

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		14-0052		FROM 1/1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/22/2010 TIME 11:21

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:
 SAINT ANTHONY'S HEALTH CENTER 14-0052

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	96,999	251,879	0
2	SUBPROVIDER	0	12,216	0	0
5	HOSPITAL-BASED SNF	0	2,414	0	0
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	111,629	251,879	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 WAGE INDEX INFORMATION

PROVIDER NO: 14-0052
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/22/2010
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	31,776,648		31,776,648	1,425,547.10	22.29	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	798,401	-2,145	796,256	41,484.30	19.19	
8.01 EXCLUDED AREA SALARIES	3,811,909	46,158	3,858,067	143,737.35	26.84	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	49,808		49,808	875.59	56.89	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	9,456,363		9,456,363			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,623,356		1,623,356			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	312,531	-25,220	287,311	11,299.72	25.43	
22 ADMINISTRATIVE & GENERAL	4,988,879		4,988,879	188,370.74	26.48	
22.01 A & G UNDER CONTRACT	1,419,080		1,419,080	4,609.67	307.85	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,234,912		1,234,912	71,332.30	17.31	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	748,472		748,472	61,114.86	12.25	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	683,297		683,297	55,447.81	12.32	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	359,535		359,535	28,712.70	12.52	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	767,027		767,027	21,024.65	36.48	
31 CENTRAL SERVICE AND SUPPLY	271,381		271,381	23,197.60	11.70	
32 PHARMACY	820,553		820,553	16,395.13	50.05	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	703,695		703,695	41,216.95	17.07	
34 SOCIAL SERVICE	512,532		512,532	20,251.39	25.31	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	33,195,728		33,195,728	1,430,156.77	23.21	
2 EXCLUDED AREA SALARIES	4,610,310	44,013	4,654,323	185,221.65	25.13	
3 SUBTOTAL SALARIES	28,585,418	-44,013	28,541,405	1,244,935.12	22.93	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	49,808		49,808	875.59	56.89	
5 SUBTOTAL WAGE-RELATED COSTS	9,456,363		9,456,363		33.13	
6 TOTAL	38,091,589	-44,013	38,047,576	1,245,810.71	30.54	
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	12,821,894	-25,220	12,796,674	542,973.52	23.57	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0052
HHA NO: 14-7113
COUNTY:
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/22/2010
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	823	46	44
2 UNDUPLICATED CENSUS COUNT		879.00	69.00	383.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	913			
2 UNDUPLICATED CENSUS COUNT	1,331.00			

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	.32		.32
5 OTHER ADMINISTRATIVE PERSONEL	4.69		4.69
6 DIRECTING NURSING SERVICE	10.64		10.64
7 NURSING SUPERVISOR	1.39		1.39
8 PHYSICAL THERAPY SERVICE	3.72	.09	3.81
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	3.37		3.37
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.25		.25
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.73		.73
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	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		41180	

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

	FULL EPI SODES		LUPA EPI SODES 3	PEP ONLY EPI SODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	6,060	155	451	124
22 SKILLED NURSING VISIT CHARGES	1,662,722	42,700	123,920	34,041
23 PHYSICAL THERAPY VISITS	4,100	1	35	84
24 PHYSICAL THERAPY VISIT CHARGES	980,288	525	14,674	21,254
25 OCCUPATIONAL THERAPY VISITS	1,879	0	6	34
26 OCCUPATIONAL THERAPY VISIT CHARGES	636,955	0	2,275	12,609
27 SPEECH PATHOLOGY VISITS	253	0	1	0
28 SPEECH PATHOLOGY VISIT CHARGES	91,968	0	538	0
29 MEDICAL SOCIAL SERVICE VISITS	285	0	5	11
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	127,723	0	2,475	4,950
31 HOME HEALTH AIDE VISITS	779	33	4	7
32 HOME HEALTH AIDE VISIT CHARGES	66,751	2,839	367	641
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	13,356	189	502	260
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	3,566,407	46,064	144,249	73,495
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	0	0	0	0
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	54,280	2,807	7,761	1,244

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	6,790
22 SKILLED NURSING VISIT CHARGES	0	0	1,863,383
23 PHYSICAL THERAPY VISITS	0	0	4,220
24 PHYSICAL THERAPY VISIT CHARGES	0	0	1,016,741
25 OCCUPATIONAL THERAPY VISITS	0	0	1,919
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	651,839
27 SPEECH PATHOLOGY VISITS	0	0	254
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	92,506
29 MEDICAL SOCIAL SERVICE VISITS	0	0	301
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	135,148
31 HOME HEALTH AIDE VISITS	0	0	823
32 HOME HEALTH AIDE VISIT CHARGES	0	0	70,598
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	14,307
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	3,830,215
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	0
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	66,092

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0052
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/22/2010
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	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		15				
2	RUB		736				
3	RUA		271				
3.01	RUX		139				
3.02	RUL		586				
4	RVC		174				
5	RVB		676				
6	RVA		51				
6.01	RVX		78				
6.02	RVL		599				
7	RHC		23				
8	RHB		116				
9	RHA		43				
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB						
12	RMA		6				
12.01	RMX		162				
12.02	RML		202				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3						
16	SE2		4				
17	SE1						
18	SSC						
19	SSB						
20	SSA		53				
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		3,934				

(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): 0.9006
 Wage Index Factor (after 10/01) : 0.9102
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 6/22/2010
14-0052	FROM 1/ 1/2009	WORKSHEET S-7
	TO 12/31/2009	

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs DAYS	SWING BED SNF DAYS	TOTAL
	1	2	4.05	4.06	5
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)	:	0.9006
Wage Index Factor (after 10/01)	:	0.9102
SNF Facility Specific Rate	:	0.00
Urban/Rural Designation	:	URBAN
SNF MSA Code	:	7040
SNF CBSA Code	:	41180

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2009	6/22/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET S-9
14-1573		

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	10,549	1,405		
3 INPATIENT RESPIRE CARE	31			
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	10,580	1,405		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	119	12,073
3 INPATIENT RESPIRE CARE	1	32
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	120	12,105

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	242	60		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	43.72	23.42		
9 UNDUPLICATED CENSUS COUNT	213	45		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	11	313
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	10.91	38.67
9 UNDUPLICATED CENSUS COUNT	11	269

DESCRIPTION

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

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

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .193883
- 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

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0052
II PERIOD:
I FROM 1/ 1/2009
I TO 12/31/2009 II PREPARED 6/22/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1 0100	OLD CAP REL COSTS-BLDG & FIXT		42,082	42,082	423,163	465,245
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT		124,565	124,565	148,121	272,686
1.02 0102	OLD CAP REL COSTS-BLDG & FIXT		31,466	31,466	20,993	52,459
1.03 0103	OLD CAP REL COSTS-BLDG & FIXT				2,803	2,803
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		365	365	70,312	70,677
2.01 0201	OLD CAP REL COSTS-MVBLE EQUIP		405	405	50,280	50,685
3 0300	NEW CAP REL COSTS-BLDG & FIXT		1,049,106	1,049,106	74,430	1,123,536
3.01 0301	NEW CAP REL COSTS-BLDG & FIXT		213,225	213,225	15,832	229,057
3.02 0302	NEW CAP REL COSTS-BLDG & FIXT		49,606	49,606	43,370	92,976
3.03 0303	NEW CAP REL COSTS-BLDG & FIXT		155,672	155,672	7,714	163,386
3.04 0304	NEW CAP REL COSTS-BLDG & FIXT				4,711	4,711
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		963,296	963,296	71,079	1,034,375
4.01 0401	NEW CAP REL COSTS-MVBLE EQUIP		533,707	533,707	19,741	553,448
4.02 0402	NEW CAP REL COSTS-MVBLE EQUIP		2,217	2,217	125,602	127,819
5 0500	EMPLOYEE BENEFITS	312,531	9,025,558	9,338,089	65,394	9,403,483
6.01 0610	NONPATIENT TELEPHONES	230,727	257,317	488,044		488,044
6.02 0630	PURCHASING, RECEIVING AND STORES	216,956	109,911	326,867		326,867
6.03 0640	ADMINISTRATIVE	578,774	153,632	732,406		732,406
6.04 0650	CASHIERING/ACCOUNTS RECEIVABLE	47,596	2,210,074	2,257,670		2,257,670
6.05 0660	OTHER ADMINISTRATIVE AND GENERAL	3,914,826	11,436,191	15,351,017	-90,614	15,260,403
8 0800	OPERATION OF PLANT	1,234,912	3,490,595	4,725,507		4,725,507
9 0900	LAUNDRY & LINEN SERVICE		354,314	354,314		354,314
10 1000	HOUSEKEEPING	748,472	394,660	1,143,132		1,143,132
11 1100	DIETARY	683,297	89,367	772,664		772,664
12 1200	CAFETERIA	359,535	1,017,847	1,377,382		1,377,382
14 1400	NURSING ADMINISTRATION	767,027	92,933	859,960		859,960
15 1500	CENTRAL SERVICES & SUPPLY	271,381	4,841,896	5,113,277	-2,704,039	2,409,238
16 1600	PHARMACY	820,553	3,711,375	4,531,928		4,531,928
17 1700	MEDICAL RECORDS & LIBRARY	703,695	223,058	926,753		926,753
18 1800	SOCIAL SERVICE	512,532	70,698	583,230		583,230
	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	3,046,694	658,432	3,705,126	9,220	3,714,346
26 2600	INTENSIVE CARE UNIT	861,020	488,357	1,349,377	6,000	1,355,377
31 3100	SUBPROVIDER	845,789	575,855	1,421,644	19,437	1,441,081
33 3300	NURSERY	78,707	48,762	127,469		127,469
34 3400	SKILLED NURSING FACILITY	798,401	105,132	903,533	-4,179	899,354
35 3500	NURSING FACILITY				31,946	31,946
35.01 3510	ICF/MR					
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	1,431,284	357,610	1,788,894		1,788,894
38 3800	RECOVERY ROOM	265,878	30,360	296,238		296,238
39 3900	DELIVERY ROOM & LABOR ROOM	951,793	117,929	1,069,722		1,069,722
40 4000	ANESTHESIOLOGY		395,749	395,749		395,749
41 4100	RADIOLOGY-DIAGNOSTIC	1,977,662	1,475,657	3,453,319		3,453,319
44 4400	LABORATORY	1,767,104	1,438,269	3,205,373		3,205,373
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		663,869	663,869		663,869
49 4900	RESPIRATORY THERAPY	431,279	243,491	674,770		674,770
50 5000	PHYSICAL THERAPY	949,653	96,508	1,046,161	-36,247	1,009,914
51 5100	OCCUPATIONAL THERAPY	476,624	39,962	516,586	-16,234	500,352
52 5200	SPEECH PATHOLOGY	107,150	10,386	117,536	8,277	125,813
53 5300	ELECTROCARDIOLOGY	520,616	189,353	709,969		709,969
54 5400	ELECTROENCEPHALOGRAPHY	113,135	51,306	164,441		164,441
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				2,720,728	2,720,728
56 5600	DRUGS CHARGED TO PATIENTS					
59 3951	THERAPEUTIC ACTIVITIES					
59.01 3480	ONCOLOGY	155,570	40,125	195,695		195,695
59.02 3950	DIABETES CENTER	47,219	5,566	52,785	18,026	70,811
59.03 3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	338,529	32,112	370,641		370,641
59.04 3952	COMPREHENSIVE REHAB O/P	141,345	85,850	227,195		227,195
59.05 3953	CURATIVE WOUND CENTER	262,560	177,203	439,763	-18,026	421,737
	OUTPAT SERVICE COST CNTRS					
61 6100	EMERGENCY	1,839,702	970,284	2,809,986	7,000	2,816,986
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63 4950	OTHER OUTPATIENT SERVICE COST CENTER					
	OTHER REIMBURS COST CNTRS					
65 6500	AMBULANCE SERVICES		77,911	77,911		77,911
71 7100	HOME HEALTH AGENCY	1,452,173	283,913	1,736,086	-37,331	1,698,755
	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE		771,862	771,862	-771,862	
89 8900	UTILIZATION REVIEW-SNF					
90 9000	OTHER CAPITAL RELATED COSTS		306,289	306,289	-306,289	
93 9300	HOSPICE	372,392	837,362	1,209,754	16,523	1,226,277
95	SUBTOTALS	30,635,093	51,220,602	81,855,695	-4,119	81,851,576
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		383	383		383
97 9700	RESEARCH					
97.01 9701	ADULT DAY CARE	110,949	22,628	133,577	4,119	137,696
98 9800	PHYSICIANS' PRIVATE OFFICES		463,333	463,333		463,333
99 9900	NONPAID WORKERS					
99.01 9901	PARI SH NURSE PROGRAM					
99.02 9902	RETAIL PHARMACY					
99.03 9903	LIFELINE					
99.04 9904	DME	411,607	737,324	1,148,931		1,148,931
99.05 9905	PRIVATE CARE SERVICES		136	136		136
99.06 9906	EMS	45,270	13,275	58,545		58,545
99.07 9907	SURGERY MM		172	172		172

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0052
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/22/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	NONREIMBURS COST CENTERS					
99.08 9908	SAINT CLARE'S VILLA	573,729	37,249	610,978		610,978
100 7950	OTHER NONREIMBURSABLE COST CENTERS		8,543	8,543		8,543
101	TOTAL	31,776,648	52,503,645	84,280,293	-0-	84,280,293

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 6/22/2010
I 14-0052 I FROM 1/ 1/2009 I WORKSHEET A
I I TO 12/31/2009 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	58,275	523,520
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT	3,641	276,327
1.02 0102	OLD CAP REL COSTS-BLDG & FIXT	16,992	69,451
1.03 0103	OLD CAP REL COSTS-BLDG & FIXT	11,007	13,810
2 0200	OLD CAP REL COSTS-MVBLE EQUIP	-6,405	64,272
2.01 0201	OLD CAP REL COSTS-MVBLE EQUIP		50,685
3 0300	NEW CAP REL COSTS-BLDG & FIXT	38,567	1,162,103
3.01 0301	NEW CAP REL COSTS-BLDG & FIXT	-1,500	227,557
3.02 0302	NEW CAP REL COSTS-BLDG & FIXT	109	93,085
3.03 0303	NEW CAP REL COSTS-BLDG & FIXT		163,386
3.04 0304	NEW CAP REL COSTS-BLDG & FIXT	77,393	82,104
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		1,034,375
4.01 0401	NEW CAP REL COSTS-MVBLE EQUIP	9,129	562,577
4.02 0402	NEW CAP REL COSTS-MVBLE EQUIP		127,819
5 0500	EMPLOYEE BENEFITS	-19,338	9,384,145
6.01 0610	NONPATIENT TELEPHONES		488,044
6.02 0630	PURCHASING, RECEIVING AND STORES		326,867
6.03 0640	ADMINISTRATIVE		732,406
6.04 0650	CASHIERING/ACCOUNTS RECEIVABLE	-75	2,257,595
6.05 0660	OTHER ADMINISTRATIVE AND GENERAL	326,073	15,586,476
8 0800	OPERATION OF PLANT		4,725,507
9 0900	LAUNDRY & LINEN SERVICE		354,314
10 1000	HOUSEKEEPING		1,143,132
11 1100	DIETARY	-285,028	487,636
12 1200	CAFETERIA	-410,796	966,586
14 1400	NURSING ADMINISTRATION	-1,690	858,270
15 1500	CENTRAL SERVICES & SUPPLY	-46,380	2,362,858
16 1600	PHARMACY	-4,478	4,527,450
17 1700	MEDICAL RECORDS & LIBRARY	-1,443	925,310
18 1800	SOCIAL SERVICE	-525	582,705
25 2500	ADULTS & PEDIATRICS	-240,200	3,474,146
26 2600	INTENSIVE CARE UNIT	-347,866	1,007,511
31 3100	SUBPROVIDER		1,441,081
33 3300	NURSERY		127,469
34 3400	SKILLED NURSING FACILITY	-8,169	891,185
35 3500	NURSING FACILITY		31,946
35.01 3510	ICF/MR		
37 3700	OPERATING ROOM		1,788,894
38 3800	RECOVERY ROOM		296,238
39 3900	DELIVERY ROOM & LABOR ROOM		1,069,722
40 4000	ANESTHESIOLOGY	-284,077	111,672
41 4100	RADIOLOGY-DIAGNOSTIC	-5,989	3,447,330
44 4400	LABORATORY		3,205,373
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		663,869
49 4900	RESPIRATORY THERAPY		674,770
50 5000	PHYSICAL THERAPY		1,009,914
51 5100	OCCUPATIONAL THERAPY		500,352
52 5200	SPEECH PATHOLOGY		125,813
53 5300	ELECTROCARDIOLOGY	-35,158	674,811
54 5400	ELECTROENCEPHALOGRAPHY	-27,500	136,941
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,720,728
56 5600	DRUGS CHARGED TO PATIENTS		
59 3951	THERAPEUTIC ACTIVITIES		
59.01 3480	ONCOLOGY	-8,197	187,498
59.02 3950	DIABETES CENTER		70,811
59.03 3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-97	370,544
59.04 3952	COMPREHENSIVE REHAB O/P		227,195
59.05 3953	CURATIVE WOUND CENTER		421,737
61 6100	EMERGENCY	-33,530	2,783,456
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63 4950	OTHER OUTPATIENT SERVICE COST CENTER		
65 6500	OTHER REIMBURS COST CNTRS		
71 7100	AMBULANCE SERVICES		77,911
88 8800	INTEREST EXPENSE		-0-
89 8900	UTILIZATION REVIEW-SNF		-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
93 9300	HOSPICE	-54,663	1,171,614
95	SUBTOTALS	-1,281,918	80,569,658
96 9600	NONREIMBURS COST CENTERS		
97 9700	GIFT, FLOWER, COFFEE SHOP & CANTEEN		383
97.01 9701	RESEARCH		
98 9800	ADULT DAY CARE		137,696
99 9900	PHYSICIANS' PRIVATE OFFICES		463,333
99.01 9901	NONPAID WORKERS		
99.02 9902	PARI SH NURSE PROGRAM		
99.03 9903	RETAIL PHARMACY		
99.04 9904	LIFELINE		
99.05 9905	DME		1,148,931
99.06 9906	PRIVATE CARE SERVICES		136
99.07 9907	EMS		58,545
2552-96 21.1.120.0	SURGERY MM		172

