EXPENSES	A	-259,734	OTHER ADMIN & GENERAL	6.05	
38 OTHER ADJUSTMENTS (SPECIFY)					
39 AMORTIZED RESIDENCY START UP COSTS	A	15,170	I&R SERVICES-OTHER PRGM C	23	
40 IPA PROVIDER TAX	A	-1,469,042	OTHER ADMIN & GENERAL	6.05	
41					
42					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,056,508			

(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

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2010
 I 14-0012 I FROM 1/ 1/2009 I WORKSHEET A-8-2
 I I TO 12/31/2009 I 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
4 44	LABORATORY	532,242	243,057	289,185	208,000	2,260	226,000	11,300
7 61	EMERGENCY ROOM	1,623,873	763,220	860,653	159,800	5,036	386,900	19,345
101	TOTAL	2,156,115	1,006,277	1,149,838		7,296	612,900	30,645

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
4 44	LABORATORY	10,757	5,845	4,932	2,680	234,525	54,660	297,717
7 61	EMERGENCY ROOM	20,399	10,811	32,168	17,049	414,760	445,893	1,209,113
101	TOTAL	31,156	16,656	37,100	19,729	649,285	500,553	1,506,830

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 1/2010
 I 14-0012 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 12/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	6	TELEPHONES	ENTERED
6.02	DATA PROCESSING	7	NUMBER OF MACHINES	ENTERED
6.03	PURCH, RECEIV, & STORES	8	COST OF SUPPLIES	ENTERED
6.04	ADMIT/CASH/AR	9	GROSS CHARGES	ENTERED
6.05	OTHER ADMIN & GENERAL	#	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	13	HOURS OF SERVICE	ENTERED
11	DIETARY	14	MEALS SERVED	ENTERED
12	CAFETERIA	15	MEALS SERVED	ENTERED
14	NURSING ADMINISTRATION	16	HOURS OF SERVICE	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUISITIONS	ENTERED
16	PHARMACY	18	COSTED REQUISITIONS	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	I/P GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	20	PATIENT DAYS	ENTERED
18.01	UTILIZATION REVIEW	20	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	21	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	22	TIME SPENT	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	TIME SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	307,034	307,034					
003 OLD CAP REL COSTS-MVBLE E	5,343		5,343				
004 NEW CAP REL COSTS-BLDG &	2,365,824			2,365,824			
005 NEW CAP REL COSTS-MVBLE E	3,429,904				3,429,904		
006 EMPLOYEE BENEFITS	13,927,403	2,924		22,532	7,114	13,959,973	
006 01 NONPATIENT TELEPHONES	440,702	231		1,780		40,221	482,934
006 02 DATA PROCESSING	1,161,120	2,067		15,931	450,938	210,491	17,009
006 03 PURCH, RECEIV, & STORES	752,800	7,731		59,567	73,829	93,261	6,682
006 04 ADMN/CASH/AR	1,212,182	5,316		40,959	14,547	286,321	15,794
006 05 OTHER ADMIN & GENERAL	5,557,913	7,833	4,969	60,354	52,205	654,680	32,196
007 MAINTENANCE & REPAIRS	3,454,972	78,129		601,976	23,118	242,593	10,327
009 LAUNDRY & LINEN SERVICE	328,562	118		913		7,891	
010 HOUSEKEEPING	1,057,578	2,538		19,557	2,521	145,255	1,822
011 DIETARY	301,558	2,922		22,517	3,008	44,194	7,290
012 CAFETERIA	904,559	2,363		18,210	11,315	193,859	2,430
014 NURSING ADMINISTRATION	764,556	1,492		11,498	3,503	192,170	11,542
015 CENTRAL SERVICES & SUPPLY	77,798	443		3,414	2,690	12,643	1,215
016 PHARMACY	201,986	1,509		11,624	196,257	224,149	7,290
017 MEDICAL RECORDS & LIBRARY	1,900,917	3,401		26,208	34,552	377,783	23,084
018 01 SOCIAL SERVICE UTILIZATION REVIEW	175,271	89		686		43,352	1,215
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI	598,505						
023 I&R SERVICES-OTHER PRGM C	680,048	2,730		21,039	11,920	175,532	10,327
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,875,228	20,964		161,536	135,922	1,396,131	29,158
026 INTENSIVE CARE UNIT	1,250,295	2,300		17,726	53,194	295,350	7,897
031 SUBPROVIDER	1,045,402	5,727		44,126	1,948	254,231	10,934
033 NURSERY	433,485	346		2,668	10,871	100,687	1,215
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,734,155	8,504	34	65,528	352,774	337,825	20,654
039 DELIVERY ROOM & LABOR ROO	138,881	821		6,324	11,816	27,789	607
040 ANESTHESIOLOGY	26,076	46		358	35,180		
041 RADIOLOGY-DIAGNOSTIC	2,920,742	4,820	340	37,141	815,580	380,525	17,009
041 01 ULTRA SOUND	417,646	207		1,599	38,433	94,533	2,430
044 LABORATORY	4,625,331	3,359		25,886	178,783	592,854	15,794
049 RESPIRATORY THERAPY	1,014,900	1,697		13,076	85,855	197,838	13,364
050 PHYSICAL THERAPY	1,634,039	4,391		33,838	77,123	344,018	8,504
051 OCCUPATIONAL THERAPY	374,552	1,464		11,281	300	66,181	607
052 SPEECH PATHOLOGY	282,788	1,147		8,835	9,552	61,495	5,467
053 ELECTROCARDIOLOGY	1,510,882	5,912		45,558	457,019	266,471	9,719
054 ELECTROENCEPHALOGRAPHY	237,876	1,068		8,230	45,766	49,108	1,215
055 MEDICAL SUPPLIES CHARGED	4,199,234						
055 01 PSYCHIATRY/PSYCHOLOGICA	106,075	1,919		14,786	1,190	25,449	3,645
056 DRUGS CHARGED TO PATIENTS	2,908,605						
058 ASC (NON-DISTINCT PART)	417,410	2,490		19,188	9,377	100,701	3,645
060 OUTPAT SERVICE COST CNTRS							
060 01 PROVIDER BASED CLINICS	21,433,816	50,047		385,635	171,359	4,768,488	122,103
061 EMERGENCY	2,062,982	2,787		21,478	17,866	790,586	17,616
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
093 OTHER HOME HEALTH SERVICE	506,634	2,840		21,886	4,402	108,412	8,504
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	489,667	2,840		21,886	2,051	92,033	4,860
095 SUBTOTALS	95,253,236	247,532	5,343	1,907,334	3,403,878	13,295,100	453,170
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	248,082	994		7,660	1,067	16,224	2,430
098 PHYSICIANS' PRIVATE OFFIC		47,274		364,268			
100 RETAIL PHARMACY	647,175	65		504			607
100 03 MEALS ON WHEELS							
100 04 RMS	1,594,389	1,722		13,268	5,793	111,095	12,149
100 05 CONTINUING CARE							607
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH	1,039,793	6,448		49,683	6,387	220,035	12,149
100 08 CLINIC BLDGS	236,131	395		3,041	11,342	12,760	607
100 09 DIABETIC CLINIC	152,318	1,117		8,608	1,437	37,038	1,215
100 10 IHAP	-119,920	1,487		11,458		267,721	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	99,051,204	307,034	5,343	2,365,824	3,429,904	13,959,973	482,934

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCH, RECEIV & STORES	ADMIN/CASH/AR	SUBTOTAL	OTHER ADMIN & MAINTENANCE & LAUNDRY & LINEN SERVICE	REPAIRS	GENERAL
	6.02	6.03	6.04	6a.04	6.05	7	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	1,857,556						
006 03 PURCH, RECEIV, & STORES	33,341	1,027,211					
006 04 ADMIN/CASH/AR	92,878	5,342	1,673,339				
006 05 OTHER ADMIN & GENERAL	121,456	14,489		6,506,095	6,506,095		
007 MAINTENANCE & REPAIRS	26,196	37,290		4,474,601	314,573	4,789,174	
009 LAUNDRY & LINEN SERVICE				337,484	23,726	2,797	364,007
010 HOUSEKEEPING		12,831		1,242,102	87,322	59,934	
011 DIETARY	11,907	909		394,305	27,720	69,006	
012 CAFETERIA		3,419		1,136,155	79,874	55,807	
014 NURSING ADMINISTRATION	50,011	575		1,035,347	72,787	35,237	
015 CENTRAL SERVICES & SUPPLY	7,144	70,581		175,928	12,368	10,463	6,254
016 PHARMACY	23,815	3,394		670,024	47,104	35,623	
017 MEDICAL RECORDS & LIBRARY	116,693	11,235		2,493,873	175,324	80,318	
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	9,526			230,139	16,179	2,102	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI				598,505	42,076		
023 I&R SERVICES-OTHER PRGM C	26,196	3,284		931,076	65,457	64,477	
025 ADULTS & PEDIATRICS	76,207	26,914	106,076	7,828,136	550,334	495,048	137,541
026 INTENSIVE CARE UNIT	9,526	6,752	28,449	1,671,489	117,509	54,324	15,941
031 SUBPROVIDER	21,433	1,201	35,574	1,420,576	99,869	135,229	11,538
033 NURSERY		3,066	5,960	558,298	39,249	8,176	6,979
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	57,156	64,539	172,456	2,813,625	197,803	200,819	44,306
040 DELIVERY ROOM & LABOR ROO			9,603	195,841	13,768	19,380	3,720
040 ANESTHESIOLOGY		7,768	26,450	95,878	6,740	1,097	
041 RADIOLOGY-DIAGNOSTIC	66,681	68,330	284,006	4,595,174	323,050	113,824	31,684
041 01 ULTRA SOUND		1,381	30,744	586,973	41,265	4,899	3,522
044 LABORATORY	57,156	194,387	168,040	5,861,590	412,082	79,329	
049 RESPIRATORY THERAPY	23,815	19,514	58,898	1,428,957	100,459	40,074	
050 PHYSICAL THERAPY	88,115	9,480	47,465	2,246,973	157,967	103,702	18,624
051 OCCUPATIONAL THERAPY		377	9,985	464,747	32,673	34,572	
052 SPEECH PATHOLOGY	4,763	7,769	5,781	387,597	27,249	27,077	
053 ELECTROCARDIOLOGY	57,156	173,877	125,237	2,651,831	186,429	139,618	3,361
054 ELECTROENCEPHALOGRAPHY	4,763	2,955	10,042	361,023	25,381	25,222	4,655
055 MEDICAL SUPPLIES CHARGED		181,493	221,428	4,602,155	323,541		
055 01 PSYCHIATRY/PSYCHOLOGICA	4,763	235	3,100	161,162	11,330	45,313	
056 DRUGS CHARGED TO PATIENTS		17,730	231,580	3,157,915	222,008		
058 ASC (NON-DISTINCT PART)	9,526	1,147	5,690	569,174	40,014	58,805	16,192
060 OUTPAT SERVICE COST CNTRS							
060 01 PROVIDER BASED CLINICS	650,147	48,608		27,630,203	1,942,448	1,181,830	
061 EMERGENCY	40,485	11,784	80,807	3,046,391	214,167	65,822	42,443
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL	45,248	2,034		699,960	49,209	67,074	
093 OTHER HOME HEALTH SERVICE							
095 SPEC PURPOSE COST CENTERS	7,144	654		621,135	43,667	67,074	
HOSPICE							
095 SUBTOTALS	1,743,247	1,015,344	1,667,371	93,882,437	6,142,721	3,384,072	346,760
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	7,144	204		283,805	19,952	23,476	
098 PHYSICIANS' PRIVATE OFFIC				411,542	28,932	1,116,345	
100 RETAIL PHARMACY	2,381		5,968	656,700	46,167	1,545	
100 03 MEALS ON WHEELS							
100 04 RMS	47,630	3,713		1,789,759	125,824	40,662	
100 05 CONTINUING CARE				607	43		
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH	26,196	3,755		1,364,446	95,923	152,261	17,247
100 08 CLINIC BLDGS	2,381	3,253		269,910	18,975	9,319	
100 09 DIABETIC CLINIC	11,907	372		214,012	15,045	26,381	
100 10 IHAP	16,670	570		177,986	12,513	35,113	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,857,556	1,027,211	1,673,339	99,051,204	6,506,095	4,789,174	364,007

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,389,358						
011 DIETARY	8,914	499,945					
012 CAFETERIA	11,291		1,283,127				
014 NURSING ADMINISTRATION	11,885		26,609	1,181,865			
015 CENTRAL SERVICES & SUPPLY	19,610		8,870		233,493		
016 PHARMACY	14,856		29,565			797,172	
017 MEDICAL RECORDS & LIBRARY	35,061		82,782			11	2,867,369
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	1,189		5,913				
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI			11,826				
023 I&R SERVICES-OTHER PRGM C			11,826				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	372,001	285,527	233,562	595,305		1,183	361,652
026 INTENSIVE CARE UNIT	33,872	24,433	44,348	116,035		142	102,994
031 SUBPROVIDER	40,409	61,743	41,391	104,813		73	133,204
033 NURSERY	7,725		11,826	33,277			22,324
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	104,588		76,869	140,826		515	205,805
039 DELIVERY ROOM & LABOR ROO	13,668		2,957	8,923		26	31,321
040 ANESTHESIOLOGY							42,682
041 RADIOLOGY-DIAGNOSTIC	54,671		65,043			2,320	206,217
041 01 ULTRA SOUND	2,377		14,783			1	16,703
044 LABORATORY	41,003		76,869			95	202,707
049 RESPIRATORY THERAPY	47,540		23,652			1,484	153,466
050 PHYSICAL THERAPY	32,684		56,174			670	18,326
051 OCCUPATIONAL THERAPY	10,102		8,870				3,554
052 SPEECH PATHOLOGY	5,348		8,870				1,695
053 ELECTROCARDIOLOGY	17,233		44,348			168	196,519
054 ELECTROENCEPHALOGRAPHY	5,943		5,913				1,512
055 MEDICAL SUPPLIES CHARGED					233,493		511,177
055 01 PSYCHIATRY/PSYCHOLOGICA	20,799		5,913	10,186			
056 DRUGS CHARGED TO PATIENTS						457,489	584,511
058 ASC (NON-DISTINCT PART)	35,061	14,289	20,696	38,899		134	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 PROVIDER BASED CLINICS			162,608				
061 EMERGENCY	99,834		68,000	133,601		1,300	71,000
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
093 OTHER HOME HEALTH SERVICE			23,652				
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			23,652				
095 SUBTOTALS	1,047,664	385,992	1,197,387	1,181,865	233,493	465,611	2,867,369
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	6,537		5,913				
098 PHYSICIANS' PRIVATE OFFIC							
100 RETAIL PHARMACY	2,377		2,957			331,561	
100 03 MEALS ON WHEELS		113,953					
100 04 RMS			38,435				
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH			29,565				
100 08 CLINIC BLDGS	332,780		2,957				
100 09 DIABETIC CLINIC			5,913				
100 10 IHAP							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,389,358	499,945	1,283,127	1,181,865	233,493	797,172	2,867,369

