

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		14-0015		FROM 10/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 3/ 1/2010 TIME 11: 37

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:  
 BLESSING HOSPITAL 14-0015

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2008 AND ENDING 9/30/2009 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	1,139,276	302	0	
2	SUBPROVIDER	0	62,783	0	0	
2 .01	SUBPROVIDER II	0	23,413	0	0	
5	HOSPITAL-BASED SNF	0	211,907	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
9	RHC	0	0	7,494	0	
100	TOTAL	0	1,437,379	7,796	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 & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/ 1/2008 TO 9/30/2009  
 PREPARED 3/ 1/2010 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1005 BROADWAY P.O. BOX: 7005  
 1.01 CITY: QUINCY STATE: IL ZIP CODE: 62301- COUNTY: ADAMS

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00 HOSPITAL	BLESSING HOSPITAL	14-0015	2.01	7/ 1/1966	N	P	O
03.00 SUBPROVIDER	BLESSING REHAB UNIT	14-T015		10/ 1/1985	N	P	N
03.01 SUBPROVIDER 2	BLESSING PSYCHIATRIC UNIT 14TH ST	14-S015		10/ 1/1993	N	P	N
06.00 HOSPITAL-BASED SNF	BLESSING SKILLED CARE UNIT	14-5643		6/20/1989	N	P	N
09.00 HOSPITAL-BASED HHA	BLESSING HOME CARE	14-7031		12/ 1/1984	N	P	N
12.00 HOSP-BASED HOSPICE	HOSPICE OF ADAMS COUNT	14-1501		6/ 1/1984			
14.00 HOSPITAL-BASED RHC	GOLDEN CLINIC	14-3422		9/ 8/1996	N	O	N
16.00 RENAL DIALYSIS	BLESSING HOSPITAL RENAL	14-2301		10/18/1995			
16.01 RENAL DIALYSIS 2	BLESSING DIALYSIS AT HANNIBAL	26-3503		1/ 2/1997			
16.02 RENAL DIALYSIS 3	BLESSING DIALYSIS AT PITTSFIELD	14-3529		2/ 4/2002			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2008 TO: 9/30/2009

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
 20 SUBPROVIDER  
 20.01 SUBPROVIDER 11

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

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

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N 9914

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? Y

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N  
 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

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

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

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

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

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

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

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

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

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

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? Y  
 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART 11. Y

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

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART 1. N

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





HOSPITAL & HOSPITAL HEALTH CARE COMPLEX  
IDENTIFICATION DATA

PROVIDER NO: 14-0015  
PERIOD: FROM 10/1/2008 TO 9/30/2009  
PREPARED 3/1/2010  
WORKSHEET S-2

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

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). N N 0

MULTI CAMPUS

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

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

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 1/31/2010

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0015  
PERIOD: FROM 10/1/2008 TO 9/30/2009  
PREPARED 3/1/2010  
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	177	64,605			24,143		4,549
2 HMO					421		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	177	64,605			24,143		4,549
6 INTENSIVE CARE UNIT	25	9,125			3,093		268
11 NURSERY							1,328
12 TOTAL	202	73,730			27,236		6,145
13 RPCH VISITS							
14 SUBPROVIDER	18	5,694			3,793		226
14 01 SUBPROVIDER 2	47	17,155			1,193		3,479
15 SKILLED NURSING FACILITY	20	7,300			5,063		10
18 HOME HEALTH AGENCY					11,518		
21 HOSPICE							
24 RURAL HEALTH CLINIC					2,287		
25 TOTAL	287						
26 OBSERVATION BED DAYS							550
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION ADMITTED 5.01	I/P DAYS / NOT ADMITTED BESDS 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			41,276				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			41,276				
6 INTENSIVE CARE UNIT			5,184				
11 NURSERY			2,624				
12 TOTAL			49,084			18.19	
13 RPCH VISITS							
14 SUBPROVIDER			5,192			.64	
14 01 SUBPROVIDER 2			6,544			.50	
15 SKILLED NURSING FACILITY			6,204				
18 HOME HEALTH AGENCY			19,235				
21 HOSPICE							
24 RURAL HEALTH CLINIC			9,491				
25 TOTAL						19.33	
26 OBSERVATION BED DAYS	18	532	3,555	469	3,086		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			625				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					5,946	1,469	11,661
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	18.19	1,648.73			5,946	1,469	11,661
13 RPCH VISITS							
14 SUBPROVIDER	.64	26.65			303	20	426
14 01 SUBPROVIDER 2	.50	52.07			188	533	980
15 SKILLED NURSING FACILITY		29.96					
18 HOME HEALTH AGENCY		28.96					
21 HOSPICE		33.61					
24 RURAL HEALTH CLINIC		7.36					
25 TOTAL	19.33	1,827.34					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

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	92,045,321		92,045,321	3,815,478.00	24.12	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	228,000		228,000	1,636.00	139.36	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	6,308,656		6,308,656	30,010.00	210.22	
5.01 NON-PHYSICIAN - PART B	89,313		89,313	2,080.00	42.94	
6 INTERNS & RESIDENTS (APPRVD)	989,840		989,840	39,961.00	24.77	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,340,651	-2,183	1,338,468	62,553.00	21.40	
8.01 EXCLUDED AREA SALARIES	11,609,873	471,811	12,081,684	458,425.00	26.35	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,370,421		1,370,421	20,875.00	65.65	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	819,330		819,330	1,956.00	418.88	
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)	22,889,259		22,889,259			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	4,326,230		4,326,230			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	74,181		74,181			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	2,032,557		2,032,557			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)	29,672		29,672			CMS 339
20 INTERNS & RESIDENTS (APPRVD)	320,461		320,461			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	2,474,545		2,474,545	147,893.00	16.73	
22 ADMINISTRATIVE & GENERAL	9,758,507	-44	9,758,463	424,423.00	22.99	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	2,240,649		2,240,649	114,334.00	19.60	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	65,284		65,284	5,926.00	11.02	
26 HOUSEKEEPING	1,846,323		1,846,323	150,400.00	12.28	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,083,483	-1,216,129	867,354	68,524.00	12.66	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		1,216,129	1,216,129	96,078.00	12.66	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	3,987,737	-16,846	3,970,891	153,065.00	25.94	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,446,732		1,446,732	97,266.00	14.87	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	84,657,512		84,657,512	3,743,427.00	22.61	
2 EXCLUDED AREA SALARIES	12,950,524	469,628	13,420,152	520,978.00	25.76	
3 SUBTOTAL SALARIES	71,706,988	-469,628	71,237,360	3,222,449.00	22.11	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,189,751		2,189,751	22,831.00	95.91	
5 SUBTOTAL WAGE-RELATED COSTS	22,963,440		22,963,440		32.24	
6 TOTAL	96,860,179	-469,628	96,390,551	3,245,280.00	29.70	
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	23,903,260	-16,890	23,886,370	1,257,909.00	18.99	

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO: 14-0015  
HHA NO: 14-7031  
COUNTY: ADAMS  
PERIOD: FROM 10/1/2008 TO 9/30/2009  
PREPARED 3/1/2010  
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	5,168	0	2,997
2 UNDUPLICATED CENSUS COUNT		505.00		610.00

TOTAL  
5

1 HOME HEALTH AIDE HOURS	8,165
2 UNDUPLICATED CENSUS COUNT	1,115.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00		1.00
5 OTHER ADMINISTRATIVE PERSONEL	6.35		6.35
6 DIRECTING NURSING SERVICE	13.78		13.78
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	3.21		3.21
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.17		.17
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.51		.51
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.01		.01
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	3.93		3.93
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	2
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).		99914
20.01		99926

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	4,637	1,330	160	105
22 SKILLED NURSING VISIT CHARGES	681,639	195,510	23,520	15,435
23 PHYSICAL THERAPY VISITS	1,942	46	43	10
24 PHYSICAL THERAPY VISIT CHARGES	285,474	6,762	6,321	1,470
25 OCCUPATIONAL THERAPY VISITS	288	12	7	3
26 OCCUPATIONAL THERAPY VISIT CHARGES	42,336	1,764	1,029	441
27 SPEECH PATHOLOGY VISITS	112	0	3	0
28 SPEECH PATHOLOGY VISIT CHARGES	16,464	0	441	0
29 MEDICAL SOCIAL SERVICE VISITS	3	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	441	0	0	0
31 HOME HEALTH AIDE VISITS	1,884	921	5	7
32 HOME HEALTH AIDE VISIT CHARGES	154,488	75,522	410	574
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	8,866	2,309	218	125
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	1,180,842	279,558	31,721	17,920
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	553	0	77	11
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	31	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	13,844	4,312	519	193

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 3/ 1/2010
14-0015	FROM 10/ 1/2008	WORKSHEET S-4
HHA NO:	TO 9/30/2009	
14-7031		
COUNTY:	ADAMS	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	6,232
22 SKILLED NURSING VISIT CHARGES	0	0	916,104
23 PHYSICAL THERAPY VISITS	0	0	2,041
24 PHYSICAL THERAPY VISIT CHARGES	0	0	300,027
25 OCCUPATIONAL THERAPY VISITS	0	0	310
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	45,570
27 SPEECH PATHOLOGY VISITS	0	0	115
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	16,905
29 MEDICAL SOCIAL SERVICE VISITS	0	0	3
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	441
31 HOME HEALTH AIDE VISITS	0	0	2,817
32 HOME HEALTH AIDE VISIT CHARGES	0	0	230,994
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	11,518
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	1,510,041
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	641
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	31
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	18,868

HOSPITAL RENAL DIALYSIS DEPARTMENT  
STATISTICAL DATA

PROVIDER NO: 14-0015  
SATellite NO:  
PERIOD: FROM 10/1/2008 TO 9/30/2009  
PREPARED 3/1/2010  
WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	2	101		1	4	5
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00	3.00			6.00	7.00
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.00	4.50				
4 CAPD EXCHANGES PER DAY				4.00		5.00
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	156	312				
6 NUMBER OF STATIONS		37				
7 TREATMENT CAPACITY PER DAY PER STATION	3	3				
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED		31.00				
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS		.93				
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST	7					
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD	1					
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [X] INITIAL METHOD [ ]						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER	460,871					
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM	31,942					
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT	226,240					
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT	15,680					

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0015      PERIOD: FROM 10/1/2008 TO 9/30/2009      PREPARED 3/1/2010 WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 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		13				
5	RVB						
6	RVA						
6.01	RVX		38				
6.02	RVL		9				
7	RHC		129				
8	RHB		54				
9	RHA		92				
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB		3				
12	RMA		64				
12.01	RMX		2,049				
12.02	RML		2,048				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		220				
16	SE2		280				
17	SE1						
18	SSC		1				
19	SSB						
20	SSA		45				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		18				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		5,063				

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01) : 0.8386  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 9914  
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0015      PERIOD: FROM 10/1/2008 TO 9/30/2009  
PREPARED 3/1/2010  
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01) : 0.8386  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 9914  
 SNF CBSA Code : 99914

PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED  
HEALTH CENTER PROVIDER STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET S-8
14-3422		

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 102 PRAIRIE MILLS ROAD  
 1.01 CITY: GOLDEN STATE: IL ZIP CODE: 62339 COUNTY: ADAMS  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)	1	2
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

	PHYSICIAN NAME	BILLING NUMBER
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT		
	PHYSICIAN NAME	HOURS OF SUPERVISION
10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD		
11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)		N

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
12 CLINIC	1	2	3	4	5	6	7	8	9	10	11	12	13	14
			900	1700	900	1700	900	1700	900	1700	900	1700		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES. N

15 PROVIDER NAME: PROVIDER NUMBER: TITLE V TITLE XVII I TITLE XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS. N

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS. N

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET S-9
14-1501		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	19,714	1,391		426
3 INPATIENT RESPIRE CARE	18	10		10
4 GENERAL INPATIENT CARE	30	13		13
5 TOTAL HOSPICE DAYS	19,762	1,414		449

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	1,458	22,563
3 INPATIENT RESPIRE CARE		28
4 GENERAL INPATIENT CARE	13	56
5 TOTAL HOSPICE DAYS	1,471	22,647

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	533	30		9
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	37.08	47.13		49.89
9 UNDUPLICATED CENSUS COUNT	529	30		9

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	38	601
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	38.71	37.68
9 UNDUPLICATED CENSUS COUNT	40	599

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
	TO 9/30/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
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 7,471,226
17.01	GROSS MEDICAID REVENUES 75,177,852
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 82,649,078
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) .329246
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 75,177,852

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)		
PROVIDER NO:	PERIOD:	PREPARED 3/ 1/2010
14-0015	FROM 10/ 1/2008	WORKSHEET S-10
	TO 9/30/2009	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	24,752,007
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	7,471,226
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,459,871
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	24,752,007

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
3.01	0301 NEW CAP REL COSTS-BUTLER BUILDING		2,194	2,194	25,845	28,039
3.02	0302 NEW CAP REL COSTS-OLD BUILDING & FIX		253,324	253,324	49,641	302,965
3.03	0303 NEW CAP REL COSTS-NEW BUILDING & FIX		3,709,431	3,709,431	101,928	3,811,359
3.04	0304 NEW CAP REL COSTS-14TH STREET		474,823	474,823	2,113,211	2,588,034
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		10,193,696	10,193,696	672,851	10,866,547
5	0500 EMPLOYEE BENEFITS	2,474,545	30,886,677	33,361,222		33,361,222
6	0600 ADMINSTRATIVE & GENERAL	9,758,507	41,275,826	51,034,333	435,066	51,469,399
7	0700 MAINTENANCE & REPAIRS	2,240,649	4,439,254	6,679,903		6,679,903
9	0900 LAUNDRY & LINEN SERVICE	65,284	913,643	978,927		978,927
10	1000 HOUSEKEEPING	1,846,323	385,868	2,232,191		2,232,191
11	1100 DIETARY	2,083,483	2,870,956	4,954,439	-2,891,905	2,062,534
12	1200 CAFETERIA				2,891,905	2,891,905
14	1400 NURSING ADMINISTRATION	3,987,737	650,294	4,638,031	-16,893	4,621,138
17	1700 MEDICAL RECORDS & LIBRARY	1,446,732	701,061	2,147,793		2,147,793
21	2100 NURSING SCHOOL	2,091,442	991,762	3,083,204	825,645	3,908,849
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	989,840		989,840		989,840
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,041,440	1,041,440		1,041,440
24	2400 PARAMED ED PRGM					
24.01	2401 PARAMED ED PRGM-RADIOLOGY	204,589	8,285	212,874		212,874
24.02	2402 PARAMED ED PRGM-LABORATORY	69,383	2,207	71,590		71,590
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	15,891,405	1,729,315	17,620,720	-2,140,904	15,479,816
26	2600 INTENSIVE CARE UNIT	3,571,538	533,747	4,105,285	-206,411	3,898,874
31	3100 SUBPROVIDER	1,248,646	236,666	1,485,312	-14,052	1,471,260
31.01	3101 SUBPROVIDER 2	2,417,161	52,067	2,469,228	-110,250	2,358,978
33	3300 NURSERY	-63	60,884	60,821	377,844	438,665
34	3400 SKILLED NURSING FACILITY	1,340,651	133,790	1,474,441	-21,674	1,452,767
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	6,854,409	15,866,580	22,720,989	-10,844,684	11,876,305
39	3900 DELIVERY ROOM & LABOR ROOM	10,508	145,377	155,885	1,064,052	1,219,937
40	4000 ANESTHESIOLOGY	125,654	514,605	640,259	-243,926	396,333
41	4100 RADIOLOGY-DIAGNOSTIC	4,594,083	3,380,371	7,974,454	-271,519	7,702,935
44	4400 LABORATORY	2,925,389	2,371,943	5,297,332	-12,864	5,284,468
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	248,916	1,254,944	1,503,860		1,503,860
49	4900 RESPIRATORY THERAPY	1,773,442	253,376	2,026,818	-43,985	1,982,833
50	5000 PHYSICAL THERAPY	1,622,161	229,074	1,851,235	240,725	2,091,960
51	5100 OCCUPATIONAL THERAPY	450,643	5,929	456,572	39,130	495,702
52	5200 SPEECH PATHOLOGY	198,072	5,985	204,057	8,993	213,050
53	5300 ELECTROCARDIOLOGY	1,158,231	2,261,331	3,419,562	-1,408,638	2,010,924
54	5400 ELECTROENCEPHALOGRAPHY	232,617	72,494	305,111		305,111
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	596,652	552,539	1,149,191	13,320,950	14,470,141
56	5600 DRUGS CHARGED TO PATIENTS	2,797,601	10,343,739	13,141,340	-493,247	12,648,093
57	5700 RENAL DIALYSIS	1,201,546	952,866	2,154,412	442,137	2,596,549
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	9,612,630	1,291,339	10,903,969	-110,939	10,793,030
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC	336,263	458,075	794,338	-2,247	792,091
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS	65,232	291,837	357,069	30,460	387,529
71	7100 HOME HEALTH AGENCY	1,520,973	341,808	1,862,781	-299,246	1,563,535
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		3,655,510	3,655,510	-3,522,513	132,997
93	9300 HOSPICE	1,668,301	711,494	2,379,795	-262	2,379,533
95	SUBTOTALS	89,721,175	146,508,426	236,229,601	-15,776	236,213,825
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 ADULT DAY CARE					
96.02	9602 DENMAN SERVICES					
96.03	9603 MEALS ON WHEELS					
96.04	9604 UNUSED SPACE					
96.05	9605 HEALTH EDUCATION				15,776	15,776
98	9800 PHYSICIANS' PRIVATE OFFICES	2,138,989	98,287	2,237,276		2,237,276
99	9900 NONPAID WORKERS					
99.01	9901 RENTED SPACE					
99.02	9902 AUGUSTA PHARMACY	185,157	832,129	1,017,286		1,017,286
101	TOTAL	92,045,321	147,438,842	239,484,163	-0-	239,484,163

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 3/ 1/2010  
I 14-0015 I FROM 10/ 1/2008 I WORKSHEET A  
I I TO 9/30/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		
3.01	0301 NEW CAP REL COSTS-BUTLER BUILDING		28,039
3.02	0302 NEW CAP REL COSTS-OLD BUILDING & FIX		302,965
3.03	0303 NEW CAP REL COSTS-NEW BUILDING & FIX	-147,253	3,664,106
3.04	0304 NEW CAP REL COSTS-14TH STREET	-1,229,323	1,358,711
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-444,867	10,421,680
5	0500 EMPLOYEE BENEFITS	-7,514,917	25,846,305
6	0600 ADMINISTRATIVE & GENERAL	-22,731,549	28,737,850
7	0700 MAINTENANCE & REPAIRS	-594,138	6,085,765
9	0900 LAUNDRY & LINEN SERVICE	-10,899	968,028
10	1000 HOUSEKEEPING	-204,060	2,028,131
11	1100 DIETARY	-206,761	1,855,773
12	1200 CAFETERIA	-1,107,255	1,784,650
14	1400 NURSING ADMINISTRATION	-155,711	4,465,427
17	1700 MEDICAL RECORDS & LIBRARY	-12,545	2,135,248
21	2100 NURSING SCHOOL	-2,194,775	1,714,074
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		989,840
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,041,440
24	2400 PARAMED ED PRGM		
24.01	2401 PARAMED ED PRGM-RADIOLOGY	-38,115	174,759
24.02	2402 PARAMED ED PRGM-LABORATORY	-7,838	63,752
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-27,876	15,451,940
26	2600 INTENSIVE CARE UNIT	-13,874	3,885,000
31	3100 SUBPROVIDER	-10,874	1,460,386
31.01	3101 SUBPROVIDER 2		2,358,978
33	3300 NURSERY		438,665
34	3400 SKILLED NURSING FACILITY	-530	1,452,237
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-864,361	11,011,944
39	3900 DELIVERY ROOM & LABOR ROOM		1,219,937
40	4000 ANESTHESIOLOGY		396,333
41	4100 RADIOLOGY-DIAGNOSTIC		7,702,935
44	4400 LABORATORY	-53,071	5,231,397
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,503,860
49	4900 RESPIRATORY THERAPY	-17,389	1,965,444
50	5000 PHYSICAL THERAPY		2,091,960
51	5100 OCCUPATIONAL THERAPY		495,702
52	5200 SPEECH PATHOLOGY		213,050
53	5300 ELECTROCARDIOLOGY	-13,102	1,997,822
54	5400 ELECTROENCEPHALOGRAPHY		305,111
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		14,470,141
56	5600 DRUGS CHARGED TO PATIENTS	-2,459,704	10,188,389
57	5700 RENAL DIALYSIS	-30,983	2,565,566
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-5,895,095	4,897,935
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC	-21,347	770,744
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS	-9,030	378,499
71	7100 HOME HEALTH AGENCY	-250	1,563,285
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-132,997	-0-
93	9300 HOSPICE	-9,596	2,369,937
95	SUBTOTALS	-46,160,085	190,053,740
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 ADULT DAY CARE		
96.02	9602 DENMAN SERVICES		
96.03	9603 MEALS ON WHEELS		
96.04	9604 UNUSED SPACE		
96.05	9605 HEALTH EDUCATION		15,776
98	9800 PHYSICIANS' PRIVATE OFFICES		2,237,276
99	9900 NONPAID WORKERS		
99.01	9901 RENTED SPACE		
99.02	9902 AUGUSTA PHARMACY		1,017,286
101	TOTAL	-46,160,085	193,324,078

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BUTLER BUILDING	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-OLD BUILDING & FIX	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-NEW BUILDING & FIX	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-14TH STREET	0304	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
24.01	PARAMED ED PRGM-RADIOLOGY	2401	PARAMED ED PRGM
24.02	PARAMED ED PRGM-LABORATORY	2402	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	ADULT DAY CARE	9601	GI FT, FLOWER, COFFEE SHOP & CANTEEN
96.02	DENMAN SERVICES	9602	GI FT, FLOWER, COFFEE SHOP & CANTEEN
96.03	MEALS ON WHEELS	9603	GI FT, FLOWER, COFFEE SHOP & CANTEEN
96.04	UNUSED SPACE	9604	GI FT, FLOWER, COFFEE SHOP & CANTEEN
96.05	HEALTH EDUCATION	9605	GI FT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	RENTED SPACE	9901	NONPAID WORKERS
99.02	AUGUSTA PHARMACY	9902	NONPAID WORKERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
140015