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2009	6/22/2010
	TO 12/31/2009	WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	NONREIMBURS COST CENTERS	6	7
99.08 9908	SAINT CLARE'S VILLA		610,978
100 7950	OTHER NONREIMBURSABLE COST CENTERS		8,543
101	TOTAL	-1,281,918	82,998,375

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0052
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/22/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIXT	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-BLDG & FIXT	0102	OLD CAP REL COSTS-BLDG & FIXT
1.03	OLD CAP REL COSTS-BLDG & FIXT	0103	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
2.01	OLD CAP REL COSTS-MVBLE EQUIP	0201	OLD CAP REL COSTS-MVBLE EQUIP
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-BLDG & FIXT	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-BLDG & FIXT	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-BLDG & FIXT	0304	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-MVBLE EQUIP	0401	NEW CAP REL COSTS-MVBLE EQUIP
4.02	NEW CAP REL COSTS-MVBLE EQUIP	0402	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.03	ADMITTING	0640	ADMITTING
6.04	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.05	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
INPAT ROUTINE SRVC COST			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
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	
59	THERAPEUTIC ACTIVITIES	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.01	ONCOLOGY	3480	ONCOLOGY
59.02	DIABETES CENTER	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.04	COMPREHENSIVE REHAB O/P	3952	OTHER ANCILLARY SERVICE COST CENTERS
59.05	CURATIVE WOUND CENTER	3953	OTHER ANCILLARY SERVICE COST CENTERS
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
OTHER REIMBURS COST			
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
SPEC PURPOSE COST CE			
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.01	ADULT DAY CARE	9701	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	PARISH NURSE PROGRAM	9901	NONPAID WORKERS
99.02	RETAIL PHARMACY	9902	NONPAID WORKERS
99.03	LIFELINE	9903	NONPAID WORKERS
99.04	DME	9904	NONPAID WORKERS
99.05	PRIVATE CARE SERVICES	9905	NONPAID WORKERS
99.06	EMS	9906	NONPAID WORKERS
99.07	SURGERY MM	9907	NONPAID WORKERS
99.08	SAINT CLARE'S VILLA	9908	NONPAID WORKERS

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
100	NONREIMBURS COST CEN		
101	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140052

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

PREPARED 6/22/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 RECLASS OF THERAPIES DIRECTOR	C	OCCUPATIONAL THERAPY	51		26,924	2,046
2		SPEECH PATHOLOGY	52		7,692	585
3 RECLASS OF SNF NON-CERT EXPENSE	D	NURSING FACILITY	35		28,035	3,911
4 RECLASS OF HOME HEALTH SUPPLIES	E	CENTRAL SERVICES & SUPPLY	15			16,689
5 RECLASS INTEREST EXPENSE	F	OLD CAP REL COSTS-BLDG & FIXT	1			331,303
6		OLD CAP REL COSTS-BLDG & FIXT	1.01			135,678
7		NEW CAP REL COSTS-BLDG & FIXT	3.02			37,067
8		OLD CAP REL COSTS-BLDG & FIXT	1.02			12,427
9		OLD CAP REL COSTS-BLDG & FIXT	1.03			1,440
10		OLD CAP REL COSTS-MVBLE EQUIP	2			60,292
11		NEW CAP REL COSTS-MVBLE EQUIP	4			22,736
12		OLD CAP REL COSTS-MVBLE EQUIP	2.01			47,983
13		NEW CAP REL COSTS-MVBLE EQUIP	4.02			122,936
14 RECLASS RECREATIONAL THERAPY	G	SKILLED NURSING FACILITY	34		25,890	1,877
15		SUBPROVIDER	31		18,123	1,314
16 RECLASS HHA DIRECTOR	H	HOSPICE	93		15,437	1,086
17		ADULT DAY CARE	97.01		3,848	271
18 RECLASS MEDICAL BILLABLE SUPPLIES	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			2,720,728
19 RECLASS OF SIGNING BONUSES	O	ADULTS & PEDIATRICS	25		9,220	
20		INTENSIVE CARE UNIT	26		6,000	
21		PHYSICAL THERAPY	50		1,000	
22		OCCUPATIONAL THERAPY	51		2,000	
23		EMERGENCY	61		7,000	
24 RECLASS DIABETES MANAGER	R	DIABETES CENTER	59.02		16,705	1,321
25 RECLASS PENSION MGMT FEES	S	EMPLOYEE BENEFITS	5			90,614
36 TOTAL RECLASSIFICATIONS					167,874	3,612,304

(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:
140052

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

PREPARED 6/22/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY		OTHER
1 RECLASS OF THERAPIES DIRECTOR	C	PHYSICAL THERAPY	50	34,616	2,631	
2						
3 RECLASS OF SNF NON-CERT EXPENSE	D	SKILLED NURSING FACILITY	34	28,035	3,911	
4 RECLASS OF HOME HEALTH SUPPLIES	E	HOME HEALTH AGENCY	71		16,689	
5 RECLASS INTEREST EXPENSE	F	INTEREST EXPENSE	88		771,862	11
6						11
7						11
8						11
9						11
10						11
11						11
12						11
13						11
14 RECLASS RECREATIONAL THERAPY	G	OCCUPATIONAL THERAPY	51	44,013	3,191	
15						
16 RECLASS HHA DIRECTOR	H	HOME HEALTH AGENCY	71	19,285	1,357	
17						
18 RECLASS MEDICAL BILLABLE SUPPLIES	I	CENTRAL SERVICES & SUPPLY	15		2,720,728	
19 RECLASS OF SIGNING BONUSES	O	EMPLOYEE BENEFITS	5	25,220		
20						
21						
22						
23						
24 RECLASS DIABETES MANAGER	R	CURATIVE WOUND CENTER	59.05	16,705	1,321	
25 RECLASS PENSION MGMT FEES	S	OTHER ADMINISTRATIVE AND GENERAL	6.05		90,614	
36 TOTAL RECLASSIFICATIONS				167,874	3,612,304	

(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:
140052

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

PREPARED 6/22/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: C
EXPLANATION : RECLASS OF THERAPIES DIRECTOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	28,970	PHYSICAL THERAPY	50	37,247	
2.00	SPEECH PATHOLOGY	52	8,277			0	
TOTAL RECLASSIFICATIONS FOR CODE C			37,247			37,247	

RECLASS CODE: D
EXPLANATION : RECLASS OF SNF NON-CERT EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING FACILITY	35	31,946	SKILLED NURSING FACILITY	34	31,946	
TOTAL RECLASSIFICATIONS FOR CODE D			31,946			31,946	

RECLASS CODE: E
EXPLANATION : RECLASS OF HOME HEALTH SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	16,689	HOME HEALTH AGENCY	71	16,689	
TOTAL RECLASSIFICATIONS FOR CODE E			16,689			16,689	

RECLASS CODE: F
EXPLANATION : RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	331,303	INTEREST EXPENSE	88	771,862	
2.00	OLD CAP REL COSTS-BLDG & FIXT	1.01	135,678			0	
3.00	NEW CAP REL COSTS-BLDG & FIXT	3.02	37,067			0	
4.00	OLD CAP REL COSTS-BLDG & FIXT	1.02	12,427			0	
5.00	OLD CAP REL COSTS-BLDG & FIXT	1.03	1,440			0	
6.00	OLD CAP REL COSTS-MVBLE EQUIP	2	60,292			0	
7.00	NEW CAP REL COSTS-MVBLE EQUIP	4	22,736			0	
8.00	OLD CAP REL COSTS-MVBLE EQUIP	2.01	47,983			0	
9.00	NEW CAP REL COSTS-MVBLE EQUIP	4.02	122,936			0	
TOTAL RECLASSIFICATIONS FOR CODE F			771,862			771,862	

RECLASS CODE: G
EXPLANATION : RECLASS RECREATIONAL THERAPY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SKILLED NURSING FACILITY	34	27,767	OCCUPATIONAL THERAPY	51	47,204	
2.00	SUBPROVIDER	31	19,437			0	
TOTAL RECLASSIFICATIONS FOR CODE G			47,204			47,204	

RECLASS CODE: H
EXPLANATION : RECLASS HHA DIRECTOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HOSPICE	93	16,523	HOME HEALTH AGENCY	71	20,642	
2.00	ADULT DAY CARE	97.01	4,119			0	
TOTAL RECLASSIFICATIONS FOR CODE H			20,642			20,642	

RECLASS CODE: I
EXPLANATION : RECLASS MEDICAL BILLABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,720,728	CENTRAL SERVICES & SUPPLY	15	2,720,728	
TOTAL RECLASSIFICATIONS FOR CODE I			2,720,728			2,720,728	

RECLASS CODE: O
EXPLANATION : RECLASS OF SIGNING BONUSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	9,220	EMPLOYEE BENEFITS	5	25,220	

RECLASSIFICATIONS

PROVIDER NO:
140052

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

PREPARED 6/22/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: 0
EXPLANATION : RECLASS OF SIGNING BONUSES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	INTENSIVE CARE UNIT	6,000			0
3.00	PHYSICAL THERAPY	1,000			0
4.00	OCCUPATIONAL THERAPY	2,000			0
5.00	EMERGENCY	7,000			0
TOTAL RECLASSIFICATIONS FOR CODE 0		25,220			25,220

RECLASS CODE: R
EXPLANATION : RECLASS DIABETES MANAGER

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DIABETES CENTER	18,026	CURATIVE WOUND CENTER	59.05	18,026
TOTAL RECLASSIFICATIONS FOR CODE R		18,026			18,026

RECLASS CODE: S
EXPLANATION : RECLASS PENSION MGMT FEES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	90,614	OTHER ADMINISTRATIVE AND GENER	6.05	90,614
TOTAL RECLASSIFICATIONS FOR CODE S		90,614			90,614

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	802,836					55,455	747,381	
2 LAND IMPROVEMENTS	3,182,344					211,828	2,970,516	
3 BUILDINGS & FIXTURE	29,756,436					317,187	29,439,249	
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT	1,110,512					120,840	989,672	
6 MOVABLE EQUIPMENT	4,276,378					675,096	3,601,282	
7 SUBTOTAL	39,128,506					1,380,406	37,748,100	
8 RECONCILING ITEMS								
9 TOTAL	39,128,506					1,380,406	37,748,100	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	3,252,667					116,831	3,135,836	
2 LAND IMPROVEMENTS	2,623,519	3,872,565			3,872,565	528,238	5,967,846	
3 BUILDINGS & FIXTURE	24,701,473	664,583			664,583	4,896,807	20,469,249	
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT	5,424,606	259,323			259,323	254,001	5,429,928	
6 MOVABLE EQUIPMENT	24,422,245	1,170,233			1,170,233	1,607,540	23,984,938	
7 SUBTOTAL	60,424,510	5,966,704			5,966,704	7,403,417	58,987,797	
8 RECONCILING ITEMS								
9 TOTAL	60,424,510	5,966,704			5,966,704	7,403,417	58,987,797	

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-982,858			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	770,659			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	A	-410,796	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	A	-10,480	CENTRAL SERVICES & SUPPLY	15	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	A	-4,478	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,443	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
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			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES	A	58,275	OLD CAP REL COSTS-BLDG &	1	9
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES	A	38,567	NEW CAP REL COSTS-BLDG &	3	9
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 OTHER REVENUE	B	-33,470	OTHER ADMINISTRATIVE AND	6.05	
37.01 ONCOLOGY	B	-3,000	ONCOLOGY	59.01	
37.02 HOSPICE	B	-54,663	HOSPICE	93	
37.03 NUTRITION	A	-73,281	DIETARY	11	
37.04 PATIENT ACCOUNTS	B	-75	CASHIERING/ACCOUNTS RECEI	6.04	
37.05 ACCOUNTING	B	-20	OTHER ADMINISTRATIVE AND	6.05	
37.06 INFORMATION SERVICES	B	-4,330	OTHER ADMINISTRATIVE AND	6.05	
37.07 PHYSICIAN LIAISON	B	-93,142	OTHER ADMINISTRATIVE AND	6.05	
37.08 EMPLOYEE BENEFITS	B	-19,338	EMPLOYEE BENEFITS	5	
37.09 ADMINISTRATION	B	-51,135	OTHER ADMINISTRATIVE AND	6.05	
37.10 MATERIALS MANAGEMENT	B	-17,749	CENTRAL SERVICES & SUPPLY	15	
37.11 CHAPLAINCY SERVICES	B	-300	OTHER ADMINISTRATIVE AND	6.05	
37.12 ADVERTISING	A	-190,558	OTHER ADMINISTRATIVE AND	6.05	
37.13 SAINT CLARE'S ACQUISITION	A	-3,418	OLD CAP REL COSTS-BLDG &	1.01	9
37.14 ENTERTAINMENT ADJUSTMENT	A	-82,051	OTHER ADMINISTRATIVE AND	6.05	
37.15 NON-PATIENT RELATED CATERING	A	-211,747	DIETARY	11	
37.16 LIFING DIFFERENCES 1990, 1991	A	7,059	OLD CAP REL COSTS-BLDG &	1.01	9
37.17 LIFING DIFFERENCES 1990, 1991	A	16,992	OLD CAP REL COSTS-BLDG &	1.02	9
37.18 LIFING DIFFERENCES 1990, 1991	A	-1,500	NEW CAP REL COSTS-BLDG &	3.01	9
37.19 LIFING DIFFERENCES 1990, 1991	A	109	NEW CAP REL COSTS-BLDG &	3.02	9
37.20 LOBBYING EXPENSE	A	-15,388	OTHER ADMINISTRATIVE AND	6.05	
37.21 DPA PROVIDER TAX	A	26,049	OTHER ADMINISTRATIVE AND	6.05	
37.22 DIABETES CENTER MARKETING EXPENSE	A	-1,631	OTHER ADMINISTRATIVE AND	6.05	
38 SUPPORT FEE	B	-300,000	OTHER ADMINISTRATIVE AND	6.05	
39 EQUIPMENT SALES	B	-6,405	OLD CAP REL COSTS-MVBLE E	2	9
40 A/P DISCOUNTS	A	-18,151	CENTRAL SERVICES & SUPPLY	15	
41 NEWSPAPER	A	16,054	OTHER ADMINISTRATIVE AND	6.05	
42 INVESTMENT IMPAIRMENT	A	382,865	OTHER ADMINISTRATIVE AND	6.05	
43 INSERVICE EDUCATION	B	-1,690	NURSING ADMINISTRATION	14	
44 II WEST	B	-200	ADULTS & PEDIATRICS	25	
45 ICU	B	-1,220	INTENSIVE CARE UNIT	26	
46 EXTENDED CARE	B	-1,113	SKILLED NURSING FACILITY	34	
47 EMERGENCY	B	-2,295	EMERGENCY	61	
48 PSYCHOLOGICAL SERVICES	B	-97	PSYCHIATRY/PSYCHOLOGICAL	59.03	
49 SOCIAL WORK	B	-525	SOCIAL SERVICE	18	
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,281,918			