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	SOCIAL SERVICE	UTILIZATION REVIEW	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	18	18.01	20	22	23	25	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW		255,522					
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI				652,407			
023 I&R SERVICES-OTHER PRGM C					1,072,836		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		194,803		3,398		11,058,490	-3,398
026 INTENSIVE CARE UNIT		20,301				2,201,388	
031 SUBPROVIDER		40,418				2,089,263	
033 NURSERY						687,854	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS						3,785,156	
039 OPERATING ROOM						289,604	
040 DELIVERY ROOM & LABOR ROO						146,397	
041 ANESTHESIOLOGY						5,391,983	
041 01 RADIOLOGY-DIAGNOSTIC						670,523	
044 ULTRASOUND						6,673,675	
049 LABORATORY						1,795,632	
050 RESPIRATORY THERAPY						2,635,120	
051 PHYSICAL THERAPY						554,518	
052 OCCUPATIONAL THERAPY						457,836	
053 SPEECH PATHOLOGY						3,239,507	
054 ELECTROCARDIOLOGY						429,649	
055 ELECTROENCEPHALOGRAPHY						5,670,366	
055 01 MEDICAL SUPPLIES CHARGED						254,703	
056 PSYCHIATRY/PSYCHOLOGI CA						4,421,923	
058 DRUGS CHARGED TO PATIENTS						793,264	
060 ASC (NON-DISTINCT PART)							
060 01 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 PROVIDER BASED CLINICS				649,009	1,072,836	32,638,934	-1,721,845
061 EMERGENCY						3,742,558	
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
093 OTHER HOME HEALTH SERVICE						839,895	
095 SPEC PURPOSE COST CENTERS							
093 HOSPICE						755,528	
095 SUBTOTALS		255,522		652,407	1,072,836	91,223,766	-1,725,243
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						339,683	
098 PHYSICIANS' PRIVATE OFFIC						1,556,819	
100 RETAIL PHARMACY						1,041,307	
100 03 MEALS ON WHEELS						113,953	
100 04 RMS						1,994,680	
100 05 CONTINUING CARE						650	
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH						1,659,442	
100 08 CLINIC BLDGS						633,941	
100 09 DIABETIC CLINIC						261,351	
100 10 IHAP						225,612	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		255,522		652,407	1,072,836	99,051,204	-1,725,243

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TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
002 OLD CAP REL COSTS-BLDG &	
003 OLD CAP REL COSTS-MVBLE E	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
006 01 NONPATIENT TELEPHONES	
006 02 DATA PROCESSING	
006 03 PURCH, RECEIV, & STORES	
006 04 ADMIT/CASH/AR	
006 05 OTHER ADMIN & GENERAL	
007 MAINTENANCE & REPAIRS	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
018 01 UTILIZATION REVIEW	
020 NONPHYSICIAN ANESTHETISTS	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	11,055,092
026 INTENSIVE CARE UNIT	2,201,388
031 SUBPROVIDER	2,089,263
033 NURSERY	687,854
034 SKILLED NURSING FACILITY	
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	3,785,156
039 DELIVERY ROOM & LABOR ROO	289,604
040 ANESTHESIOLOGY	146,397
041 RADIOLOGY-DIAGNOSTIC	5,391,983
041 01 ULTRASOUND	670,523
044 LABORATORY	6,673,675
049 RESPIRATORY THERAPY	1,795,632
050 PHYSICAL THERAPY	2,635,120
051 OCCUPATIONAL THERAPY	554,518
052 SPEECH PATHOLOGY	457,836
053 ELECTROCARDIOLOGY	3,239,507
054 ELECTROENCEPHALOGRAPHY	429,649
055 MEDICAL SUPPLIES CHARGED	5,670,366
055 01 PSYCHIATRY/PSYCHOLOGI CA	254,703
056 DRUGS CHARGED TO PATIENTS	4,421,923
058 ASC (NON-DISTINCT PART)	793,264
OUTPAT SERVICE COST CNTRS	
060 CLINIC	
060 01 PROVIDER BASED CLINICS	30,917,089
061 EMERGENCY	3,742,558
062 OBSERVATION BEDS (NON-DIS	
OTHER REIMBURS COST CNTRS	
066 DURABLE MEDICAL EQUIP-REN	
067 DURABLE MEDICAL EQUIP-SOL	
071 OTHER HOME HEALTH SERVICE	839,895
SPEC PURPOSE COST CENTERS	
093 HOSPICE	755,528
095 SUBTOTALS	89,498,523
NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	339,683
098 PHYSICIANS' PRIVATE OFFIC	1,556,819
100 RETAIL PHARMACY	1,041,307
100 03 MEALS ON WHEELS	113,953
100 04 RMS	1,994,680
100 05 CONTINUING CARE	650
100 06 OTHER NONREIMBURSABLE COS	
100 07 CORPORATE HEALTH	1,659,442
100 08 CLINIC BLDGS	633,941
100 09 DIABETIC CLINIC	261,351
100 10 IHAP	225,612
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 TOTAL	97,325,961

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
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 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENEFITS
	OLD CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		2,924				2,924	2,924
006 01 NONPATIENT TELEPHONES		231				231	8
006 02 DATA PROCESSING		2,067				2,067	44
006 03 PURCH, RECEIV, & STORES		7,731				7,731	20
006 04 ADMIT/CASH/AR		5,316				5,316	60
006 05 OTHER ADMIN & GENERAL	1,588	7,833	4,969			14,390	138
007 MAINTENANCE & REPAIRS		78,129				78,129	51
009 LAUNDRY & LINEN SERVICE		118				118	2
010 HOUSEKEEPING		2,538				2,538	31
011 DIETARY		2,922				2,922	9
012 CAFETERIA		2,363				2,363	41
014 NURSING ADMINISTRATION		1,492				1,492	40
015 CENTRAL SERVICES & SUPPLY		443				443	3
016 PHARMACY		1,509				1,509	47
017 MEDICAL RECORDS & LIBRARY		3,401				3,401	80
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW		89				89	9
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C		2,730				2,730	37
023 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		20,964				20,964	294
026 INTENSIVE CARE UNIT		2,300				2,300	62
031 SUBPROVIDER		5,727				5,727	54
033 NURSERY		346				346	21
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		8,504	34			8,538	71
039 DELIVERY ROOM & LABOR ROO		821				821	6
040 ANESTHESIOLOGY		46				46	
041 RADIOLOGY-DIAGNOSTIC		4,820	340			5,160	80
041 01 ULTRASOUND		207				207	20
044 LABORATORY		3,359				3,359	125
049 RESPIRATORY THERAPY		1,697				1,697	42
050 PHYSICAL THERAPY		4,391				4,391	72
051 OCCUPATIONAL THERAPY		1,464				1,464	14
052 SPEECH PATHOLOGY		1,147				1,147	13
053 ELECTROCARDIOLOGY		5,912				5,912	56
054 ELECTROENCEPHALOGRAPHY		1,068				1,068	10
055 MEDICAL SUPPLIES CHARGED							
055 01 PSYCHIATRY/PSYCHOLOGICA		1,919				1,919	5
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)		2,490				2,490	21
060 OUTPAT SERVICE COST CNTRS							
060 01 PROVIDER BASED CLINICS		50,047				50,047	991
061 EMERGENCY		2,787				2,787	166
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE		2,840				2,840	23
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		2,840				2,840	19
095 SUBTOTALS	1,588	247,532	5,343			254,463	2,785
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		994				994	3
098 PHYSICIANS' PRIVATE OFFIC		47,274				47,274	
100 RETAIL PHARMACY		65				65	
100 03 MEALS ON WHEELS							
100 04 RMS		1,722				1,722	23
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH		6,448				6,448	46
100 08 CLINIC BLDGS		395				395	3
100 09 DIABETIC CLINIC		1,117				1,117	8
100 10 IHAP		1,487				1,487	56
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,588	307,034	5,343			313,965	2,924

ALLOCATION OF OLD CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCH, RECEIV, & STORES	ADMIN/CASH/AR	OTHER ADMIN & MAINTENANCE REPAIRS	LAUNDRY & LINEN SERVICE	
	6.01	6.02	6.03	6.04	6.05	7	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	239						
006 02 DATA PROCESSING	8	2,119					
006 03 PURCH, RECEIV, & STORES	3	38	7,792				
006 04 ADMIN/CASH/AR	8	106	41	5,531			
006 05 OTHER ADMIN & GENERAL	16	139	110		14,793		
007 MAINTENANCE & REPAIRS	5	30	283		716	79,214	
009 LAUNDRY & LINEN SERVICE					54	46	220
010 HOUSEKEEPING	1		97		199	991	
011 DIETARY	4	14	7		63	1,141	
012 CAFETERIA	1		26		182	923	
014 NURSING ADMINISTRATION	6	57	4		166	583	
015 CENTRAL SERVICES & SUPPLY	1	8	535		28	173	4
016 PHARMACY	4	27	26		107	589	
017 MEDICAL RECORDS & LIBRARY	11	133	85		399	1,328	
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	1	11			37	35	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					96		
023 I&R SERVICES-OTHER PRGM C	5	30	25		149	1,066	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	14	87	204	347	1,253	8,188	83
026 INTENSIVE CARE UNIT	4	11	51	93	267	899	10
031 SUBPROVIDER	5	24	9	116	227	2,237	7
033 NURSERY	1		23	19	89	135	4
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10	65	489	564	450	3,322	27
039 DELIVERY ROOM & LABOR ROO				31	31	321	2
040 ANESTHESIOLOGY				86	15	18	
041 RADIOLOGY-DIAGNOSTIC	8	76	518	990	735	1,883	19
041 01 ULTRA SOUND	1		10	100	94	81	2
044 LABORATORY	8	65	1,478	549	938	1,312	
049 RESPIRATORY THERAPY	7	27	148	193	229	663	
050 PHYSICAL THERAPY	4	101	72	155	360	1,715	11
051 OCCUPATIONAL THERAPY			3	33	74	572	
052 SPEECH PATHOLOGY	3	5	59	19	62	448	
053 ELECTROCARDIOLOGY	5	65	1,319	409	424	2,309	2
054 ELECTROENCEPHALOGRAPHY	1	5	22	33	58	417	3
055 MEDICAL SUPPLIES CHARGED			1,376	724	736		
055 01 PSYCHIATRY/PSYCHOLOGICA	2	5	2	10	26	749	
056 DRUGS CHARGED TO PATIENTS			134	757	505		
058 ASC (NON-DISTINCT PART)	2	11	9	19	91	973	10
060 OUTPAT SERVICE COST CNTRS							
060 01 PROVIDER BASED CLINICS	61	742	369		4,410	19,549	
061 EMERGENCY	9	46	89	264	487	1,089	26
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE	4	52	15		112	1,109	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	2	8	5		99	1,109	
095 SUBTOTALS	225	1,988	7,702	5,511	13,968	55,973	210
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1	8	2		45	388	
098 PHYSICIANS' PRIVATE OFFIC					66	18,465	
100 RETAIL PHARMACY		3		20	105	26	
100 03 MEALS ON WHEELS							
100 04 RMS	6	54	28		286	673	
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH	6	30	28		218	2,518	10
100 08 CLINIC BLDGS		3	25		43	154	
100 09 DIABETIC CLINIC	1	14	3		34	436	
100 10 IHAP		19	4		28	581	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	239	2,119	7,792	5,531	14,793	79,214	220

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COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	3,857						
011 DIETARY	25	4,185					
012 CAFETERIA	31		3,567				
014 NURSING ADMINISTRATION	33		74	2,455			
015 CENTRAL SERVICES & SUPPLY	54		25		1,274		
016 PHARMACY	41		82			2,432	
017 MEDICAL RECORDS & LIBRARY	97		230				5,764
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	3		16				
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI			33				
023 I&R SERVICES-OTHER PRGM C			33				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,034	2,389	650	1,235		4	727
026 INTENSIVE CARE UNIT	94	205	123	241			207
031 SUBPROVIDER	112	517	115	218			268
033 NURSERY	21		33	69			45
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	290		214	293		2	414
039 DELIVERY ROOM & LABOR ROO	38		8	19			63
040 ANESTHESIOLOGY							86
041 RADIOLOGY-DIAGNOSTIC	152		181			7	415
041 01 ULTRA SOUND	7		41				34
044 LABORATORY	114		214				408
049 RESPIRATORY THERAPY	132		66			5	309
050 PHYSICAL THERAPY	91		156			2	37
051 OCCUPATIONAL THERAPY	28		25				7
052 SPEECH PATHOLOGY	15		25				3
053 ELECTROCARDIOLOGY	48		123			1	395
054 ELECTROENCEPHALOGRAPHY	16		16				3
055 MEDICAL SUPPLIES CHARGED					1,274		1,028
055 01 PSYCHIATRY/PSYCHOLOGICA	58		16	21			
056 DRUGS CHARGED TO PATIENTS						1,395	1,172
058 ASC (NON-DISTINCT PART)	97	120	58	81			
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 PROVIDER BASED CLINICS			452				
061 EMERGENCY	277		189	278		4	143
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE			66				
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			66				
095 SUBTOTALS	2,908	3,231	3,330	2,455	1,274	1,420	5,764
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	18		16				
098 PHYSICIANS' PRIVATE OFFIC							
100 RETAIL PHARMACY	7		8			1,012	
100 03 MEALS ON WHEELS		954					
100 04 RMS			107				
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH			82				
100 08 CLINIC BLDGS	924		8				
100 09 DIABETIC CLINIC			16				
100 10 IHAP							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,857	4,185	3,567	2,455	1,274	2,432	5,764

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COST CENTER DESCRIPTION	SOCIAL SERVICE	UTILIZATION REVIEW	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	18	18.01	20	22	23	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW		201					
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI				129			
023 I&R SERVICES-OTHER PRGM C					4,075		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		153				37,626	
026 INTENSIVE CARE UNIT		16				4,583	
031 SUBPROVIDER		32				9,668	
033 NURSERY						806	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS						14,749	
039 OPERATING ROOM						1,340	
040 DELIVERY ROOM & LABOR ROO						310	
041 ANESTHESIOLOGY						10,224	
041 01 RADIOLOGY-DIAGNOSTIC						597	
044 ULTRA SOUND						8,570	
044 LABORATORY						3,518	
049 RESPIRATORY THERAPY						7,167	
050 PHYSICAL THERAPY						2,220	
051 OCCUPATIONAL THERAPY						1,799	
052 SPEECH PATHOLOGY						11,068	
053 ELECTROCARDIOLOGY						1,652	
054 ELECTROENCEPHALOGRAPHY						5,138	
055 MEDICAL SUPPLIES CHARGED						2,813	
055 01 PSYCHIATRY/PSYCHOLOGI CA						3,963	
056 DRUGS CHARGED TO PATIENTS						3,982	
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 PROVIDER BASED CLINICS						76,621	
061 EMERGENCY						5,854	
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
093 OTHER HOME HEALTH SERVICE						4,221	
095 SPEC PURPOSE COST CENTERS							
093 HOSPICE						4,148	
095 SUBTOTALS		201				222,637	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						1,475	
098 PHYSICIANS' PRIVATE OFFIC						65,805	
100 RETAIL PHARMACY						1,246	
100 03 MEALS ON WHEELS						954	
100 04 RMS						2,899	
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH						9,386	
100 08 CLINIC BLDGS						1,555	
100 09 DIABETIC CLINIC						1,629	
100 10 IHAP						2,175	
101 CROSS FOOT ADJUSTMENTS				129	4,075	4,204	
102 NEGATIVE COST CENTER							
103 TOTAL		201		129	4,075	313,965	