PERIOD:  
FROM 10/ 1/2008  
TO 9/30/2009

PREPARED 3/ 1/2010  
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS CAFETERIA COSTS	A	CAFETERIA	12	1,216,129	1,675,776
2 RECLASS C-SECTION COSTS	B	OPERATING ROOM	37	7,780	
3 RECLASS PSYCH ADMINISTRATION	C	ADULTS & PEDIATRICS	25	87,637	
4 RECLASS CAPTIAL RELATED INSUR COSTS	D	NEW CAP REL COSTS-BUTLER BUILDING	3.01		25,845
5		NEW CAP REL COSTS-OLD BUILDING & FIX	3.02		49,641
6		NEW CAP REL COSTS-NEW BUILDING & FIX	3.03		71,703
7		NEW CAP REL COSTS-MVBLE EQUIP	4		5,004
8 RECLASS HHA THERAPY COSTS	E	PHYSICAL THERAPY	50	212,261	34,624
9		OCCUPATIONAL THERAPY	51	33,856	5,519
10		SPEECH PATHOLOGY	52	10,951	1,796
11 RECLASS HEALTH EDUCATION	F	HEALTH EDUCATION	96.05	15,729	47
12 RECLASS INTEREST EXPENSE	G	NEW CAP REL COSTS-NEW BUILDING & FIX	3.03		44,967
13		NEW CAP REL COSTS-14TH STREET	3.04		2,113,211
14		NEW CAP REL COSTS-MVBLE EQUIP	4		667,847
15		ADMINISTRATIVE & GENERAL	6		696,488
16 RECLASS ER PHYSICIAN MALPRACTIC INS	H	EMERGENCY	61		109,185
17 RECLASS CHARGEABLE MEDICAL SUPPLIES	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		13,320,950
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 RECLASS CHARGEABLE MEDICAL SUPPLIES	I				
2					
3					
4					
5 RECLASS RENAL BUILDING	J	RENAL DIALYSIS	57		14,742
6 RECLASS COST OF ARANESP	K	RENAL DIALYSIS	57		460,871
7		HOME PROGRAM DIALYSIS	64		31,942
8 RECLASS OB SALARIES	L	NURSERY	33	451,514	
9		DELIVERY ROOM & LABOR ROOM	39	1,154,272	
10 RECLASS PRECEPTOR PAY	M	NURSING SCHOOL	21	825,645	
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
36 TOTAL RECLASSIFICATIONS				4,015,774	19,330,158

(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:  
140015

PERIOD:  
FROM 10/ 1/2008  
TO 9/30/2009

PREPARED 3/ 1/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS CAFETERIA COSTS	A	DIETARY	11	1,216,129	1,675,776	
2 RECLASS C-SECTION COSTS	B	DELIVERY ROOM & LABOR ROOM	39	7,780		
3 RECLASS PSYCH ADMINISTRATION	C	SUBPROVIDER 2	31.01	87,637		
4 RECLASS CAPTIAL RELATED INSUR COSTS	D	ADMINISTRATIVE & GENERAL	6		152,193	12
5						12
6						12
7						12
8 RECLASS HHA THERAPY COSTS	E	HOME HEALTH AGENCY	71	257,068	41,939	
9						
10						
11 RECLASS HEALTH EDUCATION	F	NURSING ADMINISTRATION	14	15,729	47	
12 RECLASS INTEREST EXPENSE	G	INTEREST EXPENSE	88		3,522,513	11
13						11
14						11
15						
16 RECLASS ER PHYSICIAN MALPRACTICE INS	H	ADMINISTRATIVE & GENERAL	6		109,185	
17 RECLASS CHARGEABLE MEDICAL SUPPLIES	I	ADULTS & PEDIATRICS	25		160,007	
18		INTENSIVE CARE UNIT	26		114,823	
19		SUBPROVIDER	31		10,882	
20		SUBPROVIDER 2	31.01		925	
21		NURSERY	33		24,080	
22		SKILLED NURSING FACILITY	34		19,491	
23		OPERATING ROOM	37		10,810,520	
24		DELIVERY ROOM & LABOR ROOM	39		59,552	
25		ANESTHESIOLOGY	40		243,926	
26		RADIOLOGY-DIAGNOSTIC	41		271,519	
27		LABORATORY	44		12,864	
28		RESPIRATORY THERAPY	49		43,985	
29		PHYSICAL THERAPY	50		6,160	
30		OCCUPATIONAL THERAPY	51		245	
31		SPEECH PATHOLOGY	52		3,754	
32		ELECTROCARDIOLOGY	53		1,408,638	
33		DRUGS CHARGED TO PATIENTS	56		434	
34		RENAL DIALYSIS	57		25,320	
35		EMERGENCY	61		99,595	
1 RECLASS CHARGEABLE MEDICAL SUPPLIES	I	RURAL HEALTH CLINIC	63.50		2,247	
2		HOME PROGRAM DIALYSIS	64		1,482	
3		HOME HEALTH AGENCY	71		239	
4		HOSPICE	93		262	
5 RECLASS RENAL BUILDING	J	NEW CAP REL COSTS-NEW BUILDING & FIX	3.03		14,742	10
6 RECLASS COST OF ARANESP	K	DRUGS CHARGED TO PATIENTS	56		492,813	
7						
8 RECLASS OB SALARIES	L	ADULTS & PEDIATRICS	25	1,605,786		
9						
10 RECLASS PRECEPTOR PAY	M	ADMINISTRATIVE & GENERAL	6	44		
11		NURSING ADMINISTRATION	14	1,117		
12		ADULTS & PEDIATRICS	25	462,748		
13		INTENSIVE CARE UNIT	26	91,588		
14		SUBPROVIDER	31	3,170		
15		SUBPROVIDER 2	31.01	21,688		
16		NURSERY	33	49,590		
17		SKILLED NURSING FACILITY	34	2,183		
18		OPERATING ROOM	37	41,944		
19		DELIVERY ROOM & LABOR ROOM	39	22,888		
20		RENAL DIALYSIS	57	8,156		
21		EMERGENCY	61	120,529		
36 TOTAL RECLASSIFICATIONS				4,015,774	19,330,158	

(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: 140015	PERIOD: FROM 10/ 1/2008 TO 9/30/2009	PREPARED 3/ 1/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A  
EXPLANATION : RECLASS CAFETERIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	2,891,905	DIETARY	11	2,891,905	
TOTAL RECLASSIFICATIONS FOR CODE A			2,891,905				2,891,905

RECLASS CODE: B  
EXPLANATION : RECLASS C-SECTION COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	7,780	DELIVERY ROOM & LABOR ROOM	39	7,780	
TOTAL RECLASSIFICATIONS FOR CODE B			7,780				7,780

RECLASS CODE: C  
EXPLANATION : RECLASS PSYCH ADMINISTRATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	87,637	SUBPROVIDER 2	31.01	87,637	
TOTAL RECLASSIFICATIONS FOR CODE C			87,637				87,637

RECLASS CODE: D  
EXPLANATION : RECLASS CAPITAL RELATED INSUR COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BUTLER BUILD	3.01	25,845	ADMINISTRATIVE & GENERAL	6	152,193	
2.00	NEW CAP REL COSTS-OLD BUILDING	3.02	49,641			0	
3.00	NEW CAP REL COSTS-NEW BUILDING	3.03	71,703			0	
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,004			0	
TOTAL RECLASSIFICATIONS FOR CODE D			152,193				152,193

RECLASS CODE: E  
EXPLANATION : RECLASS HHA THERAPY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	246,885	HOME HEALTH AGENCY	71	299,007	
2.00	OCCUPATIONAL THERAPY	51	39,375			0	
3.00	SPEECH PATHOLOGY	52	12,747			0	
TOTAL RECLASSIFICATIONS FOR CODE E			299,007				299,007

RECLASS CODE: F  
EXPLANATION : RECLASS HEALTH EDUCATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HEALTH EDUCATION	96.05	15,776	NURSING ADMINISTRATION	14	15,776	
TOTAL RECLASSIFICATIONS FOR CODE F			15,776				15,776

RECLASS CODE: G  
EXPLANATION : RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-NEW BUILDING	3.03	44,967	INTEREST EXPENSE	88	3,522,513	
2.00	NEW CAP REL COSTS-14TH STREET	3.04	2,113,211			0	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	667,847			0	
4.00	ADMINISTRATIVE & GENERAL	6	696,488			0	
TOTAL RECLASSIFICATIONS FOR CODE G			3,522,513				3,522,513

RECLASS CODE: H  
EXPLANATION : RECLASS ER PHYSICIAN MALPRACTICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	109,185	ADMINISTRATIVE & GENERAL	6	109,185	
TOTAL RECLASSIFICATIONS FOR CODE H			109,185				109,185

RECLASS CODE: I  
EXPLANATION : RECLASS CHARGEABLE MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	13,320,950	ADULTS & PEDIATRICS	25	160,007	

RECLASSIFICATIONS

PROVIDER NO: 140015	PERIOD: FROM 10/ 1/2008 TO 9/30/2009	PREPARED 3/ 1/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: I  
EXPLANATION : RECLASS CHARGEABLE MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	INTENSIVE CARE UNIT	26	114,823	
3.00			0	SUBPROVIDER	31	10,882	
4.00			0	SUBPROVIDER 2	31.01	925	
5.00			0	NURSERY	33	24,080	
6.00			0	SKILLED NURSING FACILITY	34	19,491	
7.00			0	OPERATING ROOM	37	10,810,520	
8.00			0	DELIVERY ROOM & LABOR ROOM	39	59,552	
9.00			0	ANESTHESIOLOGY	40	243,926	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	271,519	
11.00			0	LABORATORY	44	12,864	
12.00			0	RESPIRATORY THERAPY	49	43,985	
13.00			0	PHYSICAL THERAPY	50	6,160	
14.00			0	OCCUPATIONAL THERAPY	51	245	
15.00			0	SPEECH PATHOLOGY	52	3,754	
16.00			0	ELECTROCARDIOLOGY	53	1,408,638	
17.00			0	DRUGS CHARGED TO PATIENTS	56	434	
18.00			0	RENAL DIALYSIS	57	25,320	
19.00			0	EMERGENCY	61	99,595	
20.00			0	RURAL HEALTH CLINIC	63.50	2,247	
21.00			0	HOME PROGRAM DIALYSIS	64	1,482	
22.00			0	HOME HEALTH AGENCY	71	239	
23.00			0	HOSPICE	93	262	
TOTAL RECLASSIFICATIONS FOR CODE I			13,320,950			13,320,950	

RECLASS CODE: J  
EXPLANATION : RECLASS RENAL BUILDING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	14,742	NEW CAP REL COSTS-NEW BUILDING	3.03	14,742	
TOTAL RECLASSIFICATIONS FOR CODE J			14,742			14,742	

RECLASS CODE: K  
EXPLANATION : RECLASS COST OF ARANESP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	460,871	DRUGS CHARGED TO PATIENTS	56	492,813	
2.00	HOME PROGRAM DIALYSIS	64	31,942			0	
TOTAL RECLASSIFICATIONS FOR CODE K			492,813			492,813	

RECLASS CODE: L  
EXPLANATION : RECLASS OB SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	451,514	ADULTS & PEDIATRICS	25	1,605,786	
2.00	DELIVERY ROOM & LABOR ROOM	39	1,154,272			0	
TOTAL RECLASSIFICATIONS FOR CODE L			1,605,786			1,605,786	

RECLASS CODE: M  
EXPLANATION : RECLASS PRECEPTOR PAY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING SCHOOL	21	825,645	ADMINISTRATIVE & GENERAL	6	44	
2.00			0	NURSING ADMINISTRATION	14	1,117	
3.00			0	ADULTS & PEDIATRICS	25	462,748	
4.00			0	INTENSIVE CARE UNIT	26	91,588	
5.00			0	SUBPROVIDER	31	3,170	
6.00			0	SUBPROVIDER 2	31.01	21,688	
7.00			0	NURSERY	33	49,590	
8.00			0	SKILLED NURSING FACILITY	34	2,183	
9.00			0	OPERATING ROOM	37	41,944	
10.00			0	DELIVERY ROOM & LABOR ROOM	39	22,888	
11.00			0	RENAL DIALYSIS	57	8,156	
12.00			0	EMERGENCY	61	120,529	
TOTAL RECLASSIFICATIONS FOR CODE M			825,645			825,645	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	12,272,500	237,488		237,488		12,509,988	
2 LAND IMPROVEMENTS	5,257,257	62,700		62,700		5,319,957	
3 BUILDINGS & FIXTURE	91,606,153	2,569,343		2,569,343		94,175,496	
4 BUILDING IMPROVEMENT	3,486,897	75,869		75,869		3,562,766	
5 FIXED EQUIPMENT	32,204,931	1,027,411		1,027,411		33,232,342	
6 MOVABLE EQUIPMENT	108,186,841	12,670,897		12,670,897	20,435,387	100,422,351	
7 SUBTOTAL	253,014,579	16,643,708		16,643,708	20,435,387	249,222,900	
8 RECONCILING ITEMS							
9 TOTAL	253,014,579	16,643,708		16,643,708	20,435,387	249,222,900	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL			307,247	.001328				
3 01	NEW CAP REL COSTS-BU	307,247							
3 02	NEW CAP REL COSTS-OL	80,569,040		80,569,040	.348191				
3 03	NEW CAP REL COSTS-NE	34,971,838		34,971,838	.151136				
3 04	NEW CAP REL COSTS-14	15,122,479		15,122,479	.065354				
4	NEW CAP REL COSTS-MV	100,422,351		100,422,351	.433991				
5	TOTAL	231,392,955		231,392,955	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-BU	2,194			25,845			28,039
3 02	NEW CAP REL COSTS-OL	253,324			49,641			302,965
3 03	NEW CAP REL COSTS-NE	3,603,478	-14,742	3,667	71,703			3,664,106
3 04	NEW CAP REL COSTS-14	474,823		883,888				1,358,711
4	NEW CAP REL COSTS-MV	10,173,086		243,590	5,004			10,421,680
5	TOTAL	14,506,905	-14,742	1,131,145	152,193			15,775,501

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-BU	2,194						2,194
3 02	NEW CAP REL COSTS-OL	253,324						253,324
3 03	NEW CAP REL COSTS-NE	3,709,431						3,709,431
3 04	NEW CAP REL COSTS-14	474,823						474,823
4	NEW CAP REL COSTS-MV	10,193,696						10,193,696
5	TOTAL	14,633,468						14,633,468

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-132,997	INTEREST EXPENSE	88	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-292,903	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-145,658	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-6,045	NEW CAP REL COSTS-MVBLE E	4	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-14,505,525			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-52,750			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,107,255	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	A	-2,459,704	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-12,545	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	B	-2,174,187	NURSING SCHOOL	21	
22 VENDING MACHINES	B	-148,102	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 RENTAL INSURANCE EXPENSE	A	-10,401	ADMINISTRATIVE & GENERAL	6	
38 DAMAGED GOODS	B	-5,928	ADMINISTRATIVE & GENERAL	6	
39 CHILD CARE CENTER	B	-1,413,238	EMPLOYEE BENEFITS	5	
40 GUEST TRAYS	B	-4,420	DIETARY	11	
41 BOOKKEEPING FEES	B	-124,462	ADMINISTRATIVE & GENERAL	6	
42 RADIOLOGY TUITION	B	-38,115	PARAMED ED PRGM-RADIOLOGY	24.01	
43 PRINT SHOP	B	-62,786	ADMINISTRATIVE & GENERAL	6	
44 AFFILIATED ORGANIZATION FEES	B	-29,592	ADMINISTRATIVE & GENERAL	6	
45 HELATH PROMOTIONS	B	-155,711	NURSING ADMINISTRATION	14	
46 HOUSEKEEPING SERVICES	B	-204,060	HOUSEKEEPING	10	
47 ADVERTISING	A	-325,548	ADMINISTRATIVE & GENERAL	6	
48 RENTAL PROPERTY EXPENSE	A	-135,856	NEW CAP REL COSTS-NEW BUI	3.03	9
49 REAL ESTATE TAXES ON RENTAL	A	-51,606	MAINTENANCE & REPAIRS	7	
49.01 RENTAL PROPERTY EXPENSE	A	-53,646	MAINTENANCE & REPAIRS	7	
49.02 DIETARY CONSULT AUTOS	A	-6,334	NEW CAP REL COSTS-MVBLE E	4	11
49.03 INTEREST INCOME	A	-41,300	NEW CAP REL COSTS-NEW BUI	3.03	11
49.04 INTEREST INCOME	A	-1,972,802	NEW CAP REL COSTS-14TH ST	3.04	11
49.05 INTEREST INCOME	A	-622,154	NEW CAP REL COSTS-MVBLE E	4	11
49.06 INTEREST INCOME	A	-639,689	ADMINISTRATIVE & GENERAL	6	
49.07 DIETARY OUTSIDE SERVICES	A	-54,239	DIETARY	11	
49.08 LI FELINE DEPRECIATION	A	-3,205	NEW CAP REL COSTS-MVBLE E	4	9
49.09 PHYSICIAN RECRUITMENT	A	-442,468	ADMINISTRATIVE & GENERAL	6	
49.10 LOBBYING EXPENSE	A	-34,263	ADMINISTRATIVE & GENERAL	6	
49.11 TRANSFER TO PARENT	A	-2,317,825	ADMINISTRATIVE & GENERAL	6	
49.12 HOSPICE PROFESSIONAL FEES	A	-9,596	HOSPICE	93	
49.13 ER PHYSICIAN BENEFITS	A	-387,847	EMPLOYEE BENEFITS	5	
49.14 ALCOHOL RELATED EXPENSES	A	-3,000	ADMINISTRATIVE & GENERAL	6	
49.15 BOOK TO MEDICARE DEPRECIATION	A	29,903	NEW CAP REL COSTS-NEW BUI	3.03	9
49.16 BOOK TO MEDICARE DEPRECIATION	A	34,333	NEW CAP REL COSTS-MVBLE E	4	9
49.17 HOME HEALTH PHYSICIAN	A	-250	HOME HEALTH AGENCY	71	
49.18 GROUND FEES	B	-65,766	MAINTENANCE & REPAIRS	7	
49.19 LABORATORY TUITION	B	-7,838	PARAMED ED PRGM-LABORATOR	24.02	
49.20 CV SURGEON BENEFITS	A	-46,576	EMPLOYEE BENEFITS	5	
49.21 ILLINIER PHYSICIAN BENEFITS	A	-148,742	EMPLOYEE BENEFITS	5	
49.22 SELF-FUNDED HEALTH INSURANCE	A	-5,803,553	EMPLOYEE BENEFITS	5	
49.23 LEASED EQUIPMENT	B	-8,421	NEW CAP REL COSTS-MVBLE E	4	9
49.24 CHEMISTRY	B	-3,071	LABORATORY	44	
49.25 PD SERVICES	B	-2,442	RENAL DIALYSIS	57	
49.26 STUDER GROUP EXPENSE	A	-504,551	ADMINISTRATIVE & GENERAL	6	
49.27 TRAUMA ON-CALL	A	-449,417	ADMINISTRATIVE & GENERAL	6	
49.28 NON-HOSPITAL DEPRECIATION	A	-37,272	NEW CAP REL COSTS-MVBLE E	4	9
49.29 LOSS ON EARLY EXTINGUISHMENT OF DEBT	A	376,921	NEW CAP REL COSTS-14TH ST	3.04	11
49.30 LOSS ON EARLY EXTINGUISHMENT OF DEBT	A	103,539	NEW CAP REL COSTS-MVBLE E	4	11
49.31 AMORTIZATION EXPENSE	A	-27,667	ADMINISTRATIVE & GENERAL	6	
49.32 MISCELLANEOUS INCOME	B	-60,751	ADMINISTRATIVE & GENERAL	6	
49.33 MISCELLANEOUS INCOME	B	-3,877	ADMINISTRATIVE & GENERAL	6	
49.34 MISCELLANEOUS INCOME	B	-1,100	OPERATING ROOM	37	
49.35 MISCELLANEOUS INCOME	B	-2,226	RESPIRATORY THERAPY	49	
49.36 MISCELLANEOUS INCOME	B	-332,653	ADMINISTRATIVE & GENERAL	6	

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/ 1/2008 TO 9/30/2009  
 PREPARED 3/ 1/2010  
 WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4		
49.37 BPS EXPENSES	A	-9,758,663	ADMINISTRATIVE & GENERAL	6		
49.38 CONSULTING EXPENSE	A	304,480	ADMINISTRATIVE & GENERAL	6		
49.39 PENSION ADJUSTMENT	A	-3,325	EMPLOYEE BENEFITS	5		
49.40 LOSS ON EARLY EXTINGUISHMENT OF DEBT	A	366,558	NEW CAP REL COSTS-14TH ST	3.04	11	
49.41 LOSS ON EARLY EXTINGUISHMENT OF DEBT	A	100,692	NEW CAP REL COSTS-MVBLE E	4	11	
49.42 NURSING SCHOOL ADVERTISING	A	-20,588	NURSING SCHOOL	21		
50 TOTAL (SUM OF LINES 1 THRU 49)		-46,160,085				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.  
 (2) Basis for adjustment (see instructions).  
 A. Costs - if cost, including applicable overhead, can be determined.  
 B. Amount Received - if cost cannot be determined.  
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.  
 Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	7	MAINTENANCE & REPAIRS	BIO-MED	520,080	943,200	-423,120	
2	9	LAUNDRY & LINEN SERVICE	LAUNDRY	882,471	893,370	-10,899	
3	57	RENAL DIALYSIS	HANNIBAL RENAL RENT	18,955	61,470	-42,515	
4	57	RENAL DIALYSIS	PITTSFIELD RENAL RENT	90,802	15,020	75,782	
4.01	63 50	RURAL HEALTH CLINIC	EAST ADAMS RENT	46,653	68,000	-21,347	
4.02	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	5,192,096	5,111,111	80,985	
4.03	5	EMPLOYEE BENEFITS	BCS BENEFITS	288,364		288,364	
5		TOTALS		7,039,421	7,092,171	-52,750	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	0.00	DENMAN SERVICES	0.00	BIO-MED MAINTENANCE
2	G	0.00	DENMAN SERVICES	0.00	LAUNDRY SERVICES
3	G	0.00	THE BLESSING FOUNDATION	0.00	FUND RAISING
4	B	0.00	BLESSING CORPORATE SERVICE	0.00	HOME OFFICE
5	G	0.00	ILLINOIS COMMUNITY HOSPITAL	0.00	HOSPITAL