(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	5	EMPLOYEE BENEFITS	HEALTH INSURANCE SISTERS	47,116	47,116	
2	5	EMPLOYEE BENEFITS	PENSION SISTERS	65,585	65,585	
3	6 5	OTHER ADMINISTRATIVE AND	SALARIES SISTERS	548,413	548,413	
4	6 5	OTHER ADMINISTRATIVE AND	MGMT SALARIES	252,977		252,977
4.01	1 3	OLD CAP REL COSTS-BLDG &	DEPR BUILDING OLD	11,007		11,007 9
4.02	3 4	NEW CAP REL COSTS-BLDG &	DEPR BUILDING NEW	77,393		77,393 9
4.03	4 1	NEW CAP REL COSTS-MVBLE E	DEPR MME NEW	9,129		9,129 9
4.04	6 5	OTHER ADMINISTRATIVE AND	MGMT OTHER EXPENSE	273,813		273,813
4.05	6 5	OTHER ADMINISTRATIVE AND	MGMT SALARIES	32,000		32,000
4.06	6 5	OTHER ADMINISTRATIVE AND	MGMT OTHER EXPENSE	114,340		114,340
5		TOTALS		1,431,773	661,114	770,659

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	G	SISTERS OF ST. FRANCIS	100.00	SISTERS OF ST. FRANCIS	100.00	NON-PROFIT
2	G	ST ANTHONY'S HEALTH SYSTE	100.00	SISTERS OF ST. FRANCIS	100.00	NON-PROFIT
3	B	ST ANTHONY'S HEALTH FOUND	100.00	ST ANTHONY'S HEALTH SYSTE	100.00	NON-PROFIT
4	C	ST ANTHONY'S PHO	100.00	ST ANTHONY'S HEALTH SYSTE	100.00	FOR PROFIT
5	B	COMPAS NETWORK	100.00	ST ANTHONY'S HEALTH SYSTE	100.00	NON-PROFIT
5.01	B	SAINT ANTHONY'S LLC	100.00	ST ANTHONY'S HEALTH CENTE	100.00	NON-PROFIT

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0052
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED: 6/22/2010
 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 25	ADULTS & Peds	240,000	240,000		171,400			
2 26	ICU	346,646	346,646		171,400			
3 34	EXTENDED CARE	12,000		12,000	171,400	60	4,944	247
4 40	ANESTHESIA	284,077	284,077		200,300			
5 41	RADIOLOGY	5,989	5,989		231,100			
6 53	ELECTROCARDIOLOGY	35,158	35,158		171,400			
7 54	ELECTROENCEPHALOGRAPHY	27,500	27,500		171,400			
8 59	1 ONCOLOGY	15,250		15,250	171,400	122	10,053	503
9 61	EMERGENCY	31,235	31,235		171,400			
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	997,855	970,605	27,250		182	14,997	750

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0052
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED: 6/22/2010
 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 25	ADULTS & Peds							240,000
2 26	ICU							346,646
3 34	EXTENDED CARE					4,944	7,056	7,056
4 40	ANESTHESIA							284,077
5 41	RADIOLOGY							5,989
6 53	ELECTROCARDIOLOGY							35,158
7 54	ELECTROENCEPHALOGRAPHY							27,500
8 59	1 ONCOLOGY					10,053	5,197	5,197
9 61	EMERGENCY			13,103				31,235
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL			13,103		14,997	12,253	982,858

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0052
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/22/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT	2	SQUARE FEET	ENTERED
1.02	OLD CAP REL COSTS-BLDG & FIXT	4	SQUARE FEET	ENTERED
1.03	OLD CAP REL COSTS-BLDG & FIXT	5	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	6	SQUARE FEET	ENTERED
2.01	OLD CAP REL COSTS-MVBLE EQUIP	7	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE FEET	ENTERED
3.02	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.03	NEW CAP REL COSTS-BLDG & FIXT	4	SQUARE FEET	ENTERED
3.04	NEW CAP REL COSTS-BLDG & FIXT	5	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	6	SQUARE FEET	ENTERED
4.01	NEW CAP REL COSTS-MVBLE EQUIP	7	SQUARE FEET	ENTERED
4.02	NEW CAP REL COSTS-MVBLE EQUIP	8	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	9	ADJUSTED SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	10	NO OF LINES	ENTERED
6.02	PURCHASING, RECEIVING AND STORES	15	COSTED REQUIS.	ENTERED
6.03	ADMITTING	11	TOTAL REVENUE	ENTERED
6.04	CASHIERING/ACCOUNTS RECEIVABLE	20	TOTAL REVENUE	ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	12	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	19	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	22	TIME SPENT	ENTERED
11	DIETARY	13	PATIENT MEALS	ENTERED
12	CAFETERIA	21	FTE'S	ENTERED
14	NURSING ADMINISTRATION	14	DIRECT NURSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	18	PURCHASE REQUIS.	ENTERED
16	PHARMACY	23	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	OLD CAP REL C OSTS-MVBLE E			
	0	1	1.01	1.02	1.03	2	2.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &	523,520	523,520					
001 02 OLD CAP REL COSTS-BLDG &	276,327		276,327				
001 03 OLD CAP REL COSTS-BLDG &	69,451			69,451			
002 01 OLD CAP REL COSTS-MVBLE E	13,810				13,810		
002 02 OLD CAP REL COSTS-MVBLE E	64,272					64,272	
002 03 OLD CAP REL COSTS-MVBLE E	50,685						50,685
003 01 NEW CAP REL COSTS-BLDG &	1,162,103						
003 02 NEW CAP REL COSTS-BLDG &	227,557						
003 03 NEW CAP REL COSTS-BLDG &	93,085						
003 04 NEW CAP REL COSTS-BLDG &	163,386						
004 01 NEW CAP REL COSTS-MVBLE E	82,104						
004 02 NEW CAP REL COSTS-MVBLE E	1,034,375						
004 03 NEW CAP REL COSTS-MVBLE E	562,577						
004 04 NEW CAP REL COSTS-MVBLE E	127,819						
005 EMPLOYEE BENEFITS	9,384,145	3,718	330		308	424	291
006 01 NONPATIENT TELEPHONES	488,044	1,243	250			152	40
006 02 PURCHASING, RECEIVING AND	326,867	11,198	574			1,357	93
006 03 ADMINITTING	732,406	3,256				398	
006 04 CASHIERING/ACCOUNTS RECEI	2,257,595	2,265			728	277	561
006 05 OTHER ADMINISTRATIVE AND	15,586,476	56,558	31,877	318	2,225	6,989	6,858
008 OPERATION OF PLANT	4,725,507	44,938	13,066	508	1,901	5,578	3,574
009 LAUNDRY & LINEN SERVICE	354,314	3,388	1,388			415	224
010 HOUSEKEEPING	1,143,132	14,524	5,277	600		1,855	851
011 DIETARY	487,636	18,525	2,183		44	2,267	386
012 CAFETERIA	966,586	9,024	3,027			1,104	488
014 NURSING ADMINISTRATION	858,270	2,908	1,233	199		382	199
015 CENTRAL SERVICES & SUPPLY	2,362,858	12,713	6,787			1,556	1,095
016 PHARMACY	4,527,450	4,642	1,568			568	257
017 MEDICAL RECORDS & LIBRARY	925,310	6,253	480			765	77
018 SOCIAL SERVICE	582,705	1,331	1,804			163	291
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,474,146	102,674		17		12,444	
026 INTENSIVE CARE UNIT	1,007,511	33,614				4,113	
031 SUBPROVIDER	1,441,081		11,622				1,875
033 NURSERY	127,469	2,804				343	
034 SKILLED NURSING FACILITY	891,185		5,443				878
035 NURSING FACILITY	31,946		1,438				232
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,788,894	55,222	30,417			6,757	4,907
038 RECOVERY ROOM	296,238	2,194	1,396			268	225
039 DELIVERY ROOM & LABOR ROO	1,069,722	29,409				3,599	
040 ANESTHESIOLOGY	111,672	221	261			27	42
041 RADIOLOGY-DIAGNOSTIC	3,447,330	24,170	18,448			2,957	2,976
044 LABORATORY	3,205,373	22,128	5,754			2,708	928
046 WHOLE BLOOD & PACKED RED	663,869	144	522			18	84
049 RESPIRATORY THERAPY	674,770	4,819	1,221			590	197
050 PHYSICAL THERAPY	1,009,914	1,075	5,824		1,150	256	1,826
051 OCCUPATIONAL THERAPY	500,352	480	9,529			59	1,537
052 SPEECH PATHOLOGY	125,813				76		59
053 ELECTROCARDIOLOGY	674,811	15,250	1,050			1,866	169
054 ELECTROENCEPHALOGRAPHY	136,941	1,258	650			154	105
055 MEDICAL SUPPLIES CHARGED	2,720,728						
056 DRUGS CHARGED TO PATIENTS							
059 THERAPEUTIC ACTIVITIES							
059 01 ONCOLOGY	187,498				876		676
059 02 DIABETES CENTER	70,811		1,435				232
059 03 PSYCHIATRIC/PSYCHOLOGICAL	370,544				607		468
059 04 COMPREHENSIVE REHAB O/P	227,195						
059 05 CURATIVE WOUND CENTER	421,737		5,256				848
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	2,783,456	29,212	7,446			3,574	1,201
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	77,911						
071 HOME HEALTH AGENCY	1,698,755		5,557				896
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	1,171,614		457				74
095 SUBTOTALS	80,569,658	521,158	183,570	1,642	7,915	63,983	35,720
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	383	2,017				247	
097 RESEARCH							
097 01 ADULT DAY CARE	137,696		6,515				1,051
098 PHYSICIANS' PRIVATE OFFIC	463,333			67,809	5,895		
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM							
099 02 RETAIL PHARMACY							
099 03 LIFELINE							
099 04 DME	1,148,931						
099 05 PRIVATE CARE SERVICES	136						
099 06 EMS	58,545	345				42	
099 07 SURGERY MM	172						
099 08 SAINT CLARE'S VILLA	610,978		86,242				13,914
100 OTHER NONREIMBURSABLE COS	8,543						

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-BLDG & 1.02	OLD CAP REL C OSTS-BLDG & 1.03	OLD CAP REL C OSTS-MVBLE E 2	OLD CAP REL C OSTS-MVBLE E 2.01
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	82,998,375	523,520	276,327	69,451	13,810	64,272	50,685

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & 3	OSTS-BLDG & 3.01	OSTS-BLDG & 3.02	OSTS-BLDG & 3.03	OSTS-BLDG & 3.04	OSTS-MVBLE E 4	OSTS-MVBLE E 4.01
GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 01 OLD CAP REL COSTS-MVBLE E							
002 02 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &	1,162,103						
003 02 NEW CAP REL COSTS-BLDG &		227,557					
003 03 NEW CAP REL COSTS-BLDG &			93,085				
003 04 NEW CAP REL COSTS-BLDG &				163,386			
004 01 NEW CAP REL COSTS-MVBLE E					82,104		
004 02 NEW CAP REL COSTS-MVBLE E						1,034,375	
004 01 NEW CAP REL COSTS-MVBLE E							562,577
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	8,253	272			1,830	6,829	3,226
006 01 NONPATIENT TELEPHONES	2,759	206				2,448	449
006 02 PURCHASING, RECEIVING AND	24,857	473				21,842	1,028
006 03 ADMINITTING	7,227		1,285			6,411	
006 04 CASHIERING/ACCOUNTS RECEI	5,027				4,327	4,460	6,230
006 05 OTHER ADMINISTRATIVE AND	125,547	26,251		747	13,231	112,478	76,126
008 OPERATION OF PLANT	99,752	10,760	17,260	1,196	11,301	89,769	39,666
009 LAUNDRY & LINEN SERVICE	7,521	1,143				6,672	2,486
010 HOUSEKEEPING	32,241	4,346	1,512	1,411		29,860	9,449
011 DIETARY	41,122	1,797			260	36,481	4,282
012 CAFETERIA	20,031	2,493				17,770	5,420
014 NURSING ADMINISTRATION	6,456	1,015		469		6,145	2,208
015 CENTRAL SERVICES & SUPPLY	28,220	5,589				25,035	12,152
016 PHARMACY	10,305	1,291				9,142	2,855
017 MEDICAL RECORDS & LIBRARY	13,879	395				12,313	860
018 SOCIAL SERVICE	2,956	1,486				2,622	3,231
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	227,913			39		200,289	
026 INTENSIVE CARE UNIT	74,615					66,193	
031 SUBPROVIDER		9,571					20,810
033 NURSERY	6,225					5,523	
034 SKILLED NURSING FACILITY		4,482					9,746
035 01 NURSING FACILITY		1,184					2,574
035 01 ICF/MR							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	122,581	25,048	2,266			108,745	54,463
038 RECOVERY ROOM	4,870	1,150				4,321	2,500
039 DELIVERY ROOM & LABOR ROO	65,282					57,913	
040 ANESTHESIOLOGY	491	215				436	467
041 RADIOLOGY-DIAGNOSTIC	53,651	15,192	21,083			47,596	33,032
044 LABORATORY	49,120	4,738				43,576	10,302
046 WHOLE BLOOD & PACKED RED	319	430				283	934
049 RESPIRATORY THERAPY	10,698	1,006				9,490	2,187
050 PHYSICAL THERAPY	2,386	4,796			6,834	4,116	20,268
051 OCCUPATIONAL THERAPY	1,065	7,847				945	17,063
052 SPEECH PATHOLOGY					454		654
053 ELECTROCARDIOLOGY	33,851	865				30,030	1,881
054 ELECTROENCEPHALOGRAPHY	2,794	535				2,478	1,163
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 THERAPEUTIC ACTIVITIES							
059 01 ONCOLOGY					5,210		7,501
059 02 DIABETES CENTER		1,182	2,291				2,570
059 03 PSYCHIATRIC/PSYCHOLOGICAL					3,609		5,195
059 04 COMPREHENSIVE REHAB O/P							
059 05 CURATIVE WOUND CENTER		4,329					9,412
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	64,845	6,132				57,513	13,332
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY		4,576					9,949
SPEC PURPOSE COST CENTERS							
093 HOSPICE		376					818
095 SUBTOTALS	1,156,859	151,171	45,697	3,862	47,056	1,029,724	396,489
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	4,478					3,972	
097 RESEARCH							
097 01 ADULT DAY CARE		5,366					11,666
098 PHYSICIANS' PRIVATE OFFIC			37,005	159,524	35,048		
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM							
099 02 RETAIL PHARMACY							
099 03 LI FELINE							
099 04 DME							
099 05 PRIVATE CARE SERVICES							
099 06 EMS	766					679	
099 07 SURGERY MM			10,383				
099 08 SAINT CLARE'S VILLA		71,020					154,422
100 OTHER NONREIMBURSABLE COS							

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & 3	OSTS-BLDG & 3.01	OSTS-BLDG & 3.02	OSTS-BLDG & 3.03	OSTS-BLDG & 3.04	OSTS-MVBLE E 4	OSTS-MVBLE E 4.01
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	1,162,103	227,557	93,085	163,386	82,104	1,034,375	562,577