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TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCH, RECEIV, & STORES	
006	04 ADMIT/CASH/AR	
006	05 OTHER ADMIN & GENERAL	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
018	01 UTILIZATION REVIEW	
020	NONPHYSICIAN ANESTHETISTS	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	37,626
026	INTENSIVE CARE UNIT	4,583
031	SUBPROVIDER	9,668
033	NURSERY	806
034	SKILLED NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	14,749
039	DELIVERY ROOM & LABOR ROO	1,340
040	ANESTHESIOLOGY	310
041	RADIOLOGY-DIAGNOSTIC	10,224
041	01 ULTRASOUND	597
044	LABORATORY	8,570
049	RESPIRATORY THERAPY	3,518
050	PHYSICAL THERAPY	7,167
051	OCCUPATIONAL THERAPY	2,220
052	SPEECH PATHOLOGY	1,799
053	ELECTROCARDIOLOGY	11,068
054	ELECTROENCEPHALOGRAPHY	1,652
055	MEDICAL SUPPLIES CHARGED	5,138
055	01 PSYCHIATRY/PSYCHOLOGICA	2,813
056	DRUGS CHARGED TO PATIENTS	3,963
058	ASC (NON-DISTINCT PART)	3,982
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
060	01 PROVIDER BASED CLINICS	76,621
061	EMERGENCY	5,854
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
071	OTHER HOME HEALTH SERVICE	4,221
	SPEC PURPOSE COST CENTERS	
093	HOSPICE	4,148
095	SUBTOTALS	222,637
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	1,475
098	PHYSICIANS' PRIVATE OFFIC	65,805
100	RETAIL PHARMACY	1,246
100	03 MEALS ON WHEELS	954
100	04 RMS	2,899
100	05 CONTINUING CARE	
100	06 OTHER NONREIMBURSABLE COS	
100	07 CORPORATE HEALTH	9,386
100	08 CLINIC BLDGS	1,555
100	09 DIABETIC CLINIC	1,629
100	10 IHAP	2,175
101	CROSS FOOT ADJUSTMENTS	4,204
102	NEGATIVE COST CENTER	
103	TOTAL	313,965

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COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				22,532	7,114	29,646	29,646
006 01 NONPATIENT TELEPHONES				1,780		1,780	85
006 02 DATA PROCESSING				15,931	450,938	466,869	447
006 03 PURCH, RECEIV, & STORES				59,567	73,829	133,396	198
006 04 ADMIT/CASH/AR				40,959	14,547	55,506	608
006 05 OTHER ADMIN & GENERAL				60,354	52,205	112,559	1,391
007 MAINTENANCE & REPAIRS				601,976	23,118	625,094	515
009 LAUNDRY & LINEN SERVICE				913		913	17
010 HOUSEKEEPING				19,557	2,521	22,078	309
011 DIETARY				22,517	3,008	25,525	94
012 CAFETERIA				18,210	11,315	29,525	412
014 NURSING ADMINISTRATION				11,498	3,503	15,001	408
015 CENTRAL SERVICES & SUPPLY				3,414	2,690	6,104	27
016 PHARMACY				11,624	196,257	207,881	476
017 MEDICAL RECORDS & LIBRARY				26,208	34,552	60,760	802
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW				686		686	92
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C				21,039	11,920	32,959	373
023 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				161,536	135,922	297,458	2,966
026 INTENSIVE CARE UNIT				17,726	53,194	70,920	627
031 SUBPROVIDER				44,126	1,948	46,074	540
033 NURSERY				2,668	10,871	13,539	214
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				65,528	352,774	418,302	718
039 DELIVERY ROOM & LABOR ROO				6,324	11,816	18,140	59
040 ANESTHESIOLOGY				358	35,180	35,538	
041 RADIOLOGY-DIAGNOSTIC				37,141	815,580	852,721	808
041 01 ULTRA SOUND				1,599	38,433	40,032	201
044 LABORATORY				25,886	178,783	204,669	1,259
049 RESPIRATORY THERAPY				13,076	85,855	98,931	420
050 PHYSICAL THERAPY				33,838	77,123	110,961	731
051 OCCUPATIONAL THERAPY				11,281	300	11,581	141
052 SPEECH PATHOLOGY				8,835	9,552	18,387	131
053 ELECTROCARDIOLOGY				45,558	457,019	502,577	566
054 ELECTROENCEPHALOGRAPHY				8,230	45,766	53,996	104
055 MEDICAL SUPPLIES CHARGED							
055 01 PSYCHIATRY/PSYCHOLOGI CA				14,786	1,190	15,976	54
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)				19,188	9,377	28,565	214
060 OUTPAT SERVICE COST CNTRS							
060 01 PROVIDER BASED CLINICS				385,635	171,359	556,994	10,123
061 EMERGENCY				21,478	17,866	39,344	1,679
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE				21,886	4,402	26,288	230
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE				21,886	2,051	23,937	195
095 SUBTOTALS				1,907,334	3,403,878	5,311,212	28,234
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				7,660	1,067	8,727	34
098 PHYSICIANS' PRIVATE OFFIC				364,268		364,268	
100 RETAIL PHARMACY				504		504	
100 03 MEALS ON WHEELS							
100 04 RMS				13,268	5,793	19,061	236
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH				49,683	6,387	56,070	467
100 08 CLINIC BLDGS				3,041	11,342	14,383	27
100 09 DIABETIC CLINIC				8,608	1,437	10,045	79
100 10 IHAP				11,458		11,458	569
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				2,365,824	3,429,904	5,795,728	29,646

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COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCH, RECEIV, & STORES	ADMIN/CASH/AR	OTHER ADMIN GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	6.05	7	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	1,865						
006 02 DATA PROCESSING	66	467,382					
006 03 PURCH, RECEIV, & STORES	26	8,389	142,009				
006 04 ADMIN/CASH/AR	61	23,369	738	80,282			
006 05 OTHER ADMIN & GENERAL	124	30,560	2,003		146,637		
007 MAINTENANCE & REPAIRS	40	6,591	5,155		7,088	644,483	
009 LAUNDRY & LINEN SERVICE					535	376	1,841
010 HOUSEKEEPING	7		1,774		1,967	8,065	
011 DIETARY	28	2,996	126		625	9,286	
012 CAFETERIA	9		473		1,800	7,510	
014 NURSING ADMINISTRATION	45	12,583	79		1,640	4,742	
015 CENTRAL SERVICES & SUPPLY	5	1,798	9,758		279	1,408	32
016 PHARMACY	28	5,992	469		1,061	4,794	
017 MEDICAL RECORDS & LIBRARY	89	29,361	1,553		3,950	10,809	
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	5	2,397			365	283	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					948		
023 I&R SERVICES-OTHER PRGM C	40	6,591	454		1,475	8,677	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	113	19,175	3,721	5,096	12,400	66,619	695
026 INTENSIVE CARE UNIT	30	2,397	933	1,367	2,648	7,310	81
031 SUBPROVIDER	42	5,393	166	1,709	2,250	18,198	58
033 NURSERY	5		424	286	884	1,100	35
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	80	14,381	8,922	8,285	4,457	27,024	224
039 DELIVERY ROOM & LABOR ROO	2			461	310	2,608	19
040 ANESTHESIOLOGY			1,074	1,271	152	148	
041 RADIOLOGY-DIAGNOSTIC	66	16,778	9,446	13,540	7,279	15,317	160
041 01 ULTRA SOUND	9		191	1,477	930	659	18
044 LABORATORY	61	14,381	26,876	8,072	9,285	10,675	
049 RESPIRATORY THERAPY	52	5,992	2,698	2,829	2,263	5,393	
050 PHYSICAL THERAPY	33	22,171	1,311	2,280	3,559	13,955	94
051 OCCUPATIONAL THERAPY	2		52	480	736	4,652	
052 SPEECH PATHOLOGY	21	1,198	1,074	278	614	3,644	
053 ELECTROCARDIOLOGY	38	14,381	24,038	6,016	4,201	18,789	17
054 ELECTROENCEPHALOGRAPHY	5	1,198	408	482	572	3,394	24
055 MEDICAL SUPPLIES CHARGED			25,091	10,637	7,290		
055 01 PSYCHIATRY/PSYCHOLOGICA	14	1,198	32	149	255	6,098	
056 DRUGS CHARGED TO PATIENTS			2,451	11,125	5,002		
058 ASC (NON-DISTINCT PART)	14	2,397	159	273	902	7,913	82
060 OUTPAT SERVICE COST CNTRS							
060 01 PROVIDER BASED CLINICS	471	163,584	6,720		43,809	159,042	
061 EMERGENCY	68	10,187	1,629	3,882	4,825	8,858	215
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
071 OTHER HOME HEALTH SERVICE	33	11,385	281		1,109	9,026	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	19	1,798	90		984	9,026	
095 SUBTOTALS	1,751	438,621	140,369	79,995	138,449	455,398	1,754
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	9	1,798	28		450	3,159	
098 PHYSICIANS' PRIVATE OFFIC					652	150,227	
100 RETAIL PHARMACY	2	599		287	1,040	208	
100 03 MEALS ON WHEELS							
100 04 RMS	47	11,984	513		2,835	5,472	
100 05 CONTINUING CARE	2				1		
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH	47	6,591	519		2,161	20,490	87
100 08 CLINIC BLDGS	2	599	450		428	1,254	
100 09 DIABETIC CLINIC	5	2,996	51		339	3,550	
100 10 IHAP		4,194	79		282	4,725	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,865	467,382	142,009	80,282	146,637	644,483	1,841

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COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	34,200						
011 DIETARY	219	38,899					
012 CAFETERIA	278		40,007				
014 NURSING ADMINISTRATION	293		830	35,621			
015 CENTRAL SERVICES & SUPPLY	483		277		20,171		
016 PHARMACY	366		922			221,989	
017 MEDICAL RECORDS & LIBRARY	863		2,581			3	110,771
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW	29		184				
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI			369				
023 I&R SERVICES-OTHER PRGM C			369				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,155	22,216	7,283	17,943		329	13,969
026 INTENSIVE CARE UNIT	834	1,901	1,383	3,497		39	3,978
031 SUBPROVIDER	995	4,804	1,291	3,159		20	5,145
033 NURSERY	190		369	1,003			862
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,575		2,397	4,244		143	7,950
039 DELIVERY ROOM & LABOR ROO	336		92	269		7	1,210
040 ANESTHESIOLOGY							1,649
041 RADIOLOGY-DIAGNOSTIC	1,346		2,028			646	7,965
041 01 ULTRA SOUND	59		461				645
044 LABORATORY	1,009		2,397			27	7,830
049 RESPIRATORY THERAPY	1,170		737			413	5,928
050 PHYSICAL THERAPY	805		1,751			187	708
051 OCCUPATIONAL THERAPY	249		277				137
052 SPEECH PATHOLOGY	132		277				65
053 ELECTROCARDIOLOGY	424		1,383			47	7,591
054 ELECTROENCEPHALOGRAPHY	146		184				58
055 MEDICAL SUPPLIES CHARGED					20,171		19,745
055 01 PSYCHIATRY/PSYCHOLOGICA	512		184	307			
056 DRUGS CHARGED TO PATIENTS						127,399	22,594
058 ASC (NON-DISTINCT PART)	863	1,112	645	1,172		37	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 PROVIDER BASED CLINICS			5,070				
061 EMERGENCY	2,457		2,120	4,027		362	2,742
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
093 OTHER HOME HEALTH SERVICE			737				
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			737				
095 SUBTOTALS	25,788	30,033	37,335	35,621	20,171	129,659	110,771
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	161		184				
098 PHYSICIANS' PRIVATE OFFIC							
100 RETAIL PHARMACY	59		92			92,330	
100 03 MEALS ON WHEELS		8,866					
100 04 RMS			1,198				
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH			922				
100 08 CLINIC BLDGS	8,192		92				
100 09 DIABETIC CLINIC			184				
100 10 IHAP							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	34,200	38,899	40,007	35,621	20,171	221,989	110,771

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 PREPARED 6/1/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	UTILIZATION REVIEW	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	18	18.01	20	22	23	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 UTILIZATION REVIEW		4,041					
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI				1,317			
023 I&R SERVICES-OTHER PRGM C					50,938		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		3,081				482,219	
026 INTENSIVE CARE UNIT		321				98,266	
031 SUBPROVIDER		639				90,483	
033 NURSERY						18,911	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS						499,702	
039 OPERATING ROOM						23,513	
040 DELIVERY ROOM & LABOR ROO						39,832	
041 ANESTHESIOLOGY						928,100	
041 01 RADIOLOGY-DIAGNOSTIC						44,682	
044 ULTRA SOUND						286,541	
049 LABORATORY						126,826	
050 RESPIRATORY THERAPY						158,546	
051 PHYSICAL THERAPY						18,307	
052 OCCUPATIONAL THERAPY						25,821	
053 SPEECH PATHOLOGY						580,068	
054 ELECTROCARDIOLOGY						60,571	
055 ELECTROENCEPHALOGRAPHY						82,934	
055 01 MEDICAL SUPPLIES CHARGED						24,779	
056 PSYCHIATRY/PSYCHOLOGI CA						168,571	
058 DRUGS CHARGED TO PATIENTS						44,348	
060 ASC (NON-DISTINCT PART)							
060 01 OUTPAT SERVICE COST CNTRS						945,813	
061 CLINIC						82,395	
062 PROVIDER BASED CLINICS							
066 EMERGENCY							
067 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
093 DURABLE MEDICAL EQUIP-REN							
095 DURABLE MEDICAL EQUIP-SOL							
096 OTHER HOME HEALTH SERVICE						49,089	
095 SPEC PURPOSE COST CENTERS							
093 HOSPICE						36,786	
095 SUBTOTALS		4,041				4,917,103	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP						14,550	
100 PHYSICIANS' PRIVATE OFFIC						515,147	
100 RETAIL PHARMACY						95,121	
100 03 MEALS ON WHEELS						8,866	
100 04 RMS						41,346	
100 05 CONTINUING CARE						3	
100 06 OTHER NONREIMBURSABLE COS							
100 07 CORPORATE HEALTH						87,354	
100 08 CLINIC BLDGS						25,427	
100 09 DIABETIC CLINIC						17,249	
100 10 IHAP						21,307	
101 CROSS FOOT ADJUSTMENTS				1,317	50,938	52,255	
102 NEGATIVE COST CENTER							
103 TOTAL		4,041		1,317	50,938	5,795,728	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
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 WORKSHEET B
 PART III

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCH, RECEIV, & STORES	
006	04 ADMIT/CASH/AR	
006	05 OTHER ADMIN & GENERAL	
007	MAINTENANCE & REPAIRS	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
018	01 UTILIZATION REVIEW	
020	NONPHYSICIAN ANESTHETISTS	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	482,219
026	INTENSIVE CARE UNIT	98,266
031	SUBPROVIDER	90,483
033	NURSERY	18,911
034	SKILLED NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	499,702
039	DELIVERY ROOM & LABOR ROO	23,513
040	ANESTHESIOLOGY	39,832
041	RADIOLOGY-DIAGNOSTIC	928,100
041	01 ULTRASOUND	44,682
044	LABORATORY	286,541
049	RESPIRATORY THERAPY	126,826
050	PHYSICAL THERAPY	158,546
051	OCCUPATIONAL THERAPY	18,307
052	SPEECH PATHOLOGY	25,821
053	ELECTROCARDIOLOGY	580,068
054	ELECTROENCEPHALOGRAPHY	60,571
055	MEDICAL SUPPLIES CHARGED	82,934
055	01 PSYCHIATRY/PSYCHOLOGICA	24,779
056	DRUGS CHARGED TO PATIENTS	168,571
058	ASC (NON-DISTINCT PART)	44,348
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
060	01 PROVIDER BASED CLINICS	945,813
061	EMERGENCY	82,395
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
071	OTHER HOME HEALTH SERVICE	49,089
	SPEC PURPOSE COST CENTERS	
093	HOSPICE	36,786
095	SUBTOTALS	4,917,103
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	14,550
098	PHYSICIANS' PRIVATE OFFIC	515,147
100	RETAIL PHARMACY	95,121
100	03 MEALS ON WHEELS	8,866
100	04 RMS	41,346
100	05 CONTINUING CARE	3
100	06 OTHER NONREIMBURSABLE COS	
100	07 CORPORATE HEALTH	87,354
100	08 CLINIC BLDGS	25,427
100	09 DIABETIC CLINIC	17,249
100	10 IHAP	21,307
101	CROSS FOOT ADJUSTMENTS	52,255
102	NEGATIVE COST CENTER	
103	TOTAL	5,795,728