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED: 3/1/2010  
 WORKSHEET: A-8-2  
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	A&G	717,601	636,452	81,149	159,800	615	47,249	2,362
2 6	A&G	291,674		291,674	208,000	1,928	192,800	9,640
3 25	CANCER CENTER	54,381		54,381	159,800	345	26,505	1,325
4 26	ICU	36,000		36,000	159,800	288	22,126	1,106
5 31	REHAB	33,000		33,000	159,800	288	22,126	1,106
6 34	SNU	1,375		1,375	159,800	11	845	42
7 37	SURGERY	475	475					
8 44	LABORATORY	50,000	50,000					
9 49	PULMONARY	10,800		10,800	159,800	72	5,531	277
10 49	RESPIRATORY THERAPY	10,800		10,800	159,800	72	5,531	277
11 49	RESPIRATORY THERAPY	12,000		12,000	159,800	96	7,375	369
12 53	EKG	14,430		14,430	159,800	111	8,528	426
13 53	CARDIAC CATH	17,400		17,400	182,900	116	10,200	510
14 57	DIALYSIS	76,218		76,218	165,600	181	14,410	721
15 61	EMS	29,900		29,900	159,800	230	17,670	884
16 61	ER TRAUMA	68,780		68,780	159,800	340	26,121	1,306
17 61	SALARIED ER DOCTORS	4,748,872	4,748,872					
18 61	ER DIRECTORS	228,000		228,000	159,800	1,636	125,689	6,284
19 61	URGENT CARE	57,841	57,841					
20 64	HOME DIALYSIS	11,180		11,180	165,600	27	2,150	108
21 61	ILLINI ER PHYSICIANS	931,182	931,182					
22 37	SURGERY CENTER	115,798		115,798	182,900	450	39,570	1,979
23 6	ANESTHESIA	6,775,686	6,775,686					
24 37	CV SURGEONS	157,956	157,956					
25 37	CV SURGEONS	628,602	628,602					
26								
27								
28								
29								
30								
101	TOTAL	15,079,951	13,987,066	1,092,885		6,806	574,426	28,722

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED: 3/1/2010  
 WORKSHEET: A-8-2  
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	A&G					47,249	33,900	670,352
2 6	A&G					192,800	98,874	98,874
3 25	CANCER CENTER					26,505	27,876	27,876
4 26	ICU					22,126	13,874	13,874
5 31	REHAB					22,126	10,874	10,874
6 34	SNU					845	530	530
7 37	SURGERY							475
8 44	LABORATORY							50,000
9 49	PULMONARY					5,531	5,269	5,269
10 49	RESPIRATORY THERAPY					5,531	5,269	5,269
11 49	RESPIRATORY THERAPY					7,375	4,625	4,625
12 53	EKG					8,528	5,902	5,902
13 53	CARDIAC CATH					10,200	7,200	7,200
14 57	DIALYSIS					14,410	61,808	61,808
15 61	EMS					17,670	12,230	12,230
16 61	ER TRAUMA					26,121	42,659	42,659
17 61	SALARIED ER DOCTORS							4,748,872
18 61	ER DIRECTORS					125,689	102,311	102,311
19 61	URGENT CARE							57,841
20 64	HOME DIALYSIS					2,150	9,030	9,030
21 61	ILLINI ER PHYSICIANS							931,182
22 37	SURGERY CENTER					39,570	76,228	76,228
23 6	ANESTHESIA							6,775,686
24 37	CV SURGEONS							157,956
25 37	CV SURGEONS							628,602
26								
27								
28								
29								
30								
101	TOTAL					574,426	518,459	14,505,525

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 3/ 1/2010  
 I 14-0015 I FROM 10/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 9/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	NOT ENTERED
3.01	NEW CAP REL COSTS-BUTLER BUILDING	31	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-OLD BUILDING & FIX	32	SQUARE	FEET	ENTERED
3.03	NEW CAP REL COSTS-NEW BUILDING & FIX	33	SQUARE	FEET	ENTERED
3.04	NEW CAP REL COSTS-14TH STREET	34	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSI NG HRS	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TI ME	SPENT	ENTERED
21	NURSING SCHOOL	19	ASSI GNED	TI ME	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSI GNED	TI ME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSI GNED	TI ME	ENTERED
24	PARAMED ED PRGM	22	ASSI GNED	TI ME	NOT ENTERED
24.01	PARAMED ED PRGM-RADIOLOGY	23	ASSI GNED	TI ME	ENTERED
24.02	PARAMED ED PRGM-LABORATORY	24	ASSI GNED	TI ME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTs-BLDG & 3	NEW CAP REL C OSTs-BUTLER 3.01	NEW CAP REL C OSTs-OLD BUI 3.02	NEW CAP REL C OSTs-NEW BUI 3.03	NEW CAP REL C OSTs-14TH ST 3.04	NEW CAP REL C OSTs-MVBLE E 4
GENERAL SERVICE COST CNTR								
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-BUTLER	28,039		28,039				
003 02	NEW CAP REL COSTS-OLD BUI	302,965			302,965			
003 03	NEW CAP REL COSTS-NEW BUI	3,664,106				3,664,106		
003 04	NEW CAP REL COSTS-14TH ST	1,358,711					1,358,711	
004	NEW CAP REL COSTS-MVBLE E	10,421,680						10,421,680
005	EMPLOYEE BENEFITS	25,846,305			14,550	210,675		79,180
006	ADMINISTRATIVE & GENERAL	28,737,850			57,393	382,479	163,780	5,511,477
007	MAINTENANCE & REPAIRS	6,085,765		5,906	30,706	311,215	198,199	136,622
009	LAUNDRY & LINEN SERVICE	968,028			5,388			5,961
010	HOUSEKEEPING	2,028,131			7,740	10,119	16,727	114,754
011	DIETARY	1,855,773				71,508	48,337	15,152
012	CAFETERIA	1,784,650				30,924	27,865	
014	NURSING ADMINISTRATION	4,465,427			4,669	119,281	92,085	361,500
017	MEDICAL RECORDS & LIBRARY	2,135,248				85,879	16,308	13,164
021	NURSING SCHOOL	1,714,074		22,133		155,846		38,440
022	I&R SERVICES-SALARY & FRI	989,840						
023	I&R SERVICES-OTHER PRGM C	1,041,440						18
024	PARAMED PRGM							
024 01	PARAMED PRGM-RADIOLOGY	174,759			1,306		1,981	
024 02	PARAMED PRGM-LABORATOR	63,752			1,306			
INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS	15,451,940				839,420	126,983	161,649
026	INTENSIVE CARE UNIT	3,885,000			10,505	130,491		229,951
031	SUBPROVIDER	1,460,386			14,411	28,888		23,009
031 01	SUBPROVIDER 2	2,358,978					149,839	4,294
033	NURSERY	438,665				24,923		5,289
034	SKILLED NURSING FACILITY	1,452,237				61,326		3,022
ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM	11,011,944			26,987	247,033	139,187	745,171
039	DELIVERY ROOM & LABOR ROO	1,219,937			11,684			50,146
040	ANESTHESIOLOGY	396,333			1,590	6,109	8,938	78,683
041	RADIOLOGY-DIAGNOSTIC	7,702,935			11,120	273,650	80,540	1,492,715
044	LABORATORY	5,231,397			1,636	128,373	14,066	165,396
046	WHOLE BLOOD & PACKED RED	1,503,860			975			199
049	RESPIRATORY THERAPY	1,965,444			41,669	31,987	599	58,956
050	PHYSICAL THERAPY	2,091,960			5,375	66,804	11,262	8,598
051	OCCUPATIONAL THERAPY	495,702			4,157			1,124
052	SPEECH PATHOLOGY	213,050			1,408			
053	ELECTROCARDIOLOGY	1,997,822			14,677	32,096		470,813
054	ELECTROENCEPHALOGRAPHY	305,111			8,147		3,701	19,238
055	MEDICAL SUPPLIES CHARGED	14,470,141				44,927	1,241	48,018
056	DRUGS CHARGED TO PATIENTS	10,188,389			294	44,089	10,832	142,871
057	RENAL DIALYSIS	2,565,566				71,111		139,510
OUTPAT SERVICE COST CNTRS								
061	EMERGENCY	4,897,935			12,593	147,809	33,270	239,145
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063 50	RURAL HEALTH CLINIC	770,744						126
OTHER REIMBURS COST CNTRS								
064	HOME PROGRAM DIALYSIS	378,499				1,982		
071	HOME HEALTH AGENCY	1,563,285			225		31,327	7,779
SPEC PURPOSE COST CENTERS								
093	HOSPICE	2,369,937				19,156	30,194	35,825
095	SUBTOTALS	190,053,740		28,039	290,511	3,578,100	1,207,261	10,407,795
NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP				5,841		7,947	
096 01	ADULT DAY CARE							85
096 02	DENMAN SERVICES					9,011	12,852	3,948
096 03	MEALS ON WHEELS							
096 04	UNUSED SPACE				6,613	43,449	107,076	
096 05	HEALTH EDUCATION	15,776						
098	PHYSICIANS' PRIVATE OFFIC	2,237,276						9,366
099	NONPAID WORKERS							
099 01	RENTED SPACE					33,546	23,575	
099 02	AUGUSTA PHARMACY	1,017,286						486
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	193,324,078		28,039	302,965	3,664,106	1,358,711	10,421,680

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5	5a.00	6	7	9	10	11
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-OLD BUI							
003	03 NEW CAP REL COSTS-NEW BUI							
003	04 NEW CAP REL COSTS-14TH ST							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS	26,150,710						
006	ADMINISTRATIVE & GENERAL	3,073,682	37,926,661	37,926,661				
007	MAINTENANCE & REPAIRS	705,751	7,474,164	1,824,159	9,298,323			
009	LAUNDRY & LINEN SERVICE	20,563	999,940	244,047	33,950	1,277,937		
010	HOUSEKEEPING	581,547	2,759,018	673,371	115,713	15,811	3,563,913	
011	DIETARY	273,196	2,263,966	552,548	268,279	6,053	61,969	3,152,815
012	CAFETERIA	383,051	2,226,490	543,402	136,421		86,890	
014	NURSING ADMINISTRATION	1,250,735	6,293,697	1,536,052	510,506		65,790	
017	MEDICAL RECORDS & LIBRARY	455,686	2,706,285	660,501	199,853		45,987	
021	NURSING SCHOOL	918,812	2,849,305	695,407	504,395		77,287	
022	I&R SERVICES-SALARY & FRI	311,776	1,301,616	317,675				
023	I&R SERVICES-OTHER PRGM C		1,041,458	254,180				
024	PARAMED ED PRGM							
024	01 PARAMED ED PRGM-RADIOLOGY	64,441	242,487	59,182	14,039			
024	02 PARAMED ED PRGM-LABORATOR	21,854	86,912	21,212	8,232			
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	4,381,453	20,961,445	5,115,950	1,858,425	552,517	932,831	2,025,873
026	INTENSIVE CARE UNIT	1,096,101	5,352,048	1,306,232	297,235	61,487	267,448	253,353
031	SUBPROVIDER	392,295	1,918,989	468,352	141,957	31,140	102,241	251,332
031	01 SUBPROVIDER 2	726,913	3,240,024	790,767	439,160	22,804	149,922	321,027
033	NURSERY	126,577	595,454	145,328	44,128	5,491	22,960	
034	SKILLED NURSING FACILITY	421,585	1,938,170	473,034	108,582	45,351	75,194	301,230
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	1,945,318	14,115,640	3,445,091	1,015,380	155,675	460,167	
039	DELIVERY ROOM & LABOR ROO	362,119	1,643,886	401,210	73,627	25,015	91,043	
040	ANESTHESIOLOGY	39,578	531,231	129,653	47,032			
041	RADIOLOGY-DIAGNOSTIC	1,447,026	11,007,986	2,686,631	790,639	85,039	200,196	
044	LABORATORY	921,427	6,462,295	1,577,201	278,825	1,079	63,232	
046	WHOLE BLOOD & PACKED RED	78,402	1,583,436	386,457	6,142		997	
049	RESPIRATORY THERAPY	558,592	2,657,247	648,533	320,959	889	64,993	
050	PHYSICAL THERAPY	577,799	2,761,798	674,050	185,160	13,577	60,374	
051	OCCUPATIONAL THERAPY	152,606	653,589	159,516	26,196			
052	SPEECH PATHOLOGY	65,837	280,295	68,409	8,870			
053	ELECTROCARDIOLOGY	364,815	2,880,223	702,953	149,312	27,916	25,951	
054	ELECTROENCEPHALOGRAPHY	73,269	409,466	99,935	62,188	9,590	12,460	
055	MEDICAL SUPPLIES CHARGED	187,931	14,752,258	3,600,466	83,183	32,927	63,132	
056	DRUGS CHARGED TO PATIENTS	881,177	11,267,652	2,750,006	111,661		27,379	
057	RENAL DIALYSIS	375,889	3,152,076	769,302	125,907	31,883	70,741	
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	1,128,889	6,459,641	1,576,553	438,570	147,808	304,031	
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	50 RURAL HEALTH CLINIC	105,915	876,785	213,990			1,030	
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	20,547	401,028	97,876	3,510		8,307	
071	HOME HEALTH AGENCY	398,100	2,000,716	488,299	93,234		174,178	
	SPEC PURPOSE COST CENTERS							
093	HOSPICE	522,452	2,977,564	726,710	122,414	2,238	11,895	
095	SUBTOTALS	25,413,706	189,052,941	36,884,240	8,623,684	1,274,290	3,528,625	3,152,815
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		13,788	3,365	60,098	3,647		
096	01 ADULT DAY CARE		85	21				
096	02 DENMAN SERVICES		25,811	6,299	53,621		21,299	
096	03 MEALS ON WHEELS							
096	04 UNUSED SPACE		157,138	38,351	432,428			
096	05 HEALTH EDUCATION	4,954	20,730	5,059				
098	PHYSICIANS' PRIVATE OFFIC	673,730	2,920,372	712,752				
099	NONPAID WORKERS							
099	01 RENTED SPACE		57,121	13,941	128,492		13,989	
099	02 AUGUSTA PHARMACY	58,320	1,076,092	262,633				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	26,150,710	193,324,078	37,926,661	9,298,323	1,277,937	3,563,913	3,152,815

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION		CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM
		12	14	17	21	22	23	24
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-BUTLER							
003	03 NEW CAP REL COSTS-OLD BUI							
003	04 NEW CAP REL COSTS-NEW BUI							
004	NEW CAP REL COSTS-14TH ST							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY							
012	CAFETERIA	2,993,203						
014	NURSING ADMINISTRATION	166,319	8,572,364					
017	MEDICAL RECORDS & LIBRARY	105,686		3,718,312				
021	NURSING SCHOOL	136,825			4,263,219			
022	I&R SERVICES-SALARY & FRI	43,419				1,662,710		
023	I&R SERVICES-OTHER PRGM C						1,295,638	
024	PARAMED ED PRGM							
024	01 PARAMED ED PRGM-RADIOLOGY	9,087						
024	02 PARAMED ED PRGM-LABORATOR	2,291						
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	635,837	3,134,339	2,365,451	2,441,725	1,184,311	922,855	
026	INTENSIVE CARE UNIT	141,634	698,139	295,849	505,581	67,667	52,728	
031	SUBPROVIDER	60,328	297,358	293,479	37,046	75,982	59,207	
031	01 SUBPROVIDER 2	112,948	556,747	374,867	117,182	59,352	46,249	
033	NURSERY	13,858	68,288	11,086	44,455	33,260	25,917	
034	SKILLED NURSING FACILITY	67,837	334,373	351,738	257,372			
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	291,794	1,438,343		370,850	110,389	86,018	
039	DELIVERY ROOM & LABOR ROO	46,964	231,479		129,466			
040	ANESTHESIOLOGY	8,944	44,069					
041	RADIOLOGY-DIAGNOSTIC	194,026				14,264	11,115	
044	LABORATORY	151,434				8,315	6,479	
046	WHOLE BLOOD & PACKED RED	10,189						
049	RESPIRATORY THERAPY	82,351						
050	PHYSICAL THERAPY	73,075						
051	OCCUPATIONAL THERAPY	19,010						
052	SPEECH PATHOLOGY	8,127						
053	ELECTROCARDIOLOGY	48,732				41,503	32,341	
054	ELECTROENCEPHALOGRAPHY	13,431				4,731	3,687	
055	MEDICAL SUPPLIES CHARGED	48,466						
056	DRUGS CHARGED TO PATIENTS	106,922						
057	RENAL DIALYSIS	56,954	280,749		21,448			
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	166,613	821,256	25,842	328,930	62,936	49,042	
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS	2,329	11,478					
071	HOME HEALTH AGENCY	56,916	280,540		9,164			
	SPEC PURPOSE COST CENTERS							
093	HOSPICE	76,116	375,206					
095	SUBTOTALS	2,958,462	8,572,364	3,718,312	4,263,219	1,662,710	1,295,638	
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
096	01 ADULT DAY CARE							
096	02 DENMAN SERVICES							
096	03 MEALS ON WHEELS							
096	04 UNUSED SPACE							
096	05 HEALTH EDUCATION	713						
098	PHYSICIANS' PRIVATE OFFIC	34,028						
099	NONPAID WORKERS							
099	01 RENTED SPACE							
099	02 AUGUSTA PHARMACY							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2,993,203	8,572,364	3,718,312	4,263,219	1,662,710	1,295,638	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMED ED PR	PARAMED ED PR	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
	GM-RADIOLOGY	GM-LABORATOR			
	24.01	24.02	25	26	27
003 GENERAL SERVICE COST CNTR					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 NEW CAP REL COSTS-BUTLER					
003 03 NEW CAP REL COSTS-OLD BUI					
003 04 NEW CAP REL COSTS-NEW BUI					
004 NEW CAP REL COSTS-14TH ST					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
007 MAINTENANCE & REPAIRS					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
017 MEDICAL RECORDS & LIBRARY					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED ED PRGM					
024 01 PARAMED ED PRGM-RADIOLOGY	324,795				
024 02 PARAMED ED PRGM-LABORATOR		118,647			
024 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			42,131,559	-2,107,166	40,024,393
026 INTENSIVE CARE UNIT			9,299,401	-120,395	9,179,006
031 SUBPROVIDER			3,737,411	-135,189	3,602,222
031 01 SUBPROVIDER 2			6,231,049	-105,601	6,125,448
033 NURSERY			1,010,225	-59,177	951,048
034 SKILLED NURSING FACILITY			3,952,881		3,952,881
037 OPERATING ROOM			21,489,347	-196,407	21,292,940
039 DELIVERY ROOM & LABOR ROO			2,642,690		2,642,690
040 ANESTHESIOLOGY			760,929		760,929
041 RADIOLOGY-DIAGNOSTIC	324,795		15,314,691	-25,379	15,289,312
044 LABORATORY		118,647	8,667,507	-14,794	8,652,713
046 WHOLE BLOOD & PACKED RED			1,987,221		1,987,221
049 RESPIRATORY THERAPY			3,774,972		3,774,972
050 PHYSICAL THERAPY			3,768,034		3,768,034
051 OCCUPATIONAL THERAPY			858,311		858,311
052 SPEECH PATHOLOGY			365,701		365,701
053 ELECTROCARDIOLOGY			3,908,931	-73,844	3,835,087
054 ELECTROENCEPHALOGRAPHY			615,488	-8,418	607,070
055 MEDICAL SUPPLIES CHARGED			18,580,432		18,580,432
056 DRUGS CHARGED TO PATIENTS			14,263,620		14,263,620
057 RENAL DIALYSIS			4,509,060	-460,871	4,048,189
061 OUTPAT SERVICE COST CNTRS			10,381,222	-111,978	10,269,244
062 EMERGENCY					
062 OBSERVATION BEDS (NON-DIS					
063 OTHER OUTPATIENT SERVICE					
063 50 RURAL HEALTH CLINIC			1,091,805		1,091,805
063 OTHER REIMBURS COST CNTRS					
064 HOME PROGRAM DIALYSIS			524,528	-31,942	492,586
071 HOME HEALTH AGENCY			3,103,047		3,103,047
093 SPEC PURPOSE COST CENTERS					
093 HOSPICE			4,292,143		4,292,143
095 SUBTOTALS	324,795	118,647	187,262,205	-3,451,161	183,811,044
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			80,898		80,898
096 01 ADULT DAY CARE			106		106
096 02 DENMAN SERVICES			107,030		107,030
096 03 MEALS ON WHEELS					
096 04 UNUSED SPACE			627,917		627,917
096 05 HEALTH EDUCATION			26,502		26,502
098 PHYSICIANS' PRIVATE OFFIC			3,667,152		3,667,152
099 NONPAID WORKERS					
099 01 RENTED SPACE			213,543		213,543
099 02 AUGUSTA PHARMACY			1,338,725		1,338,725
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	324,795	118,647	193,324,078	-3,451,161	189,872,917

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BUTLER 3.01	NEW CAP REL C OSTS-OLD BUI 3.02	NEW CAP REL C OSTS-NEW BUI 3.03	NEW CAP REL C OSTS-14TH ST 3.04	NEW CAP REL C OSTS-MVBLE E 4
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BUTLER							
003 03 NEW CAP REL COSTS-OLD BUI							
003 04 NEW CAP REL COSTS-NEW BUI							
004 NEW CAP REL COSTS-14TH ST							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				14,550	210,675		79,180
006 ADMINISTRATIVE & GENERAL	9,534			57,393	382,479	163,780	5,511,477
007 MAINTENANCE & REPAIRS	350		5,906	30,706	311,215	198,199	136,622
009 LAUNDRY & LINEN SERVICE				5,388			5,961
010 HOUSEKEEPING				7,740	10,119	16,727	114,754
011 DIETARY	33				71,508	48,337	15,152
012 CAFETERIA					30,924	27,865	
014 NURSING ADMINISTRATION				4,669	119,281	92,085	361,500
017 MEDICAL RECORDS & LIBRARY					85,879	16,308	13,164
021 NURSING SCHOOL			22,133		155,846		38,440
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							18
024 PARAMED PRGM							
024 01 PARAMED PRGM-RADIOLOGY				1,306		1,981	
024 02 PARAMED PRGM-LABORATOR				1,306			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	55,351				839,420	126,983	161,649
026 INTENSIVE CARE UNIT	20,979			10,505	130,491		229,951
031 SUBPROVIDER	2,144			14,411	28,888		23,009
031 01 SUBPROVIDER 2						149,839	4,294
033 NURSERY					24,923		5,289
034 SKILLED NURSING FACILITY	45,946				61,326		3,022
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,041,242			26,987	247,033	139,187	745,171
039 DELIVERY ROOM & LABOR ROO				11,684			50,146
040 ANESTHESIOLOGY	14,889			1,590	6,109	8,938	78,683
041 RADIOLOGY-DIAGNOSTIC	1,466,600			11,120	273,650	80,540	1,492,715
044 LABORATORY	48,380			1,636	128,373	14,066	165,396
046 WHOLE BLOOD & PACKED RED				975			199
049 RESPIRATORY THERAPY	52,537			41,669	31,987	599	58,956
050 PHYSICAL THERAPY	43,535			5,375	66,804	11,262	8,598
051 OCCUPATIONAL THERAPY				4,157			1,124
052 SPEECH PATHOLOGY				1,408			
053 ELECTROCARDIOLOGY	294,267			14,677	32,096		470,813
054 ELECTROENCEPHALOGRAPHY	33,247			8,147		3,701	19,238
055 MEDICAL SUPPLIES CHARGED	253,612				44,927	1,241	48,018
056 DRUGS CHARGED TO PATIENTS				294	44,089	10,832	142,871
057 RENAL DIALYSIS	125,786				71,111		139,510
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				12,593	147,809	33,270	239,145
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	47,265						126
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS	2,783				1,982		
071 HOME HEALTH AGENCY	19,892			225		31,327	7,779
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	134,150				19,156	30,194	35,825
095 SUBTOTALS	3,712,522		28,039	290,511	3,578,100	1,207,261	10,407,795
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				5,841		7,947	
096 01 ADULT DAY CARE							85
096 02 DENMAN SERVICES					9,011	12,852	3,948
096 03 MEALS ON WHEELS							
096 04 UNUSED SPACE				6,613	43,449	107,076	
096 05 HEALTH EDUCATION							
098 PHYSICIANS' PRIVATE OFFIC	35,000						9,366
099 NONPAID WORKERS							
099 01 RENTED SPACE					33,546	23,575	
099 02 AUGUSTA PHARMACY							486
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,747,522		28,039	302,965	3,664,106	1,358,711	10,421,680