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	ADMINITTING	CASHIERING/ACCOUNTS RECEI	SUBTOTAL
	4.02	5	6.01	6.02	6.03	6.04	6a.04
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
002 01 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E	127,819						
005 EMPLOYEE BENEFITS		9,409,626					
006 01 NONPATIENT TELEPHONES		68,885	564,476				
006 02 PURCHASING, RECEIVING AND		64,773	4,955	458,017			
006 03 ADMINITTING	2,930	172,796	14,510	5,415	946,634		
006 04 CASHIERING/ACCOUNTS RECEI		14,210	12,741	1,455		2,309,876	
006 05 OTHER ADMINISTRATIVE AND		1,184,646	83,872	54,811			17,369,010
008 OPERATION OF PLANT	39,339	368,689	23,004	27,333			5,523,141
009 LAUNDRY & LINEN SERVICE			708	3,083			381,342
010 HOUSEKEEPING	3,445	223,460	2,477	19,038			1,493,478
011 DIETARY		204,002	6,370				805,355
012 CAFETERIA		107,341	6,724	9,235			1,149,243
014 NURSING ADMINISTRATION		229,000	5,662	1,411			1,115,557
015 CENTRAL SERVICES & SUPPLY		81,022	3,185	8,888			2,549,100
016 PHARMACY		244,980	7,432	4,935			4,815,425
017 MEDICAL RECORDS & LIBRARY		210,092	14,510	2,171			1,187,105
018 SOCIAL SERVICE		153,019	6,016	181			755,805
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		909,606	42,468	27,988	25,748	62,073	5,085,405
026 INTENSIVE CARE UNIT		257,062	5,309	6,249	13,809	33,290	1,501,765
031 SUBPROVIDER		257,925	4,247	4,029	2,907	20,240	1,774,307
033 NURSERY		23,498	1,062	1,273	1,835	4,427	174,459
034 SKILLED NURSING FACILITY		237,726	3,893	3,736	2,973	20,698	1,180,760
035 NURSING FACILITY		8,370		151	109	761	46,765
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,165	427,317	28,666	8,287	74,844	180,434	2,924,013
038 RECOVERY ROOM		79,379	1,416	1,128	17,311	41,733	454,129
039 DELIVERY ROOM & LABOR ROO		284,163	12,387	7,102	11,663	28,118	1,569,358
040 ANESTHESIOLOGY		1,770	14,683	7,010		16,899	154,194
041 RADIOLOGY-DIAGNOSTIC	48,052	590,441	60,164	79,831	230,047	555,073	5,230,043
044 LABORATORY		527,578	19,819	14,608	93,647	225,763	4,226,042
046 WHOLE BLOOD & PACKED RED			708		4,684	11,293	683,288
049 RESPIRATORY THERAPY		128,761	3,539	7,962	26,741	64,468	936,449
050 PHYSICAL THERAPY		273,189	6,016	1,621	42,503	102,466	1,484,240
051 OCCUPATIONAL THERAPY		137,196	5,309	456	24,154	58,229	764,221
052 SPEECH PATHOLOGY		34,287	354	244	4,553	10,977	177,471
053 ELECTROCARDIOLOGY		155,433	10,617	5,871	63,586	153,293	1,148,573
054 ELECTROENCEPHALOGRAPHY		33,777	2,123	1,742	11,599	27,963	223,282
055 MEDICAL SUPPLIES CHARGED					55,157	132,971	2,908,856
056 DRUGS CHARGED TO PATIENTS					82,894	199,839	282,733
059 THERAPEUTIC ACTIVITIES							
059 01 ONCOLOGY		46,446	1,416	1,929	4,038	9,734	265,324
059 02 DIABETES CENTER	5,223	19,085	1,416	243	467	1,126	106,081
059 03 PSYCHIATRIC/PSYCHOLOGICAL		101,070	2,477	654	4,250	10,247	499,121
059 04 COMPREHENSIVE REHAB O/P		42,199	1,062	4,498	5,356	12,912	293,222
059 05 CURATIVE WOUND CENTER		73,401	3,893	12,867	6,933	16,714	555,390
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		549,252	30,436	30,240	104,050	250,841	3,931,530
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					295	710	78,916
071 HOME HEALTH AGENCY		427,796	28,666	5,469	15,357	37,022	2,234,043
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		115,788	2,477	2,067	7,383	17,800	1,318,854
095 SUBTOTALS	104,154	9,067,660	473,876	382,884	945,903	2,308,114	79,357,395
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			1,416	60			12,573
097 RESEARCH							
097 01 ADULT DAY CARE		34,273	2,123	339	731	1,762	201,522
098 PHYSICIANS' PRIVATE OFFIC			65,472				834,086
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM			708				708
099 02 RETAIL PHARMACY			1,062				1,062
099 03 LI FELINE			354				354
099 04 DME		122,887		73,643			1,345,461
099 05 PRIVATE CARE SERVICES			2,831				2,967
099 06 EMS		13,516	1,416	944			76,253
099 07 SURGERY MM	23,665		3,185	26			37,431
099 08 SAINT CLARE'S VILLA		171,290	12,033				1,119,899
100 OTHER NONREIMBURSABLE COS				121			8,664

COST CENTER DESCRIPTION	NEW CAP OSTS-MVBLE	REL C E	EMPLOYEE FIT S	BENE	NONPATIENT LEPHONES	TE	PURCHASING, ECEIVING AND	R ADM ITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	
NONREIMBURS COST CENTERS	4.02		5		6.01		6.02		6.04	6a.04	
101 CROSS FOOT ADJUSTMENT											
102 NEGATIVE COST CENTER											
103 TOTAL	127,819		9,409,626		564,476		458,017		946,634	2,309,876	82,998,375

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND OPERATIONAL PLANT		LAUNDRY & LINEN SERVICE		DIETARY		CAFETERIA		NURSING ADMINISTRATION	
	6.05	8	9	10	11	12	14			
GENERAL SERVICE COST CNTR										
001 OLD CAP REL COSTS-BLDG &										
001 01 OLD CAP REL COSTS-BLDG &										
001 02 OLD CAP REL COSTS-BLDG &										
001 03 OLD CAP REL COSTS-BLDG &										
002 OLD CAP REL COSTS-MVBLE E										
002 01 OLD CAP REL COSTS-MVBLE E										
003 NEW CAP REL COSTS-BLDG &										
003 01 NEW CAP REL COSTS-BLDG &										
003 02 NEW CAP REL COSTS-BLDG &										
003 03 NEW CAP REL COSTS-BLDG &										
003 04 NEW CAP REL COSTS-BLDG &										
004 NEW CAP REL COSTS-MVBLE E										
004 01 NEW CAP REL COSTS-MVBLE E										
004 02 NEW CAP REL COSTS-MVBLE E										
005 EMPLOYEE BENEFITS										
006 01 NONPATIENT TELEPHONES										
006 02 PURCHASING, RECEIVING AND										
006 03 ADMITTING										
006 04 CASHIERING/ACCOUNTS RECEI										
006 05 OTHER ADMINISTRATIVE AND	17,369,010									
008 OPERATION OF PLANT	1,461,717	6,984,858								
009 LAUNDRY & LINEN SERVICE	100,923	40,153	522,418							
010 HOUSEKEEPING	395,253	177,810		2,066,541						
011 DIETARY	213,140	155,429		2,073	1,175,997					
012 CAFETERIA	304,151	101,465		35,026		1,589,885				
014 NURSING ADMINISTRATION	295,236	36,441		3,628		30,819		1,481,681		
015 CENTRAL SERVICES & SUPPLY	674,627	169,365	340	6,516		40,387				
016 PHARMACY	1,274,417	51,366		13,699		36,996				
017 MEDICAL RECORDS & LIBRARY	314,171	49,418		36,211		68,150				
018 SOCIAL SERVICE	200,026	30,702		3,703		35,284				
INPAT ROUTINE SRVC CNTRS										
025 ADULTS & PEDIATRICS	1,345,868	718,140	146,940	486,961	501,203	214,857		382,467		
026 INTENSIVE CARE UNIT	397,447	235,070	20,731	64,424	54,968	50,458		85,078		
031 SUBPROVIDER	469,576	137,781	42,716	125,294	193,991	68,352		122,258		
033 NURSERY	46,171	19,612	8,457	14,366		6,513		13,366		
034 SKILLED NURSING FACILITY	312,492	64,529	60,833	69,475	261,438	73,656		138,175		
035 NURSING FACILITY	12,376	17,045	2,214	18,350	9,517	2,619		5,026		
035 01 ICF/MR										
ANCILLARY SRVC COST CNTRS										
037 OPERATING ROOM	773,849	760,582	75,128	252,398		83,291		129,319		
038 RECOVERY ROOM	120,187	31,893		10,779		14,201		28,838		
039 DELIVERY ROOM & LABOR ROO	415,335	205,667	25,929	84,122	95,287	52,976		108,846		
040 ANESTHESIOLOGY	40,808	4,640								
041 RADIOLOGY-DIAGNOSTIC	1,384,147	516,092	24,942	133,884		137,073		5,149		
044 LABORATORY	1,118,435	222,959		35,248		132,608				
046 WHOLE BLOOD & PACKED RED	180,834	7,192								
049 RESPIRATORY THERAPY	247,834	48,180				33,437		4		
050 PHYSICAL THERAPY	392,809	141,710	8,323	18,439		59,187				
051 OCCUPATIONAL THERAPY	202,253	116,328		14,144		31,960		13		
052 SPEECH PATHOLOGY	46,968	4,331				7,084				
053 ELECTROCARDIOLOGY	303,973	119,097	27,384	1,777		32,262		29,800		
054 ELECTROENCEPHALOGRAPHY	59,092	16,503		1,777		8,393				
055 MEDICAL SUPPLIES CHARGED	769,837									
056 DRUGS CHARGED TO PATIENTS	74,826									
059 THERAPEUTIC ACTIVITIES			3,827							
059 01 ONCOLOGY	70,219	49,665	1,389	18,356		8,594		17,872		
059 02 DIABETES CENTER	28,075	30,965		12,811		3,626		4,612		
059 03 PSYCHIATRIC/PSYCHOLOGICAL	132,094	34,399		12,713		22,829				
059 04 COMPREHENSIVE REHAB O/P	77,602					9,904		7,527		
059 05 CURATIVE WOUND CENTER	146,986	62,317		22,808		15,678		18,037		
061 OUTPAT SERVICE COST CNTRS										
062 EMERGENCY	1,040,491	292,561	68,029	156,840	1,354	124,081		179,769		
063 OBSERVATION BEDS (NON-DIS										
OTHER OUTPATIENT SERVICE										
OTHER REIMBURS COST CNTRS										
065 AMBULANCE SERVICES	20,885									
071 HOME HEALTH AGENCY	591,246	65,875		15,945		84,701		91,557		
SPEC PURPOSE COST CENTERS										
093 HOSPICE	349,039	5,414		1,309		26,555		33,402		
095 SUBTOTALS	16,405,415	4,740,696	517,182	1,673,076	1,117,758	1,516,531		1,401,115		
NONREIMBURS COST CENTERS										
096 GIFT, FLOWER, COFFEE SHOP	3,327	14,106		4,147						
097 RESEARCH										
097 01 ADULT DAY CARE	53,333	77,243		26,806	58,239	12,086		2,401		
098 PHYSICIANS' PRIVATE OFFIC	220,743	1,064,745		362,512						
099 NONPAID WORKERS										
099 01 PARISH NURSE PROGRAM	187									
099 02 RETAIL PHARMACY	281									
099 03 LI FELINE	94									
099 04 DME	356,080									
099 05 PRIVATE CARE SERVICES	785									
099 06 EMS	20,181	2,413	5,236			2,820		2,404		
099 07 SURGERY MM	9,906	63,214								
099 08 SAINT CLARE'S VILLA	296,385	1,022,441				58,448		75,761		
100 OTHER NONREIMBURSABLE COS	2,293									

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6.05	8	9	10	11	12	14
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	17,369,010	6,984,858	522,418	2,066,541	1,175,997	1,589,885	1,481,681

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	15	16	17	18	25		27
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
002 01 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINISTRATION							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	3,440,335						
016 PHARMACY	2,940	6,194,843					
017 MEDICAL RECORDS & LIBRARY			1,655,055				
018 SOCIAL SERVICE				1,025,520			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	91,554		976,592	548,433	10,498,420		10,498,420
026 INTENSIVE CARE UNIT	25,729		85,395	10,942	2,532,007		2,532,007
031 SUBPROVIDER	13,731		68,786	139,187	3,155,979		3,155,979
033 NURSERY	4,998				287,942		287,942
034 SKILLED NURSING FACILITY	12,094		38,607	77,878	2,289,937		2,289,937
035 NURSING FACILITY	440		1,406	2,833	118,591		118,591
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	35,407			30,113	5,064,100		5,064,100
038 RECOVERY ROOM	5,642				665,669		665,669
039 DELIVERY ROOM & LABOR ROO	24,256				2,581,776		2,581,776
040 ANESTHESIOLOGY	69,413				269,055		269,055
041 RADIOLOGY-DIAGNOSTIC	341,833			112,400	7,885,563		7,885,563
044 LABORATORY	60,998				5,796,290		5,796,290
046 WHOLE BLOOD & PACKED RED	105				871,419		871,419
049 RESPIRATORY THERAPY	22,729				1,288,633		1,288,633
050 PHYSICAL THERAPY	3,867				2,108,575		2,108,575
051 OCCUPATIONAL THERAPY	568				1,129,487		1,129,487
052 SPEECH PATHOLOGY	1,024				236,878		236,878
053 ELECTROCARDIOLOGY	22,754				1,685,620		1,685,620
054 ELECTROENCEPHALOGRAPHY	1,137				310,184		310,184
055 MEDICAL SUPPLIES CHARGED	2,133,051				5,811,744		5,811,744
056 DRUGS CHARGED TO PATIENTS		6,194,843			6,552,402		6,552,402
059 THERAPEUTIC ACTIVITIES					3,827		3,827
059 01 ONCOLOGY	7,024				438,443		438,443
059 02 DIABETES CENTER	6				186,176		186,176
059 03 PSYCHIATRIC/PSYCHOLOGICAL	24				701,180		701,180
059 04 COMPREHENSIVE REHAB O/P	21,687				409,942		409,942
059 05 CURATIVE WOUND CENTER	58,885				880,101		880,101
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	102,054		484,269	44,207	6,425,185		6,425,185
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					99,801		99,801
071 HOME HEALTH AGENCY	20,009			59,527	3,162,903		3,162,903
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	3,137				1,737,710		1,737,710
095 SUBTOTALS	3,087,096	6,194,843	1,655,055	1,025,520	75,185,539		75,185,539
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	6				34,159		34,159
097 RESEARCH							
097 01 ADULT DAY CARE	507				432,137		432,137
098 PHYSICIANS' PRIVATE OFFIC					2,482,086		2,482,086
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM					895		895
099 02 RETAIL PHARMACY					1,343		1,343
099 03 LIFELINE					448		448
099 04 DME	352,614				2,054,155		2,054,155
099 05 PRIVATE CARE SERVICES					3,752		3,752
099 06 EMS	112				109,419		109,419
099 07 SURGERY MM					110,551		110,551
099 08 SAINT CLARE'S VILLA					2,572,934		2,572,934
100 OTHER NONREIMBURSABLE COS					10,957		10,957

	COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST STEP- DOWN ADJ 26	TOTAL
101	NONREIMBURS COST CENTERS	15	16	17	18	25		27
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
	TOTAL	3,440,335	6,194,843	1,655,055	1,025,520	82,998,375		82,998,375