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	469,134					
003 OLD CAP REL COSTS-MVB		5,085				
004 NEW CAP REL COSTS-BLD			469,134			
005 NEW CAP REL COSTS-MVB				3,262,800		
006 EMPLOYEE BENEFITS	4,468		4,468	6,767	52,483,899	
006 01 NONPATIENT TELEPHONES	353		353		151,215	795
006 02 DATA PROCESSING	3,159		3,159	428,968	791,360	28
006 03 PURCH, RECEIV, & STORES	11,812		11,812	70,232	350,624	11
006 04 ADMIT/CASH/AR	8,122		8,122	13,838	1,076,452	26
006 05 OTHER ADMIN & GENERAL	11,968	4,729	11,968	49,662	2,461,334	53
007 MAINTENANCE & REPAIRS	119,369		119,369	21,992	912,050	17
009 LAUNDRY & LINEN SERVI	181		181		29,668	
010 HOUSEKEEPING	3,878		3,878	2,398	546,102	3
011 DIETARY	4,465		4,465	2,861	166,150	12
012 CAFETERIA	3,611		3,611	10,764	728,833	4
014 NURSING ADMINISTRATION	2,280		2,280	3,332	722,480	19
015 CENTRAL SERVICES & SU	677		677	2,559	47,534	2
016 PHARMACY	2,305		2,305	186,695	842,711	12
017 MEDICAL RECORDS & LIB	5,197		5,197	32,869	1,420,312	38
018 SOCIAL SERVICE						
018 01 UTILIZATION REVIEW	136		136		162,985	2
020 NONPHYSICIAN ANESTHET						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR	4,172		4,172	11,339	659,930	17
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	32,032		32,032	129,300	5,248,889	48
026 INTENSIVE CARE UNIT	3,515		3,515	50,602	1,110,396	13
031 SUBPROVIDER	8,750		8,750	1,853	955,806	18
033 NURSERY	529		529	10,341	378,541	2
034 SKILLED NURSING FACIL						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	12,994	32	12,994	335,587	1,270,084	34
039 DELIVERY ROOM & LABOR	1,254		1,254	11,240	104,475	1
040 ANESTHESIOLOGY	71		71	33,466		
041 RADIOLOGY-DIAGNOSTIC	7,365	324	7,365	775,847	1,430,621	28
041 01 ULTRA SOUND	317		317	36,561	355,405	4
044 LABORATORY	5,133		5,133	170,073	2,228,892	26
049 RESPIRATORY THERAPY	2,593		2,593	81,672	743,791	22
050 PHYSICAL THERAPY	6,710		6,710	73,366	1,293,369	14
051 OCCUPATIONAL THERAPY	2,237		2,237	285	248,814	1
052 SPEECH PATHOLOGY	1,752		1,752	9,087	231,197	9
053 ELECTROCARDIOLOGY	9,034		9,034	434,753	1,001,822	16
054 ELECTROENCEPHALOGRAPH	1,632		1,632	43,536	184,628	2
055 MEDICAL SUPPLIES CHAR						
055 01 PSYCHIATRY/PSYCHOLO	2,932		2,932	1,132	95,679	6
056 DRUGS CHARGED TO PATI						
058 ASC (NON-DISTINCT PAR	3,805		3,805	8,920	378,594	6
060 OUTPAT SERVICE COST C						
060 CLINIC						
060 01 PROVIDER BASED CLINIC	76,470		76,470	163,010	17,927,624	201
061 EMERGENCY	4,259		4,259	16,996	2,972,283	29
062 OBSERVATION BEDS (NON						
066 OTHER REIMBURS COST C						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
071 OTHER HOME HEALTH SER	4,340		4,340	4,188	407,587	14
093 SPEC PURPOSE COST CEN						
093 HOSPICE	4,340		4,340	1,951	346,008	8
095 SUBTOTALS	378,217	5,085	378,217	3,238,042	49,984,245	746
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,519		1,519	1,015	60,996	4
098 PHYSICIANS' PRIVATE O	72,233		72,233			
100 RETAIL PHARMACY	100		100			1
100 03 MEALS ON WHEELS						
100 04 RMS	2,631		2,631	5,511	417,673	20
100 05 CONTINUING CARE						1
100 06 OTHER NONREIMBURSABLE						
100 07 CORPORATE HEALTH	9,852		9,852	6,076	827,241	20
100 08 CLINIC BLDGS	603		603	10,789	47,971	1
100 09 DIABETIC CLINIC	1,707		1,707	1,367	139,249	2
100 10 IHAP	2,272		2,272		1,006,524	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	307,034	5,343	2,365,824	3,429,904	13,959,973	482,934
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.654470		5.042960		.265986	
(WRKSHT B, PT I)		1.050737		1.051215		607.464151
105 COST TO BE ALLOCATED					2,924	239
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000056	.300629
(WRKSHT B, PT II)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED 6/ 1/2010
14-0012	FROM 1/ 1/2009	WORKSHEET B-1
	TO 12/31/2009	

	COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE
		OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	FITS (GROSS SALARIE)	LEPHONES (TELEPHONES)
		1	2	3	4	5	6.01
107	COST TO BE ALLOCATED (WRKSHT B, PART III					29,646	1,865
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000565	2.345912

COST ALLOCATION - STATISTICAL BASIS

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 PREPARED 6/1/2010
 WORKSHEET B-1

	COST CENTER DESCRIPTION	DATA PROCESSING	PURCH, RECEIV, & STORES	ADMIT/CASH/AR	RECONCILIATION	OTHER ADMIN & MAINTENANCE GENERAL	REPAIRS	LAUNDRY & LINEN SERVICE
		(NUMBER OF LINES)	MAC(IES)	SUPPL(COST OF)		GROSS CHARGES)	ACCUM. COST	(SQUARE FEET)
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	6.02 467,382	6.03 142,009	6.04 80,282	6a.05	6.05 146,637	7 644,483	9 1,841
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	599.207692	.018101	.000338		.001584	2.079762	.030298

COST ALLOCATION - STATISTICAL BASIS

14-0012

FROM 1/ 1/2009

WORKSHEET B-1

TO 12/31/2009

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(HOURS OF SERVICE)	(COSTED REQUISITIONS)	(COSTED REQUISITIONS)	(I/P GROSS CHARGES)
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCH, RECEIV, & STORES							
006 04 ADMIT/CASH/AR							
006 05 OTHER ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,338						
011 DIETARY	15	68,016					
012 CAFETERIA	19		434				
014 NURSING ADMINISTRATION	20		9	405,980			
015 CENTRAL SERVICES & SUPPLY	33		3		1,000		
016 PHARMACY	25		10			3,557,512	
017 MEDICAL RECORDS & LIBRARY	59		28			48	108,798,215
018 01 UTILIZATION REVIEW	2		2				
020 NONPHYSICIAN ANESTHETIC							
022 I&R SERVICES-SALARY & BENEFITS			4				
023 I&R SERVICES-OTHER PERSONNEL			4				
025 ADULTS & PEDIATRICS	626	38,845	79	204,492		5,278	13,722,346
026 INTENSIVE CARE UNIT	57	3,324	15	39,859		633	3,907,950
031 SUBPROVIDER	68	8,400	14	36,004		324	5,054,220
033 NURSERY	13		4	11,431			847,043
034 SKILLED NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
039 OPERATING ROOM	176		26	48,375		2,299	7,808,957
040 DELIVERY ROOM & LABOR	23		1	3,065		114	1,188,434
041 ANESTHESIOLOGY							1,619,500
041 RADIOLOGY-DIAGNOSTIC	92		22			10,354	7,824,569
044 01 ULTRA SOUND	4		5			3	633,758
044 LABORATORY	69		26			426	7,691,411
049 RESPIRATORY THERAPY	80		8			6,621	5,823,041
050 PHYSICAL THERAPY	55		19			2,991	695,344
051 OCCUPATIONAL THERAPY	17		3				134,857
052 SPEECH PATHOLOGY	9		3				64,316
053 ELECTROCARDIOLOGY	29		15			750	7,456,610
054 ELECTROENCEPHALOGRAPHY	10		2				57,356
055 MEDICAL SUPPLIES CHARACTERIZED					1,000		19,395,837
055 01 PSYCHIATRY/PSYCHOLOGY	35		2	3,499			
056 DRUGS CHARGED TO PATIENT						2,041,626	22,178,676
058 ASC (NON-DISTINCT FROM OUTPAT SERVICE COST CENTER)	59	1,944	7	13,362		598	
060 CLINIC							
060 01 PROVIDER BASED CLINIC			55				
061 EMERGENCY	168		23	45,893		5,801	2,693,990
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
071 OTHER HOME HEALTH SERVICES SPECIFIC PURPOSE COST CENTER			8				
093 HOSPICE			8				
095 SUBTOTALS	1,763	52,513	405	405,980	1,000	2,077,866	108,798,215
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE	11		2				
098 PHYSICIANS' PRIVATE OFFICE							
100 RETAIL PHARMACY	4		1			1,479,646	
100 03 MEALS ON WHEELS		15,503					
100 04 RMS			13				
100 05 CONTINUING CARE							
100 06 OTHER NONREIMBURSABLE							
100 07 CORPORATE HEALTH			10				
100 08 CLINIC BLDGS	560		1				
100 09 DIABETIC CLINIC			2				
100 10 IHAP							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)	1,389,358	499,945	1,283,127	1,181,865	233,493	797,172	2,867,369
104 UNIT COST MULTIPLIER (WORKSHEET B, PT I)		7.350403		2.911141		.224081	
105 COST TO BE ALLOCATED (WORKSHEET B, PART II)	594,250,642	4,185	2,956,513,825	2,455	233,493,000	2,432	.026355
106 UNIT COST MULTIPLIER (WORKSHEET B, PT II)	3,857	.061530	3,567	.006047	1,274	.000684	5,764
	1.649701		8.218894		1.274000		.000053

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 WORKSHEET B-1

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(HOURS OF SERVICE)	(COSTED REQUISITIONS)	(COSTED REQUISITIONS)	(I/P GROSS CHARGES)
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	34,200	38,899	40,007	35,621	20,171	221,989	110,771
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	14.627887	.571910	92.182028	.087741	20.171000	.062400	.001018

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE (PATIENT S)	UTILIZATION REVIEW (PATIENT S)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	I&R SERVICES- SALARY & FRI (TIME SPENT)	I&R SERVICES- OTHER PRGM C (TIME SPENT)
	18	18.01	20	22	23
001 GENERAL SERVICE COST					
002 OLD CAP REL COSTS-BLD					
003 OLD CAP REL COSTS-MVB					
004 NEW CAP REL COSTS-BLD					
005 NEW CAP REL COSTS-MVB					
006 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCH, RECEIV, & STORES					
006 04 ADMIT/CASH/AR					
006 05 OTHER ADMIN & GENERAL					
007 MAINTENANCE & REPAIRS					
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	16,728				
018 01 UTILIZATION REVIEW		16,728			
020 NONPHYSICIAN ANESTHET					
022 I&R SERVICES-SALARY &				960	
023 I&R SERVICES-OTHER PR					1,000
025 INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS	12,753	12,753		5	
026 INTENSIVE CARE UNIT	1,329	1,329			
031 SUBPROVIDER	2,646	2,646			
033 NURSERY					
034 SKILLED NURSING FACIL					
037 ANCILLARY SRVC COST C					
039 OPERATING ROOM					
040 DELIVERY ROOM & LABOR					
041 ANESTHESIOLOGY					
041 RADIOLOGY-DIAGNOSTIC					
041 01 ULTRA SOUND					
044 LABORATORY					
049 RESPIRATORY THERAPY					
050 PHYSICAL THERAPY					
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY					
054 ELECTROENCEPHALOGRAPH					
055 MEDICAL SUPPLIES CHAR					
055 01 PSYCHIATRY/PSYCHOLO					
056 DRUGS CHARGED TO PATI					
058 ASC (NON-DISTINCT PAR					
060 OUTPAT SERVICE COST C					
060 CLINIC					
060 01 PROVIDER BASED CLINIC				955	1,000
061 EMERGENCY					
062 OBSERVATION BEDS (NON					
066 OTHER REIMBURS COST C					
067 DURABLE MEDICAL EQUIP					
071 DURABLE MEDICAL EQUIP					
071 OTHER HOME HEALTH SER					
093 SPEC PURPOSE COST CEN					
095 HOSPICE					
095 SUBTOTALS	16,728	16,728		960	1,000
096 NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
098 PHYSICIANS' PRIVATE O					
100 RETAIL PHARMACY					
100 03 MEALS ON WHEELS					
100 04 RMS					
100 05 CONTINUING CARE					
100 06 OTHER NONREIMBURSABLE					
100 07 CORPORATE HEALTH					
100 08 CLINIC BLDGS					
100 09 DIABETIC CLINIC					
100 10 IHAP					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED		255,522		652,407	1,072,836
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER		15.275108		679.590625	1,072.836000
(WRKSHT B, PT I)					
105 COST TO BE ALLOCATED		201		129	4,075
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER		.012016		.134375	4.075000
(WRKSHT B, PT II)					

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED 6/ 1/2010
14-0012	FROM 1/ 1/2009	WORKSHEET B-1
	TO 12/31/2009	

COST CENTER DESCRIPTION	SOCIAL SERVICE (PATIENT S	UTILIZATION DAY(PATIENT S	NONPHYSICIAN ANESTHETISTS DAY(ASSIGNED TIM)	I&R SERVICES- SALARY & FRI (TIME SPENT)	I&R SERVICES- OTHER PRGM C (TIME SPENT)
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	18	18.01 4,041	20	22 1,317	23 50,938
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.241571		1.371875	50.938000

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:	PERIOD:	PREPARED	6/ 1/2010
14-0012	FROM 1/ 1/2009		
	TO 12/31/2009		WORKSHEET B-2

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

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	11,055,092		11,055,092		11,055,092
26	INTENSIVE CARE UNIT	2,201,388		2,201,388		2,201,388
31	SUBPROVIDER	2,089,263		2,089,263		2,089,263
33	NURSERY	687,854		687,854		687,854
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,785,156		3,785,156		3,785,156
39	DELIVERY ROOM & LABOR ROO	289,604		289,604		289,604
40	ANESTHESIOLOGY	146,397		146,397		146,397
41	RADIOLOGY-DIAGNOSTIC	5,391,983		5,391,983		5,391,983
41	01 ULTRA SOUND	670,523		670,523		670,523
44	LABORATORY	6,673,675		6,673,675	54,660	6,728,335
49	RESPIRATORY THERAPY	1,795,632		1,795,632		1,795,632
50	PHYSICAL THERAPY	2,635,120		2,635,120		2,635,120
51	OCCUPATIONAL THERAPY	554,518		554,518		554,518
52	SPEECH PATHOLOGY	457,836		457,836		457,836
53	ELECTROCARDIOLOGY	3,239,507		3,239,507		3,239,507
54	ELECTROENCEPHALOGRAPHY	429,649		429,649		429,649
55	MEDICAL SUPPLIES CHARGED	5,670,366		5,670,366		5,670,366
55	01 PSYCHIATRIC/PSYCHOLOGICA	254,703		254,703		254,703
56	DRUGS CHARGED TO PATIENTS	4,421,923		4,421,923		4,421,923
58	ASC (NON-DISTINCT PART)	793,264		793,264		793,264
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 PROVIDER BASED CLINICS	30,917,089		30,917,089		30,917,089
61	EMERGENCY	3,742,558		3,742,558	445,893	4,188,451
62	OBSERVATION BEDS (NON-DIS	1,500,377		1,500,377		1,500,377
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	89,403,477		89,403,477	500,553	89,904,030
102	LESS OBSERVATION BEDS	1,500,377		1,500,377		1,500,377
103	TOTAL	87,903,100		87,903,100	500,553	88,403,653