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	4a	5	6	7	9	10	11
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-OLD BUI							
003 03 NEW CAP REL COSTS-NEW BUI							
003 04 NEW CAP REL COSTS-14TH ST							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	304,405	304,405					
006 ADMINISTRATIVE & GENERAL	6,124,663	35,775	6,160,438				
007 MAINTENANCE & REPAIRS	682,998	8,214	296,298	987,510			
009 LAUNDRY & LINEN SERVICE	11,349	239	39,641	3,606	54,835		
010 HOUSEKEEPING	149,340	6,769	109,376	12,289	678	278,452	
011 DIETARY	135,030	3,180	89,750	28,492	260	4,842	261,554
012 CAFETERIA	58,789	4,458	88,265	14,488		6,789	
014 NURSING ADMINISTRATION	577,535	14,557	249,501	54,217		5,140	
017 MEDICAL RECORDS & LIBRARY	115,351	5,304	107,285	21,225		3,593	
021 NURSING SCHOOL	216,419	10,694	112,955	53,568		6,039	
022 I&R SERVICES-SALARY & FRI		3,629	51,600				
023 I&R SERVICES-OTHER PRGM C	18		41,287				
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-RADIOLOGY	3,287	750	9,613	1,491			
024 02 PARAMED ED PRGM-LABORATOR	1,306	254	3,445	874			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,183,403	51,032	830,992	197,371	23,708	72,883	168,064
026 INTENSIVE CARE UNIT	391,926	12,757	212,171	31,567	2,638	20,896	21,018
031 SUBPROVIDER	68,452	4,566	76,074	15,076	1,336	7,988	20,850
031 01 SUBPROVIDER 2	154,133	8,461	128,444	46,640	979	11,714	26,632
033 NURSERY	30,212	1,473	23,606	4,687	236	1,794	
034 SKILLED NURSING FACILITY	110,294	4,907	76,835	11,532	1,946	5,875	24,990
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,199,620	22,642	559,586	107,836	6,680	35,953	
039 DELIVERY ROOM & LABOR ROO	61,830	4,215	65,169	7,819	1,073	7,113	
040 ANESTHESIOLOGY	110,209	461	21,060	4,995			
041 RADIOLOGY-DIAGNOSTIC	3,324,625	16,842	436,390	83,968	3,649	15,641	
044 LABORATORY	357,851	10,724	256,185	29,612	46	4,940	
046 WHOLE BLOOD & PACKED RED	1,174	913	62,772	652		78	
049 RESPIRATORY THERAPY	185,748	6,501	105,341	34,087	38	5,078	
050 PHYSICAL THERAPY	135,574	6,725	109,486	19,665	583	4,717	
051 OCCUPATIONAL THERAPY	5,281	1,776	25,910	2,782			
052 SPEECH PATHOLOGY	1,408	766	11,112	942			
053 ELECTROCARDIOLOGY	811,853	4,246	114,181	15,857	1,198	2,028	
054 ELECTROENCEPHALOGRAPHY	64,333	853	16,232	6,605	412	974	
055 MEDICAL SUPPLIES CHARGED	347,798	2,187	584,824	8,834	1,413	4,933	
056 DRUGS CHARGED TO PATIENTS	198,086	10,256	446,684	11,859		2,139	
057 RENAL DIALYSIS	336,407	4,375	124,958	13,372	1,368	5,527	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	432,817	13,139	256,080	46,577	6,342	23,754	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	47,391	1,233	34,758			80	
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS	4,765	239	15,898	373		649	
071 HOME HEALTH AGENCY	59,223	4,633	79,314	9,902		13,609	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	219,325	6,081	118,040	13,001	96	929	
095 SUBTOTALS	19,224,228	295,826	5,991,118	915,861	54,679	275,695	261,554
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	13,788		547	6,383	156		
096 01 ADULT DAY CARE	85		3				
096 02 DENMAN SERVICES	25,811		1,023	5,695		1,664	
096 03 MEALS ON WHEELS							
096 04 UNUSED SPACE	157,138		6,229	45,925			
096 05 HEALTH EDUCATION		58	822				
098 PHYSICIANS' PRIVATE OFFIC	44,366	7,842	115,772				
099 NONPAID WORKERS							
099 01 RENTED SPACE	57,121		2,264	13,646		1,093	
099 02 AUGUSTA PHARMACY	486	679	42,660				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	19,523,023	304,405	6,160,438	987,510	54,835	278,452	261,554

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMINISTRATION 14	MEDICAL RECORDS & LIBRARY 17	NURSING SCHOOL 21	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	PARAMED ED PRGM 24
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BUTLER							
003 03 NEW CAP REL COSTS-OLD BUI							
003 04 NEW CAP REL COSTS-NEW BUI							
004 NEW CAP REL COSTS-14TH ST							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	172,789						
014 NURSING ADMINISTRATION	9,601	910,551					
017 MEDICAL RECORDS & LIBRARY	6,101		258,859				
021 NURSING SCHOOL	7,898			407,573			
022 I&R SERVICES-SALARY & FRI	2,506				57,735		
023 I&R SERVICES-OTHER PRGM C						41,305	
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-RADIOLOGY	525						
024 02 PARAMED ED PRGM-LABORATOR	132						
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	36,708	332,927	164,677				
026 INTENSIVE CARE UNIT	8,176	74,156	20,596				
031 SUBPROVIDER	3,483	31,585	20,431				
031 01 SUBPROVIDER 2	6,520	59,137	26,097				
033 NURSERY	800	7,254	772				
034 SKILLED NURSING FACILITY	3,916	35,517	24,487				
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	16,844	152,780					
039 DELIVERY ROOM & LABOR ROO	2,711	24,588					
040 ANESTHESIOLOGY	516	4,681					
041 RADIOLOGY-DIAGNOSTIC	11,201						
044 LABORATORY	8,742						
046 WHOLE BLOOD & PACKED RED	588						
049 RESPIRATORY THERAPY	4,754						
050 PHYSICAL THERAPY	4,218						
051 OCCUPATIONAL THERAPY	1,097						
052 SPEECH PATHOLOGY	469						
053 ELECTROCARDIOLOGY	2,813						
054 ELECTROENCEPHALOGRAPHY	775						
055 MEDICAL SUPPLIES CHARGED	2,798						
056 DRUGS CHARGED TO PATIENTS	6,172						
057 RENAL DIALYSIS	3,288	29,821					
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	9,618	87,233	1,799				
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS	134	1,219					
071 HOME HEALTH AGENCY	3,286	29,799					
SPEC PURPOSE COST CENTERS							
093 HOSPICE	4,394	39,854					
095 SUBTOTALS	170,784	910,551	258,859				
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 ADULT DAY CARE							
096 02 DENMAN SERVICES							
096 03 MEALS ON WHEELS							
096 04 UNUSED SPACE							
096 05 HEALTH EDUCATION	41						
098 PHYSICIANS' PRIVATE OFFIC	1,964						
099 NONPAID WORKERS							
099 01 RENTED SPACE							
099 02 AUGUSTA PHARMACY							
101 CROSS FOOT ADJUSTMENTS				407,573	57,735	41,305	
102 NEGATIVE COST CENTER							
103 TOTAL	172,789	910,551	258,859	407,573	57,735	41,305	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PARAMED ED PR GM-RADIOLOGY	PARAMED ED PR GM-LABORATOR	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.01	24.02	25	26	27
003 GENERAL SERVICE COST CNTR					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 NEW CAP REL COSTS-BUTLER					
003 03 NEW CAP REL COSTS-OLD BUI					
003 04 NEW CAP REL COSTS-NEW BUI					
004 NEW CAP REL COSTS-14TH ST					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
007 MAINTENANCE & REPAIRS					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
017 MEDICAL RECORDS & LIBRARY					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED ED PRGM					
024 01 PARAMED ED PRGM-RADIOLOGY	15,666				
024 02 PARAMED ED PRGM-LABORATOR		6,011			
024 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			3,061,765		3,061,765
026 INTENSIVE CARE UNIT			795,901		795,901
031 SUBPROVIDER			249,841		249,841
031 01 SUBPROVIDER 2			468,757		468,757
033 NURSERY			70,834		70,834
034 SKILLED NURSING FACILITY			300,299		300,299
034 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			3,101,941		3,101,941
039 DELIVERY ROOM & LABOR ROO			174,518		174,518
040 ANESTHESIOLOGY			141,922		141,922
041 RADIOLOGY-DIAGNOSTIC			3,892,316		3,892,316
044 LABORATORY			668,100		668,100
046 WHOLE BLOOD & PACKED RED			66,177		66,177
049 RESPIRATORY THERAPY			341,547		341,547
050 PHYSICAL THERAPY			280,968		280,968
051 OCCUPATIONAL THERAPY			36,846		36,846
052 SPEECH PATHOLOGY			14,697		14,697
053 ELECTROCARDIOLOGY			952,176		952,176
054 ELECTROENCEPHALOGRAPHY			90,184		90,184
055 MEDICAL SUPPLIES CHARGED			952,787		952,787
056 DRUGS CHARGED TO PATIENTS			675,196		675,196
057 RENAL DIALYSIS			519,116		519,116
061 OUTPAT SERVICE COST CNTRS					
061 EMERGENCY			877,359		877,359
062 OBSERVATION BEDS (NON-DIS					
063 OTHER OUTPATIENT SERVICE					
063 50 RURAL HEALTH CLINIC			83,462		83,462
063 OTHER REIMBURS COST CNTRS					
064 HOME PROGRAM DIALYSIS			23,277		23,277
071 HOME HEALTH AGENCY			199,766		199,766
071 SPEC PURPOSE COST CENTERS					
093 HOSPICE			401,720		401,720
095 SUBTOTALS			18,441,472		18,441,472
095 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			20,874		20,874
096 01 ADULT DAY CARE			88		88
096 02 DENMAN SERVICES			34,193		34,193
096 03 MEALS ON WHEELS					
096 04 UNUSED SPACE			209,292		209,292
096 05 HEALTH EDUCATION			921		921
098 PHYSICIANS' PRIVATE OFFIC			169,944		169,944
099 NONPAID WORKERS					
099 01 RENTED SPACE			74,124		74,124
099 02 AUGUSTA PHARMACY			43,825		43,825
101 CROSS FOOT ADJUSTMENTS	15,666	6,011	528,290		528,290
102 NEGATIVE COST CENTER					
103 TOTAL	15,666	6,011	19,523,023		19,523,023

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BUTLER (SQUARE FEET)	NEW CAP REL C OSTS-OLD BUI (SQUARE FEET)	NEW CAP REL C OSTS-NEW BUI (SQUARE FEET)	NEW CAP REL C OSTS-14TH ST (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE (DOLLAR VALUE)
GENERAL SERVICE COST	3	3.01	3.02	3.03	3.04	4
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS-BUT		18,141				
003 02 NEW CAP REL COSTS-OLD			119,663			
003 03 NEW CAP REL COSTS-NEW				406,647		
003 04 NEW CAP REL COSTS-14T					249,609	
004 NEW CAP REL COSTS-MVB						10,156,426
005 EMPLOYEE BENEFITS			5,747	23,381		77,165
006 ADMINISTRATIVE & GENE			22,669	42,448	30,088	5,371,198
007 MAINTENANCE & REPAIRS		3,821	12,128	34,539	36,411	133,145
009 LAUNDRY & LINEN SERVI			2,128			5,809
010 HOUSEKEEPING			3,057	1,123	3,073	111,833
011 DIETARY				7,936	8,880	14,766
012 CAFETERIA				3,432	5,119	
014 NURSING ADMINISTRATIO			1,844	13,238	16,917	352,299
017 MEDICAL RECORDS & LIB				9,531	2,996	12,829
021 NURSING SCHOOL		14,320		17,296		37,462
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						18
024 PARAMED ED PRGM						
024 01 PARAMED ED PRGM-RADIO			516		364	
024 02 PARAMED ED PRGM-LABOR			516			
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS				93,160	23,328	157,535
026 INTENSIVE CARE UNIT			4,149	14,482		224,098
031 SUBPROVIDER			5,692	3,206		22,423
031 01 SUBPROVIDER 2					27,527	4,185
033 NURSERY				2,766		5,154
034 SKILLED NURSING FACIL				6,806		2,945
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM			10,659	27,416	25,570	726,205
039 DELIVERY ROOM & LABOR			4,615			48,870
040 ANESTHESIOLOGY			628	678	1,642	76,680
041 RADIOLOGY-DIAGNOSTIC			4,392	30,370	14,796	1,454,722
044 LABORATORY			646	14,247	2,584	161,186
046 WHOLE BLOOD & PACKED			385			194
049 RESPIRATORY THERAPY			16,458	3,550	110	57,455
050 PHYSICAL THERAPY			2,123	7,414	2,069	8,379
051 OCCUPATIONAL THERAPY			1,642			1,095
052 SPEECH PATHOLOGY			556			
053 ELECTROCARDIOLOGY			5,797	3,562		458,830
054 ELECTROENCEPHALOGRAPH			3,218		680	18,748
055 MEDICAL SUPPLIES CHAR				4,986	228	46,796
056 DRUGS CHARGED TO PATI			116	4,893	1,990	139,235
057 RENAL DIALYSIS				7,892		135,959
061 OUTPAT SERVICE COST C						
061 EMERGENCY			4,974	16,404	6,112	233,058
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
063 50 RURAL HEALTH CLINIC						123
063 OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS				220		
071 HOME HEALTH AGENCY			89		5,755	7,581
071 SPEC PURPOSE COST CEN						
093 HOSPICE				2,126	5,547	34,913
095 SUBTOTALS		18,141	114,744	397,102	221,786	10,142,893
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			2,307		1,460	
096 01 ADULT DAY CARE						83
096 02 DENMAN SERVICES				1,000	2,361	3,848
096 03 MEALS ON WHEELS						
096 04 UNUSED SPACE			2,612	4,822	19,671	
096 05 HEALTH EDUCATION						
098 PHYSICIANS' PRIVATE O						9,128
099 NONPAID WORKERS						
099 01 RENTED SPACE				3,723	4,331	
099 02 AUGUSTA PHARMACY						474
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED		28,039	302,965	3,664,106	1,358,711	10,421,680
103 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			2.531819		5.443357	
104 (WRKSHT B, PT I)		1.545615		9.010532		1.026117
105 COST TO BE ALLOCATED						
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	(GROSS SALARIES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)
	5	6a.00	6	7	9	10	11
GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-BUT							
003 03 NEW CAP REL COSTS-OLD							
003 04 NEW CAP REL COSTS-NEW							
004 NEW CAP REL COSTS-14T							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS	83,024,522						
006 ADMINISTRATIVE & GENE	9,758,463	-37,926,661	155,397,417				
007 MAINTENANCE & REPAIRS	2,240,649		7,474,164	582,828			
009 LAUNDRY & LINEN SERVI	65,284		999,940	2,128	1,554,561		
010 HOUSEKEEPING	1,846,323		2,759,018	7,253	19,234	107,258	
011 DIETARY	867,354		2,263,966	16,816	7,363	1,865	224,558
012 CAFETERIA	1,216,129		2,226,490	8,551		2,615	
014 NURSING ADMINISTRATION	3,970,891		6,293,697	31,999		1,980	
017 MEDICAL RECORDS & LIB	1,446,732		2,706,285	12,527		1,384	
021 NURSING SCHOOL	2,917,087		2,849,305	31,616		2,326	
022 I&R SERVICES-SALARY &	989,840		1,301,616				
023 I&R SERVICES-OTHER PR			1,041,458				
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-RADIO	204,589		242,487	880			
024 02 PARAMED ED PRGM-LABOR	69,383		86,912	516			
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	13,910,508		20,961,445	116,488	672,114	28,074	144,292
026 INTENSIVE CARE UNIT	3,479,950		5,352,048	18,631	74,796	8,049	18,045
031 SUBPROVIDER	1,245,476		1,918,989	8,898	37,880	3,077	17,901
031 01 SUBPROVIDER 2	2,307,836		3,240,024	27,527	27,740	4,512	22,865
033 NURSERY	401,861		595,454	2,766	6,680	691	
034 SKILLED NURSING FACIL	1,338,468		1,938,170	6,806	55,168	2,263	21,455
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	6,176,083		14,115,640	63,645	189,373	13,849	
039 DELIVERY ROOM & LABOR	1,149,672		1,643,886	4,615	30,430	2,740	
040 ANESTHESIOLOGY	125,654		531,231	2,948			
041 RADIOLOGY-DIAGNOSTIC	4,594,083		11,007,986	49,558	103,447	6,025	
044 LABORATORY	2,925,389		6,462,295	17,477	1,313	1,903	
046 WHOLE BLOOD & PACKED	248,915		1,583,436	385		30	
049 RESPIRATORY THERAPY	1,773,442		2,657,247	20,118	1,081	1,956	
050 PHYSICAL THERAPY	1,834,422		2,761,798	11,606	16,516	1,817	
051 OCCUPATIONAL THERAPY	484,499		653,589	1,642			
052 SPEECH PATHOLOGY	209,023		280,295	556			
053 ELECTROCARDIOLOGY	1,158,231		2,880,223	9,359	33,959	781	
054 ELECTROENCEPHALOGRAPH	232,617		409,466	3,898	11,666	375	
055 MEDICAL SUPPLIES CHAR	596,652		14,752,258	5,214	40,055	1,900	
056 DRUGS CHARGED TO PATI	2,797,601		11,267,652	6,999		824	
057 RENAL DIALYSIS	1,193,389		3,152,076	7,892	38,785	2,129	
061 OUTPAT SERVICE COST C							
061 EMERGENCY	3,584,047		6,459,641	27,490	179,803	9,150	
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
063 50 RURAL HEALTH CLINIC	336,263		876,785			31	
064 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS	65,232		401,028	220		250	
071 HOME HEALTH AGENCY	1,263,905		2,000,716	5,844		5,242	
093 SPEC PURPOSE COST CEN							
093 HOSPICE	1,658,705		2,977,564	7,673	2,722	358	
095 SUBTOTALS	80,684,647	-37,926,661	151,126,280	540,541	1,550,125	106,196	224,558
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			13,788	3,767	4,436		
096 01 ADULT DAY CARE			85				
096 02 DENMAN SERVICES			25,811	3,361		641	
096 03 MEALS ON WHEELS							
096 04 UNUSED SPACE			157,138	27,105			
096 05 HEALTH EDUCATION	15,729		20,730				
098 PHYSICIANS' PRIVATE O	2,138,989		2,920,372				
099 NONPAID WORKERS							
099 01 RENTED SPACE			57,121	8,054		421	
099 02 AUGUSTA PHARMACY	185,157		1,076,092				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	26,150,710		37,926,661	9,298,323	1,277,937	3,563,913	3,152,815
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				15.953803		33.227480	
(WRKSHT B, PT I)	.314976		.244062		.822057		14.040092
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	304,405		6,160,438	987,510	54,835	278,452	261,554
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER				1.694342		2.596095	
(WRKSHT B, PT III)	.003666		.039643		.035274		1.164750