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-BLDG & 1.02	OLD CAP REL C OSTS-BLDG & 1.03	OLD CAP REL C OSTS-MVBLE E 2	OLD CAP REL C OSTS-MVBLE E 2.01
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-BLDG &							
001	03 OLD CAP REL COSTS-BLDG &							
002	01 OLD CAP REL COSTS-MVBLE E							
002	02 OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-BLDG &							
003	03 NEW CAP REL COSTS-BLDG &							
003	04 NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
004	01 NEW CAP REL COSTS-MVBLE E							
004	02 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS		3,718	330		308	424	291
006	01 NONPATIENT TELEPHONES		1,243	250			152	40
006	02 PURCHASING, RECEIVING AND		11,198	574			1,357	93
006	03 ADMINITTING		3,256				398	
006	04 CASHIERING/ACCOUNTS RECEI		2,265			728	277	561
006	05 OTHER ADMINISTRATIVE AND		56,558	31,877	318	2,225	6,989	6,858
008	OPERATION OF PLANT		44,938	13,066	508	1,901	5,578	3,574
009	LAUNDRY & LINEN SERVICE		3,388	1,388			415	224
010	HOUSEKEEPING		14,524	5,277	600		1,855	851
011	DIETARY		18,525	2,183		44	2,267	386
012	CAFETERIA		9,024	3,027			1,104	488
014	NURSING ADMINISTRATION		2,908	1,233	199		382	199
015	CENTRAL SERVICES & SUPPLY		12,713	6,787			1,556	1,095
016	PHARMACY		4,642	1,568			568	257
017	MEDICAL RECORDS & LIBRARY		6,253	480			765	77
018	SOCIAL SERVICE		1,331	1,804			163	291
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS		102,674		17		12,444	
031	INTENSIVE CARE UNIT		33,614				4,113	
033	SUBPROVIDER			11,622				1,875
033	NURSERY		2,804				343	
034	SKILLED NURSING FACILITY			5,443				878
035	NURSING FACILITY			1,438				232
035	01 ICF/MR							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		55,222	30,417			6,757	4,907
038	RECOVERY ROOM		2,194	1,396			268	225
039	DELIVERY ROOM & LABOR ROO		29,409				3,599	
040	ANESTHESIOLOGY		221	261			27	42
041	RADIOLOGY-DIAGNOSTIC		24,170	18,448			2,957	2,976
044	LABORATORY		22,128	5,754			2,708	928
046	WHOLE BLOOD & PACKED RED		144	522			18	84
049	RESPIRATORY THERAPY		4,819	1,221			590	197
050	PHYSICAL THERAPY		1,075	5,824		1,150	256	1,826
051	OCCUPATIONAL THERAPY		480	9,529			59	1,537
052	SPEECH PATHOLOGY					76		59
053	ELECTROCARDIOLOGY		15,250	1,050			1,866	169
054	ELECTROENCEPHALOGRAPHY		1,258	650			154	105
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
059	THERAPEUTIC ACTIVITIES							
059	01 ONCOLOGY					876		676
059	02 DIABETES CENTER			1,435				232
059	03 PSYCHIATRIC/PSYCHOLOGICAL					607		468
059	04 COMPREHENSIVE REHAB O/P							
059	05 CURATIVE WOUND CENTER			5,256				848
061	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY		29,212	7,446			3,574	1,201
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
065	OTHER REIMBURS COST CNTRS							
071	AMBULANCE SERVICES			5,557				896
071	HOME HEALTH AGENCY							
093	SPEC PURPOSE COST CENTERS							
093	HOSPICE			457				74
095	SUBTOTALS		521,158	183,570	1,642	7,915	63,983	35,720
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		2,017				247	
097	RESEARCH							
097	01 ADULT DAY CARE			6,515				1,051
098	PHYSICIANS' PRIVATE OFFIC				67,809	5,895		
099	NONPAID WORKERS							
099	01 PARI SH NURSE PROGRAM							
099	02 RETAIL PHARMACY							
099	03 LI FELINE							
099	04 DME							
099	05 PRIVATE CARE SERVICES							
099	06 EMS		345				42	
099	07 SURGERY MM							
099	08 SAINT CLARE'S VILLA			86,242				13,914
100	OTHER NONREIMBURSABLE COS							

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	OLD CAP REL C OSTS-MVBLE E			
	0	1	1.01	1.02	1.03	2	2.01
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL		523,520	276,327	69,451	13,810	64,272	50,685

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0052
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/22/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-BLDG & 3.02	NEW CAP REL C OSTS-BLDG & 3.03	NEW CAP REL C OSTS-BLDG & 3.04	NEW CAP REL C OSTS-MVBLE E 4	NEW CAP REL C OSTS-MVBLE E 4.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
002 01 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINISTRATION							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS							
031 INTENSIVE CARE UNIT							
033 SUBPROVIDER							
034 NURSERY							
035 SKILLED NURSING FACILITY							
035 01 NURSING FACILITY							
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
044 LABORATORY							
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 THERAPEUTIC ACTIVITIES							
059 01 ONCOLOGY							
059 02 DIABETES CENTER							
059 03 PSYCHIATRIC/PSYCHOLOGICAL							
059 04 COMPREHENSIVE REHAB O/P							
059 05 CURATIVE WOUND CENTER							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS							
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 01 ADULT DAY CARE							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM							
099 02 RETAIL PHARMACY							
099 03 LIFELINE							
099 04 DME							
099 05 PRIVATE CARE SERVICES							
099 06 EMS							
099 07 SURGERY MM							
099 08 SAINT CLARE'S VILLA							
100 OTHER NONREIMBURSABLE COS							

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	ADMINITTING	CASHIERING/ACCOUNTS RECEI
	4.02	4a	5	6.01	6.02	6.03	6.04
GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 01 OLD CAP REL COSTS-MVBLE E							
002 02 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		5,071	5,071				
006 01 NONPATIENT TELEPHONES		1,685	37	1,722			
006 02 PURCHASING, RECEIVING AND		13,222	35	15	13,272		
006 03 ADMINITTING		3,654	93	44	157	3,948	
006 04 CASHIERING/ACCOUNTS RECEI		3,831	8	39	42		3,920
006 05 OTHER ADMINISTRATION AND		104,825	636	259	1,588		
008 OPERATION OF PLANT		69,565	199	70	792		
009 LAUNDRY & LINEN SERVICE		5,415		2	89		
010 HOUSEKEEPING		23,107	121	8	552		
011 DIETARY		23,405	110	19			
012 CAFETERIA		13,643	58	21	268		
014 NURSING ADMINISTRATION		4,921	123	17	41		
015 CENTRAL SERVICES & SUPPLY		22,151	44	10	258		
016 PHARMACY		7,035	132	23	143		
017 MEDICAL RECORDS & LIBRARY		7,575	113	44	63		
018 SOCIAL SERVICE		3,589	83	18	5		
025 INPAT ROUTINE SRVC CNTRS							
025 01 ADULTS & PEDIATRICS		115,135	491	130	811	110	110
026 INTENSIVE CARE UNIT		37,727	139	16	181	59	59
031 SUBPROVIDER		13,497	139	13	117	12	36
033 NURSERY		3,147	13	3	37	8	8
034 SKILLED NURSING FACILITY		6,321	128	12	108	13	37
035 NURSING FACILITY		1,670	5		4		1
035 01 ICF/MR							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		97,303	230	87	240	319	319
038 RECOVERY ROOM		4,083	43	4	33	74	74
039 DELIVERY ROOM & LABOR ROO		33,008	153	38	206	50	50
040 ANESTHESIOLOGY		551		5	425	30	30
041 RADIOLOGY-DIAGNOSTIC		48,551	318	184	2,314	891	814
044 LABORATORY		31,518	285	60	423	400	400
046 WHOLE BLOOD & PACKED RED		768		2		20	20
049 RESPIRATORY THERAPY		6,827	69	11	231	114	114
050 PHYSICAL THERAPY		10,131	147	18	47	181	181
051 OCCUPATIONAL THERAPY		11,605	74	16	13	103	103
052 SPEECH PATHOLOGY		135	18	1	7	19	19
053 ELECTROCARDIOLOGY		18,335	84	32	170	271	271
054 ELECTROENCEPHALOGRAPHY		2,167	18	6	50	49	49
055 MEDICAL SUPPLIES CHARGED						235	235
056 DRUGS CHARGED TO PATIENTS						354	354
059 THERAPEUTIC ACTIVITIES							
059 01 ONCOLOGY		1,552	25	4	56	17	17
059 02 DIABETES CENTER		1,667	10	4	7	2	2
059 03 PSYCHIATRIC/PSYCHOLOGICAL		1,075	55	8	19	18	18
059 04 COMPREHENSIVE REHAB O/P			23	3	130	23	23
059 05 CURATIVE WOUND CENTER		6,104	40	12	373	30	30
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		41,433	296	93	876	444	444
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES						1	1
071 HOME HEALTH AGENCY		6,453	231	87	158	66	66
SPEC PURPOSE COST CENTERS							
093 HOSPICE		531	62	8	60	32	32
095 SUBTOTALS		813,988	4,888	1,446	11,094	3,945	3,917
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		2,264		4	2		
097 RESEARCH							
097 01 ADULT DAY CARE		7,566	18	6	10	3	3
098 PHYSICIANS' PRIVATE OFFIC		73,704		200			
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM				2			
099 02 RETAIL PHARMACY				3			
099 03 LI FELINE				1			
099 04 DME			66		2,134		
099 05 PRIVATE CARE SERVICES				9			
099 06 EMS		387	7	4	27		
099 07 SURGERY MM				10	1		
099 08 SAINT CLARE'S VILLA		100,156	92	37			
100 OTHER NONREIMBURSABLE COS					4		

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES	PURCHASING, R ECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI
	4.02	4a	5	6.01	6.02	6.03	6.04
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL		998,065	5,071	1,722	13,272	3,948	3,920

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0052
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/22/2010
 WORKSHEET B
 PART 11

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6.05	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
002 01 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINITTING							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATION AND	107,308						
008 OPERATION OF PLANT	9,033	79,659					
009 LAUNDRY & LINEN SERVICE	623	458	6,587				
010 HOUSEKEEPING	2,442	2,028		28,258			
011 DIETARY	1,317	1,773		28	26,652		
012 CAFETERIA	1,879	1,157		479		17,505	
014 NURSING ADMINISTRATION	1,824	416		50		339	7,731
015 CENTRAL SERVICES & SUPPLY	4,168	1,932	4	89		445	
016 PHARMACY	7,873	586		187		407	
017 MEDICAL RECORDS & LIBRARY	1,941	564		495		750	
018 SOCIAL SERVICE	1,236	350		51		388	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,315	8,190	1,853	6,660	11,358	2,366	1,996
026 INTENSIVE CARE UNIT	2,455	2,681	261	881	1,246	556	444
031 SUBPROVIDER	2,901	1,571	539	1,713	4,396	753	638
033 NURSERY	285	224	107	196		72	70
034 SKILLED NURSING FACILITY	1,931	736	767	950	5,925	811	721
035 NURSING FACILITY	76	194	28	251	216	29	26
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,781	8,674	947	3,451		917	675
038 RECOVERY ROOM	743	364		147		156	150
039 DELIVERY ROOM & LABOR ROO	2,566	2,346	327	1,150	2,160	583	568
040 ANESTHESIOLOGY	252	53					
041 RADIOLOGY-DIAGNOSTIC	8,551	5,886	314	1,831		1,509	27
044 LABORATORY	6,910	2,543		482		1,460	
046 WHOLE BLOOD & PACKED RED	1,117	82					
049 RESPIRATORY THERAPY	1,531	549				368	
050 PHYSICAL THERAPY	2,427	1,616	105	252		652	
051 OCCUPATIONAL THERAPY	1,250	1,327		193		352	
052 SPEECH PATHOLOGY	290	49				78	
053 ELECTROCARDIOLOGY	1,878	1,358	345	24		355	155
054 ELECTROENCEPHALOGRAPHY	365	188		24		92	
055 MEDICAL SUPPLIES CHARGED	4,756						
056 DRUGS CHARGED TO PATIENTS	462						
059 THERAPEUTIC ACTIVITIES			48				
059 01 ONCOLOGY	434	566	18	251		95	93
059 02 DIABETES CENTER	173	353		175		40	24
059 03 PSYCHIATRIC/PSYCHOLOGICAL	816	392		174		251	
059 04 COMPREHENSIVE REHAB O/P	479					109	39
059 05 CURATIVE WOUND CENTER	908	711		312		173	94
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	6,428	3,337	858	2,145	31	1,366	938
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	129						
071 HOME HEALTH AGENCY	3,653	751		218		933	478
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	2,156	62		18		292	174
095 SUBTOTALS	101,354	54,067	6,521	22,877	25,332	16,697	7,310
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	21	161		57			
097 RESEARCH							
097 01 ADULT DAY CARE	329	881		367	1,320	133	13
098 PHYSICIANS' PRIVATE OFFIC	1,364	12,141		4,957			
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM	1						
099 02 RETAIL PHARMACY	2						
099 03 LIFELINE	1						
099 04 DME	2,200						
099 05 PRIVATE CARE SERVICES	5						
099 06 EMS	125	28	66			31	13
099 07 SURGERY MM	61	721					
099 08 SAINT CLARE'S VILLA	1,831	11,660				644	395
100 OTHER NONREIMBURSABLE COS	14						

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6.05	8	9	10	11	12	14
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	107,308	79,659	6,587	28,258	26,652	17,505	7,731

ALLOCATION OF OLD CAPITAL RELATED COSTS

	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	16	17	18	25	26	27
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
002 01 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINITTING							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	29,101						
016 PHARMACY	25	16,411					
017 MEDICAL RECORDS & LIBRARY			11,545				
018 SOCIAL SERVICE				5,720			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRIS	774		6,812	3,059	168,170		168,170
026 INTENSIVE CARE UNIT	218		596	61	47,580		47,580
031 SUBPROVIDER	116		480	776	27,697		27,697
033 NURSERY	42				4,212		4,212
034 SKILLED NURSING FACILITY	102		269	434	19,265		19,265
035 NURSING FACILITY	4		10	16	2,530		2,530
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	300			168	118,411		118,411
038 RECOVERY ROOM	48				5,919		5,919
039 DELIVERY ROOM & LABOR ROO	205				43,410		43,410
040 ANESTHESIOLOGY	587				1,933		1,933
041 RADIOLOGY-DIAGNOSTIC	2,892			627	74,709		74,709
044 LABORATORY	516				44,997		44,997
046 WHOLE BLOOD & PACKED RED	1				2,010		2,010
049 RESPIRATORY THERAPY	192				10,006		10,006
050 PHYSICAL THERAPY	33				15,790		15,790
051 OCCUPATIONAL THERAPY	5				15,041		15,041
052 SPEECH PATHOLOGY	9				625		625
053 ELECTROCARDIOLOGY	192				23,470		23,470
054 ELECTROENCEPHALOGRAPHY	10				3,018		3,018
055 MEDICAL SUPPLIES CHARGED	18,043				23,269		23,269
056 DRUGS CHARGED TO PATIENTS		16,411			17,581		17,581
059 THERAPEUTIC ACTIVITIES					48		48
059 01 ONCOLOGY	59				3,187		3,187
059 02 DIABETES CENTER					2,457		2,457
059 03 PSYCHIATRIC/PSYCHOLOGICAL					2,826		2,826
059 04 COMPREHENSIVE REHAB O/P	183				1,012		1,012
059 05 CURATIVE WOUND CENTER	498				9,285		9,285
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	863		3,378	247	63,177		63,177
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					131		131
071 HOME HEALTH AGENCY	169			332	13,595		13,595
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	27				3,454		3,454
095 SUBTOTALS	26,113	16,411	11,545	5,720	768,815		768,815
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					2,509		2,509
097 RESEARCH							
097 01 ADULT DAY CARE	4				10,653		10,653
098 PHYSICIANS' PRIVATE OFFIC					92,366		92,366
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM					3		3
099 02 RETAIL PHARMACY					5		5
099 03 LIFELINE					2		2
099 04 DME	2,983				7,383		7,383
099 05 PRIVATE CARE SERVICES					14		14
099 06 EMS	1				689		689
099 07 SURGERY MM					793		793
099 08 SAINT CLARE'S VILLA					114,815		114,815
100 OTHER NONREIMBURSABLE COS					18		18

ALLOCATION OF OLD CAPITAL RELATED COSTS

	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
101 NONREIMBURS COST CENTERS	15	16	17	18	25	26	27
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	29,101	16,411	11,545	5,720	998,065		998,065