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 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	15,076,112		15,076,112			
26	INTENSIVE CARE UNIT	4,043,306		4,043,306			
31	SUBPROVIDER	5,055,928		5,055,928			
33	NURSERY	847,043		847,043			
34	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,808,957	16,701,494	24,510,451	.154430	.154430	.154430
39	DELIVERY ROOM & LABOR ROO	1,188,434	176,474	1,364,908	.212178	.212178	.212178
40	ANESTHESIOLOGY	1,619,500	2,139,676	3,759,176	.038944	.038944	.038944
41	RADIOLOGY-DIAGNOSTIC	7,824,569	32,532,209	40,356,778	.133608	.133608	.133608
41	01 ULTRA SOUND	633,758	3,735,736	4,369,494	.153456	.153456	.153456
44	LABORATORY	7,691,411	16,191,425	23,882,836	.279434	.279434	.281723
49	RESPIRATORY THERAPY	5,823,041	2,547,928	8,370,969	.214507	.214507	.214507
50	PHYSICAL THERAPY	695,344	6,050,646	6,745,990	.390620	.390620	.390620
51	OCCUPATIONAL THERAPY	134,857	1,284,290	1,419,147	.390740	.390740	.390740
52	SPEECH PATHOLOGY	64,316	757,369	821,685	.557192	.557192	.557192
53	ELECTROCARDIOLOGY	7,456,610	10,342,823	17,799,433	.182001	.182001	.182001
54	ELECTROENCEPHALOGRAPHY	57,356	1,369,817	1,427,173	.301049	.301049	.301049
55	MEDICAL SUPPLIES CHARGED	19,395,837	12,074,820	31,470,657	.180179	.180179	.180179
55	01 PSYCHIATRIC/PSYCHOLOGICA	402,132	38,440	440,572	.578119	.578119	.578119
56	DRUGS CHARGED TO PATIENTS	22,178,676	10,734,909	32,913,585	.134349	.134349	.134349
58	ASC (NON-DISTINCT PART)		808,747	808,747	.980856	.980856	.980856
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PROVIDER BASED CLINICS		52,729,475	52,729,475	.586334	.586334	.586334
61	EMERGENCY	2,693,990	8,790,736	11,484,726	.325873	.325873	.364698
62	OBSERVATION BEDS (NON-DIS	285,854	1,214,282	1,500,136	1.000161	1.000161	1.000161
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	110,977,031	180,221,296	291,198,327			
102	LESS OBSERVATION BEDS						
103	TOTAL	110,977,031	180,221,296	291,198,327			

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	3,785,156	514,451	3,270,705			3,785,156
39	DELIVERY ROOM & LABOR ROO	289,604	24,853	264,751			289,604
40	ANESTHESIOLOGY	146,397	40,142	106,255			146,397
41	RADIOLOGY-DIAGNOSTIC	5,391,983	938,324	4,453,659			5,391,983
41	01 ULTRA SOUND	670,523	45,279	625,244			670,523
44	LABORATORY	6,673,675	295,111	6,378,564			6,673,675
49	RESPIRATORY THERAPY	1,795,632	130,344	1,665,288			1,795,632
50	PHYSICAL THERAPY	2,635,120	165,713	2,469,407			2,635,120
51	OCCUPATIONAL THERAPY	554,518	20,527	533,991			554,518
52	SPEECH PATHOLOGY	457,836	27,620	430,216			457,836
53	ELECTROCARDIOLOGY	3,239,507	591,136	2,648,371			3,239,507
54	ELECTROENCEPHALOGRAPHY	429,649	62,223	367,426			429,649
55	MEDICAL SUPPLIES CHARGED	5,670,366	88,072	5,582,294			5,670,366
55	01 PSYCHIATRY/PSYCHOLOGICA	254,703	27,592	227,111			254,703
56	DRUGS CHARGED TO PATIENTS	4,421,923	172,534	4,249,389			4,421,923
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	793,264	48,330	744,934			793,264
60	CLINIC						
60	01 PROVIDER BASED CLINICS	30,917,089	1,022,434	29,894,655			30,917,089
61	EMERGENCY	3,742,558	88,249	3,654,309			3,742,558
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,500,377	71,087	1,429,290			1,500,377
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	73,369,880	4,374,021	68,995,859			73,369,880
102	LESS OBSERVATION BEDS	1,500,377	71,087	1,429,290			1,500,377
103	TOTAL	71,869,503	4,302,934	67,566,569			71,869,503

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	24,510,451	.154430	.154430
39	DELIVERY ROOM & LABOR ROO	1,364,908	.212178	.212178
40	ANESTHESIOLOGY	3,759,176	.038944	.038944
41	RADIOLOGY-DIAGNOSTIC	40,356,778	.133608	.133608
41 01	ULTRA SOUND	4,369,494	.153456	.153456
44	LABORATORY	23,882,836	.279434	.279434
49	RESPIRATORY THERAPY	8,370,969	.214507	.214507
50	PHYSICAL THERAPY	6,745,990	.390620	.390620
51	OCCUPATIONAL THERAPY	1,419,147	.390740	.390740
52	SPEECH PATHOLOGY	821,685	.557192	.557192
53	ELECTROCARDIOLOGY	17,799,433	.182001	.182001
54	ELECTROENCEPHALOGRAPHY	1,427,173	.301049	.301049
55	MEDICAL SUPPLIES CHARGED	31,470,657	.180179	.180179
55 01	PSYCHIATRY/PSYCHOLOGICAL	440,572	.578119	.578119
56	DRUGS CHARGED TO PATIENTS	32,913,585	.134349	.134349
58	ASC (NON-DISTINCT PART)	808,747	.980856	.980856
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60 01	PROVIDER BASED CLINICS	52,729,475	.586334	.586334
61	EMERGENCY	11,484,726	.325873	.325873
62	OBSERVATION BEDS (NON-DIS	1,500,136	1.000161	1.000161
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	266,175,938		
102	LESS OBSERVATION BEDS	1,500,136		
103	TOTAL	264,675,802		

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	3,785,156	514,451	3,270,705	51,445	189,701	3,544,010
39	DELIVERY ROOM & LABOR ROO	289,604	24,853	264,751	2,485	15,356	271,763
40	ANESTHESIOLOGY	146,397	40,142	106,255	4,014	6,163	136,220
41	RADIOLOGY-DIAGNOSTIC	5,391,983	938,324	4,453,659	93,832	258,312	5,039,839
41	01 ULTRA SOUND	670,523	45,279	625,244	4,528	36,264	629,731
44	LABORATORY	6,673,675	295,111	6,378,564	29,511	369,957	6,274,207
49	RESPIRATORY THERAPY	1,795,632	130,344	1,665,288	13,034	96,587	1,686,011
50	PHYSICAL THERAPY	2,635,120	165,713	2,469,407	16,571	143,226	2,475,323
51	OCCUPATIONAL THERAPY	554,518	20,527	533,991	2,053	30,971	521,494
52	SPEECH PATHOLOGY	457,836	27,620	430,216	2,762	24,953	430,121
53	ELECTROCARDIOLOGY	3,239,507	591,136	2,648,371	59,114	153,606	3,026,787
54	ELECTROENCEPHALOGRAPHY	429,649	62,223	367,426	6,222	21,311	402,116
55	MEDICAL SUPPLIES CHARGED	5,670,366	88,072	5,582,294	8,807	323,773	5,337,786
55	01 PSYCHIATRI CE/PSYCHOLOGI CA	254,703	27,592	227,111	2,759	13,172	238,772
56	DRUGS CHARGED TO PATIENTS	4,421,923	172,534	4,249,389	17,253	246,465	4,158,205
58	ASC (NON-DISTINCT PART)	793,264	48,330	744,934	4,833	43,206	745,225
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 PROVIDER BASED CLINICS	32,638,934	1,022,434	31,616,500	102,243	1,833,757	30,702,934
61	EMERGENCY	3,742,558	88,249	3,654,309	8,825	211,950	3,521,783
62	OBSERVATION BEDS (NON-DIS	1,500,377	71,087	1,429,290	7,109	82,899	1,410,369
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	75,091,725	4,374,021	70,717,704	437,400	4,101,629	70,552,696
102	LESS OBSERVATION BEDS	1,500,377	71,087	1,429,290	7,109	82,899	1,410,369
103	TOTAL	73,591,348	4,302,934	69,288,414	430,291	4,018,730	69,142,327

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	24,510,451	.144592	.152331
39	DELIVERY ROOM & LABOR ROO	1,364,908	.199107	.210358
40	ANESTHESIOLOGY	3,759,176	.036237	.037876
41	RADIOLOGY-DIAGNOSTIC	40,356,778	.124882	.131283
41 01	ULTRA SOUND	4,369,494	.144120	.152419
44	LABORATORY	23,882,836	.262708	.278198
49	RESPIRATORY THERAPY	8,370,969	.201412	.212950
50	PHYSICAL THERAPY	6,745,990	.366933	.388164
51	OCCUPATIONAL THERAPY	1,419,147	.367470	.389294
52	SPEECH PATHOLOGY	821,685	.523462	.553830
53	ELECTROCARDIOLOGY	17,799,433	.170050	.178679
54	ELECTROENCEPHALOGRAPHY	1,427,173	.281757	.296689
55	MEDICAL SUPPLIES CHARGED	31,470,657	.169612	.179900
55 01	PSYCHIATRI CE/PSYCHOLOGI CA	440,572	.541959	.571857
56	DRUGS CHARGED TO PATIENTS	32,913,585	.126337	.133825
58	ASC (NON-DISTINCT PART)	808,747	.921456	.974880
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60 01	PROVIDER BASED CLINICS	52,729,475	.582273	.617049
61	EMERGENCY	11,484,726	.306649	.325104
62	OBSERVATION BEDS (NON-DIS	1,500,136	.940161	.995422
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	266,175,938		
102	LESS OBSERVATION BEDS	1,500,136		
103	TOTAL	264,675,802		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

PROVIDER NO: 14-0012 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 6/1/2010 WORKSHEET D PART I

PPS

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	37,626	283	37,343	482,219	3,630	478,589
26	INTENSIVE CARE UNIT	4,583		4,583	98,266		98,266
31	SUBPROVIDER	9,668		9,668	90,483		90,483
33	NURSERY	806		806	18,911		18,911
101	TOTAL	52,683		52,400	689,879		686,249

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	12,651	5,817	2.95	17,160	37.83	220,057
26	INTENSIVE CARE UNIT	1,299	630	3.53	2,224	75.65	47,660
31	SUBPROVIDER	2,646	1,118	3.65	4,081	34.20	38,236
33	NURSERY	710		1.14		26.64	
101	TOTAL	17,306	7,565		23,465		305,953

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0012
 COMPONENT NO: 14-0012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	14,749	499,702	24,510,451	4,443,577	.000602	2,675
39	DELIVERY ROOM & LABOR ROO	1,340	23,513	1,364,908		.000982	
40	ANESTHESIOLOGY	310	39,832	3,759,176	671,885	.000082	55
41	RADIOLOGY-DIAGNOSTIC	10,224	928,100	40,356,778	3,999,246	.000253	1,012
41 01	ULTRA SOUND	597	44,682	4,369,494	116,773	.000137	16
44	LABORATORY	8,570	286,541	23,882,836	4,257,875	.000359	1,529
49	RESPIRATORY THERAPY	3,518	126,826	8,370,969	3,357,866	.000420	1,410
50	PHYSICAL THERAPY	7,167	158,546	6,745,990	396,760	.001062	421
51	OCCUPATIONAL THERAPY	2,220	18,307	1,419,147	68,961	.001564	108
52	SPEECH PATHOLOGY	1,799	25,821	821,685	42,182	.002189	92
53	ELECTROCARDIOLOGY	11,068	580,068	17,799,433	4,717,562	.000622	2,934
54	ELECTROENCEPHALOGRAPHY	1,652	60,571	1,427,173	27,620	.001158	32
55	MEDICAL SUPPLIES CHARGED	5,138	82,934	31,470,657	9,004,716	.000163	1,468
55 01	PSYCHIATRY/PSYCHOLOGICAL	2,813	24,779	440,572		.006385	
56	DRUGS CHARGED TO PATIENTS	3,963	168,571	32,913,585	10,848,815	.000120	1,302
58	ASC (NON-DISTINCT PART)	3,982	44,348	808,747		.004924	
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	PROVIDER BASED CLINICS	76,621	945,813	52,729,475		.001453	
61	EMERGENCY	5,854	82,395	11,484,726	1,101,428	.000510	562
62	OBSERVATION BEDS (NON-DIS	5,145	65,942	1,500,136	256,199	.003430	879
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	166,730	4,207,291	266,175,938	43,311,465		14,495

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0012
 COMPONENT NO: 14-0012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.020387	90,591
39	DELIVERY ROOM & LABOR ROO	.017227	
40	ANESTHESIOLOGY	.010596	7,119
41	RADIOLOGY-DIAGNOSTIC	.022997	91,971
41 01	ULTRA SOUND	.010226	1,194
44	LABORATORY	.011998	51,086
49	RESPIRATORY THERAPY	.015151	50,875
50	PHYSICAL THERAPY	.023502	9,325
51	OCCUPATIONAL THERAPY	.012900	890
52	SPEECH PATHOLOGY	.031424	1,326
53	ELECTROCARDIOLOGY	.032589	153,741
54	ELECTROENCEPHALOGRAPHY	.042441	1,172
55	MEDICAL SUPPLIES CHARGED	.002635	23,727
55 01	PSYCHIATRY/PSYCHOLOGICA	.056243	
56	DRUGS CHARGED TO PATIENTS	.005122	55,568
58	ASC (NON-DISTINCT PART)	.054835	
	OUTPAT SERVICE COST CNTRS		
	CLINIC		
60 01	PROVIDER BASED CLINICS	.017937	
61	EMERGENCY	.007174	7,902
62	OBSERVATION BEDS (NON-DIS	.043957	11,262
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		557,749

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

PROVIDER NO: 14-0012
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/1/2010
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					12,651	
26	INTENSIVE CARE UNIT					1,299	
31	SUBPROVIDER					2,646	
33	NURSERY					710	
34	SKILLED NURSING FACILITY						
101	TOTAL					17,306	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		5,817
26	INTENSIVE CARE UNIT		630
31	SUBPROVIDER		1,118
33	NURSERY		
34	SKILLED NURSING FACILITY		
101	TOTAL		7,565