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES- SALARY & FRI (ASSIGNED TIME)	I&R SERVICES- OTHER PRGM (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)
GENERAL SERVICE COST	12	14	17	21	22	23	24
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BUT							
003 02 NEW CAP REL COSTS-OLD							
003 03 NEW CAP REL COSTS-NEW							
003 04 NEW CAP REL COSTS-14T							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	314,908						
014 NURSING ADMINISTRATION	17,498	1,600,528					
017 MEDICAL RECORDS & LIB	11,119		97,266				
021 NURSING SCHOOL	14,395			21,865			
022 I&R SERVICES-SALARY &	4,568				23,196		
023 I&R SERVICES-OTHER PR						23,196	
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-RADIO	956						
024 02 PARAMED ED PRGM-LABOR	241						
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	66,895	585,206	61,877	12,523	16,522	16,522	
026 INTENSIVE CARE UNIT	14,901	130,348	7,739	2,593	944	944	
031 SUBPROVIDER	6,347	55,519	7,677	190	1,060	1,060	
031 01 SUBPROVIDER 2	11,883	103,949	9,806	601	828	828	
033 NURSERY	1,458	12,750	290	228	464	464	
034 SKILLED NURSING FACIL	7,137	62,430	9,201	1,320			
ANCILLARY SRVC COST C							
037 OPERATING ROOM	30,699	268,550		1,902	1,540	1,540	
039 DELIVERY ROOM & LABOR	4,941	43,219		664			
040 ANESTHESIOLOGY	941	8,228					
041 RADIOLOGY-DIAGNOSTIC	20,413				199	199	
044 LABORATORY	15,932				116	116	
046 WHOLE BLOOD & PACKED	1,072						
049 RESPIRATORY THERAPY	8,664						
050 PHYSICAL THERAPY	7,688						
051 OCCUPATIONAL THERAPY	2,000						
052 SPEECH PATHOLOGY	855						
053 ELECTROCARDIOLOGY	5,127				579	579	
054 ELECTROENCEPHALOGRAPH	1,413				66	66	
055 MEDICAL SUPPLIES CHAR	5,099						
056 DRUGS CHARGED TO PATI	11,249						
057 RENAL DIALYSIS	5,992	52,418		110			
OUTPAT SERVICE COST C							
061 EMERGENCY	17,529	153,335	676	1,687	878	878	
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
063 50 RURAL HEALTH CLINIC							
OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS	245	2,143					
071 HOME HEALTH AGENCY	5,988	52,379		47			
SPEC PURPOSE COST CEN							
093 HOSPICE	8,008	70,054					
095 SUBTOTALS	311,253	1,600,528	97,266	21,865	23,196	23,196	
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 01 ADULT DAY CARE							
096 02 DENMAN SERVICES							
096 03 MEALS ON WHEELS							
096 04 UNUSED SPACE							
096 05 HEALTH EDUCATION	75						
098 PHYSICIANS' PRIVATE O	3,580						
099 NONPAID WORKERS							
099 01 RENTED SPACE							
099 02 AUGUSTA PHARMACY							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSH T B, PART I)	2,993,203	8,572,364	3,718,312	4,263,219	1,662,710	1,295,638	
104 UNIT COST MULTIPLIER (WRKSH T B, PT I)	9.505008	5.355960	38.228281	194.979145	71.680893	55.856096	
105 COST TO BE ALLOCATED (WRKSH T B, PART II)							
106 UNIT COST MULTIPLIER (WRKSH T B, PT II)							
107 COST TO BE ALLOCATED (WRKSH T B, PART III)	172,789	910,551	258,859	407,573	57,735	41,305	
108 UNIT COST MULTIPLIER (WRKSH T B, PT III)	.548697	.568907	2.661351	18.640430	2.489007	1.780695	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PARAMED ED PR	PARAMED ED PR
	GM-RADIOLOGY	GM-LABORATOR
	(ASSIGNED TIME )	(ASSIGNED TIME )
GENERAL SERVICE COST	24.01	24.02
003 NEW CAP REL COSTS-BLD		
003 01 NEW CAP REL COSTS-BUT		
003 02 NEW CAP REL COSTS-OLD		
003 03 NEW CAP REL COSTS-NEW		
003 04 NEW CAP REL COSTS-14T		
004 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
006 ADMINISTRATIVE & GENE		
007 MAINTENANCE & REPAIRS		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
017 MEDICAL RECORDS & LIB		
021 NURSING SCHOOL		
022 I&R SERVICES-SALARY &		
023 I&R SERVICES-OTHER PR		
024 PARAMED ED PRGM		
024 01 PARAMED ED PRGM-RADIO	100	
024 02 PARAMED ED PRGM-LABOR		100
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS		
026 INTENSIVE CARE UNIT		
031 SUBPROVIDER		
031 01 SUBPROVIDER 2		
033 NURSERY		
034 SKILLED NURSING FACIL		
ANCILLARY SRVC COST C		
037 OPERATING ROOM		
039 DELIVERY ROOM & LABOR		
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC	100	
044 LABORATORY		100
046 WHOLE BLOOD & PACKED		
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY		
051 OCCUPATIONAL THERAPY		
052 SPEECH PATHOLOGY		
053 ELECTROCARDIOLOGY		
054 ELECTROENCEPHALOGRAPH		
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI		
057 RENAL DIALYSIS		
OUTPAT SERVICE COST C		
061 EMERGENCY		
062 OBSERVATION BEDS (NON		
063 OTHER OUTPATIENT SERV		
063 50 RURAL HEALTH CLINIC		
OTHER REIMBURS COST C		
064 HOME PROGRAM DIALYSIS		
071 HOME HEALTH AGENCY		
SPEC PURPOSE COST CEN		
093 HOSPICE		
095 SUBTOTALS	100	100
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
096 01 ADULT DAY CARE		
096 02 DENMAN SERVICES		
096 03 MEALS ON WHEELS		
096 04 UNUSED SPACE		
096 05 HEALTH EDUCATION		
098 PHYSICIANS' PRIVATE O		
099 NONPAID WORKERS		
099 01 RENTED SPACE		
099 02 AUGUSTA PHARMACY		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	324,795	118,647
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		1,186.470000
(WRKSHT B, PT I)	3,247.950000	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT I I)		
107 COST TO BE ALLOCATED	15,666	6,011
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		60.110000
(WRKSHT B, PT I I I)	156.660000	

POST STEP DOWN ADJUSTMENTS

	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	-460,871
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	-31,942

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	40,024,393		40,024,393	27,876	40,052,269
26	INTENSIVE CARE UNIT	9,179,006		9,179,006	13,874	9,192,880
31	SUBPROVIDER	3,602,222		3,602,222	10,874	3,613,096
31	01 SUBPROVIDER 2	6,125,448		6,125,448		6,125,448
33	NURSERY	951,048		951,048		951,048
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,952,881		3,952,881	530	3,953,411
37	OPERATING ROOM	21,292,940		21,292,940	76,228	21,369,168
39	DELIVERY ROOM & LABOR ROOM	2,642,690		2,642,690		2,642,690
40	ANESTHESIOLOGY	760,929		760,929		760,929
41	RADIOLOGY-DIAGNOSTIC	15,289,312		15,289,312		15,289,312
44	LABORATORY	8,652,713		8,652,713		8,652,713
46	WHOLE BLOOD & PACKED RED	1,987,221		1,987,221		1,987,221
49	RESPIRATORY THERAPY	3,774,972		3,774,972	15,163	3,790,135
50	PHYSICAL THERAPY	3,768,034		3,768,034		3,768,034
51	OCCUPATIONAL THERAPY	858,311		858,311		858,311
52	SPEECH PATHOLOGY	365,701		365,701		365,701
53	ELECTROCARDIOLOGY	3,835,087		3,835,087	13,102	3,848,189
54	ELECTROENCEPHALOGRAPHY	607,070		607,070		607,070
55	MEDICAL SUPPLIES CHARGED	18,580,432		18,580,432		18,580,432
56	DRUGS CHARGED TO PATIENTS	14,263,620		14,263,620		14,263,620
57	RENAL DIALYSIS	4,048,189		4,048,189	61,808	4,109,997
61	OUTPAT SERVICE COST CNTRS EMERGENCY	10,269,244		10,269,244	157,200	10,426,444
62	OBSERVATION BEDS (NON-DIS)	3,176,073		3,176,073		3,176,073
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	1,091,805		1,091,805		1,091,805
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS	492,586		492,586	9,030	501,616
101	SUBTOTAL	179,591,927		179,591,927	385,685	179,977,612
102	LESS OBSERVATION BEDS	3,176,073		3,176,073		3,176,073
103	TOTAL	176,415,854		176,415,854	385,685	176,801,539

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	53,667,211		53,667,211			
26	INTENSIVE CARE UNIT	23,261,425		23,261,425			
31	SUBPROVIDER	4,576,936		4,576,936			
31	01 SUBPROVIDER 2	9,989,662		9,989,662			
33	NURSERY	1,853,908		1,853,908			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	4,126,626		4,126,626			
37	OPERATING ROOM	19,635,047	36,727,122	56,362,169	.377788	.377788	.379140
39	DELIVERY ROOM & LABOR ROO	3,001,249	346,048	3,347,297	.789500	.789500	.789500
40	ANESTHESIOLOGY	3,142,743	4,233,039	7,375,782	.103166	.103166	.103166
41	RADIOLOGY-DIAGNOSTIC	18,145,107	69,181,038	87,326,145	.175083	.175083	.175083
44	LABORATORY	24,664,014	33,020,004	57,684,018	.150002	.150002	.150002
46	WHOLE BLOOD & PACKED RED	3,006,625	1,159,998	4,166,623	.476938	.476938	.476938
49	RESPIRATORY THERAPY	3,225,808	1,393,783	4,619,591	.817166	.817166	.820448
50	PHYSICAL THERAPY	3,722,719	2,900,505	6,623,224	.568912	.568912	.568912
51	OCCUPATIONAL THERAPY	2,033,176	394,598	2,427,774	.353538	.353538	.353538
52	SPEECH PATHOLOGY	805,132	324,679	1,129,811	.323683	.323683	.323683
53	ELECTROCARDIOLOGY	12,637,213	15,510,091	28,147,304	.136251	.136251	.136716
54	ELECTROENCEPHALOGRAPHY	294,772	2,149,320	2,444,092	.248383	.248383	.248383
55	MEDICAL SUPPLIES CHARGED	37,457,264	20,315,450	57,772,714	.321613	.321613	.321613
56	DRUGS CHARGED TO PATIENTS	45,264,281	23,397,380	68,661,661	.207738	.207738	.207738
57	RENAL DIALYSIS	834,382	15,256,985	16,091,367	.251575	.251575	.255416
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,888,760	18,098,498	25,987,258	.395165	.395165	.401214
62	OBSERVATION BEDS (NON-DIS	671,945	4,629,233	5,301,178	.599126	.599126	.599126
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		681,694	681,694	1.601606	1.601606	1.601606
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		2,192,492	2,192,492	.224669	.224669	.228788
101	SUBTOTAL	283,906,005	251,911,957	535,817,962			
102	LESS OBSERVATION BEDS						
103	TOTAL	283,906,005	251,911,957	535,817,962			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0015  
PERIOD: FROM 10/1/2008 TO 9/30/2009  
PREPARED 3/1/2010  
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 DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	42,131,559		42,131,559	27,876	42,159,435
26	INTENSIVE CARE UNIT	9,299,401		9,299,401	13,874	9,313,275
31	SUBPROVIDER	3,737,411		3,737,411	10,874	3,748,285
31	01 SUBPROVIDER 2	6,231,049		6,231,049		6,231,049
33	NURSERY	1,010,225		1,010,225		1,010,225
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,952,881		3,952,881	530	3,953,411
37	OPERATING ROOM	21,489,347		21,489,347	76,228	21,565,575
39	DELIVERY ROOM & LABOR ROO	2,642,690		2,642,690		2,642,690
40	ANESTHESIOLOGY	760,929		760,929		760,929
41	RADIOLOGY-DIAGNOSTIC	15,314,691		15,314,691		15,314,691
44	LABORATORY	8,667,507		8,667,507		8,667,507
46	WHOLE BLOOD & PACKED RED	1,987,221		1,987,221		1,987,221
49	RESPIRATORY THERAPY	3,774,972		3,774,972	15,163	3,790,135
50	PHYSICAL THERAPY	3,768,034		3,768,034		3,768,034
51	OCCUPATIONAL THERAPY	858,311		858,311		858,311
52	SPEECH PATHOLOGY	365,701		365,701		365,701
53	ELECTROCARDIOLOGY	3,908,931		3,908,931	13,102	3,922,033
54	ELECTROENCEPHALOGRAPHY	615,488		615,488		615,488
55	MEDICAL SUPPLIES CHARGED	18,580,432		18,580,432		18,580,432
56	DRUGS CHARGED TO PATIENTS	14,263,620		14,263,620		14,263,620
57	RENAL DIALYSIS	4,048,189		4,048,189	61,808	4,109,997
61	OUTPAT SERVICE COST CNTRS EMERGENCY	10,381,222		10,381,222	157,200	10,538,422
62	OBSERVATION BEDS (NON-DIS	3,176,073		3,176,073		3,176,073
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	1,091,805		1,091,805		1,091,805
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS	492,586		492,586	9,030	501,616
101	SUBTOTAL	182,550,275		182,550,275	385,685	182,935,960
102	LESS OBSERVATION BEDS	3,176,073		3,176,073		3,176,073
103	TOTAL	179,374,202		179,374,202	385,685	179,759,887

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	53,667,211		53,667,211			
26	INTENSIVE CARE UNIT	23,261,425		23,261,425			
31	SUBPROVIDER	4,576,936		4,576,936			
31	01 SUBPROVIDER 2	9,989,662		9,989,662			
33	NURSERY	1,853,908		1,853,908			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	4,126,626		4,126,626			
37	OPERATING ROOM	19,635,047	36,727,122	56,362,169	.381273	.381273	.382625
39	DELIVERY ROOM & LABOR ROO	3,001,249	346,048	3,347,297	.789500	.789500	.789500
40	ANESTHESIOLOGY	3,142,743	4,233,039	7,375,782	.103166	.103166	.103166
41	RADIOLOGY-DIAGNOSTIC	18,145,107	69,181,038	87,326,145	.175373	.175373	.175373
44	LABORATORY	24,664,014	33,020,004	57,684,018	.150258	.150258	.150258
46	WHOLE BLOOD & PACKED RED	3,006,625	1,159,998	4,166,623	.476938	.476938	.476938
49	RESPIRATORY THERAPY	3,225,808	1,393,783	4,619,591	.817166	.817166	.820448
50	PHYSICAL THERAPY	3,722,719	2,900,505	6,623,224	.568912	.568912	.568912
51	OCCUPATIONAL THERAPY	2,033,176	394,598	2,427,774	.353538	.353538	.353538
52	SPEECH PATHOLOGY	805,132	324,679	1,129,811	.323683	.323683	.323683
53	ELECTROCARDIOLOGY	12,637,213	15,510,091	28,147,304	.138874	.138874	.139340
54	ELECTROENCEPHALOGRAPHY	294,772	2,149,320	2,444,092	.251827	.251827	.251827
55	MEDICAL SUPPLIES CHARGED	37,457,264	20,315,450	57,772,714	.321613	.321613	.321613
56	DRUGS CHARGED TO PATIENTS	45,264,281	23,397,380	68,661,661	.207738	.207738	.207738
57	RENAL DIALYSIS	834,382	15,256,985	16,091,367	.251575	.251575	.255416
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,888,760	18,098,498	25,987,258	.399474	.399474	.405523
62	OBSERVATION BEDS (NON-DIS	671,945	4,629,233	5,301,178	.599126	.599126	.599126
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC		681,694	681,694	1.601606	1.601606	1.601606
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		2,192,492	2,192,492	.224669	.224669	.228788
101	SUBTOTAL	283,906,005	251,911,957	535,817,962			
102	LESS OBSERVATION BEDS						
103	TOTAL	283,906,005	251,911,957	535,817,962			

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	21,292,940	3,101,941	18,190,999			21,292,940
39	DELIVERY ROOM & LABOR ROO	2,642,690	174,518	2,468,172			2,642,690
40	ANESTHESIOLOGY	760,929	141,922	619,007			760,929
41	RADIOLOGY-DIAGNOSTIC	15,289,312	3,892,316	11,396,996			15,289,312
44	LABORATORY	8,652,713	668,100	7,984,613			8,652,713
46	WHOLE BLOOD & PACKED RED	1,987,221	66,177	1,921,044			1,987,221
49	RESPIRATORY THERAPY	3,774,972	341,547	3,433,425			3,774,972
50	PHYSICAL THERAPY	3,768,034	280,968	3,487,066			3,768,034
51	OCCUPATIONAL THERAPY	858,311	36,846	821,465			858,311
52	SPEECH PATHOLOGY	365,701	14,697	351,004			365,701
53	ELECTROCARDIOLOGY	3,835,087	952,176	2,882,911			3,835,087
54	ELECTROENCEPHALOGRAPHY	607,070	90,184	516,886			607,070
55	MEDICAL SUPPLIES CHARGED	18,580,432	952,787	17,627,645			18,580,432
56	DRUGS CHARGED TO PATIENTS	14,263,620	675,196	13,588,424			14,263,620
57	RENAL DIALYSIS	4,048,189	519,116	3,529,073			4,048,189
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	10,269,244	877,359	9,391,885			10,269,244
62	OBSERVATION BEDS (NON-DIS	3,176,073	242,792	2,933,281			3,176,073
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	1,091,805	83,462	1,008,343			1,091,805
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS	492,586	23,277	469,309			492,586
101	SUBTOTAL	115,756,929	13,135,381	102,621,548			115,756,929
102	LESS OBSERVATION BEDS	3,176,073	242,792	2,933,281			3,176,073
103	TOTAL	112,580,856	12,892,589	99,688,267			112,580,856

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	56,362,169	.377788	.377788
39	DELIVERY ROOM & LABOR ROO	3,347,297	.789500	.789500
40	ANESTHESIOLOGY	7,375,782	.103166	.103166
41	RADIOLOGY-DIAGNOSTIC	87,326,145	.175083	.175083
44	LABORATORY	57,684,018	.150002	.150002
46	WHOLE BLOOD & PACKED RED	4,166,623	.476938	.476938
49	RESPIRATORY THERAPY	4,619,591	.817166	.817166
50	PHYSICAL THERAPY	6,623,224	.568912	.568912
51	OCCUPATIONAL THERAPY	2,427,774	.353538	.353538
52	SPEECH PATHOLOGY	1,129,811	.323683	.323683
53	ELECTROCARDIOLOGY	28,147,304	.136251	.136251
54	ELECTROENCEPHALOGRAPHY	2,444,092	.248383	.248383
55	MEDICAL SUPPLIES CHARGED	57,772,714	.321613	.321613
56	DRUGS CHARGED TO PATIENTS	68,661,661	.207738	.207738
57	RENAL DIALYSIS	16,091,367	.251575	.251575
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	25,987,258	.395165	.395165
62	OBSERVATION BEDS (NON-DIS	5,301,178	.599126	.599126
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	681,694	1.601606	1.601606
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	2,192,492	.224669	.224669
101	SUBTOTAL	438,342,194		
102	LESS OBSERVATION BEDS	5,301,178		
103	TOTAL	433,041,016		

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	21,489,347	3,101,941	18,387,406			21,489,347
39	DELIVERY ROOM & LABOR ROO	2,642,690	174,518	2,468,172			2,642,690
40	ANESTHESIOLOGY	760,929	141,922	619,007			760,929
41	RADIOLOGY-DIAGNOSTIC	15,314,691	3,892,316	11,422,375			15,314,691
44	LABORATORY	8,667,507	668,100	7,999,407			8,667,507
46	WHOLE BLOOD & PACKED RED	1,987,221	66,177	1,921,044			1,987,221
49	RESPIRATORY THERAPY	3,774,972	341,547	3,433,425			3,774,972
50	PHYSICAL THERAPY	3,768,034	280,968	3,487,066			3,768,034
51	OCCUPATIONAL THERAPY	858,311	36,846	821,465			858,311
52	SPEECH PATHOLOGY	365,701	14,697	351,004			365,701
53	ELECTROCARDIOLOGY	3,908,931	952,176	2,956,755			3,908,931
54	ELECTROENCEPHALOGRAPHY	615,488	90,184	525,304			615,488
55	MEDICAL SUPPLIES CHARGED	18,580,432	952,787	17,627,645			18,580,432
56	DRUGS CHARGED TO PATIENTS	14,263,620	675,196	13,588,424			14,263,620
57	RENAL DIALYSIS	4,048,189	519,116	3,529,073			4,048,189
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	10,381,222	877,359	9,503,863			10,381,222
62	OBSERVATION BEDS (NON-DIS	3,176,073	242,792	2,933,281			3,176,073
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC	1,091,805	83,462	1,008,343			1,091,805
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS	492,586	23,277	469,309			492,586
101	SUBTOTAL	116,187,749	13,135,381	103,052,368			116,187,749
102	LESS OBSERVATION BEDS	3,176,073	242,792	2,933,281			3,176,073
103	TOTAL	113,011,676	12,892,589	100,119,087			113,011,676

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	56,362,169	.381273	.381273
39	DELIVERY ROOM & LABOR ROO	3,347,297	.789500	.789500
40	ANESTHESIOLOGY	7,375,782	.103166	.103166
41	RADIOLOGY-DIAGNOSTIC	87,326,145	.175373	.175373
44	LABORATORY	57,684,018	.150258	.150258
46	WHOLE BLOOD & PACKED RED	4,166,623	.476938	.476938
49	RESPIRATORY THERAPY	4,619,591	.817166	.817166
50	PHYSICAL THERAPY	6,623,224	.568912	.568912
51	OCCUPATIONAL THERAPY	2,427,774	.353538	.353538
52	SPEECH PATHOLOGY	1,129,811	.323683	.323683
53	ELECTROCARDIOLOGY	28,147,304	.138874	.138874
54	ELECTROENCEPHALOGRAPHY	2,444,092	.251827	.251827
55	MEDICAL SUPPLIES CHARGED	57,772,714	.321613	.321613
56	DRUGS CHARGED TO PATIENTS	68,661,661	.207738	.207738
57	RENAL DIALYSIS	16,091,367	.251575	.251575
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	25,987,258	.399474	.399474
62	OBSERVATION BEDS (NON-DIS	5,301,178	.599126	.599126
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC	681,694	1.601606	1.601606
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	2,192,492	.224669	.224669
101	SUBTOTAL	438,342,194		
102	LESS OBSERVATION BEDS	5,301,178		
103	TOTAL	433,041,016		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0015      PERIOD: FROM 10/1/2008 TO 9/30/2009      PREPARED 3/1/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				3,061,765		3,061,765
26	INTENSIVE CARE UNIT				795,901		795,901
31	SUBPROVIDER				249,841		249,841
31 01	SUBPROVIDER 2				468,757		468,757
33	NURSERY				70,834		70,834
101	TOTAL				4,647,098		4,647,098

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 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	44,831	24,143			68.30	1,648,967
26	INTENSIVE CARE UNIT	5,184	3,093			153.53	474,868
31	SUBPROVIDER	5,192	3,793			48.12	182,519
31 01	SUBPROVIDER 2	6,544	1,193			71.63	85,455
33	NURSERY	2,624				26.99	
101	TOTAL	64,375	32,222				2,391,809

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0015  
 COMPONENT NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 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	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,101,941	56,362,169	9,295,709		
39	DELIVERY ROOM & LABOR ROO		174,518	3,347,297	5,631		
40	ANESTHESIOLOGY		141,922	7,375,782	1,535,571		
41	RADIOLOGY-DIAGNOSTIC		3,892,316	87,326,145	14,875,645		
44	LABORATORY		668,100	57,684,018	15,238,514		
46	WHOLE BLOOD & PACKED RED		66,177	4,166,623	1,312,051		
49	RESPIRATORY THERAPY		341,547	4,619,591	2,095,631		
50	PHYSICAL THERAPY		280,968	6,623,224	1,062,895		
51	OCCUPATIONAL THERAPY		36,846	2,427,774	343,750		
52	SPEECH PATHOLOGY		14,697	1,129,811	242,015		
53	ELECTROCARDIOLOGY		952,176	28,147,304	9,225,084		
54	ELECTROENCEPHALOGRAPHY		90,184	2,444,092	191,857		
55	MEDICAL SUPPLIES CHARGED		952,787	57,772,714	19,351,084		
56	DRUGS CHARGED TO PATIENTS		675,196	68,661,661	25,612,648		
57	RENAL DIALYSIS		519,116	16,091,367	685,778		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		877,359	25,987,258	4,282,253		
62	OBSERVATION BEDS (NON-DIS		242,792	5,301,178	591,938		
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		23,277	2,192,492			
101	TOTAL		13,051,919	437,660,500	105,948,054		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 COMPONENT NO: 14-0015  
 PREPARED 3/1/2010  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.055036	511,599
39	DELIVERY ROOM & LABOR ROO	.052137	294
40	ANESTHESIOLOGY	.019242	29,547
41	RADIOLOGY-DIAGNOSTIC	.044572	663,037
44	LABORATORY	.011582	176,492
46	WHOLE BLOOD & PACKED RED	.015883	20,839
49	RESPIRATORY THERAPY	.073934	154,938
50	PHYSICAL THERAPY	.042422	45,090
51	OCCUPATIONAL THERAPY	.015177	5,217
52	SPEECH PATHOLOGY	.013008	3,148
53	ELECTROCARDIOLOGY	.033828	312,066
54	ELECTROENCEPHALOGRAPHY	.036899	7,079
55	MEDICAL SUPPLIES CHARGED	.016492	319,138
56	DRUGS CHARGED TO PATIENTS	.009834	251,875
57	RENAL DIALYSIS	.032261	22,124
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.033761	144,573
62	OBSERVATION BEDS (NON-DIS	.045800	27,111
63	OTHER OUTPATIENT SERVICE		
63 50	RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS	.010617	
101	TOTAL		2,694,167