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	OLD CAP REL C OSTS-MVBLE E			
	0	1	1.01	1.02	1.03	2	2.01
GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 01 OLD CAP REL COSTS-MVBLE E							
002 02 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	150						
006 01 NONPATIENT TELEPHONES	2,822						
006 02 PURCHASING, RECEIVING AND	197						
006 03 ADMINITTING	260						
006 04 CASHIERING/ACCOUNTS RECEI	269						
006 05 OTHER ADMINISTRATIVE AND	2,053						
008 OPERATION OF PLANT	2,350						
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,513						
011 DIETARY	2,461						
012 CAFETERIA	1,992						
014 NURSING ADMINISTRATION	801						
015 CENTRAL SERVICES & SUPPLY	43,252						
016 PHARMACY	555						
017 MEDICAL RECORDS & LIBRARY	75						
018 SOCIAL SERVICE	691						
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	369						
031 INTENSIVE CARE UNIT	147						
033 SUBPROVIDER	573						
034 NURSERY							
035 SKILLED NURSING FACILITY	228						
035 01 NURSING FACILITY							
037 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	23,128						
038 RECOVERY ROOM	96						
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	2,675						
041 RADIOLOGY-DIAGNOSTIC	19,271						
044 LABORATORY	12,763						
046 WHOLE BLOOD & PACKED RED							
049 RESPIRATORY THERAPY	13,943						
050 PHYSICAL THERAPY	6,386						
051 OCCUPATIONAL THERAPY	831						
052 SPEECH PATHOLOGY	300						
053 ELECTROCARDIOLOGY	499						
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 THERAPEUTIC ACTIVITIES							
059 01 ONCOLOGY	124						
059 02 DIABETES CENTER	101						
059 03 PSYCHIATRIC/PSYCHOLOGICAL	213						
059 04 COMPREHENSIVE REHAB O/P	44,668						
059 05 CURATIVE WOUND CENTER							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	968						
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE	5						
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	1,254						
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	11,251						
095 SUBTOTALS	200,234						
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 01 ADULT DAY CARE	65						
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM							
099 02 RETAIL PHARMACY							
099 03 LIFELINE							
099 04 DME							
099 05 PRIVATE CARE SERVICES							
099 06 EMS							
099 07 SURGERY MM							
099 08 SAINT CLARE'S VILLA							
100 OTHER NONREIMBURSABLE COS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & 3	OSTS-BLDG & 3.01	OSTS-BLDG & 3.02	OSTS-BLDG & 3.03	OSTS-BLDG & 3.04	OSTS-MVBLE E 4	OSTS-MVBLE E 4.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
002 01 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	8,253	272			1,830	6,829	3,226
006 01 NONPATIENT TELEPHONES	2,759	206				2,448	449
006 02 PURCHASING, RECEIVING AND	24,857	473				21,842	1,028
006 03 ADMINITTING	7,227		1,285			6,411	
006 04 CASHIERING/ACCOUNTS RECEI	5,027				4,327	4,460	6,230
006 05 OTHER ADMINISTRATIVE AND	125,547	26,251		747	13,231	112,478	76,126
008 OPERATION OF PLANT	99,752	10,760	17,260	1,196	11,301	89,769	39,666
009 LAUNDRY & LINEN SERVICE	7,521	1,143				6,672	2,486
010 HOUSEKEEPING	32,241	4,346	1,512	1,411		29,860	9,449
011 DIETARY	41,122	1,797			260	36,481	4,282
012 CAFETERIA	20,031	2,493				17,770	5,420
014 NURSING ADMINISTRATION	6,456	1,015		469		6,145	2,208
015 CENTRAL SERVICES & SUPPLY	28,220	5,589				25,035	12,152
016 PHARMACY	10,305	1,291				9,142	2,855
017 MEDICAL RECORDS & LIBRARY	13,879	395				12,313	860
018 SOCIAL SERVICE	2,956	1,486				2,622	3,231
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	227,913			39		200,289	
031 INTENSIVE CARE UNIT	74,615					66,193	
033 SUBPROVIDER		9,571					20,810
034 NURSERY	6,225					5,523	
035 SKILLED NURSING FACILITY		4,482					9,746
035 01 NURSING FACILITY		1,184					2,574
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	122,581	25,048	2,266			108,745	54,463
038 RECOVERY ROOM	4,870	1,150				4,321	2,500
039 DELIVERY ROOM & LABOR ROO	65,282					57,913	
040 ANESTHESIOLOGY	491	215				436	467
041 RADIOLOGY-DIAGNOSTIC	53,651	15,192	21,083			47,596	33,032
044 LABORATORY	49,120	4,738				43,576	10,302
046 WHOLE BLOOD & PACKED RED	319	430				283	934
049 RESPIRATORY THERAPY	10,698	1,006				9,490	2,187
050 PHYSICAL THERAPY	2,386	4,796			6,834	4,116	20,268
051 OCCUPATIONAL THERAPY	1,065	7,847				945	17,063
052 SPEECH PATHOLOGY					454		654
053 ELECTROCARDIOLOGY	33,851	865				30,030	1,881
054 ELECTROENCEPHALOGRAPHY	2,794	535				2,478	1,163
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 THERAPEUTIC ACTIVITIES							
059 01 ONCOLOGY					5,210		7,501
059 02 DIABETES CENTER		1,182	2,291				2,570
059 03 PSYCHIATRIC/PSYCHOLOGICAL					3,609		5,195
059 04 COMPREHENSIVE REHAB O/P							
059 05 CURATIVE WOUND CENTER		4,329					9,412
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	64,845	6,132				57,513	13,332
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY		4,576					9,949
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		376					818
095 SUBTOTALS	1,156,859	151,171	45,697	3,862	47,056	1,029,724	396,489
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	4,478					3,972	
097 RESEARCH							
097 01 ADULT DAY CARE		5,366					11,666
098 PHYSICIANS' PRIVATE OFFIC			37,005	159,524	35,048		
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM							
099 02 RETAIL PHARMACY							
099 03 LIFELINE							
099 04 DME							
099 05 PRIVATE CARE SERVICES							
099 06 EMS	766					679	
099 07 SURGERY MM			10,383				
099 08 SAINT CLARE'S VILLA		71,020					154,422
100 OTHER NONREIMBURSABLE COS							

	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E				
COST CENTER DESCRIPTION	3	3.01	3.02	3.03	3.04	4	4.01
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	1,162,103	227,557	93,085	163,386	82,104	1,034,375	562,577

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0052
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/22/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING/AC COUNTS RECEI
	4.02	4a	5	6.01	6.02	6.03	6.04
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
002 01 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		20,560	20,560				
006 01 NONPATIENT TELEPHONES		8,684	150	8,834			
006 02 PURCHASING, RECEIVING AND		48,397	141	78	48,616		
006 03 ADMINISTRATION	2,930	18,113	377	227	575	19,292	
006 04 CASHIERING/ACCOUNTS RECEI		20,313	31	199	154		20,697
006 05 OTHER ADMINISTRATIVE AND		356,433	2,602	1,311	5,818		
008 OPERATION OF PLANT	39,339	311,393	805	360	2,901		
009 LAUNDRY & LINEN SERVICE		17,822		11	327		
010 HOUSEKEEPING	3,445	84,777	488	39	2,021		
011 DIETARY		86,403	446	100			
012 CAFETERIA		47,706	234	105	980		
014 NURSING ADMINISTRATION		17,094	500	89	150		
015 CENTRAL SERVICES & SUPPLY		114,248	177	50	943		
016 PHARMACY		24,148	535	116	524		
017 MEDICAL RECORDS & LIBRARY		27,522	459	227	230		
018 SOCIAL SERVICE		10,986	334	94	19		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		428,610	1,986	665	2,971	529	559
026 INTENSIVE CARE UNIT		140,955	561	83	663	284	300
031 SUBPROVIDER		30,954	563	66	428	60	182
033 NURSERY		11,748	51	17	135	38	40
034 SKILLED NURSING FACILITY		14,456	519	61	397	61	186
035 NURSING FACILITY		3,758	18		16	2	7
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,165	341,396	933	449	880	1,539	1,626
038 RECOVERY ROOM		12,937	173	22	120	356	376
039 DELIVERY ROOM & LABOR ROO		123,195	621	194	754	240	253
040 ANESTHESIOLOGY		4,284		28	1,559	144	152
041 RADIOLOGY-DIAGNOSTIC	48,052	237,877	1,289	942	8,473	4,559	4,887
044 LABORATORY		120,499	1,152	310	1,551	1,925	2,034
046 WHOLE BLOOD & PACKED RED		1,966		11		96	102
049 RESPIRATORY THERAPY		37,324	281	55	845	550	581
050 PHYSICAL THERAPY		44,786	597	94	172	874	923
051 OCCUPATIONAL THERAPY		27,751	300	83	48	497	525
052 SPEECH PATHOLOGY		1,408	75	6	26	94	99
053 ELECTROCARDIOLOGY		67,126	339	166	623	1,307	1,381
054 ELECTROENCEPHALOGRAPHY		6,970	74	33	185	238	252
055 MEDICAL SUPPLIES CHARGED						1,134	1,198
056 DRUGS CHARGED TO PATIENTS						1,704	1,801
059 THERAPEUTIC ACTIVITIES							
059 01 ONCOLOGY		12,835	101	22	205	83	88
059 02 DIABETES CENTER	5,223	11,367	42	22	26	10	10
059 03 PSYCHIATRIC/PSYCHOLOGICAL		9,017	221	39	69	87	92
059 04 COMPREHENSIVE REHAB O/P		44,668	92	17	477	110	116
059 05 CURATIVE WOUND CENTER		13,741	160	61	1,366	143	151
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		142,790	1,199	476	3,210	2,139	2,260
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE		5					
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES						6	6
071 HOME HEALTH AGENCY		15,779	934	449	581	316	334
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		12,445	253	39	219	152	160
095 SUBTOTALS	104,154	3,135,246	19,813	7,416	40,641	19,277	20,681
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		8,450		22	6		
097 RESEARCH							
097 01 ADULT DAY CARE		17,097	75	33	36	15	16
098 PHYSICIANS' PRIVATE OFFIC		231,577		1,025			
099 NONPAID WORKERS							
099 01 PARI SH NURSE PROGRAM				11			
099 02 RETAIL PHARMACY				17			
099 03 LI FELINE				6			
099 04 DME			268		7,817		
099 05 PRIVATE CARE SERVICES				44			
099 06 EMS		1,445	30	22	100		
099 07 SURGERY MM	23,665	34,048		50	3		
099 08 SAINT CLARE' S VILLA		225,442	374	188			
100 OTHER NONREIMBURSABLE COS					13		

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES	PURCHASING, R ECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI
	4.02	4a	5	6.01	6.02	6.03	6.04
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	127,819	3,653,305	20,560	8,834	48,616	19,292	20,697

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6.05	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
001 03 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
002 01 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
003 03 NEW CAP REL COSTS-BLDG &							
003 04 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINITTING							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATION AND	366,164						
008 OPERATION OF PLANT	30,832	346,291					
009 LAUNDRY & LINEN SERVICE	2,128	1,991	22,279				
010 HOUSEKEEPING	8,332	8,815		104,472			
011 DIETARY	4,493	7,706		105	99,253		
012 CAFETERIA	6,412	5,030		1,771		62,238	
014 NURSING ADMINISTRATION	6,224	1,807		183		1,206	27,253
015 CENTRAL SERVICES & SUPPLY	14,221	8,397	15	329		1,581	
016 PHARMACY	26,865	2,547		693		1,448	
017 MEDICAL RECORDS & LIBRARY	6,623	2,450		1,831		2,668	
018 SOCIAL SERVICE	4,217	1,522		187		1,381	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	28,371	35,603	6,266	24,617	42,302	8,410	7,034
026 INTENSIVE CARE UNIT	8,378	11,654	884	3,257	4,639	1,975	1,565
031 SUBPROVIDER	9,899	6,831	1,822	6,334	16,373	2,676	2,249
033 NURSERY	973	972	361	726		255	246
034 SKILLED NURSING FACILITY	6,587	3,199	2,594	3,512	22,065	2,883	2,542
035 NURSING FACILITY	261	845	94	928	803	103	92
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	16,313	37,708	3,204	12,760		3,261	2,379
038 RECOVERY ROOM	2,534	1,581		545		556	530
039 DELIVERY ROOM & LABOR ROO	8,755	10,196	1,106	4,253	8,042	2,074	2,002
040 ANESTHESIOLOGY		860					
041 RADIOLOGY-DIAGNOSTIC	29,178	25,587	1,064	6,768		5,366	95
044 LABORATORY	23,577	11,054		1,782		5,191	
046 WHOLE BLOOD & PACKED RED		3,812					
049 RESPIRATORY THERAPY	5,224	2,389				1,309	
050 PHYSICAL THERAPY	8,281	7,026	355	932		2,317	
051 OCCUPATIONAL THERAPY	4,264	5,767		715		1,251	
052 SPEECH PATHOLOGY	990	215				277	
053 ELECTROCARDIOLOGY	6,408	5,905	1,168	90		1,263	548
054 ELECTROENCEPHALOGRAPHY	1,246	818		90		329	
055 MEDICAL SUPPLIES CHARGED	16,229						
056 DRUGS CHARGED TO PATIENTS	1,577						
059 THERAPEUTIC ACTIVITIES			163				
059 01 ONCOLOGY	1,480	2,462	59	928		336	329
059 02 DIABETES CENTER	592	1,535		648		142	85
059 03 PSYCHIATRIC/PSYCHOLOGICAL	2,785	1,705		643		894	
059 04 COMPREHENSIVE REHAB O/P	1,636					388	138
059 05 CURATIVE WOUND CENTER	3,099	3,090		1,153		614	332
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	21,934	14,504	2,901	7,929	114	4,857	3,307
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	440						
071 HOME HEALTH AGENCY	12,464	3,266		806		3,316	1,684
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	7,358	268		66		1,040	614
095 SUBTOTALS	345,852	235,032	22,056	84,581	94,338	59,367	25,771
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	70	699		210			
097 RESEARCH							
097 01 ADULT DAY CARE	1,124	3,830		1,355	4,915	473	44
098 PHYSICIANS' PRIVATE OFFIC	4,653	52,786		18,326			
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM	4						
099 02 RETAIL PHARMACY	6						
099 03 LIFELINE	2						
099 04 DME	7,506						
099 05 PRIVATE CARE SERVICES	17						
099 06 EMS	425	120	223			110	44
099 07 SURGERY MM	209	3,134					
099 08 SAINT CLARE'S VILLA	6,248	50,690				2,288	1,394
100 OTHER NONREIMBURSABLE COS	48						

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6.05	8	9	10	11	12	14
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	366,164	346,291	22,279	104,472	99,253	62,238	27,253

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0052
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/22/2010
 WORKSHEET B
 PART III