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 01	PSYCHIATRY/PSYCHOLOGICAL						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PROVIDER BASED CLINICS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			24,510,451			4,443,577	
39	DELIVERY ROOM & LABOR ROO			1,364,908				
40	ANESTHESIOLOGY			3,759,176			671,885	
41	RADIOLOGY-DIAGNOSTIC			40,356,778			3,999,246	
41 01	ULTRA SOUND			4,369,494			116,773	
44	LABORATORY			23,882,836			4,257,875	
49	RESPIRATORY THERAPY			8,370,969			3,357,866	
50	PHYSICAL THERAPY			6,745,990			396,760	
51	OCCUPATIONAL THERAPY			1,419,147			68,961	
52	SPEECH PATHOLOGY			821,685			42,182	
53	ELECTROCARDIOLOGY			17,799,433			4,717,562	
54	ELECTROENCEPHALOGRAPHY			1,427,173			27,620	
55	MEDICAL SUPPLIES CHARGED			31,470,657			9,004,716	
55 01	PSYCHIATRY/PSYCHOLOGICA			440,572				
56	DRUGS CHARGED TO PATIENTS			32,913,585			10,848,815	
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			808,747				
60	CLINIC							
60 01	PROVIDER BASED CLINICS			52,729,475				
61	EMERGENCY			11,484,726			1,101,428	
62	OBSERVATION BEDS (NON-DIS			1,500,136			256,199	
	OTHER REIMBURS COST CNTRS							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			266,175,938			43,311,465	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	4,446,871					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	455,354					
41	RADIOLOGY-DIAGNOSTIC	9,423,582					
41 01	ULTRA SOUND	347,447					
44	LABORATORY	537,011					
49	RESPIRATORY THERAPY	213,810					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	74,298					
53	ELECTROCARDIOLOGY	4,500,670					
54	ELECTROENCEPHALOGRAPHY	332,761					
55	MEDICAL SUPPLIES CHARGED	3,363,452					
55 01	PSYCHIATRY/PSYCHOLOGICA	2,940					
56	DRUGS CHARGED TO PATIENTS	4,386,816					
58	ASC (NON-DISTINCT PART)	54,935					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PROVIDER BASED CLINICS	1,249,202					
61	EMERGENCY	1,238,667					
62	OBSERVATION BEDS (NON-DIS	308,231					
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	30,936,047					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0012
 COMPONENT NO: 14-S012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	14,749	499,702	24,510,451		.000602	
39	DELIVERY ROOM & LABOR ROO	1,340	23,513	1,364,908		.000982	
40	ANESTHESIOLOGY	310	39,832	3,759,176		.000082	
41	RADIOLOGY-DIAGNOSTIC	10,224	928,100	40,356,778	35,461	.000253	9
41	01 ULTRA SOUND	597	44,682	4,369,494	915	.000137	
44	LABORATORY	8,570	286,541	23,882,836	135,638	.000359	49
49	RESPIRATORY THERAPY	3,518	126,826	8,370,969	6,179	.000420	3
50	PHYSICAL THERAPY	7,167	158,546	6,745,990	7,161	.001062	8
51	OCCUPATIONAL THERAPY	2,220	18,307	1,419,147	827	.001564	1
52	SPEECH PATHOLOGY	1,799	25,821	821,685	805	.002189	2
53	ELECTROCARDIOLOGY	11,068	580,068	17,799,433	12,640	.000622	8
54	ELECTROENCEPHALOGRAPHY	1,652	60,571	1,427,173	1,239	.001158	1
55	MEDICAL SUPPLIES CHARGED	5,138	82,934	31,470,657	49,267	.000163	8
55	01 PSYCHIATRY/PSYCHOLOGICA	2,813	24,779	440,572	153,813	.006385	982
56	DRUGS CHARGED TO PATIENTS	3,963	168,571	32,913,585	258,713	.000120	31
58	ASC (NON-DISTINCT PART)	3,982	44,348	808,747		.004924	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PROVIDER BASED CLINICS	76,621	945,813	52,729,475		.001453	
61	EMERGENCY	5,854	82,395	11,484,726	54,929	.000510	28
62	OBSERVATION BEDS (NON-DIS	5,145	65,942	1,500,136		.003430	
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	166,730	4,207,291	266,175,938	717,587		1,130

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0012
 COMPONENT NO: 14-S012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS	.020387	
	OPERATING ROOM	.017227	
39	DELIVERY ROOM & LABOR ROO	.010596	
40	ANESTHESIOLOGY	.022997	815
41	RADIOLOGY-DIAGNOSTIC	.010226	9
41 01	ULTRA SOUND	.011998	1,627
44	LABORATORY	.015151	94
49	RESPIRATORY THERAPY	.023502	168
50	PHYSICAL THERAPY	.012900	11
51	OCCUPATIONAL THERAPY	.031424	25
52	SPEECH PATHOLOGY	.032589	412
53	ELECTROCARDIOLOGY	.042441	53
54	ELECTROENCEPHALOGRAPHY	.002635	130
55	MEDICAL SUPPLIES CHARGED	.056243	8,651
55 01	PSYCHIATRY/PSYCHOLOGICA	.005122	1,325
56	DRUGS CHARGED TO PATIENTS	.054835	
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
	CLINIC		
60	PROVIDER BASED CLINICS	.017937	
60 01	EMERGENCY	.007174	394
61	OBSERVATION BEDS (NON-DIS	.043957	
62	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		13,714

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			24,510,451				
39	DELIVERY ROOM & LABOR ROO			1,364,908				
40	ANESTHESIOLOGY			3,759,176				
41	RADIOLOGY-DIAGNOSTIC			40,356,778			35,461	
41 01	ULTRA SOUND			4,369,494				915
44	LABORATORY			23,882,836			135,638	
49	RESPIRATORY THERAPY			8,370,969				6,179
50	PHYSICAL THERAPY			6,745,990				7,161
51	OCCUPATIONAL THERAPY			1,419,147				827
52	SPEECH PATHOLOGY			821,685				805
53	ELECTROCARDIOLOGY			17,799,433				12,640
54	ELECTROENCEPHALOGRAPHY			1,427,173				1,239
55	MEDICAL SUPPLIES CHARGED			31,470,657				49,267
55 01	PSYCHIATRY/PSYCHOLOGICA			440,572				153,813
56	DRUGS CHARGED TO PATIENTS			32,913,585				258,713
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			808,747				
60	CLINIC							
60 01	PROVIDER BASED CLINICS			52,729,475				
61	EMERGENCY			11,484,726				54,929
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,500,136				
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			266,175,938			717,587	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 01	PSYCHIATRI CE/PSYCHOLOGI CA						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PROVIDER BASED CLINICS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-0012		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	1,730
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	867.27
85	OBSERVATION BED COST	1,500,377

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	37,626	10,971,877	.003429	1,500,377	5,145
87	NEW CAPITAL-RELATED COST	482,219	10,971,877	.043950	1,500,377	65,942
88	NON PHYSICIAN ANESTHETIST		10,971,877		1,500,377	
89	MEDICAL EDUCATION		10,971,877		1,500,377	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-S012		PART III

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	789.59
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	9,668	2,089,263	.004627	
87	NEW CAPITAL-RELATED COST	90,483	2,089,263	.043309	
88	NON PHYSICIAN ANESTHETIST		2,089,263		
89	MEDICAL EDUCATION		2,089,263		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

PART I - NOT IN APPROVED TEACHING PROGRAM

COST CENTERS	PERCENT OF ASSIGNED TIME	EXPENSE ALLOCATION	TOTAL INPATIENT DAYS-ALL PATIENTS
1 TOTAL COST OF SERVICES RENDERED	100.00	2	3
HOSPITAL INPATIENT ROUTINE SERVICES:			
2 ADULTS & PEDIATRICS			13,112
3 INTENSIVE CARE UNIT			1,299
8 NURSERY			710
9 SUBTOTAL			
10 SUBPROVIDER			2,646
12 SKILLED NURSING FACILITY			
15 HOME HEALTH AGENCY			
17 ASC (NON-DISTINCT PART)			
18 HOSPICE			
19 SUBTOTAL			

TOTAL CHARGES

HOSPITAL OUTPATIENT SERVICES:			
20 CLINIC			
20.01 PROVIDER BASED CLINICS			52,729,475
21 EMERGENCY			11,484,726
22 OBSERVATION BEDS (NON-DISTINCT PART)			1,500,136
24 SUBTOTAL			
25 TOTAL			

PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTER	EXPENSES ALLOC TO COST CENTRS ON W/S B, PT 1 COLS 22 & 23	SWING BED AMOUNT	NET COST
HOSPITAL INPATIENT ROUTINE SERVICES:			
26 ADULTS & PEDIATRICS	1	2	3
27 SWING BED - SNF			
28 SWING BED - NF			
29 INTENSIVE CARE UNIT			
34 SUBTOTAL			
35 SUBPROVIDER			
37 SKILLED NURSING FACILITY			
38 TOTAL			

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

COST CENTERS	(FROM PART I)	AMOUNT
NOT IN APPROVED TEACHING PROGRAM		
39 HOSPITAL INPATIENT	CL 9, LN 9	
40 OUTPATIENT	CL 9, LN 24	
41 TOTAL HOSPITAL		
42 SUBPROVIDER	CL 9, LN 10	
44 SKILLED NURSING FACILITY	CL 9, LN 12	

PART I - NOT IN APPROVED TEACHING PROGRAM

COST CENTERS	AVERAGE COST PER DAY	HEALTH CARE PROGRAM TITLE V	INPATIENT DAYS TITLE XVIII PART B	TITLE XIX	TITLE V
	4	5	6	7	8
1 TOTAL COST OF SERVICES RENDERED					
2 HOSPITAL INPATIENT ROUTINE SERVICES:					
2 ADULTS & PEDIATRICS					
3 INTENSIVE CARE UNIT					
8 NURSERY					
9 SUBTOTAL					
10 SUBPROVIDER					
12 SKILLED NURSING FACILITY					
15 HOME HEALTH AGENCY					
17 ASC (NON-DISTINCT PART)					
18 HOSPICE					
19 SUBTOTAL					

	RATIO OF COST TO CHARGES	OUTPATIENT CHARGES TITLE V	TITLE XVIII PART B	TITLE XIX	OUTPAT COST TITLE V
20 HOSPITAL OUTPATIENT SERVICES:					
20.01 CLINIC					
21 PROVIDER BASED CLINICS					
21 EMERGENCY					
22 OBSERVATION BEDS (NON-DISTINCT PART)					
24 SUBTOTAL					
25 TOTAL					

PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)

COST CENTERS	TOTAL INPATIENT DAYS ALL PATIENTS	AVERAGE COST PER DAY	TITLE XVIII PART B INPATIENT DAYS	EXPENSES APPLICABLE TO TITLE XVIII
	4	5	6	7
HOSPITAL INPATIENT ROUTINE SERVICES:				
26 ADULTS & PEDIATRICS				
27 SWING BED - SNF				
28 SWING BED - NF				
29 INTENSIVE CARE UNIT				
34 SUBTOTAL				
35 SUBPROVIDER				
37 SKILLED NURSING FACILITY				
38 TOTAL				

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

	IN APPROVED TEACH PROG (PT II. COL. 7)	AMOUNT	TITLE XVIII COSTS (W/S E, PT B)	(COLS 2 + 4)
	3	4	5	6
39 HOSPITAL INPATIENT	LINE 34			
40 OUTPATIENT				
41 TOTAL HOSPITAL			LINE 2	
42 SUBPROVIDER	LINE 35		LINE 2	
44 SKILLED NURSING FACILITY	LINE 37		LINE 2	

PART I -NOT IN APPROVED TEACHING PROGRAM

COST CENTERS TITLE XVIII TITLE XIX

- 1 TOTAL COST OF SERVICES RENDERED
- 2 HOSPITAL INPATIENT ROUTINE SERVICES:
- 3 ADULTS & PEDIATRICS
- 4 INTENSIVE CARE UNIT
- 5 NURSERY
- 6 SUBTOTAL
- 7 SUBPROVIDER
- 8 SKILLED NURSING FACILITY
- 9 HOME HEALTH AGENCY
- 10 ASC (NON-DISTINCT PART)
- 11 HOSPICE
- 12 SUBTOTAL

9 10

OUTPATIENT COST
 TITLE XVIII TITLE XIX
 PART B

- 13 HOSPITAL OUTPATIENT SERVICES:
- 14 CLINIC
- 15 PROVIDER BASED CLINICS
- 16 EMERGENCY
- 17 OBSERVATION BEDS (NON-DISTINCT PART)
- 18 SUBTOTAL
- 19 TOTAL

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0012
 COMPONENT NO: 14-0012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010 WORKSHEET D-4

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		6,876,481	
26	INTENSIVE CARE UNIT		2,329,028	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.154430	4,443,577	686,222
39	DELIVERY ROOM & LABOR ROOM	.212178		
40	ANESTHESIOLOGY	.038944	671,885	26,166
41	RADIOLOGY-DIAGNOSTIC	.133608	3,999,246	534,331
41 01	ULTRA SOUND	.153456	116,773	17,920
44	LABORATORY	.281723	4,257,875	1,199,541
49	RESPIRATORY THERAPY	.214507	3,357,866	720,286
50	PHYSICAL THERAPY	.390620	396,760	154,982
51	OCCUPATIONAL THERAPY	.390740	68,961	26,946
52	SPEECH PATHOLOGY	.557192	42,182	23,503
53	ELECTROCARDIOLOGY	.182001	4,717,562	858,601
54	ELECTROENCEPHALOGRAPHY	.301049	27,620	8,315
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.180179	9,004,716	1,622,461
55 01	PSYCHIATRY/PSYCHOLOGICAL SERVICES	.578119		
56	DRUGS CHARGED TO PATIENTS	.134349	10,848,815	1,457,527
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	.980856		
60	CLINIC			
60 01	PROVIDER BASED CLINICS	.586334		
61	EMERGENCY	.364698	1,101,428	401,689
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.000161	256,199	256,240
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		43,311,465	7,994,730
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		43,311,465	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0012
 COMPONENT NO: 14-S012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		1,975,802	
37	OPERATING ROOM	.154430		
39	DELIVERY ROOM & LABOR ROOM	.212178		
40	ANESTHESIOLOGY	.038944		
41	RADIOLOGY-DIAGNOSTIC	.133608	35,461	4,738
41 01	ULTRA SOUND	.153456	915	140
44	LABORATORY	.281723	135,638	38,212
49	RESPIRATORY THERAPY	.214507	6,179	1,325
50	PHYSICAL THERAPY	.390620	7,161	2,797
51	OCCUPATIONAL THERAPY	.390740	827	323
52	SPEECH PATHOLOGY	.557192	805	449
53	ELECTROCARDIOLOGY	.182001	12,640	2,300
54	ELECTROENCEPHALOGRAPHY	.301049	1,239	373
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.180179	49,267	8,877
55 01	PSYCHIATRY/PSYCHOLOGICAL SERVICES	.578119	153,813	88,922
56	DRUGS CHARGED TO PATIENTS	.134349	258,713	34,758
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	.980856		
60	CLINIC			
60 01	PROVIDER BASED CLINICS	.586334		
61	EMERGENCY	.364698	54,929	20,032
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.000161		
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		717,587	203,246
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		717,587	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0012
 COMPONENT NO: 14-U012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010 WORKSHEET D-4

TITLE XVIII, PART A

SWING BED SNF

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.154430	7,274	1,123
39	DELIVERY ROOM & LABOR ROOM	.212178		
40	ANESTHESIOLOGY	.038944	825	32
41	RADIOLOGY-DIAGNOSTIC	.133608	4,011	536
41 01	ULTRA SOUND	.153456	741	114
44	LABORATORY	.279434	36,659	10,244
49	RESPIRATORY THERAPY	.214507	91,801	19,692
50	PHYSICAL THERAPY	.390620	84,375	32,959
51	OCCUPATIONAL THERAPY	.390740	25,392	9,922
52	SPEECH PATHOLOGY	.557192	1,583	882
53	ELECTROCARDIOLOGY	.182001	22,135	4,029
54	ELECTROENCEPHALOGRAPHY	.301049		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.180179	157,553	28,388
55 01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.578119		
56	DRUGS CHARGED TO PATIENTS	.134349	332,002	44,604
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS	.980856		
60	CLINIC			
60 01	PROVIDER BASED CLINICS	.586334		
61	EMERGENCY	.325873		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.000161		
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		764,351	152,525
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		764,351	

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	8,135,573	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2,835,209	
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	476,397	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	140,887	
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)	206,291	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	61.01	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	5.15	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	4.07	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	3.84	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	2.64	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.043272	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.033388	
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)	.033388	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	155,679	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	53,799	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	209,478	209,478
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	3.74	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	18.03	
4.02 SUM OF LINES 4 AND 4.01	21.77	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	7.60	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	833,779	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	12,220,330	
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)	12,220,330	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	938,917	
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)	151,556	
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	13,310,803	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	13,310,803	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,320,764	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	9,078	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	200,106	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	140,074	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	139,887	
22 SUBTOTAL	12,121,035	
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	12,121,035	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	11,872,976	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	248,059	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	152	
----- 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

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-0012		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	10,190
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	5,868,820
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,349,481
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.805
1.04	LINE 1.01 TIMES LINE 1.03.	4,724,400
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	10,190

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	75,483
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	75,483

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)	75,483
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	65,293
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	10,190
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,349,481