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

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,441,725				2,441,725
26	INTENSIVE CARE UNIT		505,581				505,581
31	SUBPROVIDER		37,046				37,046
31 01	SUBPROVIDER 2		117,182				117,182
33	NURSERY		44,455				44,455
34	SKILLED NURSING FACILITY		257,372				257,372
101	TOTAL		3,403,361				3,403,361

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

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	44,831	54.47	24,143	1,315,069
26	INTENSIVE CARE UNIT	5,184	97.53	3,093	301,660
31	SUBPROVIDER	5,192	7.14	3,793	27,082
31 01	SUBPROVIDER 2	6,544	17.91	1,193	21,367
33	NURSERY	2,624	16.94		
34	SKILLED NURSING FACILITY	6,204	41.48	5,063	210,013
101	TOTAL	70,579		37,285	1,875,191

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			370,850							
39	DELIVERY ROOM & LABOR ROO			129,466							
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC					324,795					
44	LABORATORY					118,647					
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS			21,448							
	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY			328,930							
62	OBSERVATION BEDS (NON-DIS			193,623							
63	OTHER OUTPATIENT SERVICE										
63	50 RURAL HEALTH CLINIC										
	OTHER REIMBURS COST CNTRS										
64	HOME PROGRAM DIALYSIS										
101	TOTAL			1,044,317		443,442					

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	370,850	370,850	56,362,169	.006580	.006580	9,295,709	61,166
39	DELIVERY ROOM & LABOR ROO	129,466	129,466	3,347,297	.038678	.038678	5,631	218
40	ANESTHESIOLOGY			7,375,782			1,535,571	
41	RADIOLOGY-DIAGNOSTIC	324,795	324,795	87,326,145	.003719	.003719	14,875,645	55,323
44	LABORATORY	118,647	118,647	57,684,018	.002057	.002057	15,238,514	31,346
46	WHOLE BLOOD & PACKED RED			4,166,623			1,312,051	
49	RESPIRATORY THERAPY			4,619,591			2,095,631	
50	PHYSICAL THERAPY			6,623,224			1,062,895	
51	OCCUPATIONAL THERAPY			2,427,774			343,750	
52	SPEECH PATHOLOGY			1,129,811			242,015	
53	ELECTROCARDIOLOGY			28,147,304			9,225,084	
54	ELECTROENCEPHALOGRAPHY			2,444,092			191,857	
55	MEDICAL SUPPLIES CHARGED			57,772,714			19,351,084	
56	DRUGS CHARGED TO PATIENTS			68,661,661			25,612,648	
57	RENAL DIALYSIS	21,448	21,448	16,091,367	.001333	.001333	685,778	914
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	328,930	328,930	25,987,258	.012657	.012657	4,282,253	54,200
62	OBSERVATION BEDS (NON-DIS	193,623	193,623	5,301,178	.036525	.036525	591,938	21,621
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			2,192,492				
101	TOTAL	1,487,759	1,487,759	437,660,500			105,948,054	224,788

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	11,929,261				78,495	
39	DELIVERY ROOM & LABOR ROO	363				14	
40	ANESTHESIOLOGY	1,345,369					
41	RADIOLOGY-DIAGNOSTIC	19,326,333				71,875	
44	LABORATORY	1,213,345				2,496	
46	WHOLE BLOOD & PACKED RED	360,630					
49	RESPIRATORY THERAPY	604,996					
50	PHYSICAL THERAPY	642					
51	OCCUPATIONAL THERAPY	761					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,573,917					
54	ELECTROENCEPHALOGRAPHY	569,423					
55	MEDICAL SUPPLIES CHARGED	7,961,620					
56	DRUGS CHARGED TO PATIENTS	5,315,865					
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,318,253				41,999	
62	OBSERVATION BEDS (NON-DIS	1,427,081				52,124	
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	TOTAL	57,947,859				247,003	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 3/ 1/2010  
 | 14-0015 | FROM 10/ 1/2008 | WORKSHEET D  
 | COMPONENT NO: | TO 9/30/2009 | PART V  
 | 14-0015 | |

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.377788	.377788			
39 DELIVERY ROOM & LABOR ROOM	.789500	.789500			
40 ANESTHESIOLOGY	.103166	.103166			
41 RADIOLOGY-DIAGNOSTIC	.175083	.175083			
44 LABORATORY	.150002	.150002			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.476938	.476938			
49 RESPIRATORY THERAPY	.817166	.817166			
50 PHYSICAL THERAPY	.568912	.568912			
51 OCCUPATIONAL THERAPY	.353538	.353538			
52 SPEECH PATHOLOGY	.323683	.323683			
53 ELECTROCARDIOLOGY	.136251	.136251			
54 ELECTROENCEPHALOGRAPHY	.248383	.248383			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.321613	.321613			
56 DRUGS CHARGED TO PATIENTS	.207738	.207738			
57 RENAL DIALYSIS	.251575	.251575			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.395165	.395165			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.599126	.599126			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 50 RURAL HEALTH CLINIC					
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS	.224669	.224669			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					







APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET D
14-0015		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

1	.207738
	75,847
	15,756

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0015  
 COMPONENT NO: 14-T015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 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		3,101,941	56,362,169	20,695		
39	DELIVERY ROOM & LABOR ROO		174,518	3,347,297			
40	ANESTHESIOLOGY		141,922	7,375,782	2,885		
41	RADIOLOGY-DIAGNOSTIC		3,892,316	87,326,145	414,378		
44	LABORATORY		668,100	57,684,018	519,367		
46	WHOLE BLOOD & PACKED RED		66,177	4,166,623	20,636		
49	RESPIRATORY THERAPY		341,547	4,619,591	34,793		
50	PHYSICAL THERAPY		280,968	6,623,224	1,036,460		
51	OCCUPATIONAL THERAPY		36,846	2,427,774	824,709		
52	SPEECH PATHOLOGY		14,697	1,129,811	278,543		
53	ELECTROCARDIOLOGY		952,176	28,147,304	45,381		
54	ELECTROENCEPHALOGRAPHY		90,184	2,444,092	4,433		
55	MEDICAL SUPPLIES CHARGED		952,787	57,772,714	96,587		
56	DRUGS CHARGED TO PATIENTS		675,196	68,661,661	830,063		
57	RENAL DIALYSIS		519,116	16,091,367	14,742		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		877,359	25,987,258	1,020		
62	OBSERVATION BEDS (NON-DIS		242,792	5,301,178			
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		23,277	2,192,492			
101	TOTAL		13,051,919	437,660,500	4,144,692		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 COMPONENT NO: 14-T015  
 PREPARED 3/1/2010  
 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		
	OPERATING ROOM	.055036	1,139
39	DELIVERY ROOM & LABOR ROO	.052137	
40	ANESTHESIOLOGY	.019242	56
41	RADIOLOGY-DIAGNOSTIC	.044572	18,470
44	LABORATORY	.011582	6,015
46	WHOLE BLOOD & PACKED RED	.015883	328
49	RESPIRATORY THERAPY	.073934	2,572
50	PHYSICAL THERAPY	.042422	43,969
51	OCCUPATIONAL THERAPY	.015177	12,517
52	SPEECH PATHOLOGY	.013008	3,623
53	ELECTROCARDIOLOGY	.033828	1,535
54	ELECTROENCEPHALOGRAPHY	.036899	164
55	MEDICAL SUPPLIES CHARGED	.016492	1,593
56	DRUGS CHARGED TO PATIENTS	.009834	8,163
57	RENAL DIALYSIS	.032261	476
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.033761	34
62	OBSERVATION BEDS (NON-DIS	.045800	
63	OTHER OUTPATIENT SERVICE		
63	50 RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS	.010617	
101	TOTAL		100,654

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			370,850							
39	DELIVERY ROOM & LABOR ROO			129,466							
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC					324,795					
44	LABORATORY					118,647					
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS			21,448							
	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY			328,930							
62	OBSERVATION BEDS (NON-DIS			193,623							
63	OTHER OUTPATIENT SERVICE										
63	50 RURAL HEALTH CLINIC										
	OTHER REIMBURS COST CNTRS										
64	HOME PROGRAM DIALYSIS										
101	TOTAL			1,044,317		443,442					

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	370,850	370,850	56,362,169	.006580	.006580	20,695	136
39	DELIVERY ROOM & LABOR ROO	129,466	129,466	3,347,297	.038678	.038678		
40	ANESTHESIOLOGY			7,375,782			2,885	
41	RADIOLOGY-DIAGNOSTIC	324,795	324,795	87,326,145	.003719	.003719	414,378	1,541
44	LABORATORY	118,647	118,647	57,684,018	.002057	.002057	519,367	1,068
46	WHOLE BLOOD & PACKED RED			4,166,623			20,636	
49	RESPIRATORY THERAPY			4,619,591			34,793	
50	PHYSICAL THERAPY			6,623,224			1,036,460	
51	OCCUPATIONAL THERAPY			2,427,774			824,709	
52	SPEECH PATHOLOGY			1,129,811			278,543	
53	ELECTROCARDIOLOGY			28,147,304			45,381	
54	ELECTROENCEPHALOGRAPHY			2,444,092			4,433	
55	MEDICAL SUPPLIES CHARGED			57,772,714			96,587	
56	DRUGS CHARGED TO PATIENTS			68,661,661			830,063	
57	RENAL DIALYSIS	21,448	21,448	16,091,367	.001333	.001333	14,742	20
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	328,930	328,930	25,987,258	.012657	.012657	1,020	13
62	OBSERVATION BEDS (NON-DIS	193,623	193,623	5,301,178	.036525	.036525		
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			2,192,492				
101	TOTAL	1,487,759	1,487,759	437,660,500			4,144,692	2,778

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						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	TOTAL						

PROVIDER NO: 14-0015  
 COMPONENT NO: 14-S015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET D  
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,101,941	56,362,169	2,698		
39	DELIVERY ROOM & LABOR ROO		174,518	3,347,297			
40	ANESTHESIOLOGY		141,922	7,375,782	3,770		
41	RADIOLOGY-DIAGNOSTIC		3,892,316	87,326,145	58,641		
44	LABORATORY		668,100	57,684,018	267,548		
46	WHOLE BLOOD & PACKED RED		66,177	4,166,623			
49	RESPIRATORY THERAPY		341,547	4,619,591	2,631		
50	PHYSICAL THERAPY		280,968	6,623,224			
51	OCCUPATIONAL THERAPY		36,846	2,427,774			
52	SPEECH PATHOLOGY		14,697	1,129,811			
53	ELECTROCARDIOLOGY		952,176	28,147,304	15,816		
54	ELECTROENCEPHALOGRAPHY		90,184	2,444,092	633		
55	MEDICAL SUPPLIES CHARGED		952,787	57,772,714	4,767		
56	DRUGS CHARGED TO PATIENTS		675,196	68,661,661	219,990		
57	RENAL DIALYSIS		519,116	16,091,367			
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		877,359	25,987,258	99,588		
62	OBSERVATION BEDS (NON-DIS		242,792	5,301,178			
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		23,277	2,192,492			
101	TOTAL		13,051,919	437,660,500	676,082		

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 COMPONENT NO: 14-S015  
 PREPARED 3/1/2010  
 WORKSHEET D  
 PART II  
 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.055036	148
39	DELIVERY ROOM & LABOR ROO	.052137	
40	ANESTHESIOLOGY	.019242	73
41	RADIOLOGY-DIAGNOSTIC	.044572	2,614
44	LABORATORY	.011582	3,099
46	WHOLE BLOOD & PACKED RED	.015883	
49	RESPIRATORY THERAPY	.073934	195
50	PHYSICAL THERAPY	.042422	
51	OCCUPATIONAL THERAPY	.015177	
52	SPEECH PATHOLOGY	.013008	
53	ELECTROCARDIOLOGY	.033828	535
54	ELECTROENCEPHALOGRAPHY	.036899	23
55	MEDICAL SUPPLIES CHARGED	.016492	79
56	DRUGS CHARGED TO PATIENTS	.009834	2,163
57	RENAL DIALYSIS	.032261	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.033761	3,362
62	OBSERVATION BEDS (NON-DIS	.045800	
63	OTHER OUTPATIENT SERVICE		
63	50 RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS	.010617	
101	TOTAL		12,291

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			370,850							
39	DELIVERY ROOM & LABOR ROO			129,466							
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC					324,795					
44	LABORATORY					118,647					
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS			21,448							
	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY			328,930							
62	OBSERVATION BEDS (NON-DIS			193,623							
63	OTHER OUTPATIENT SERVICE										
63	50 RURAL HEALTH CLINIC										
	OTHER REIMBURS COST CNTRS										
64	HOME PROGRAM DIALYSIS										
101	TOTAL			1,044,317		443,442					

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	370,850	370,850	56,362,169	.006580	.006580	2,698	18
39	DELIVERY ROOM & LABOR ROO	129,466	129,466	3,347,297	.038678	.038678		
40	ANESTHESIOLOGY			7,375,782			3,770	
41	RADIOLOGY-DIAGNOSTIC	324,795	324,795	87,326,145	.003719	.003719	58,641	218
44	LABORATORY	118,647	118,647	57,684,018	.002057	.002057	267,548	550
46	WHOLE BLOOD & PACKED RED			4,166,623				
49	RESPIRATORY THERAPY			4,619,591			2,631	
50	PHYSICAL THERAPY			6,623,224				
51	OCCUPATIONAL THERAPY			2,427,774				
52	SPEECH PATHOLOGY			1,129,811				
53	ELECTROCARDIOLOGY			28,147,304			15,816	
54	ELECTROENCEPHALOGRAPHY			2,444,092			633	
55	MEDICAL SUPPLIES CHARGED			57,772,714			4,767	
56	DRUGS CHARGED TO PATIENTS			68,661,661			219,990	
57	RENAL DIALYSIS	21,448	21,448	16,091,367	.001333	.001333		
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	328,930	328,930	25,987,258	.012657	.012657	99,588	1,260
62	OBSERVATION BEDS (NON-DIS	193,623	193,623	5,301,178	.036525	.036525		
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			2,192,492				
101	TOTAL	1,487,759	1,487,759	437,660,500			676,082	2,046

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET D
14-5643		PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET D
14-5643		PART II

TITLE XVIII, PART A      SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
46	WHOLE BLOOD & PACKED RED		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
63	OTHER OUTPATIENT SERVICE		
63 50	RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM				370,850							
39	DELIVERY ROOM & LABOR ROO				129,466							
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC						324,795					
44	LABORATORY						118,647					
46	WHOLE BLOOD & PACKED RED											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS				21,448							
61	OUTPAT SERVICE COST CNTRS EMERGENCY				328,930							
62	OBSERVATION BEDS (NON-DIS											
63	OTHER OUTPATIENT SERVICE											
63	50 RURAL HEALTH CLINIC											
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS											
101	TOTAL				850,694		443,442					

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	370,850	370,850	56,362,169	.006580	.006580	9,922	65
39	DELIVERY ROOM & LABOR ROO	129,466	129,466	3,347,297	.038678	.038678		
40	ANESTHESIOLOGY			7,375,782			705	
41	RADIOLOGY-DIAGNOSTIC	324,795	324,795	87,326,145	.003719	.003719	204,062	759
44	LABORATORY	118,647	118,647	57,684,018	.002057	.002057	520,074	1,070
46	WHOLE BLOOD & PACKED RED			4,166,623			58,350	
49	RESPIRATORY THERAPY			4,619,591			101,174	
50	PHYSICAL THERAPY			6,623,224			701,903	
51	OCCUPATIONAL THERAPY			2,427,774			360,203	
52	SPEECH PATHOLOGY			1,129,811			63,082	
53	ELECTROCARDIOLOGY			28,147,304			47,495	
54	ELECTROENCEPHALOGRAPHY			2,444,092			4,433	
55	MEDICAL SUPPLIES CHARGED			57,772,714			306,067	
56	DRUGS CHARGED TO PATIENTS			68,661,661			2,154,119	
57	RENAL DIALYSIS	21,448	21,448	16,091,367	.001333	.001333		
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	328,930	328,930	25,987,258	.012657	.012657		
62	OBSERVATION BEDS (NON-DIS			5,301,178				
63	OTHER OUTPATIENT SERVICE							
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS			2,192,492				
101	TOTAL	1,294,136	1,294,136	437,660,500			4,531,589	1,894

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
63	50 RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

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TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	44,831
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	44,831
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	44,831
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	24,143
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	40,052,269
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	40,052,269

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	53,661,932
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	53,661,932
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.746381
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,196.98
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	40,052,269



COMPUTATION OF INPATIENT OPERATING COST

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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	3,555
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	893.41
85	OBSERVATION BED COST	3,176,073

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	40,052,269		3,176,073	
87	NEW CAPITAL-RELATED COST	3,061,765	.076444	3,176,073	242,792
88	NON PHYSICIAN ANESTHETIST	40,052,269		3,176,073	
89	MEDICAL EDUCATION	2,441,725	.060963	3,176,073	193,623
89.01	MEDICAL EDUCATION - ALLIED HEA	40,052,269		3,176,073	
89.02	MEDICAL EDUCATION - ALL OTHER	40,052,269		3,176,073	

COMPUTATION OF INPATIENT OPERATING COST

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TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,192
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,192
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,192
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,793
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,613,096
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,613,096

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,574,296
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,574,296
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.789869
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	881.03
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,613,096



COMPUTATION OF INPATIENT OPERATING COST

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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	695.90
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	3,613,096			
87	NEW CAPITAL-RELATED COST	249,841	.069149		
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION	37,046	.010253		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

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TITLE XVIII PART A

SUBPROVIDER II

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,544
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,544
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,544
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,193
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6,125,448
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,125,448

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10,107,621
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10,107,621
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.606023
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,544.56
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6,125,448



COMPUTATION OF INPATIENT OPERATING COST

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TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	936.04
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	6,125,448			
87	NEW CAPITAL-RELATED COST	468,757	.076526		
88	NON PHYSICIAN ANESTHETIST	6,125,448			
89	MEDICAL EDUCATION	117,182	.019130		
89.01	MEDICAL EDUCATION - ALLIED HEA	6,125,448			
89.02	MEDICAL EDUCATION - ALL OTHER	6,125,448			

COMPUTATION OF INPATIENT OPERATING COST

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TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,204
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,204
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,204
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,063
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,953,411
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,953,411

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,138,217
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,138,217
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.955342
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	667.02
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,953,411

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
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14-5643		PART III

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	3,953,411
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		637.24
68	PROGRAM ROUTINE SERVICE COST		3,226,346
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		3,226,346
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		300,299
72	PER DIEM CAPITAL-RELATED COSTS		48.40
73	PROGRAM CAPITAL-RELATED COSTS		245,049
74	INPATIENT ROUTINE SERVICE COST		2,981,297
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		2,981,297
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		3,226,346
80	PROGRAM INPATIENT ANCILLARY SERVICES		1,328,650
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		4,554,996

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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14-5643		PART I

TITLE XIX - I/P

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,204
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,204
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,204
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	10
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

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

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,138,217
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,138,217
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	667.02
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET D-1
14-5643		PART III

TITLE XIX - I/P

SNF

PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
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	300,299
72	PER DIEM CAPITAL-RELATED COSTS	48.40
73	PROGRAM CAPITAL-RELATED COSTS	484
74	INPATIENT ROUTINE SERVICE COST	-484
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	-484
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0015  
 COMPONENT NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010 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		32,453,808	
26	INTENSIVE CARE UNIT		13,619,675	
31	SUBPROVIDER			
31 01	SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.379140	9,295,709	3,524,375
39	DELIVERY ROOM & LABOR ROOM	.789500	5,631	4,446
40	ANESTHESIOLOGY	.103166	1,535,571	158,419
41	RADIOLOGY-DIAGNOSTIC	.175083	14,875,645	2,604,473
44	LABORATORY	.150002	15,238,514	2,285,808
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.476938	1,312,051	625,767
49	RESPIRATORY THERAPY	.820448	2,095,631	1,719,356
50	PHYSICAL THERAPY	.568912	1,062,895	604,694
51	OCCUPATIONAL THERAPY	.353538	343,750	121,529
52	SPEECH PATHOLOGY	.323683	242,015	78,336
53	ELECTROCARDIOLOGY	.136716	9,225,084	1,261,217
54	ELECTROENCEPHALOGRAPHY	.248383	191,857	47,654
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.321613	19,351,084	6,223,560
56	DRUGS CHARGED TO PATIENTS	.207738	25,612,648	5,320,720
57	RENAL DIALYSIS	.255416	685,778	175,159
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.401214	4,282,253	1,718,100
62	OBSERVATION BEDS (NON-DISTINCT PART)	.599126	591,938	354,645
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC			
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS	.228788		
101	TOTAL		105,948,054	26,828,258
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		105,948,054	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0015  
 COMPONENT NO: 14-T015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010 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		3,265,518	
31 01	SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.379140	20,695	7,846
39	DELIVERY ROOM & LABOR ROOM	.789500		
40	ANESTHESIOLOGY	.103166	2,885	298
41	RADIOLOGY-DIAGNOSTIC	.175083	414,378	72,551
44	LABORATORY	.150002	519,367	77,906
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.476938	20,636	9,842
49	RESPIRATORY THERAPY	.820448	34,793	28,546
50	PHYSICAL THERAPY	.568912	1,036,460	589,655
51	OCCUPATIONAL THERAPY	.353538	824,709	291,566
52	SPEECH PATHOLOGY	.323683	278,543	90,160
53	ELECTROCARDIOLOGY	.136716	45,381	6,204
54	ELECTROENCEPHALOGRAPHY	.248383	4,433	1,101
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.321613	96,587	31,064
56	DRUGS CHARGED TO PATIENTS	.207738	830,063	172,436
57	RENAL DIALYSIS	.255416	14,742	3,765
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.401214	1,020	409
62	OBSERVATION BEDS (NON-DISTINCT PART)	.599126		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC			
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS	.228788		
101	TOTAL		4,144,692	1,383,349
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,144,692	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
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14-S015		