	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	15	16	17	18	25	26	27
001	GENERAL SERVICE COST CNTR						
001	01 OLD CAP REL COSTS-BLDG &						
001	02 OLD CAP REL COSTS-BLDG &						
001	03 OLD CAP REL COSTS-BLDG &						
002	01 OLD CAP REL COSTS-MVBLE E						
002	02 OLD CAP REL COSTS-MVBLE E						
003	01 NEW CAP REL COSTS-BLDG &						
003	02 NEW CAP REL COSTS-BLDG &						
003	03 NEW CAP REL COSTS-BLDG &						
003	04 NEW CAP REL COSTS-BLDG &						
004	01 NEW CAP REL COSTS-MVBLE E						
004	02 NEW CAP REL COSTS-MVBLE E						
004	03 NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006	01 NONPATIENT TELEPHONES						
006	02 PURCHASING, RECEIVING AND						
006	03 ADMINISTRATION						
006	04 CASHIERING/ACCOUNTS RECEI						
006	05 OTHER ADMINISTRATIVE AND						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY	139,961					
016	PHARMACY	120	56,996				
017	MEDICAL RECORDS & LIBRARY			42,010			
018	SOCIAL SERVICE				18,740		
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	3,725		24,788	10,022	626,458	626,458
026	INTENSIVE CARE UNIT	1,047		2,168	200	178,613	178,613
031	SUBPROVIDER	559		1,746	2,543	83,285	83,285
033	NURSERY	203				15,765	15,765
034	SKILLED NURSING FACILITY	492		980	1,423	61,957	61,957
035	NURSING FACILITY	18		36	52	7,033	7,033
035	01 ICF/MR						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	1,440			550	424,438	424,438
038	RECOVERY ROOM	230				19,960	19,960
039	DELIVERY ROOM & LABOR ROO	987				162,672	162,672
040	ANESTHESIOLOGY	2,824				10,081	10,081
041	RADIOLOGY-DIAGNOSTIC	13,906			2,054	342,045	342,045
044	LABORATORY	2,482				171,557	171,557
046	WHOLE BLOOD & PACKED RED	4				6,348	6,348
049	RESPIRATORY THERAPY	925				49,483	49,483
050	PHYSICAL THERAPY	157				66,514	66,514
051	OCCUPATIONAL THERAPY	23				41,224	41,224
052	SPEECH PATHOLOGY	42				3,232	3,232
053	ELECTROCARDIOLOGY	926				87,250	87,250
054	ELECTROENCEPHALOGRAPHY	46				10,281	10,281
055	MEDICAL SUPPLIES CHARGED	86,775				105,336	105,336
056	DRUGS CHARGED TO PATIENTS		56,996			62,078	62,078
059	THERAPEUTIC ACTIVITIES					163	163
059	01 ONCOLOGY	286				19,214	19,214
059	02 DIABETES CENTER					14,479	14,479
059	03 PSYCHIATRIC/PSYCHOLOGICAL	1				15,553	15,553
059	04 COMPREHENSIVE REHAB O/P	882				48,524	48,524
059	05 CURATIVE WOUND CENTER	2,396				26,306	26,306
061	OUTPAT SERVICE COST CNTRS						
061	EMERGENCY	4,152		12,292	808	224,872	224,872
062	OBSERVATION BEDS (NON-DIS						
063	OTHER OUTPATIENT SERVICE					5	5
063	OTHER REIMBURS COST CNTRS						
065	AMBULANCE SERVICES					452	452
071	HOME HEALTH AGENCY	814			1,088	41,831	41,831
093	SPEC PURPOSE COST CENTERS						
093	HOSPICE	128				22,742	22,742
095	SUBTOTALS	125,590	56,996	42,010	18,740	2,949,751	2,949,751
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP					9,457	9,457
097	RESEARCH						
097	01 ADULT DAY CARE	21				29,034	29,034
098	PHYSICIANS' PRIVATE OFFIC					308,367	308,367
099	NONPAID WORKERS						
099	01 PARISH NURSE PROGRAM					15	15
099	02 RETAIL PHARMACY					23	23
099	03 LIFELINE					8	8
099	04 DME	14,345				29,936	29,936
099	05 PRIVATE CARE SERVICES					61	61
099	06 EMS	5				2,524	2,524
099	07 SURGERY MM					37,444	37,444
099	08 SAINT CLARE'S VILLA					286,624	286,624
100	OTHER NONREIMBURSABLE COS					61	61

	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
101 NONREIMBURS COST CENTERS	15	16	17	18	25	26	27
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	139,961	56,996	42,010	18,740	3,653,305		3,653,305

COST ALLOCATION - STATISTICAL BASIS

14-0052

FROM 1/ 1/2009

WORKSHEET B-1

1

TO 12/31/2009

1

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (SQUARE FEET)
		1	1.01	1.02	1.03	2	2.01
GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD	236,703					
001 01	OLD CAP REL COSTS-BLD		211,801				
001 02	OLD CAP REL COSTS-BLD			33,465			
001 03	OLD CAP REL COSTS-BLD				50,600		
002	OLD CAP REL COSTS-MVB					237,494	
002 01	OLD CAP REL COSTS-MVB						240,822
003	NEW CAP REL COSTS-BLD						
003 01	NEW CAP REL COSTS-BLD						
003 02	NEW CAP REL COSTS-BLD						
003 03	NEW CAP REL COSTS-BLD						
003 04	NEW CAP REL COSTS-BLD						
004	NEW CAP REL COSTS-MVB						
004 01	NEW CAP REL COSTS-MVB						
004 02	NEW CAP REL COSTS-MVB						
005	EMPLOYEE BENEFITS	1,681	253		1,128	1,568	1,381
006 01	NONPATIENT TELEPHONES	562	192			562	192
006 02	PURCHASING, RECEIVING	5,063	440			5,015	440
006 03	ADMINISTRATIVE	1,472				1,472	
006 04	CASHIERING/ACCOUNTS R	1,024			2,667	1,024	2,667
006 05	OTHER ADMINISTRATIVE	25,572	24,433	153	8,154	25,825	32,587
008	OPERATION OF PLANT	20,318	10,015	245	6,965	20,611	16,980
009	LAUNDRY & LINEN SERVI	1,532	1,064			1,532	1,064
010	HOUSEKEEPING	6,567	4,045	289		6,856	4,045
011	DIETARY	8,376	1,673		160	8,376	1,833
012	CAFETERIA	4,080	2,320			4,080	2,320
014	NURSING ADMINISTRATION	1,315	945	96		1,411	945
015	CENTRAL SERVICES & SU	5,748	5,202			5,748	5,202
016	PHARMACY	2,099	1,202			2,099	1,222
017	MEDICAL RECORDS & LIB	2,827	368			2,827	368
018	SOCIAL SERVICE	602	1,383			602	1,383
025	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	46,422		8		45,987	
026	INTENSIVE CARE UNIT	15,198				15,198	
031	SUBPROVIDER		8,908				8,908
033	NURSERY	1,268				1,268	
034	SKILLED NURSING FACIL		4,172				4,172
035	NURSING FACILITY		1,102				1,102
035 01	ICF/MR						
037	ANCILLARY SRVC COST C						
037	OPERATING ROOM	24,968	23,314			24,968	23,314
038	RECOVERY ROOM	992	1,070			992	1,070
039	DELIVERY ROOM & LABOR	13,297				13,297	
040	ANESTHESIOLOGY	100	200			100	200
041	RADIOLOGY-DIAGNOSTIC	10,928	14,140			10,928	14,140
044	LABORATORY	10,005	4,410			10,005	4,410
046	WHOLE BLOOD & PACKED	65	400			65	400
049	RESPIRATORY THERAPY	2,179	936			2,179	936
050	PHYSICAL THERAPY	486	4,464		4,212	945	8,676
051	OCCUPATIONAL THERAPY	217	7,304			217	7,304
052	SPEECH PATHOLOGY				280		280
053	ELECTROCARDIOLOGY	6,895	805			6,895	805
054	ELECTROENCEPHALOGRAPH	569	498			569	498
055	MEDICAL SUPPLIES CHAR						
056	DRUGS CHARGED TO PATI						
059	THERAPEUTIC ACTIVITIES						
059 01	ONCOLOGY				3,211		3,211
059 02	DIABETES CENTER		1,100				1,100
059 03	PSYCHIATRIC/PSYCHOLOG				2,224		2,224
059 04	COMPREHENSIVE REHAB O						
059 05	CURATIVE WOUND CENTER		4,029				4,029
061	OUTPAT SERVICE COST C						
061	EMERGENCY	13,208	5,707			13,205	5,707
062	OBSERVATION BEDS (NON						
063	OTHER OUTPATIENT SERV						
063	OTHER REIMBURS COST C						
065	AMBULANCE SERVICES						
071	HOME HEALTH AGENCY		4,259				4,259
071	SPEC PURPOSE COST CEN						
093	HOSPICE		350				350
095	SUBTOTALS	235,635	140,703	791	29,001	236,426	169,724
096	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE	912				912	
097	RESEARCH						
097 01	ADULT DAY CARE		4,994				4,994
098	PHYSICIANS' PRIVATE O			32,674	21,599		
099	NONPAID WORKERS						
099 01	PARIISH NURSE PROGRAM						
099 02	RETAIL PHARMACY						
099 03	LIFELINE						
099 04	DME						
099 05	PRIVATE CARE SERVICES						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0052
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/22/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C
	OSTS-BLDG & (SQUARE FEET	OSTS-BLDG &) FEET	OSTS-BLDG &) FEET	OSTS-BLDG &) FEET	OSTS-MVBLE E) FEET	OSTS-MVBLE E) FEET
NONREIMBURS COST CENT	1	1.01	1.02	1.03	2	2.01
099 06 EMS	156				156	
099 07 SURGERY MM						
099 08 SAINT CLARE'S VILLA		66,104				66,104
100 OTHER NONREIMBURSABLE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	523,520	276,327	69,451	13,810	64,272	50,685
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	2.211717	1.304654	2.075332	.272925	.270626	.210467
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

14-0052

FROM 1/ 1/2009

WORKSHEET B-1

1

TO 12/31/2009

1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)
GENERAL SERVICE COST	3	3.01	3.02	3.03	3.04	4	4.01
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-BLD							
001 03 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
002 01 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD	236,703						
003 01 NEW CAP REL COSTS-BLD		211,801					
003 02 NEW CAP REL COSTS-BLD			36,641				
003 03 NEW CAP REL COSTS-BLD				33,465			
003 04 NEW CAP REL COSTS-BLD					50,600		
004 NEW CAP REL COSTS-MVB						237,494	
004 01 NEW CAP REL COSTS-MVB							240,822
004 02 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS	1,681	253			1,128	1,568	1,381
006 01 NONPATIENT TELEPHONES	562	192				562	192
006 02 PURCHASING, RECEIVING	5,063	440				5,015	440
006 03 ADMINISTRATION	1,472		506			1,472	
006 04 CASHIERING/ACCOUNTS R	1,024				2,667	1,024	2,667
006 05 OTHER ADMINISTRATION	25,572	24,433		153	8,154	25,825	32,587
008 OPERATION OF PLANT	20,318	10,015	6,794	245	6,965	20,611	16,980
009 LAUNDRY & LINEN SERVICE	1,532	1,064				1,532	1,064
010 HOUSEKEEPING	6,567	4,045	595	289		6,856	4,045
011 DIETARY	8,376	1,673			160	8,376	1,833
012 CAFETERIA	4,080	2,320				4,080	2,320
014 NURSING ADMINISTRATION	1,315	945		96		1,411	945
015 CENTRAL SERVICES & SUPHARMACY	5,748	5,202				5,748	5,202
016 PHARMACY	2,099	1,202				2,099	1,222
017 MEDICAL RECORDS & LIB	2,827	368				2,827	368
018 SOCIAL SERVICE	602	1,383				602	1,383
025 INPATIENT ROUTINE SERVICE ADULTS & PEDIATRICS	46,422			8		45,987	
026 INTENSIVE CARE UNIT	15,198					15,198	
031 SUBPROVIDER		8,908					8,908
033 NURSERY	1,268					1,268	
034 SKILLED NURSING FACILITY		4,172					4,172
035 NURSING FACILITY		1,102					1,102
035 01 ICU/MR							
037 ANCILLARY SERVICE COST OPERATING ROOM	24,968	23,314	892			24,968	23,314
038 RECOVERY ROOM	992	1,070				992	1,070
039 DELIVERY ROOM & LABOR	13,297					13,297	
040 ANESTHESIOLOGY	100	200				100	200
041 RADIOLOGY-DIAGNOSTIC	10,928	14,140	8,299			10,928	14,140
044 LABORATORY	10,005	4,410				10,005	4,410
046 WHOLE BLOOD & PACKED	65	400				65	400
049 RESPIRATORY THERAPY	2,179	936				2,179	936
050 PHYSICAL THERAPY	486	4,464			4,212	945	8,676
051 OCCUPATIONAL THERAPY	217	7,304				217	7,304
052 SPEECH PATHOLOGY					280		280
053 ELECTROCARDIOLOGY	6,895	805				6,895	805
054 ELECTROENCEPHALOGRAPH	569	498				569	498
055 MEDICAL SUPPLIES CHARGED TO PATIENT THERAPEUTIC ACTIVITIES							
059 01 ONCOLOGY					3,211		3,211
059 02 DIABETES CENTER		1,100	902				1,100
059 03 PSYCHIATRIC/PSYCHOLOG					2,224		2,224
059 04 COMPREHENSIVE REHAB							
059 05 CURATIVE WOUND CENTER		4,029					4,029
061 OUTPATIENT SERVICE COST EMERGENCY	13,208	5,707				13,205	5,707
062 OBSERVATION BEDS (NON OTHER OUTPATIENT SERVICE OTHER REIMBURSE COST CENTER)							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTER		4,259					4,259
093 HOSPICE		350					350
095 SUBTOTALS	235,635	140,703	17,988	791	29,001	236,426	169,724
096 NONREIMBURSE COST CENTER GIFT, FLOWER, COFFEE	912					912	
097 RESEARCH							
097 01 ADULT DAY CARE		4,994					4,994
098 PHYSICIANS' PRIVATE NONPAID WORKERS			14,566	32,674	21,599		
099 01 PARISH NURSE PROGRAM							
099 02 RETAIL PHARMACY							
099 03 LI FELINE							
099 04 DME							
099 05 PRIVATE CARE SERVICES							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0052
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/22/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)
NONREIMBURS COST CENT	3	3.01	3.02	3.03	3.04	4	4.01
099 06 EMS	156					156	
099 07 SURGERY MM			4,087				
099 08 SAINT CLARE'S VILLA		66,104					66,104
100 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,162,103	227,557	93,085	163,386	82,104	1,034,375	562,577
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.909541	1.074391		4.882295		4.355373	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)			2.540460		1.622609		2.336070
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND	R ADMITTING	CASHIERING/AC COUNTS RECEI	RECONCILIATION
(SQUARE FEET	(ADJUSTED)RIES	SALA(NO OF)	LINES	(COSTED)EQUI S.	R(TOTAL)	(TOTAL)	(TOTAL)
4.02	5	6.01	6.02	6.03	6.04	6a.05	
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-BLD							
001 03 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
002 01 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-BLD							
003 03 NEW CAP REL COSTS-BLD							
003 04 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MVB							
004 02 NEW CAP REL COSTS-MVB	22,075						
005 EMPLOYEE BENEFITS		31,517,252					
006 01 NONPATIENT TELEPHONES		230,727	1,595				
006 02 PURCHASING, RECEIVING		216,956	14	2,907,111			
006 03 ADMITTING	506	578,774	41	34,368	367,265,239		
006 04 CASHIERING/ACCOUNTS R		47,596	36	9,237		371,652,082	
006 05 OTHER ADMINISTRATIVE		3,967,961	237	347,894			-17,369,010
008 OPERATION OF PLANT	6,794	1,234,912	65	173,487			
009 LAUNDRY & LINEN SERVI			2	19,570			
010 HOUSEKEEPING	595	748,472	7	120,838			
011 DIETARY		683,297	18				
012 CAFETERIA		359,535	19	58,615			
014 NURSING ADMINISTRATION		767,027	16	8,959			
015 CENTRAL SERVICES & SU		271,381	9	56,413			
016 PHARMACY		820,553	21	31,325			
017 MEDICAL RECORDS & LIB		703,695	41	13,777			
018 SOCIAL SERVICE		512,532	17	1,152			
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		3,046,694	120	177,645	9,987,537	9,987,537	
026 INTENSIVE CARE UNIT		861,020	15	39,666	5,356,455	5,356,455	
031 SUBPROVIDER		863,912	12	25,574	1,127,578	3,256,567	
033 NURSERY		78,707	3	8,083	711,725	712,351	
034 SKILLED NURSING FACIL		796,256	11	23,710	1,153,113	3,330,316	
035 NURSING FACILITY		28,035		961	42,384	122,409	
035 01 ICF/MR							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	892	1,431,284	81	52,598	29,031,989	29,031,989	
038 RECOVERY ROOM		265,878	4	7,159	6,714,915	6,714,915	
039 DELIVERY ROOM & LABOR		951,793	35	45,076	4,524,226	4,524,226	
040 ANESTHESIOLOGY			5	93,198	2,719,037	2,719,037	
041 RADIOLOGY-DIAGNOSTIC	8,299	1,977,662	170	506,692	89,302,640	89,302,640	
044 LABORATORY		1,767,104	56	92,722	36,325,460	36,325,460	
046 WHOLE BLOOD & PACKED			2		1,817,076	1,817,076	
049 RESPIRATORY THERAPY		431,279	10	50,538	10,372,962	10,372,962	
050 PHYSICAL THERAPY		915,037	17	10,286	16,486,814	16,486,814	
051 OCCUPATIONAL THERAPY		459,535	15	2,894	9,369,144	9,369,144	
052 SPEECH PATHOLOGY		114,842	1	1,548	1,766,239	1,766,239	
053 ELECTROCARDIOLOGY		520,616	30	37,266	24,664,980	24,664,980	
054 ELECTROENCEPHALOGRAPH		113,135	6	11,054	4,499,211	4,499,211	
055 MEDICAL SUPPLIES CHAR					21,395,198	21,395,198	
056 DRUGS CHARGED TO PATI					32,154,228	32,154,228	
059 THERAPEUTIC ACTIVITIE							
059 01 ONCOLOGY		155,570	4	12,242	1,566,193	1,566,193	
059 02 DIABETES CENTER	902	63,924	4	1,543	181,186	181,186	
059 03 PSYCHIATRIC/PSYCHOLOG		338,529	7	4,154	1,648,751	1,648,751	
059 04 COMPREHENSIVE REHAB O		141,345	3	28,548	2,077,523	2,077,523	
059 05 CURATIVE WOUND CENTER		245,855	11	81,666	2,689,365	2,689,365	
061 OUTPAT SERVICE COST C							
062 EMERGENCY		1,839,702	86	191,935	40,360,625	40,360,625	
063 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
063 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES					114,277	114,277	
071 HOME HEALTH AGENCY		1,432,888	81	34,714	5,956,805	5,956,805	
071 SPEC PURPOSE COST CEN							
093 HOSPICE		387,829	7	13,117	2,864,021	2,864,021	
095 SUBTOTALS	17,988	30,371,849	1,339	2,430,224	366,981,657	371,368,500	-17,369,010
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE			4	383			
097 RESEARCH							
097 01 ADULT DAY CARE		114,797	6	2,153	283,582	283,582	
098 PHYSICIANS' PRIVATE O			185				
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM			2				
099 02 RETAIL PHARMACY			3				
099 03 LIFFELINE			1				
099 04 DME		411,607		467,422			
099 05 PRIVATE CARE SERVICES			8				