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	71
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,887,379
19	SUBTOTAL (SEE INSTRUCTIONS)	5,472,221
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	58,099
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	5,530,320
24	PRIMARY PAYER PAYMENTS	103
25	SUBTOTAL	5,530,217

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	178,869
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	125,208
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	126,877
28	SUBTOTAL	5,655,425
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)	-6
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	5,655,431
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,564,087
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	91,344
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-S012		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

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

- COMPUTATION OF LESSER OF COST OR CHARGES

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

- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

- COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL

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

- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-1
14-0012		

TITLE XVII HOSPITAL

DESCRIPTION

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

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		11,807,705		5,660,794
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	8/14/2009	194,879	
	ADJUSTMENTS TO PROVIDER	.02			
	ADJUSTMENTS TO PROVIDER	.03			
	ADJUSTMENTS TO PROVIDER	.04			
	ADJUSTMENTS TO PROVIDER	.05			
	ADJUSTMENTS TO PROGRAM	.50			10,191
	ADJUSTMENTS TO PROGRAM	.51	11/13/2009	129,608	86,516
	ADJUSTMENTS TO PROGRAM	.52			
	ADJUSTMENTS TO PROGRAM	.53			
	ADJUSTMENTS TO PROGRAM	.54			
	ADJUSTMENTS TO PROGRAM	.55			
	ADJUSTMENTS TO PROGRAM	.56			
	ADJUSTMENTS TO PROGRAM	.57			
	ADJUSTMENTS TO PROGRAM	.58			
	ADJUSTMENTS TO PROGRAM	.59			
	ADJUSTMENTS TO PROGRAM	.60			
	ADJUSTMENTS TO PROGRAM	.61			
	ADJUSTMENTS TO PROGRAM	.62			
	ADJUSTMENTS TO PROGRAM	.63			
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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-1
14-S012		

TITLE XVII I SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		748,583		
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		748,583		NONE
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)		48,157		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		796,740		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-1
14-U012		

TITLE XVII I SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		140,011		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			140,011	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			140,011	

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-2
14-U012		

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	142,147	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	393	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	142,147	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	142,147	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	142,147	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	2,136	
14	80% OF PART B COSTS		
15	SUBTOTAL	140,011	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	140,011	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	140,011	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM		
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-S012		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	829,266
1.09	NET IPF PPS OUTLIER PAYMENTS	20,733
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	7.249315
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	849,999
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	849,999
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	849,999
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	849,999
7	DEDUCTIBLES	96,076
8	SUBTOTAL	753,923
9	COINSURANCE	5,340
10	SUBTOTAL	748,583
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	68,795
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	48,157
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	60,624
12	SUBTOTAL	796,740
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-S012		PART I

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	796,740
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	748,583
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	48,157
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	
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)	6.00
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)	6.00
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	5.15
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	5.15
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.	5.15
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.	5.15
3.10	SEE INSTRUCTIONS	5.15
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)	4.07
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	3.84
3.21	SEE INSTRUCTIONS	RES INIT YEARS
3.22	SEE INSTRUCTIONS	4.35
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	90,273.94
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	392,692
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	392,692

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		7,565
5	TOTAL INPATIENT DAYS		14,866
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.508879
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	199,833	199,833
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		433
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		14,866
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.		9,822
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
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)	15,335,443
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	
16	TOTAL PART A REASONABLE COST	15,335,443

PART B REASONABLE COST

17	REASONABLE COST	5,879,010
18	PRIMARY PAYER PAYMENTS	103
19	TOTAL PART B REASONABLE COST	5,878,907
20	TOTAL REASONABLE COST	21,214,350
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.722881
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.277119

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)	209,655
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	151,556
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	58,099

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	13,482,723		25,000	
2	TEMPORARY INVESTMENTS	4,882,420			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	39,218,638			
5	OTHER RECEIVABLES	1,014,658			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-19,293,949			
7	INVENTORY	1,433,792			
8	PREPAID EXPENSES	1,050,454			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	41,788,736		25,000	
FIXED ASSETS					
12	LAND	2,110,727			
12.01	LAND IMPROVEMENTS	3,015,205			
13	LESS ACCUMULATED DEPRECIATION	-1,334,900			
13.01	BUILDINGS	34,475,683			
14	LESS ACCUMULATED DEPRECIATION	-18,893,927			
14.01	LEASEHOLD IMPROVEMENTS	19,000			
15	LESS ACCUMULATED DEPRECIATION	-11,808			
15.01	FIXED EQUIPMENT	20,023,980			
16	LESS ACCUMULATED DEPRECIATION	-11,127,388			
16.01	AUTOMOBILES AND TRUCKS	273,878			
17	LESS ACCUMULATED DEPRECIATION	-243,321			
17.01	MAJOR MOVABLE EQUIPMENT	29,258,130			
18	LESS ACCUMULATED DEPRECIATION	-19,287,419			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE	6,904,617			
20	TOTAL FIXED ASSETS	45,182,457			
21	OTHER ASSETS				
22	INVESTMENTS	2,763,894			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	8,690,877			
26	TOTAL OTHER ASSETS	11,454,771			
27	TOTAL ASSETS	98,425,964		25,000	

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,900,021			
29 SALARIES, WAGES & FEES PAYABLE	8,931,031			
30 PAYROLL TAXES PAYABLE	91,126			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,261,364			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	8,849,928			
36 TOTAL CURRENT LIABILITIES	21,033,470			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	10,921,656			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	7,392,446			
42 TOTAL LONG-TERM LIABILITIES	18,314,102			
43 TOTAL LIABILITIES	39,347,572			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	59,078,392			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			25,000	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
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	59,078,392		25,000	
52 TOTAL LIABILITIES AND FUND BALANCES	98,425,964		25,000	

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		49,538,402		
2	NET INCOME (LOSS)		7,544,180		
3	TOTAL		57,082,582		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	PENSION EQUITY ADJUSTMENT	1,995,810			
6					
7					
8					
9					
10	TOTAL ADDITIONS		1,995,810		
11	SUBTOTAL		59,078,392		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		59,078,392		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD		25,000		
2	NET INCOME (LOSS)				
3	TOTAL		25,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	PENSION EQUITY ADJUSTMENT				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		25,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		25,000		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	10,295,780		10,295,780
2 00 SUBPROVIDER	5,436,073		5,436,073
4 00 SWING BED - SNF	363,302		363,302
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	16,095,155		16,095,155
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	6,403,084		6,403,084
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	6,403,084		6,403,084
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	22,498,239		22,498,239
17 00 ANCILLARY SERVICES	84,306,659	130,666,867	214,973,526
18 00 OUTPATIENT SERVICES			
19 00 OTHER HOME HEALTH SERVICES-HHA		873,009	873,009
23 00 HOSPICE		848,029	848,029
24 00 PHYS/CORP HEALTH	11,873,564	35,559,065	47,432,629
25 00 TOTAL PATIENT REVENUES	118,678,462	167,946,970	286,625,432

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		103,107,712	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBT	5,331,328		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		5,331,328	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		108,439,040	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0012
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	286,625,432
2	LESS: ALLOWANCES AND DISCOUNTS ON	172,660,095
3	NET PATIENT REVENUES	113,965,337
4	LESS: TOTAL OPERATING EXPENSES	108,439,040
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	5,526,297
6	CONTRIBUTIONS, DONATIONS, BEQUES	193,738
7	INCOME FROM INVESTMENTS	463,455
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	7,818
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	315,009
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	86,861
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	58,865
19	TUITION (FEES, SALE OF TEXTBOOKS	5,712
20	REVENUE FROM GIFTS, FLOWER, COFFE	241,994
21	RENTAL OF VENDING MACHINES	742
22	RENTAL OF HOSPITAL SPACE	427,991
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	764,303
24.10	OTHER INCOME	
25	TOTAL OTHER INCOME	2,566,488
26	TOTAL	8,092,785
	OTHER EXPENSES	
27	OTHER	548,605
28		
29		
30	TOTAL OTHER EXPENSES	548,605
31	NET INCOME (OR LOSS) FOR THE PERIO	7,544,180

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	159,814	13,070			43,138	216,022
HHA REIMBURSABLE SERVICES						
6	226,111	18,482	16,135			260,728
7			4,423			4,423
8			369			369
9			1,201			1,201
10	3,547	290	125			3,962
11	14,354	1,173	401			15,928
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	403,826	33,015	22,654		43,138	502,633

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	4,001	220,023		220,023
HHA REIMBURSABLE SERVICES				
6		260,728		260,728
7		4,423		4,423
8		369		369
9		1,201		1,201
10		3,962		3,962
11		15,928		15,928
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	4,001	506,634		506,634

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						220,023	220,023
HHA REIMBURSABLE SERVICES							
6						260,728	200,154
7						4,423	3,395
8						369	283
9						1,201	922
10						3,962	3,042
11						15,928	12,227
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						506,634	506,634

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6						460,882	
7						7,818	
8						652	
9						2,123	
10						7,004	
11						28,155	
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24						506,634	

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-220,023	286,611
6	SKILLED NURSING CARE					260,728	
7	PHYSICAL THERAPY					4,423	
8	OCCUPATIONAL THERAPY					369	
9	SPEECH PATHOLOGY					1,201	
10	MEDICAL SOCIAL SERVICES					3,962	
11	HOME HEALTH AIDE					15,928	
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)						
						-220,023	286,611
25	COST TO BE ALLOCATED						
						-175,569	220,023
26	UNIT COST MULTIPLIER						
						-.175569	.767671

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL		1,051		8,099	1,629	40,112
2 SKILLED NURSING CARE	460,882	1,590		12,254	2,465	60,711
3 PHYSICAL THERAPY	7,818					
4 OCCUPATIONAL THERAPY	652					
5 SPEECH PATHOLOGY	2,123					
6 MEDICAL SOCIAL SERVICES	7,004	29		222	44	1,084
7 HOME HEALTH AIDE	28,155	170		1,311	264	6,505
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)	506,634	2,840		21,886	4,402	108,412
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	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02	PURCH, RECEIVING, & STORES 6.03	ADMIN/CASH/A R 6.04	SUBTOTAL 6A.04	OTHER ADMIN & GENERAL 6.05
1 ADMIN & GENERAL	3,037	16,670	753		71,351	5,917
2 SKILLED NURSING CARE	4,860	26,197	1,139		570,098	39,273
3 PHYSICAL THERAPY					7,818	531
4 OCCUPATIONAL THERAPY					652	40
5 SPEECH PATHOLOGY					2,123	144
6 MEDICAL SOCIAL SERVICES			20		8,403	574
7 HOME HEALTH AIDE	607	2,381	122		39,515	2,730
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)	8,504	45,248	2,034		699,960	49,209
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	MAINTENANCE & REPAIRS 7	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	24,820				8,870	
2 SKILLED NURSING CARE	37,556				11,825	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	680					
7 HOME HEALTH AIDE	4,018				2,957	
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)	67,074				23,652	
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 SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	UTILIZATION REVIEW 18.01	NONPHYSICIAN ANESTHETIST 20
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) (2)						
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	I & R SERVICES -SALARY & FR 22	I & R SERVICES -OTHER PRGM 23	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL			110,958		110,958	
2 SKILLED NURSING CARE			658,752		658,752	100,275
3 PHYSICAL THERAPY			8,349		8,349	1,271
4 OCCUPATIONAL THERAPY			692		692	105
5 SPEECH PATHOLOGY			2,267		2,267	345
6 MEDICAL SOCIAL SERVICES			9,657		9,657	1,470
7 HOME HEALTH AIDE			49,220		49,220	7,492
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)			839,895		839,895	110,958
21 UNIT COST MULTIPLIER						0.152219

- (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	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	759,027
3 PHYSICAL THERAPY	9,620
4 OCCUPATIONAL THERAPY	797
5 SPEECH PATHOLOGY	2,612
6 MEDICAL SOCIAL SERVICES	11,127
7 HOME HEALTH AIDE	56,712
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)	839,895
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	1 OLD CAP REL COSTS-BLDG & (SQUARE FEET)	2 OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	3 NEW CAP REL COSTS-BLDG & (SQUARE FEET)	4 NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	5 EMPLOYEE BENEFITS (GROSS SALARIES)	6.01 NONPATIENT TELEPHONES (TELEPHONES)
1 ADMIN & GENERAL	1,606		1,606	1,550	150,807	5
2 SKILLED NURSING CARE	2,430		2,430	2,345	228,249	8
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	44		44	42	4,076	
7 HOME HEALTH AIDE	260		260	251	24,455	1
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4,340		4,340	4,188	407,587	14
21 COST TO BE ALLOCATED	2,840		21,886	4,402	108,412	8,504
22 UNIT COST MULTIPLIER	0.654378		5.042857	1.051098	0.265985	607.428571

HHA COST CENTER	6.02 DATA PROCESSING (NUMBER OF LINES)	6.03 PURCH, RECEIV & STORES (COST OF SUPPLIES)	6.04 ADMIN/CASH/A/R (GROSS CHARGES)	6A.05 RECONCILIATION	6.05 OTHER ADMIN & GENERAL (ACCUM. COST)	7 MAINTENANCE & REPAIRS (SQUARE FEET)
1 ADMIN & GENERAL	7	5,748		12,817	84,168	1,606
2 SKILLED NURSING CARE	11	8,699		-11,482	558,616	2,430
3 PHYSICAL THERAPY				-261	7,557	
4 OCCUPATIONAL THERAPY				-77	575	
5 SPEECH PATHOLOGY				-81	2,042	
6 MEDICAL SOCIAL SERVICES		155		-238	8,165	44
7 HOME HEALTH AIDE	1	932		-678	38,837	260
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)	19	15,534			699,960	4,340
21 COST TO BE ALLOCATED	45,248	2,034			49,209	67,074
22 UNIT COST MULTIPLIER	2381.473684	0.130939			0.070303	15.454839

HHA 1

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLIES (COSTED REQUIREMENTS)
	9	10	11	12	14	15
1 ADMIN & GENERAL				3		
2 SKILLED NURSING CARE				4		
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				1		
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)				8		
21 COST TO BE ALLOCATED				23,652		
22 UNIT COST MULTIPLIER				2956.500000		

HHA COST CENTER	PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME)	I&R SERVICES - SALARY & FR (TIME SPENT)
	16	17	18	18.01	20	22
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA 1

I&R SERVICES
-OTHER PRGM
(TIME SPENT)

HHA COST CENTER

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

PROVIDER NO: 14-0012
 HHA NO: 14-7131
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	759,027		759,027	3,199	237.27	1,145
2 PHYSICAL THERAPY	3	9,620	265,709	275,329	1,931	142.58	974
3 OCCUPATIONAL THERAPY	4	797	20,515	21,312	114	186.95	50
4 SPEECH PATHOLOGY	5	2,612	16,852	19,464	100	194.64	58
5 MEDICAL SOCIAL SERVICES	6	11,127		11,127	48	231.81	25
6 HOME HEALTH AIDE SERVICE	7	56,712		56,712	246	230.54	48
7 TOTAL		839,895	303,076	1,142,971	5,638		2,300

	-----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	12
1 SKILLED NURSING	742		271,674	176,054		447,728
2 PHYSICAL THERAPY	383		138,873	54,608		193,481
3 OCCUPATIONAL THERAPY	49		9,348	9,161		18,509
4 SPEECH PATHOLOGY	24		11,289	4,671		15,960
5 MEDICAL SOCIAL SERVICES	14		5,795	3,245		9,040
6 HOME HEALTH AIDE SERVICES	134		11,066	30,892		41,958
7 TOTAL	1,346		448,045	278,631		726,676

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	6
8 SKILLED NURSING		9914					
9 PHYSICAL THERAPY		9914					
10 OCCUPATIONAL THERAPY		9914					
11 SPEECH PATHOLOGY		9914					
12 MEDICAL SOCIAL SERVICES		9914					
13 HOME HEALTH AIDE SERVICE		9914					
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	12
8 SKILLED NURSING						
9 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
14 TOTAL						