TITLE XVIII, PART A

SUBPROVIDER 2

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			
31 01	SUBPROVIDER 2		1,798,488	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.379140	2,698	1,023
39	DELIVERY ROOM & LABOR ROOM	.789500		
40	ANESTHESIOLOGY	.103166	3,770	389
41	RADIOLOGY-DIAGNOSTIC	.175083	58,641	10,267
44	LABORATORY	.150002	267,548	40,133
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.476938		
49	RESPIRATORY THERAPY	.820448	2,631	2,159
50	PHYSICAL THERAPY	.568912		
51	OCCUPATIONAL THERAPY	.353538		
52	SPEECH PATHOLOGY	.323683		
53	ELECTROCARDIOLOGY	.136716	15,816	2,162
54	ELECTROENCEPHALOGRAPHY	.248383	633	157
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.321613	4,767	1,533
56	DRUGS CHARGED TO PATIENTS	.207738	219,990	45,700
57	RENAL DIALYSIS	.255416		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.401214	99,588	39,956
62	OBSERVATION BEDS (NON-DISTINCT PART)	.599126		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC			
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS	.228788		
101	TOTAL		676,082	143,479
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		676,082	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0015  
 COMPONENT NO: 14-5643  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010 WORKSHEET D-4

TITLE XVIII, PART A SKILLED NURSING FACILITY 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			
31 01	SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.377788	9,922	3,748
39	DELIVERY ROOM & LABOR ROOM	.789500		
40	ANESTHESIOLOGY	.103166	705	73
41	RADIOLOGY-DIAGNOSTIC	.175083	204,062	35,728
44	LABORATORY	.150002	520,074	78,012
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.476938	58,350	27,829
49	RESPIRATORY THERAPY	.817166	101,174	82,676
50	PHYSICAL THERAPY	.568912	701,903	399,321
51	OCCUPATIONAL THERAPY	.353538	360,203	127,345
52	SPEECH PATHOLOGY	.323683	63,082	20,419
53	ELECTROCARDIOLOGY	.136251	47,495	6,471
54	ELECTROENCEPHALOGRAPHY	.248383	4,433	1,101
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.321613	306,067	98,435
56	DRUGS CHARGED TO PATIENTS	.207738	2,154,119	447,492
57	RENAL DIALYSIS	.251575		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.395165		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.599126		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63 50	RURAL HEALTH CLINIC			
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS	.224669		
101	TOTAL		4,531,589	1,328,650
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,531,589	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9,640,453	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	28,921,360	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	178,334	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	535,000	
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)	1,853,080	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	193.55	
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.	13.16	
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)		13.16
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		18.19
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)		13.16
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		13.16
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		13.16
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		13.16
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.067993
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.066525
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)		.066525
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		350,295
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		1,050,885
	SUM OF LINES 3.21 - 3.23	
	1,401,180	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		1,401,180
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTR)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

PROVIDER NO: 14-0015  
 COMPONENT NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET E  
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	41,816,073	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	43,911,773	
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)	43,911,773	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,528,755	
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)	613,261	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	30,512	
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	1,616,729	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	224,788	
16 TOTAL	49,925,818	
17 PRIMARY PAYER PAYMENTS	15,905	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	49,909,913	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,313,144	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	55,415	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	535,050	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	374,535	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	475,677	
22 SUBTOTAL	45,915,889	
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	45,915,889	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	44,776,613	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,139,276	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	64,992	
----- 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
14-0015	FROM 10/ 1/2008	3/ 1/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E
14-0015		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	53,465
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	15,227,303
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	14,457,898
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	897
1.04	LINE 1.01 TIMES LINE 1.03.	13,658,891
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.	247,003
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	53,465
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	237,293
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	237,293
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)	237,293
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	183,828
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	53,465
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	14,704,901
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	29,607
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,677,108
19	SUBTOTAL (SEE INSTRUCTIONS)	11,051,651
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	154,415
22	ESRD DIRECT MEDICAL EDUCATION COSTS	17,584
23	SUBTOTAL	11,223,650
24	PRIMARY PAYER PAYMENTS	478
25	SUBTOTAL	11,223,172
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	265,875
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	186,113
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	237,825
28	SUBTOTAL	11,409,285
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	11,409,285
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	11,408,983
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	302
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	11,207
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
14-0015	FROM 10/ 1/2008	3/ 1/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E
14-T015		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)

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

- 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)

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E
14-5643		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

- 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: 14-0015  
 COMPONENT NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		45,114,526		11,266,886
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	4/10/2009	407,547	9/18/2009	165,991
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	9/18/2009	745,460	4/10/2009	23,894
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-337,913		142,097
4 TOTAL INTERIM PAYMENTS		44,776,613		11,408,983
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		1,139,276		302
7 TOTAL MEDICARE PROGRAM LIABILITY		45,915,889		11,409,285

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: 14-0015  
 COMPONENT NO: 14-T015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,092,038		
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	4/10/2009	30,049		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	9/18/2009	14,101		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		15,948		NONE
4 TOTAL INTERIM PAYMENTS		5,107,986		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		62,783		
7 TOTAL MEDICARE PROGRAM LIABILITY		5,170,769		

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: 14-0015  
 COMPONENT NO: 14-S015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		791,405		
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		791,405		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)		23,413		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		814,818		

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: 14-0015  
 COMPONENT NO: 14-5643  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET E-1

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,770,693		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		1,770,693		
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		211,907		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,982,600		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E-3
14-T015		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,921,272
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0404
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	253,357
1.05	OUTLIER PAYMENTS	33,378
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	5,208,007
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	14.224658
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	5,208,007
5	PRIMARY PAYER PAYMENTS	14,126
6	SUBTOTAL	5,193,881
7	DEDUCTIBLES	34,593
8	SUBTOTAL	5,159,288
9	COINSURANCE	18,379
10	SUBTOTAL	5,140,909
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	5,140,909
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	29,860
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 3/ 1/2010
14-0015	FROM 10/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 9/30/2009	PART I
14-T015		

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,170,769
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,107,986
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	62,783
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	1,046
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
COMPONENT NO:	TO	WORKSHEET E-3
14-S015	9/30/2009	PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	905,318
1.09	NET IPF PPS OUTLIER PAYMENTS	21,487
1.10	NET IPF PPS ECT PAYMENTS	1,724
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)	17.928767
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	928,529
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)	928,529
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	928,529
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	928,529
7	DEDUCTIBLES	125,508
8	SUBTOTAL	803,021
9	COINSURANCE	11,616
10	SUBTOTAL	791,405
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	791,405
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	23,413
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
14-0015	FROM 10/ 1/2008	3/ 1/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E-3
14-S015		PART I

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	814,818
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	791,405
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	23,413
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	824

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0015  
 COMPONENT NO: 14-5643  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET E-3  
 PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XVIII

SNF

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)				
	PROVIDER NO:		PERIOD:		PREPARED 3/ 1/2010
	14-0015		FROM 10/ 1/2008		WORKSHEET E-3
	COMPONENT NO:		TO 9/30/2009		PART III
	14-5643				

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	19.50
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	19.50
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	19.33
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	19.33
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.	19.33
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.	19.33
3.10	SEE INSTRUCTIONS	19.33
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)	19.50
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	17.66
3.21	SEE INSTRUCTIONS	RES INIT YEARS
3.22	SEE INSTRUCTIONS	18.83
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	72,815.29
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	1,371,112
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	1,371,112

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		32,222
5	TOTAL INPATIENT DAYS		58,196
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.553681
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	759,159	759,159
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		421
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		58,196
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.		8,517
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	21,448
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	18,283,859
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	.001173

TITLE XVIII		
10	MEDICARE OUTPATIENT ESRD CHARGES	14,990,388
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS	17,584
APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY		
PART A REASONABLE COST		
12	REASONABLE COST (SEE INSTRUCTIONS)	62,392,154
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	30,031
16	TOTAL PART A REASONABLE COST	62,362,123
PART B REASONABLE COST		
17	REASONABLE COST	15,702,833
18	PRIMARY PAYER PAYMENTS	478
19	TOTAL PART B REASONABLE COST	15,702,355
20	TOTAL REASONABLE COST	78,064,478
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.798854
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.201146
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)	767,676
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	613,261
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	154,415

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	48,400,579			
2	TEMPORARY INVESTMENTS	42,161,897			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	118,439,458			
5	OTHER RECEIVABLES	6,127,359			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-67,081,274			
7	INVENTORY	4,317,854			
8	PREPAID EXPENSES	2,829,365			
9	OTHER CURRENT ASSETS	143,725			
10	DUE FROM OTHER FUNDS	5,255,794			
11	TOTAL CURRENT ASSETS	160,594,757			
FIXED ASSETS					
12	LAND	12,509,988			
12.01	LAND IMPROVEMENTS	5,319,957			
13.01	LESS ACCUMULATED DEPRECIATION	-4,047,480			
14	BUILDINGS	129,616,387			
14.01	LESS ACCUMULATED DEPRECIATION	-50,332,937			
15	LEASEHOLD IMPROVEMENTS	1,967,050			
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION	-25,447,197			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	100,422,351			
18.01	LESS ACCUMULATED DEPRECIATION	-71,388,136			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	98,619,983			
OTHER ASSETS					
22	INVESTMENTS	12,637,594			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	11,148,426			
26	TOTAL OTHER ASSETS	23,786,020			
27	TOTAL ASSETS	283,000,760			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	11,926,135			
29 SALARIES, WAGES & FEES PAYABLE	14,310,707			
30 PAYROLL TAXES PAYABLE	1,622,308			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,185,000			
32 DEFERRED INCOME	1,019,007			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	3,974,666			
36 TOTAL CURRENT LIABILITIES	36,037,823			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	86,904,628			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	49,220,447			
42 TOTAL LONG-TERM LIABILITIES	136,125,075			
43 TOTAL LIABILITIES	172,162,898			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	110,837,862			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	110,837,862			
52 TOTAL LIABILITIES AND FUND BALANCES	283,000,760			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		115,428,119		
2	NET INCOME (LOSS)		12,918,906		
3	TOTAL		128,347,025		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	RECLASSIFICATION	529,949			
6					
7					
8					
9					
10	TOTAL ADDITIONS		529,949		
11	SUBTOTAL		128,876,974		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	MINIMUM PENSION LIABILITY	17,795,384			
14	TEMPORARILY RESTRICTED	114,227			
15	OTHER	129,501			
16					
17					
18	TOTAL DEDUCTIONS		18,039,112		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		110,837,862		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	53,661,932		53,661,932
2 00 SUBPROVIDER	4,574,296		4,574,296
2 01 SUBPROVIDER 2	10,107,621		10,107,621
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	4,138,217		4,138,217
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	72,482,066		72,482,066
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	23,700,920		23,700,920
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	23,700,920		23,700,920
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	96,182,986		96,182,986
17 00 ANCILLARY SERVICES	203,386,024	280,517,977	483,904,001
18 00 OUTPATIENT SERVICES		681,694	681,694
18 50 RURAL HEALTH CLINIC		2,362,867	2,362,867
19 00 HOME HEALTH AGENCY		4,360,791	4,360,791
23 00 HOSPICE		1,923,174	1,923,174
24 00 NURSERY	1,923,174		1,923,174
25 00 TOTAL PATIENT REVENUES	301,492,184	287,923,329	589,415,513

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		239,484,163	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBTS	21,430,558		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		21,430,558	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		260,914,721	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	589,415,513
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	325,550,348
3	NET PATIENT REVENUES	263,865,165
4	LESS: TOTAL OPERATING EXPENSES	260,914,721
5	NET INCOME FROM SERVICE TO PATIENTS	2,950,444
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	292,903
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,347,725
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	12,545
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	2,174,187
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	838,148
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS INCOME	4,005,974
24.01	TRANSFERS	941,395
24.02	TRANSFERS	425,665
25	TOTAL OTHER INCOME	10,038,542
26	TOTAL	12,988,986
	OTHER EXPENSES	
27	INCOME FROM INVESTMENTS	70,080
28		
29		
30	TOTAL OTHER EXPENSES	70,080
31	NET INCOME (OR LOSS) FOR THE PERIOD	12,918,906

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	276,152					276,152
HHA REIMBURSABLE SERVICES						
6	861,771		58,999		67,318	988,088
7	212,261		16,172		18,452	246,885
8	33,856		2,578		2,941	39,375
9	10,951		839		957	12,747
10	580		41		47	668
11	107,519		23,659		26,995	158,173
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22	17,883				122,810	140,693
23						
23.50						
24	1,520,973		102,288		239,520	1,862,781

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		276,152		276,152
HHA REIMBURSABLE SERVICES				
6	-239	987,849	-250	987,599
7	-246,885			
8	-39,375			
9	-12,747			
10		668		668
11		158,173		158,173
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22		140,693		140,693
23				
23.50				
24	-299,246	1,563,535	-250	1,563,285

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		276,152				276,152	276,152
HHA REIMBURSABLE SERVICES							
6		987,599				987,599	211,888
7							
8							
9							
10		668				668	143
11		158,173				158,173	33,936
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22		140,693				140,693	30,185
23							
23.50							
24		1,563,285				1,563,285	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		1,199,487					
7							
8							
9							
10		811					
11		192,109					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22		170,878					
23							
23.50							
24		1,563,285					

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					-276,152	1,287,133
6	SKILLED NURSING CARE					987,599	
7	PHYSICAL THERAPY						
8	OCCUPATIONAL THERAPY						
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES					668	
11	HOME HEALTH AIDE					158,173	
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					140,693	
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-276,152	1,287,133
25	COST TO BE ALLOCATED					276,152	
26	UNIT COST MULTIPLIER					.214548	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-BUTLER 3.01	NEW CAP REL COSTS-OLD BU 3.02	NEW CAP REL COSTS-NEW BU 3.03	NEW CAP REL COSTS-14TH S 3.04
1 ADMIN & GENERAL				225		31,327
2 SKILLED NURSING CARE	1,199,487					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	811					
7 HOME HEALTH AIDE	192,109					
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	170,878					
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,563,285			225		31,327
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	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	LAUNDRY & LINEN SERVICE 9
1 ADMIN & GENERAL	7,779	86,981	126,312	30,828	93,234	
2 SKILLED NURSING CARE		271,437	1,470,924	358,996		
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES		183	994	243		
7 HOME HEALTH AIDE		33,866	225,975	55,152		
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		5,633	176,511	43,080		
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	7,779	398,100	2,000,716	488,299	93,234	
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	MEDICAL RECORDS & LIBRARY 17	NURSING SCHOOL 21
1 ADMIN & GENERAL	174,178		56,916	280,540		9,164
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)	174,178		56,916	280,540		9,164
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	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	PARAMED ED P RGM 24	PARAMED ED P RGM-RADIOLOG 24.01	PARAMED ED P RGM-LABORATO 24.02	SUBTOTAL
1 ADMIN & GENERAL						771,172
2 SKILLED NURSING CARE						1,829,920
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						1,237
7 HOME HEALTH AIDE						281,127
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						219,591
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						3,103,047
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	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		771,172		
2 SKILLED NURSING CARE		1,829,920	605,171	2,435,091
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES		1,237	409	1,646
7 HOME HEALTH AIDE		281,127	92,971	374,098
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		219,591	72,621	292,212
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19) (2)		3,103,047	771,172	3,103,047
21 UNIT COST MULTIPLIER			0.330709	

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

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-BUTLER (SQUARE FEET)	NEW CAP REL COSTS-OLD BU (SQUARE FEET)	NEW CAP REL COSTS-NEW BU (SQUARE FEET)	NEW CAP REL COSTS-14TH S (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)
	3	3.01	3.02	3.03	3.04	4
1 ADMIN & GENERAL			89		5,755	7,581
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)			89		5,755	7,581
21 COST TO BE ALLOCATED			225		31,327	7,779
22 UNIT COST MULTIPLIER			2.528090		5.443440	1.026118

HHA COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)
	5	6A	6	7	9	10
1 ADMIN & GENERAL	276,152		126,312	5,844		5,242
2 SKILLED NURSING CARE	861,771		1,470,924			
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	580		994			
7 HOME HEALTH AIDE	107,519		225,975			
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	17,883		176,511			
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,263,905		2,000,716	5,844		5,242
21 COST TO BE ALLOCATED	398,100		488,299	93,234		174,178
22 UNIT COST MULTIPLIER	0.314976		0.244062	15.953799		33.227394

HHA 1

HHA COST CENTER	DIETARY (MEALS SERVED ) 11	CAFETERIA (MEALS SERVED ) 12	NURSING ADMINISTRATION (DIRECT NRSING HRS ) 14	MEDICAL RECORDS & LIBRAR (TIME SPENT ) 17	NURSING SCHOOL (ASSIGNED TIME ) 21	I&R SERVICES -SALARY & FR (ASSIGNED TIME ) 22
1 ADMIN & GENERAL		5,988	52,379		47	
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)		5,988	52,379		47	
21 COST TO BE ALLOCATED		56,916	280,540		9,164	
22 UNIT COST MULTIPLIER		9.505010	5.355963		194.978723	

HHA COST CENTER	I&R SERVICES -OTHER PRGM (ASSIGNED TIME ) 23	PARAMED P RGM (ASSIGNED TIME ) 24	PARAMED P RGM-RADIOLOG (ASSIGNED TIME ) 24.01	PARAMED P RGM-LABORATO (ASSIGNED TIME ) 24.02
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: 14-0015  
 HHA NO: 14-7031  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 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	PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
			1	2	3	4	5	6
1	SKILLED NURSING	2	2,435,091		2,435,091	11,093	219.52	4,130
2	PHYSICAL THERAPY	3		254,403	254,403	3,042	83.63	1,479
3	OCCUPATIONAL THERAPY	4		25,205	25,205	485	51.97	224
4	SPEECH PATHOLOGY	5		7,470	7,470	157	47.58	84
5	MEDICAL SOCIAL SERVICES	6	1,646		1,646	8	205.75	2
6	HOME HEALTH AIDE SERVICE	7	374,098		374,098	4,450	84.07	646
7	TOTAL		2,810,835	287,078	3,097,913	19,235		6,565

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	9	10	11	12
1	SKILLED NURSING	2,102		906,618	461,431		1,368,049
2	PHYSICAL THERAPY	562		123,689	47,000		170,689
3	OCCUPATIONAL THERAPY	86		11,641	4,469		16,110
4	SPEECH PATHOLOGY	31		3,997	1,475		5,472
5	MEDICAL SOCIAL SERVICES	1		412	206		618
6	HOME HEALTH AIDE SERVICES	2,171		54,309	182,516		236,825
7	TOTAL	4,953		1,100,666	697,097		1,797,763

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

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

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00		6,068	6,068	18,868	.321603	10,200
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	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	PART A 9	10
15 COST OF MEDICAL SUPPLIES	8,668		3,280	2,788
16 COST OF DRUGS				
16.20 COST OF DRUGS				

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

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

	FROM WKST C PART I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.568912	447,174	254,403	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.353538	71,295	25,205	COL 2, LN 3
3 SPEECH PATHOLOGY	52	.323683	23,079	7,470	COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.321613	18,868	6,068	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.207738			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROGRAM COSTS	PROG VISITS ON OR AFTER
			PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998		
	1	2	3	4	5	
1 PHYSICAL THERAPY	2	83.63	2.01	3	3.01	4
2 OCCUPATIONAL THERAPY	3	51.97				
3 SPEECH PATHOLOGY	4	47.58				
4 TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES		PART B	PART B
PART A		NOT SUBJECT TO DED & COINS	SUBJECT TO DED & COINS
		2	3
1	REASONABLE COST OF SERVICES		
2	TOTAL CHARGES	586,976	
	CUSTOMARY CHARGES		
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
4	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)		
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)		
6	TOTAL CUSTOMARY CHARGES	586,976	
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	586,976	
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
9	PRIMARY PAYOR AMOUNTS		

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A	PART B
		SERVICES	SERVICES
		1	2
10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	868,030	434,747
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	42,097	31,676
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	14,441	9,710
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	5,264	3,299
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	16,980	15,788
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
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	946,812	495,220
13	EXCESS REASONABLE COST		
14	SUBTOTAL	946,812	495,220
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	946,812	495,220
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	946,812	495,220
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	946,812	495,220
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	946,812	495,220
25	INTERIM PAYMENTS	946,812	495,220
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

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

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HHA NO:	TO 9/30/2009	WORKSHEET H-8
14-7031		

TITLE XVII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		946,812		495,220
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
		946,812		495,220
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		946,812		495,220

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 RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 SATELLITE NO: PREPARED 3/1/2010  
 WORKSHEET 1-1

CHECK ONE:  XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTEs PER 2080 HOURS
	1	2	3	4
1 REGISTERED NURSES	697,847	HOURS OF SERVICE	24,970.00	12.00
2 LICENCED PRACTICAL NURSES	98,514	HOURS OF SERVICE	5,955.00	2.86
3 NURSES AIDES	607	HOURS OF SERVICE	20.00	.01
4 TECHNICIANS	126,876	HOURS OF SERVICE	9,952.00	4.78
5 SOCIAL WORKERS	84,199	HOURS OF SERVICE	3,779.00	1.82
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS	14,410	ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	182,905	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	1,205,358			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU	14,742	PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS	131,510	PERCENTAGE OF TIME		
14 SUPPLIES	411,130	REQUISITIONS		
15 DRUGS	615,103	REQUISITIONS		
16 OTHER	187,723	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	2,565,566			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	71,111	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	139,510	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	375,889	SALARY		
23 ADMINISTRATIVE AND GENERAL	769,302	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	196,648	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS	21,448			
26 CENTRAL SERVICES & SUPPLIES		REQUISITIONS		
27 PHARMACY	-460,871	REQUISITIONS		
28 OTHER ALLOCATED COST	369,586	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	4,048,189			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	4,048,189			

\* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 SATELLITE NO: PREPARED 3/1/2010  
 WORKSHEET 1-2

CHECK ONE:  XX RENAL DIALYSIS DEPARTMENT  HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNs	OTHER	
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	267,759	285,762	697,847	310,196	375,889
2	HEMODIALYSIS	267,759	285,762	697,847	310,196	375,889
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS					
15	METHOD II HOME PATIENT					
16	EPO (INCLUDED IN RENAL DEPARTMENT)					
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
18	OTHER					
	TOTAL (SUM OF LINES 2-15)	267,759	285,762	697,847	310,196	375,889
	MEDICAL EDUCATION PROGRAM COSTS					
	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	154,232	411,130		2,502,815	1,523,926
2	HEMODIALYSIS	154,232	411,130		2,502,815	1,523,926
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS					
15	METHOD II HOME PATIENT					
16	EPO (INCLUDED IN RENAL DEPARTMENT)					
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)	460,871				
18	OTHER					
	TOTAL (SUM OF LINES 2-15)	154,232	411,130		2,502,815	1,523,926
	MEDICAL EDUCATION PROGRAM COSTS					
	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	4,026,741
2	HEMODIALYSIS	4,026,741
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
8	HOME	
9	HEMODIALYSIS	
10	INTERMITTENT PERITONEAL	
11	CAPD	
12	CCDP	
13	OTHER BILLABLE SERVICES	
14	INPATIENT DIALYSIS	
15	METHOD II HOME PATIENT	
16	EPO (INCLUDED IN RENAL DEPARTMENT)	
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
18	OTHER	
	TOTAL (SUM OF LINES 2-15)	4,026,741
	MEDICAL EDUCATION PROGRAM COSTS	21,448
	TOTAL RENAL COSTS (LINE 16 + LINE 17)	4,048,189

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 SATELLITE NO: PREPARED 3/1/2010  
 WORKSHEET 1-3

CHECK ONE:  XX RENAL DIALYSIS DEPARTMENT  HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		1	2	3	4	5
		(SQUARE FEET)	(% OF TIME)	(HOURS)	(HOURS)	(SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	267,759	285,762	697,847	310,196	375,889
2	HEMODIALYSIS	7,892	100.00	24,970.00	27,741.00	1,190,948
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS					0
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	7,892	100.00	24,970.00	27,741.00	1,190,948
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	33.927902	2857.620000	27.947417	11.181861	.315622

COMPOSITE PAYMENT SERVICES		6	7	8	9	10
		DRUGS (REQUI ST.)	MEDICAL SUPPLIES (REQUI ST.)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	154,232	411,130		2,502,815	1,523,926
2	HEMODIALYSIS	154,232	411,130			
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS					0
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	154,232	411,130			2,502,815
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	1.000000	1.000000			.608885

COMPUTATION OF AVERAGE COST PER TREATMENT  
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 SATELLITE NO: WORKSHEET 1-4  
 RATE 0

CHECK ONE:  XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005
1 MAINTENANCE - HEMODIALYSIS	15,488	4,026,741	259.99	13,376	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS		PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	15,488	4,026,741		13,376	

	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
1 MAINTENANCE - HEMODIALYSIS	3,477,626	154.24	6.01	2,063,114
2 MAINTENANCE - PERITONEAL DIALYSIS				
3 TRAINING - HEMODIALYSIS				
4 TRAINING - PERITONEAL DIALYSIS				
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7 HOME PROGRAM - HEMODIALYSIS				
8 HOME PROGRAM - PERITONEAL DIALYSIS				
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	3,477,626			2,063,114

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 SATELLITE NO: PREPARED 3/1/2010  
 WORKSHEET 1-1  
 RATE 0

CHECK ONE:  RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	64,269	HOURS OF SERVICE	2,093.00	1.01
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS	66	HOURS OF SERVICE	7.00	
5 SOCIAL WORKERS	897	HOURS OF SERVICE	43.00	.02
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS	2,150	ACCUMULATED COST		
8 NON-PATIENT CARE SALARY		ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	67,382			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS	1,529	PERCENTAGE OF TIME		
14 SUPPLIES	273,489	REQUISITIONS		
15 DRUGS	31,942	REQUISITIONS		
16 OTHER	4,157	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	378,499			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	1,982	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	20,547	SALARY		
23 ADMINISTRATIVE AND GENERAL	97,876	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	11,817	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES		REQUISITIONS		
27 PHARMACY	-31,942	REQUISITIONS		
28 OTHER ALLOCATED COST	13,807	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	492,586			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	492,586			

\* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 SATELLITE NO:  
 PREPARED 3/1/2010  
 WORKSHEET 1-2  
 RATE 0

CHECK ONE:  RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS BUILDING EQUIPMENT		DIRECT PATIENT CARE SALARY OTHER		EMPLOYEE BENEFITS
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	13,799	1,529	64,269	963	20,547
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME					
8	HEMODIALYSIS					1,463
9	INTERMITTENT PERITONEAL					
10	CAPD	13,799	1,529	64,269	963	19,084
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	13,799	1,529	64,269	963	20,547
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE		273,489		374,596	117,990
2	HEMODIALYSIS		2		2	1
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME					
8	HEMODIALYSIS				1,463	461
9	INTERMITTENT PERITONEAL					
10	CAPD		273,487		373,131	117,528
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	31,942				
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)		273,489		374,596	117,990
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	492,586
2	HEMODIALYSIS	3
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP HOME	
8	HEMODIALYSIS	1,924
9	INTERMITTENT PERITONEAL	
10	CAPD	490,659
11	CCDP	
12	OTHER BILLABLE SERVICES	
13	INPATIENT DIALYSIS METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	492,586
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	492,586

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 SATELLITE NO: PREPARED 3/1/2010  
 WORKSHEET 1-3  
 RATE 0

CHECK ONE:  RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED COSTS BUI LDING EQUI PMENT		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		1 (SQUARE FEET)	2 (% OF TIME)	3 (HOURS)	4 (HOURS)	5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	13,799	1,529	64,269	963	20,547
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME					
8	HEMODIALYSIS					4,644
9	INTERMITTENT PERITONEAL					
10	CAPD	5,864	100.00	2,093.00	50.00	60,588
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS					0
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	5,864	100.00	2,093.00	50.00	65,232
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	2.353172	15.290000	30.706641	19.260000	.314983

COMPOSITE PAYMENT SERVICES		6 DRUGS (REQUI ST.)	7 MEDICAL SUPPLIES (REQUI ST.)	8 ROUTINE ANCILLARY SERVICES (CHARGES)	9 SUBTOTAL (SUM OF COLS. 1-8)	10 OVERHEAD (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE		273,489		374,596	117,990
2	HEMODIALYSIS		2			
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD		273,491			
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS					0
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS		273,493			374,596
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)		.999985			.314979

COMPUTATION OF AVERAGE COST PER TREATMENT  
FOR OUTPATIENT RENAL DIALYSIS

PROVIDER NO: 14-0015  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 SATELLITE NO: PREPARED 3/1/2010  
 WORKSHEET 1-4  
 RATE 0

CHECK ONE:  RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS ON OR AFTER 4/1/2005
	1	2	3	4	
1 MAINTENANCE - HEMODIALYSIS					
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS	898	1,924	2.14	420	
8 HOME PROGRAM - PERITONEAL DIALYSIS	5,131			3,971	
					PATIENT WEEKS
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS		490,659			
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	6,029	492,586		4,391	

	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
	5	6	7	
1 MAINTENANCE - HEMODIALYSIS				
2 MAINTENANCE - PERITONEAL DIALYSIS				
3 TRAINING - HEMODIALYSIS				
4 TRAINING - PERITONEAL DIALYSIS				
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7 HOME PROGRAM - HEMODIALYSIS	899	155.24		65,201
8 HOME PROGRAM - PERITONEAL DIALYSIS		65.27		259,187
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	899		6.01	324,388

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
SATELLITE NO:	TO 9/30/2009	WORKSHEET 1-5
		RATE 0

CALCULATION OF REIMBURSABLE  
BAD DEBTS - TITLE XVIII - PART B

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	3,478,525
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	2,387,502
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	1,776
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	404,961
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	406,737
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	1,908,581
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	72,184
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K
14-1501		

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	313,911			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	9,796			56,000
10 NURSING CARE	1,067,733		137,699	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	166,545			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	110,316			76,167
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)	1,668,301		137,699	132,167

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K
14-1501		

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	210,166	524,077		524,077
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES		65,796		65,796
10 NURSING CARE		1,205,432		1,205,432
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		166,545		166,545
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		186,483		186,483
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	188,380	188,380		188,380
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	43,082	43,082	-262	42,820
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)	441,628	2,379,795	-262	2,379,533

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO	WORKSHEET K
14-1501	9/30/2009	

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		524,077
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES	-9,596	56,200
10 NURSING CARE		1,205,432
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		166,545
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOME MAKER		186,483
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		188,380
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		42,820
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)	-9,596	2,369,937

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-1
14-1501		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES	166,545	
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)	166,545	

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-1
14-1501		

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				313,911
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				9,796
10 NURSING CARE	1,067,733			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			110,316	
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)	1,067,733		110,316	323,707

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-1
14-1501		

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	313,911
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	9,796
10	NURSING CARE	1,067,733
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	166,545
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	110,316
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)	1,668,301

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-3
14-1501		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-3
14-1501		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				56,000
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			76,167	
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)			76,167	56,000

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-3
14-1501		

HOSPICE 1

TOTAL (1)  
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	56,000
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 HOME MAKER	76,167
23	HH AIDE & HOME MAKER-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)	132,167

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
14-1501		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	524,077			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	56,200			
10 NURSING CARE	1,205,432			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	166,545			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	186,483			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	188,380			
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	42,820			
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)	2,369,937			

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
14-1501		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			524,077	524,077
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			56,200	15,956
13 NURSING CARE			1,205,432	342,248
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			166,545	47,285
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			186,483	52,946
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			188,380	53,485
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			42,820	12,157
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)			1,845,860	524,077

COST ALLOCATION -  
 HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED 3/ 1/2010
14-0015	FROM 10/ 1/2008	WORKSHEET K-4
HOSPICE NO:	TO 9/30/2009	PART I
14-1501		

HOSPICE 1

TOTAL  
 (COL. 5A  
 + COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	72,156
13	NURSING CARE	1,547,680
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	213,830
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	239,429
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	241,865
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	54,977
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)	2,369,937

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
14-1501		PART II

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
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
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
14-1501		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL		-524,077	1,845,860
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			56,200
13 NURSING CARE			1,205,432
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			166,545
19 SPIRITUAL COUNSELING			
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			186,483
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			188,380
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			42,820
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			524,077
45 UNIT COST MULTIPLIER	.000000		.283920

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-0015  
 HOSPICE NO: 14-1501  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET K-5  
 PART I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-BUTLER BUILDING	NEW CAP REL COSTS-OLD BUILDING & FIX
		0	3	3.01	3.02
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9	72,156			
5.00 NURSING CARE	10	1,547,680			
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	213,830			
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	239,429			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	241,865			
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				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	54,977			
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)		2,369,937			
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-NEW BUILDING & FIX	NEW CAP REL COSTS-14TH STREET	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
	3.03	3.04	4	5
1.00 ADMINISTRATIVE AND GENERAL	19,156	30,194	35,825	98,874
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				63
5.00 NURSING CARE				336,310
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				52,458
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				34,747
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)	19,156	30,194	35,825	522,452
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-0015  
 HOSPICE NO: 14-1501  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET K-5  
 PART I

HOSPICE 1

HOSPICE COST CENTER	5A	6	7	9
1.00 ADMINISTRATIVE AND GENERAL	184,049	44,919	122,414	2,238
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	72,219	17,626		
5.00 NURSING CARE	1,883,990	459,810		
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	266,288	64,991		
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	274,176	66,916		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	241,865	59,030		
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	54,977	13,418		
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)	2,977,564	726,710	122,414	2,238
30.00 UNIT COST MULTIPLIER				

HOUSEKEEPING      DIETARY      CAFETERIA      NURSING ADMINISTRATIVE

HOSPICE COST CENTER	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL	11,895		76,116	375,206
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)	11,895		76,116	375,206
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-0015  
 HOSPICE NO: 14-1501  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET K-5  
 PART I

HOSPICE 1

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD
	17	21	22	23
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	PARAMED ED PRGM	PARAMED ED PRGM-RADIOLOGY	PARAMED ED PRGM-LABORATORY	SUBTOTAL
	24	24.01	24.02	25
1.00 ADMINISTRATIVE AND GENERAL				816,837
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				89,845
5.00 NURSING CARE				2,343,800
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				331,279
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				341,092
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				300,895
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				68,395
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				4,292,143
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-5
14-1501		PART I

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL		816,837		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES		89,845	21,117	110,962
5.00 NURSING CARE		2,343,800	550,888	2,894,688
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		331,279	77,864	409,143
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		341,092	80,170	421,262
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		300,895	70,722	371,617
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		68,395	16,076	84,471
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		4,292,143		4,292,143
30.00 UNIT COST MULTIPLIER			.235040	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.  
 (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: 14-0015  
HOSPICE NO: 14-1501  
PERIOD: FROM 10/1/2008 TO 9/30/2009  
PREPARED 3/1/2010  
WORKSHEET K-5  
PART II

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-BUTLER BUILDING (SQUARE FEET)	NEW CAP REL COSTS-OLD BUILDING & FIX (SQUARE FEET)	NEW CAP REL COSTS-NEW BUILDING & FIX (SQUARE FEET)
	3	3.01	3.02	3.03
1.00 ADMINISTRATIVE AND GENERAL				2,126
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)				2,126
30.00 TOTAL COST TO BE ALLOCATED				19,156
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	9.010348

HOSPICE COST CENTER	NEW CAP REL COSTS-14TH STREET (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION
	3.04	4	5	6A
1.00 ADMINISTRATIVE AND GENERAL	5,547	34,913	313,911	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			200	
5.00 NURSING CARE			1,067,733	
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			166,545	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			110,316	
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: 14-0015  
HOSPICE NO: 14-1501  
PERIOD: FROM 10/1/2008 TO 9/30/2009  
PREPARED 3/1/2010  
WORKSHEET K-5  
PART II

HOSPICE 1

	NEW CAP REL COSTS-14TH STREET	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	RECONCILIATION
HOSPICE COST CENTER	3.04	4	5	6A
29.00 TOTAL (SUM OF LINE 1 THRU 28)	5,547	34,913	1,658,705	
30.00 TOTAL COST TO BE ALLOCATED	30,194	35,825	522,452	
31.00 UNIT COST MULTIPLIER	5.443303	1.026122	.314976	

  

	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(ACCUMULATED COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)
	6	7	9	10
HOSPICE COST CENTER				
1.00 ADMINISTRATIVE AND GENERAL	184,049	7,673	2,722	358
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	72,219			
5.00 NURSING CARE	1,883,990			
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	266,288			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	274,176			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	241,865			
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	54,977			
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)	2,977,564	7,673	2,722	358
30.00 TOTAL COST TO BE ALLOCATED	726,710	122,414	2,238	11,895
31.00 UNIT COST MULTIPLIER	.244062	15.953864	.822190	33.226257

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

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-5
14-1501		PART II

HOSPICE 1

HOSPICE COST CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	(MEALS SERVED)	(MEALS SERVED)	(DIRECT NRSING HRS)	(TIME SPENT)
	11	12	14	17
1.00 ADMINISTRATIVE AND GENERAL		8,008	70,054	
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)		8,008	70,054	
30.00 TOTAL COST TO BE ALLOCATED		76,116	375,206	
31.00 UNIT COST MULTIPLIER	.000000	9.504995	5.355954	.000000

HOSPICE COST CENTER	NURSING SCHOOL	I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23	24
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:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-5
14-1501		PART II

HOSPICE 1

HOSPICE COST CENTER	NURSING SCHOOL	I & R SERVICES-SALARY & FRINGES APPRVD	I & R SERVICES-OTHER PRGM COSTS APPRVD	PARAMED PRGM
	21	22	23	24

29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	PARAMED PRGM-RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM-LABORATORY (ASSIGNED TIME)
	24.01	24.02

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

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

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-5
14-1501		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.568912	
2	OCCUPATIONAL THERAPY	51	.353538	
3	SPEECH PATHOLOGY	52	.323683	
4	DRUGS CHARGED TO PATIENTS	56	.207738	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.150002	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.321613	
8	EMERGENCY	61	.395165	
9	RADIOLOGY-DIAGNOSTIC	41	.175083	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-6
14-1501		

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)				4,292,143
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				22,647
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				189.52
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	19,762			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	3,745,294			
6 UNDUPLICATED MEDICAID DAYS		1,414		
7 AGGREGATE MEDICAID COST		267,981		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS		449		
11 AGGREGATE NF COST		85,094		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			1,471	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			278,784	

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

PROVIDER NO:	PERIOD:	PREPARED 3/ 1/2010
14-0015	FROM 10/ 1/2008	WORKSHEET L
COMPONENT NO:	TO 9/30/2009	PARTS I-IV
14-0015		

FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,162,453
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	273,958
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	129.00
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	13.16
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	2.92
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	92,344
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,528,755
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)	

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/  
FEDERALLY QUALIFIED HEALTH CENTER COSTS

PROVIDER NO: 14-0015  
 COMPONENT NO: 14-3422  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET M-1

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
FACILITY HEALTH CARE STAFF COSTS				
1				
2				
3	89,313		89,313	
4				
5				
6				
7				
8				
9	151,482	30,586	182,068	-2,247
10	240,795	30,586	271,381	-2,247
COSTS UNDER AGREEMENT				
11				
12		308,022	308,022	
13		817	817	
14		308,839	308,839	
OTHER HEALTH CARE COSTS				
15				
16				
17				
18				
19				
20				
21				
22	240,795	339,425	580,220	-2,247
COSTS OTHER THAN RHC/FQHC SERVICES				
23				
24				
25				
26				
27				
28				
FACILITY OVERHEAD				
29		16,549	16,549	
30	95,468	102,101	197,569	
31	95,468	118,650	214,118	
32	336,263	458,075	794,338	-2,247

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/  
FEDERALLY QUALIFIED HEALTH CENTER COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET M-1
14-3422		

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
FACILITY HEALTH CARE STAFF COSTS			
1 PHYSICIAN			
2 PHYSICIAN ASSISTANT			
3 NURSE PRACTITIONER	89,313		89,313
4 VISITING NURSE			
5 OTHER NURSE			
6 CLINICAL PSYCHOLOGIST			
7 CLINICAL SOCIAL WORKER			
8 LABORATORY TECHNICIAN			
9 OTHER FACILITY HEALTH CARE STAFF COSTS	179,821		179,821
10 SUBTOTAL (SUM OF LINES 1-9)	269,134		269,134
COSTS UNDER AGREEMENT			
11 PHYSICIAN SERVICES UNDER AGREEMENT	308,022		308,022
12 PHYSICIAN SUPERVISION UNDER AGREEMENT			
13 OTHER COSTS UNDER AGREEMENT	817		817
14 SUBTOTAL (SUM OF LINES 11-13)	308,839		308,839
OTHER HEALTH CARE COSTS			
15 MEDICAL SUPPLIES			
16 TRANSPORTATION (HEALTH CARE STAFF)			
17 DEPRECIATION-MEDICAL EQUIPMENT			
18 PROFESSIONAL LIABILITY INSURANCE			
19 OTHER HEALTH CARE COSTS			
20 ALLOWABLE GME COSTS			
21 SUBTOTAL (SUM OF LINES 15-20)			
22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	577,973		577,973
COSTS OTHER THAN RHC/FQHC SERVICES			
23 PHARMACY			
24 DENTAL			
25 OPTOMETRY			
26 ALL OTHER NONREIMBURSABLE COSTS			
27 NONALLOWABLE GME COSTS			
28 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
FACILITY OVERHEAD			
29 FACILITY COSTS	16,549	-21,347	-4,798
30 ADMINISTRATIVE COSTS	197,569		197,569
31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	214,118	-21,347	192,771
32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	792,091	-21,347	770,744

ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO: 14-0015  
 COMPONENT NO: 14-3422  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET M-2

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS	1.00	6,659	4,200
2	PHYSICIAN ASSISTANTS			2,100
3	NURSE PRACTITIONERS	.87	2,832	2,100
4	SUBTOTAL (SUM OF LINES 1-3)	1.87	9,491	1,827
5	VISITING NURSE			6,027
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	1.87	9,491	
9	PHYSICIAN SERVICES UNDER AGREEMENTS			
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	577,973		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	577,973		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	192,771		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	321,061		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	513,832		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)			
18	SUBTRACT LINE 17 FROM LINE 16	513,832		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	513,832		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,091,805		
			GREATER OF COL. 2 OR COL. 4	5
POSITIONS				
1	PHYSICIANS			
2	PHYSICIAN ASSISTANTS			
3	NURSE PRACTITIONERS			
4	SUBTOTAL (SUM OF LINES 1-3)	9,491		
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	9,491		
9	PHYSICIAN SERVICES UNDER AGREEMENTS			

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

CALCULATION OF REIMBURSEMENT SETTLEMENT  
FOR RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0015	FROM 10/ 1/2008	3/ 1/2010
COMPONENT NO:	TO	WORKSHEET
14-3422	9/30/2009	M-3

TITLE XVIII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	1,091,805
2	COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	10,502
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	1,081,303
4	TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	9,491
5	PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	9,491
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	113.93

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	75.63
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	76.84
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	555
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	1,732
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	41,975
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	133,087
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	175,062
16.01	PRIMARY PAYER AMOUNT	512
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	31,488
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	143,062
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	114,450
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	5,565
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	120,015
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	120,015
25	INTERIM PAYMENTS	112,521
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	7,494
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, CHAPTER I, SECTION 115.2	196

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDER YEAR PROVIDERS USE COLUMN 2 ONLY.

\* FOR LINE 15, USE COLUMN 2 ONLY FOR GRADUATE MEDICAL EDUCATION PASS THROUGH COST.

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO: 14-0015  
 COMPONENT NO: 14-3422  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET M-4

TITLE XVII I RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	269,134	269,134
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000359	.003854
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	97	1,037
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	1,150	3,275
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	1,247	4,312
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	577,973	577,973
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	513,832	513,832
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.002158	.007461
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	1,109	3,834
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	2,356	8,146
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	33	354
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	71.39	23.01
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	18	186
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	1,285	4,280
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		10,502
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		5,565

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR  
 SERVICES RENDERED TO PROGRAM BENEFICIARIES  
 RHC  FQHC

PROVIDER NO: 14-0015  
 COMPONENT NO: 14-3422  
 PERIOD: FROM 10/1/2008 TO 9/30/2009  
 PREPARED 3/1/2010  
 WORKSHEET M-5

RHC 1

DESCRIPTION	P A R T MM/DD/YYYY 1	B AMOUNT 2
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		112,521
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
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		
ADJUSTMENTS TO PROGRAM .99		
SUBTOTAL		NONE
4 TOTAL INTERIM PAYMENTS		112,521
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER .01		
TENTATIVE TO PROVIDER .02		
TENTATIVE TO PROVIDER .03		
TENTATIVE TO PROGRAM .50		
TENTATIVE TO PROGRAM .51		
TENTATIVE TO PROGRAM .52		
TENTATIVE TO PROGRAM .99		
SUBTOTAL		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01 SETTLEMENT TO PROGRAM .02	7,494
7 TOTAL MEDICARE PROGRAM LIABILITY		120,015

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.