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 PREPARED 6/1/2010
 WORKSHEET H-6
 PARTS III & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00		29,145	29,145	161,754	.180181	53,193
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	67,204		9,584	12,109
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9914	
17 PER BENE COST LIMITATION (FRM FI)	9914	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.390620	680,223	265,709	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.390740	52,502	20,515	COL 2, LN 3
3 SPEECH PATHOLOGY	52	.557192	30,245	16,852	COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.180179	161,754	29,145	COL 2, LN 15
4.01 PSYCHIATRI CE/PSYCHOLOGICAL SERVICES	55.01	.578119			
5 DRUGS CHARGED TO PATIENTS	56	.134349			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER 5
			PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS TO 12/31/1998	PRIOR 1/1/1998	PROGRAM COSTS TO 12/31/1998	
1 PHYSICAL THERAPY	1	142.58	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	2	186.95					
3 SPEECH PATHOLOGY	3	194.64					
4 TOTAL (SUM OF LINES 1-3)	4						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
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14-7131		PARTS I & II

TITLE XVII I

HHA 1

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	418,495	230,348
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	7,231	5,305
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	2,760	57
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		
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	428,486	235,710
13 EXCESS REASONABLE COST		
14 SUBTOTAL	428,486	235,710
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	428,486	235,710
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	428,486	235,710
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		
22 SUBTOTAL	428,486	235,710
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	428,486	235,710
25 INTERIM PAYMENTS	428,487	235,710
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: 14-0012	PERIOD: FROM 1/1/2009 TO 12/31/2009	PREPARED 6/1/2010 WORKSHEET H-8
	HHA NO: 14-7131		

TITLE XVII I

HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		428,487		235,710
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		428,487		235,710
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		428,486		235,710

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
14-0012	FROM 1/ 1/2009	6/ 1/2010
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14-1588		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	121,302	7,284	328	
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	12,955			
10 NURSING CARE	122,479	7,590	6,511	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	89,273	5,532	1,899	
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)	346,009	20,406	8,738	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K
14-1588		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	13,981	142,895		142,895
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	6,981	6,981		6,981
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES		12,955		12,955
10 NURSING CARE		136,580		136,580
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		96,704		96,704
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	63,900	63,900		63,900
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION	1,361	1,361		1,361
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	28,291	28,291		28,291
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)	114,514	489,667		489,667

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K
14-1588		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		142,895
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		6,981
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		12,955
10 NURSING CARE		136,580
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		96,704
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		63,900
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		1,361
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		28,291
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)		489,667

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-1
14-1588		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL	86,367		
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES	12,955		
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES		89,273	
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	99,322	89,273	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-1
14-1588		

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				34,935
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	84,901		37,578	
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)	84,901		37,578	34,935

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-1
14-1588		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	121,302
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
8	VISITING SERVICES	
9	PHYSICIAN SERVICES	12,955
10	NURSING CARE	122,479
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	89,273
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
19	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	346,009

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-2
14-1588		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL	5,352		
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES		5,532	
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	5,352	5,532	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-2
14-1588		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
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				1,932
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	5,261		2,329	
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	5,261		2,329	1,932

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-2
14-1588		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	7,284
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
8	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	7,590
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	5,532
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
19	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	20,406

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1588		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUI LDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	142,895			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	6,981			
8 INPATIENT - RESPI TE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	12,955			
10 NURSING CARE	136,580			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	96,704			
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	63,900			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION	1,361			
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	28,291			
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)	489,667			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1588		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			142,895	142,895
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			6,981	2,877
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			12,955	5,338
13 NURSING CARE			136,580	56,281
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			96,704	39,849
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER				
23.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			63,900	26,331
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION			1,361	561
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES			28,291	11,658
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)			346,772	142,895

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1588		PART I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	9,858
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	18,293
13	NURSING CARE	192,861
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	136,553
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	90,231
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	1,922
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	39,949
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)	489,667

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1588		PART 11

HOSPICE 1

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

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1588		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINSTRATIVE AND GENERAL INPATIENT CARE SERVICE		-142,895	346,772
8 INPATIENT - GENERAL CARE			6,981
9 INPATIENT - RESPIRE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			12,955
12 NURSING CARE			136,580
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			96,704
18 SPIRITUAL COUNSELING			
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOMEMAKER			
22.30 HH AIDE & HOMEMAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			63,900
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			
30 PATIENT TRANSPORTATION			1,361
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			
33 MEDICAL SUPPLIES			28,291
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			142,895
45 UNIT COST MULTIPLIER	.000000		.412072

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-0012
 HOSPICE NO: 14-1588
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
		0	1	2	3
1.00 ADMINISTRATIVE AND GENERAL	6		369		2,844
2.00 INPATIENT - GENERAL CARE	7	9,858			
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9	18,293			
5.00 NURSING CARE	10	192,861	2,102		16,198
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	136,553	369		2,844
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	90,231			
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	1,922			
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	39,949			
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				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		489,667	2,840		21,886
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING
	4	5	6.01	6.02
1.00 ADMINISTRATIVE AND GENERAL	267	32,264	608	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES		3,446		
5.00 NURSING CARE	1,518	32,578	3,644	7,144
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	266	23,745	608	
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)	2,051	92,033	4,860	7,144
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-0012
 HOSPICE NO: 14-1588
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	PURCH, RECEIV, & STORES	ADMIN/CASH/AR	SUBTOTAL	OTHER ADMIN & GENERAL
	6.03	6.04	6A.04	6.05
1.00 ADMINISTRATIVE AND GENERAL	85		36,437	2,562
2.00 INPATIENT - GENERAL CARE			9,858	693
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			21,739	1,528
5.00 NURSING CARE	484		256,529	18,035
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	85		164,470	11,563
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			90,231	6,343
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION			1,922	135
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES			39,949	2,808
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)	654		621,135	43,667
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	7	9	10	11
1.00 ADMINISTRATIVE AND GENERAL	8,717			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	49,640			
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	8,717			
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)	67,074			
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/1/2009	6/1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
14-1588		PART I

HOSPICE 1

CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
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HOSPICE COST CENTER

12	14	15	16
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- 1.00 ADMINISTRATIVE AND GENERAL 5,913
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE 14,782
- 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 2,957
- 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) 23,652
- 30.00 UNIT COST MULTIPLIER

MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	UTILIZATION REVIEW	NONPHYSICIAN ANESTHETISTS
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HOSPICE COST CENTER

17	18	18.01	20
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- 1.00 ADMINISTRATIVE AND GENERAL
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)
- 30.00 UNIT COST MULTIPLIER

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-0012
 HOSPICE NO: 14-1588
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	I&R SERVICES-SALARY & FRINGES APPRVD 22	I&R SERVICES-OTHER PRGM COSTS APPRVD 23	SUBTOTAL 25	INTRN & RSDNT COST & POST STEPDOWN AD 26
1.00 ADMINISTRATIVE AND GENERAL			53,629	
2.00 INPATIENT - GENERAL CARE			10,551	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			23,267	
5.00 NURSING CARE			338,986	
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			187,707	
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			96,574	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION			2,057	
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES			42,757	
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)			755,528	
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	SUBTOTAL 27	ALLOCATED HOSPICE A & G 28	TOTAL HOSPICE COSTS 29
1.00 ADMINISTRATIVE AND GENERAL	53,629		
2.00 INPATIENT - GENERAL CARE	10,551	806	11,357
3.00 INPATIENT - RESPIRE CARE			
4.00 PHYSICIAN SERVICES	23,267	1,778	25,045
5.00 NURSING CARE	338,986	25,900	364,886
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES	187,707	14,342	202,049
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	96,574	7,379	103,953
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION	2,057	157	2,214
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES	42,757	3,267	46,024
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)	755,528	.076406	755,528
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
14-0012	FROM 1/ 1/2009	6/ 1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
14-1588		PART I

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	27	28	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: 14-0012
HOSPICE NO: 14-1588
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/1/2010
WORKSHEET K-5
PART II

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)
	1	2	3	4
1.00 ADMINISTRATIVE AND GENERAL	564		564	254
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	3,212		3,212	1,444
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	564		564	253
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	4,340		4,340	1,951
30.00 TOTAL COST TO BE ALLOCATED	2,840		21,886	2,051
31.00 UNIT COST MULTIPLIER	.654378	.000000	5.042857	1.051256

HOSPICE COST CENTER	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCH, RECEIV. & STORES
	(GROSS SALARIES)	(TELEPHONES)	(NUMBER OF MACHINES)	(COST OF SUPPLIES)
	5	6.01	6.02	6.03
1.00 ADMINISTRATIVE AND GENERAL	121,301			650
2.00 INPATIENT - GENERAL CARE			1	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	12,955			
5.00 NURSING CARE	122,479		6	3,696
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY			3	
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	89,273		1	649
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
14-0012	FROM 1/ 1/2009	6/ 1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
14-1588		PART II

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCH, RECEIV. & STORES
	5	6.01	6.02	6.03
29.00 TOTAL (SUM OF LINE 1 THRU 28)	346,008	8	3	4,995
30.00 TOTAL COST TO BE ALLOCATED	92,033	4,860	7,144	654
31.00 UNIT COST MULTIPLIER	.265985	607.500000	2381.333333	.130931

HOSPICE COST CENTER	ADMIT/CASH/AR	RECONCILIATION	OTHER ADMIN & GENERAL	MAINTENANCE & REPAIRS
	(GROSS CHARGES)		(ACCUMULATED COST)	(SQUARE FEET)
	6.04	6A.05	6.05	7
1.00 ADMINISTRATIVE AND GENERAL			36,437	564
2.00 INPATIENT - GENERAL CARE			9,858	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			21,739	
5.00 NURSING CARE			256,529	3,212
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			164,470	564
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			90,231	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION			1,922	
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES			39,949	
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)			621,135	4,340
30.00 TOTAL COST TO BE ALLOCATED			43,667	67,074
31.00 UNIT COST MULTIPLIER	.000000		.070302	15.454839

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

PROVIDER NO: 14-0012
HOSPICE NO: 14-1588
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/1/2010
WORKSHEET K-5
PART II

HOSPICE 1

LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA

HOSPICE COST CENTER

(POUNDS OF LAUNDRY) (HOURS OF SERVICE) (MEALS SERVED) (MEALS SERVED)

9 10 11 12

1.00 ADMINISTRATIVE AND GENERAL				2
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				5
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				1
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				8
29.00 TOTAL (SUM OF LINE 1 THRU 28)				23,652
30.00 TOTAL COST TO BE ALLOCATED				2956.500000
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	

NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY

HOSPICE COST CENTER

(HOURS OF SERVICE) (COSTED REQUISITIONS) (COSTED REQUISITIONS) (I/P GROSS CHARGES)

14 15 16 17

1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
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: 14-0012
 HOSPICE NO: 14-1588
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/1/2010
 WORKSHEET K-5
 PART II

HOSPICE 1

	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
HOSPICE COST CENTER	14	15	16	17
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000
	SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	I & R SERVICES-SALARY & FRINGES APPRVD (TIME SPENT)
HOSPICE COST CENTER	18	18.01	20	22
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

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

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
14-1588		PART II

HOSPICE 1

HOSPICE COST CENTER

I & R
SERVICES-OTHER
PRGM COSTS
APPRVD
(TIME SPENT)

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

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

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
14-1588		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCI LLARY COSTS 3	
1	PHYSICAL THERAPY	50	. 390620	5, 846	2, 284
2	OCCUPATIONAL THERAPY	51	. 390740		
3	SPEECH PATHOLOGY	52	. 557192		
4	DRUGS CHARGED TO PATIENTS	56	. 134349	1, 825	245
5	DURABLE MEDICAL EQUIP-SOLD	67			
6	LABORATORY	44	. 279434	1, 912	534
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	. 180179	672	121
7.01	PSYCHIATRI CE/PSYCHOLOGI CAL SERVI CES	55.01	. 578119		
8	EMERGENCY	61	. 325873		
9	RADI OLOGY-DI AGNOSTI C	41	. 133608		
9.01	ULTRA SOUND	41.01	. 153456		
10	OTHER ANCI LLARY (SPECI FY)	59			
11	TOTAL (SUM OF LINES 1-10)				3, 184

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-0012	FROM 1/ 1/2009	6/ 1/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-6
14-1588		

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)				758,712
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				4,201
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				180.60
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)				
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	4,201			
6 UNDUPLICATED MEDICAID DAYS	758,701			
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)				
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)				

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 6/ 1/2010
14-0012	FROM 1/ 1/2009	WORKSHEET L
COMPONENT NO:	TO 12/31/2009	PARTS I-IV
14-0012		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	905,589
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	12,952
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	33.48
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	2.64
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	2.25
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	20,376
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	938,917
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)	

COMPUTATION OF PROGRAM INPATIENT ROUTINE SERVICE	PROVIDER NO:	PERIOD:	PREPARED 6/ 1/2010
CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES	14-0012	FROM 1/ 1/2009	WORKSHEET L-1
		TO 12/31/2009	PART II

TITLE XVIII, PART A									
WKST A	COST CENTER DESCRIPTION	CAPITAL COST	SWING BED	REDUCED CAP	TOTAL	PER	INPATIENT	INPATIENT	
LINE NO.		EXTRAORDINARY	BED	EXTRAORDINARY	PATIENT	DIEM	PROGRAM	PROGRAM	
		CIRCUMSTANCES	ADJUSTMENT	CIRCUMSTANCES	DAYS		DAYS	CAPITAL COST	
		1	2	3	4	5	6	7	
	INPAT ROUTINE SRVC CNTRS								
25	ADULTS & PEDIATRICS				12,651		5,817		
26	INTENSIVE CARE UNIT				1,299		630		
31	SUBPROVIDER				2,646		1,118		
33	NURSERY				710				
101	TOTAL				17,306		7,565		

COMPUTATION OF PROGRAM INPATIENT ANCILLARY SERVICE
CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

PROVIDER NO:	PERIOD:	PREPARED 6/ 1/2010
14-0012	FROM 1/ 1/2009	WORKSHEET L-1
COMPONENT NO:	TO 12/31/2009	PART III
14-0012		

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL		RATIO OF COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	PPS PROGRAM EXTRAORDINARY CAPITAL COST 5
		CAPITAL COST EXTRAORDINARY CIRCUMSTANCES 1	TOTAL CHARGES 2			
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM		24,510,451		4,443,577	
39	DELIVERY ROOM & LABOR ROO		1,364,908			
40	ANESTHESIOLOGY		3,759,176		671,885	
41	RADIOLOGY-DIAGNOSTIC		40,356,778		3,999,246	
41 01	ULTRA SOUND		4,369,494		116,773	
44	LABORATORY		23,882,836		4,257,875	
49	RESPIRATORY THERAPY		8,370,969		3,357,866	
50	PHYSICAL THERAPY		6,745,990		396,760	
51	OCCUPATIONAL THERAPY		1,419,147		68,961	
52	SPEECH PATHOLOGY		821,685		42,182	
53	ELECTROCARDIOLOGY		17,799,433		4,717,562	
54	ELECTROENCEPHALOGRAPHY		1,427,173		27,620	
55	MEDICAL SUPPLIES CHARGED		31,470,657		9,004,716	
55 01	PSYCHIATRY/PSYCHOLOGICAL		440,572			
56	DRUGS CHARGED TO PATIENTS		32,913,585		10,848,815	
58	ASC (NON-DISTINCT PART)		808,747			
60	OUTPAT SERVICE COST CNTRS					
	CLINIC					
60 01	PROVIDER BASED CLINICS		52,729,475			
61	EMERGENCY		11,484,726		1,101,428	
62	OBSERVATION BEDS (NON-DIS		1,500,136		256,199	
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL		266,175,938		43,311,465	