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE	EMPLOYEE FITS	BENE LE PHONES	NONPATIENT TE	PURCHASING, R ECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	RECONCILIATION
	(SQUARE FEET	(ADJUSTED)RIES	(NO OF)	LINE S	(COSTED)EQUI S.	R(TOTAL)	REVENUE(TOTAL)	REVENUE)
NONREIMBURS COST CENT	4.02	5	6.01		6.02	6.03	6.04	6a.05
099 06 EMS		45,270	4		5,993			
099 07 SURGERY MM	4,087		9		165			
099 08 SAINT CLARE'S VILLA		573,729	34					
100 OTHER NONREIMBURSABLE					771			
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	127,819	9,409,626	564,476		458,017	946,634	2,309,876	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.298555			.157551		.006215	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	5.790215	5,071	1,722	353.903448	13,272	3,948	3,920	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000161			.004565		.000011	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		20,560	8,834	1.079624	48,616	19,292	20,697	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.000652		5.538558	.016723		.000056	

COST ALLOCATION - STATISTICAL BASIS

14-0052

FROM 1/ 1/2009

WORKSHEET B-1

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TO 12/31/2009

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND OPERATIONAL PLANT		LAUNDRY & LINEN SERVICE	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF DRY)	(TIME SPENT)	(PATIENT MEALS)	(DIRECT NURSING HRS)	
	6.05	8	9	10	11	12	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-BLD							
001 03 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
002 01 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-BLD							
003 03 NEW CAP REL COSTS-BLD							
003 04 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MVB							
004 02 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING							
006 03 ADMINISTRATION							
006 04 CASHIERING/ACCOUNTS R							
006 05 OTHER ADMINISTRATIVE	65,629,365						
008 OPERATION OF PLANT	5,523,141	451,593					
009 LAUNDRY & LINEN SERVICE	381,342		606,687				
010 HOUSEKEEPING	1,493,478	11,496		697,675			
011 DIETARY	805,355	10,049		700	87,737		
012 CAFETERIA	1,149,243	6,560		11,825		47,358	
014 NURSING ADMINISTRATION	1,115,557	2,356		1,225		918	44,678,094
015 CENTRAL SERVICES & SUPPLY	2,549,100	10,950	395	2,200		1,203	
016 PHARMACY	4,815,425	3,321		4,625		1,102	
017 MEDICAL RECORDS & LIBRARY	1,187,105	3,195		12,225		2,030	
018 SOCIAL SERVICE	755,805	1,985		1,250		1,051	
INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	5,085,405	46,430	170,642	164,400	37,393	6,400	11,532,194
026 INTENSIVE CARE UNIT	1,501,765	15,198	24,075	21,750	4,101	1,503	2,565,451
031 SUBPROVIDER	1,774,307	8,908	49,606	42,300	14,473	2,036	3,686,582
033 NURSERY	174,459	1,268	9,821	4,850		194	403,052
034 SKILLED NURSING FACILITY	1,180,760	4,172	70,646	23,455	19,505	2,194	4,166,556
035 NURSING FACILITY	46,765	1,102	2,571	6,195	710	78	151,566
035 01 ICU/MR							
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	2,924,013	49,174	87,247	85,211		2,481	3,899,506
038 RECOVERY ROOM	454,129	2,062		3,639		423	869,593
039 DELIVERY ROOM & LABOR	1,569,358	13,297	30,112	28,400	7,109	1,578	3,282,165
040 ANESTHESIOLOGY	154,194	300					
041 RADIOLOGY-DIAGNOSTIC	5,230,043	33,367	28,965	45,200		4,083	155,271
044 LABORATORY	4,226,042	14,415		11,900		3,950	
046 WHOLE BLOOD & PACKED	683,288	465					
049 RESPIRATORY THERAPY	936,449	3,115				996	128
050 PHYSICAL THERAPY	1,484,240	9,162	9,666	6,225		1,763	
051 OCCUPATIONAL THERAPY	764,221	7,521		4,775		952	400
052 SPEECH PATHOLOGY	177,471	280				211	
053 ELECTROCARDIOLOGY	1,148,573	7,700	31,801	600		961	898,589
054 ELECTROENCEPHALOGRAPH	223,282	1,067		600		250	
055 MEDICAL SUPPLIES CHARGED TO PATIENT	2,908,856						
056 DRUGS CHARGED TO PATIENT	282,733						
059 THERAPEUTIC ACTIVITIES			4,444				
059 01 ONCOLOGY	265,324	3,211	1,613	6,197		256	538,912
059 02 DIABETES CENTER	106,081	2,002		4,325		108	139,073
059 03 PSYCHIATRIC/PSYCHOLOG	499,121	2,224		4,292		680	
059 04 COMPREHENSIVE REHAB	293,222					295	226,983
059 05 CURATIVE WOUND CENTER	555,390	4,029		7,700		467	543,901
OUTPATIENT SERVICE COST CENTER							
061 EMERGENCY	3,931,530	18,915	79,002	52,950	101	3,696	5,420,759
062 OBSERVATION BEDS (NON)							
063 OTHER OUTPATIENT SERVICE							
OTHER REIMBURSED COST CENTER							
065 AMBULANCE SERVICES	78,916						
071 HOME HEALTH AGENCY	2,234,043	4,259		5,383		2,523	2,760,807
SPECIAL PURPOSE COST CENTER							
093 HOSPICE	1,318,854	350		442		791	1,007,208
095 SUBTOTALS	61,988,385	306,501	600,606	564,839	83,392	45,173	42,248,696
NONREIMBURSED COST CENTER							
096 GIFT, FLOWER, COFFEE	12,573	912		1,400			
097 RESEARCH							
097 01 ADULT DAY CARE	201,522	4,994		9,050	4,345	360	72,399
098 PHYSICIANS' PRIVATE OFFICE	834,086	68,839		122,386			
099 NONPAID WORKERS							
099 01 PARISH NURSE PROGRAM	708						
099 02 RETAIL PHARMACY	1,062						
099 03 LIFFELINE	354						
099 04 DME	1,345,461						
099 05 PRIVATE CARE SERVICES	2,967						

COST CENTER DESCRIPTION		OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF DRY)	(TIME SPENT)	(PATIENT MEALS)	(FTE'S)	(DIRECT NURSING HRS)
NONREIMBURS COST CENT		6.05	8	9	10	11	12	14
099	06 EMS	76,253	156	6,081			84	72,486
099	07 SURGERY MM	37,431	4,087					
099	08 SAINT CLARE'S VILLA	1,119,899	66,104				1,741	2,284,513
100	OTHER NONREIMBURSABLE	8,664						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	17,369,010	6,984,858	522,418	2,066,541	1,175,997	1,589,885	1,481,681
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.264653	15.467153	.861100	2.962040	13.403661	33.571625	.033163
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	107,308	79,659	6,587	28,258	26,652	17,505	7,731
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.001635	.176396	.010857	.040503	.303771	.369631	.000173
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	366,164	346,291	22,279	104,472	99,253	62,238	27,253
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.005579	.766821	.036722	.149743	1.131256	1.314202	.000610

COST CENTER DESCRIPTION		CENTRAL SERVICES & SUPPLY	PHARMACY (PURCHASE REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)
		15	16	17	18
NONREIMBURS COST CENT					
099 06	EMS		140		
099 07	SURGERY MM				
099 08	SAINT CLARE'S VILLA				
100	OTHER NONREIMBURSABLE				
101	CROSS FOOT ADJUSTMENT				
102	NEGATIVE COST CENTER				
103	COST TO BE ALLOCATED (PER WRKSHT B, PART	3,440,335	6,194,843	1,655,055	1,025,520
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		61,948.430000		3.501562
105	COST TO BE ALLOCATED (PER WRKSHT B, PART	29,101	16,411	11,545	5,720
106	UNIT COST MULTIPLIER (WRKSHT B, PT III)		164.110000		.019531
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	139,961	56,996	42,010	18,740
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		569.960000		.063986
		.032606		.085170	

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	10,498,420		10,498,420		10,498,420
26	INTENSIVE CARE UNIT	2,532,007		2,532,007		2,532,007
31	SUBPROVIDER	3,155,979		3,155,979		3,155,979
33	NURSERY	287,942		287,942		287,942
34	SKILLED NURSING FACILITY	2,289,937		2,289,937	7,056	2,296,993
35	NURSING FACILITY	118,591		118,591		118,591
35	01 ICF/MR					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,064,100		5,064,100		5,064,100
38	RECOVERY ROOM	665,669		665,669		665,669
39	DELIVERY ROOM & LABOR ROOM	2,581,776		2,581,776		2,581,776
40	ANESTHESIOLOGY	269,055		269,055		269,055
41	RADIOLOGY-DIAGNOSTIC	7,885,563		7,885,563		7,885,563
44	LABORATORY	5,796,290		5,796,290		5,796,290
46	WHOLE BLOOD & PACKED RED	871,419		871,419		871,419
49	RESPIRATORY THERAPY	1,288,633		1,288,633		1,288,633
50	PHYSICAL THERAPY	2,108,575		2,108,575		2,108,575
51	OCCUPATIONAL THERAPY	1,129,487		1,129,487		1,129,487
52	SPEECH PATHOLOGY	236,878		236,878		236,878
53	ELECTROCARDIOLOGY	1,685,620		1,685,620		1,685,620
54	ELECTROENCEPHALOGRAPHY	310,184		310,184		310,184
55	MEDICAL SUPPLIES CHARGED	5,811,744		5,811,744		5,811,744
56	DRUGS CHARGED TO PATIENTS	6,552,402		6,552,402		6,552,402
59	THERAPEUTIC ACTIVITIES	3,827		3,827		3,827
59	01 ONCOLOGY	438,443		438,443	5,197	443,640
59	02 DIABETES CENTER	186,176		186,176		186,176
59	03 PSYCHIATRIC/PSYCHOLOGICAL	701,180		701,180		701,180
59	04 COMPREHENSIVE REHAB O/P	409,942		409,942		409,942
59	05 CURATIVE WOUND CENTER	880,101		880,101		880,101
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,425,185		6,425,185		6,425,185
62	OBSERVATION BEDS (NON-DIS)	911,548		911,548		911,548
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	99,801		99,801		99,801
101	SUBTOTAL	71,196,474		71,196,474	12,253	71,208,727
102	LESS OBSERVATION BEDS	911,548		911,548		911,548
103	TOTAL	70,284,926		70,284,926	12,253	70,297,179

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	8,817,106		8,817,106			
26	INTENSIVE CARE UNIT	5,356,455		5,356,455			
31	SUBPROVIDER	3,256,567		3,256,567			
33	NURSERY	712,351		712,351			
34	SKILLED NURSING FACILITY	3,330,316		3,330,316			
35	NURSING FACILITY	122,409		122,409			
35	01 ICF/MR						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	8,304,842	20,727,147	29,031,989	.174432	.174432	.174432
38	RECOVERY ROOM	2,480,769	4,234,146	6,714,915	.099133	.099133	.099133
39	DELIVERY ROOM & LABOR ROO	3,345,784	1,178,442	4,524,226	.570656	.570656	.570656
40	ANESTHESIOLOGY	982,989	1,736,048	2,719,037	.098952	.098952	.098952
41	RADIOLOGY-DIAGNOSTIC	22,278,018	67,024,622	89,302,640	.088302	.088302	.088302
44	LABORATORY	15,601,068	20,724,392	36,325,460	.159565	.159565	.159565
46	WHOLE BLOOD & PACKED RED	1,342,782	474,294	1,817,076	.479572	.479572	.479572
49	RESPIRATORY THERAPY	8,679,302	1,693,660	10,372,962	.124230	.124230	.124230
50	PHYSICAL THERAPY	9,217,242	7,269,572	16,486,814	.127895	.127895	.127895
51	OCCUPATIONAL THERAPY	8,646,602	722,542	9,369,144	.120554	.120554	.120554
52	SPEECH PATHOLOGY	1,521,992	244,247	1,766,239	.134114	.134114	.134114
53	ELECTROCARDIOLOGY	13,550,374	11,081,748	24,632,122	.068432	.068432	.068432
54	ELECTROENCEPHALOGRAPHY	522,687	3,976,524	4,499,211	.068942	.068942	.068942
55	MEDICAL SUPPLIES CHARGED	13,327,388	8,067,810	21,395,198	.271638	.271638	.271638
56	DRUGS CHARGED TO PATIENTS	19,794,316	12,359,912	32,154,228	.203780	.203780	.203780
59	THERAPEUTIC ACTIVITIES						
59	01 ONCOLOGY	35,819	1,530,374	1,566,193	.279942	.279942	.283260
59	02 DIABETES CENTER	62	181,124	181,186	1.027541	1.027541	1.027541
59	03 PSYCHIATRIC/PSYCHOLOGICAL	113,140	1,535,611	1,648,751	.425279	.425279	.425279
59	04 COMPREHENSIVE REHAB O/P	37,469	2,040,054	2,077,523	.197322	.197322	.197322
59	05 CURATIVE WOUND CENTER	1,303	2,684,708	2,686,011	.327661	.327661	.327661
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	9,181,969	31,178,656	40,360,625	.159194	.159194	.159194
62	OBSERVATION BEDS (NON-DIS		1,170,431	1,170,431	.778814	.778814	.778814
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	112,893	1,384	114,277	.873325	.873325	.873325
101	SUBTOTAL	160,674,014	201,837,448	362,511,462			
102	LESS OBSERVATION BEDS						
103	TOTAL	160,674,014	201,837,448	362,511,462			

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	5,064,100	542,849	4,521,251			5,064,100
38	RECOVERY ROOM	665,669	25,879	639,790			665,669
39	DELIVERY ROOM & LABOR ROO	2,581,776	206,082	2,375,694			2,581,776
40	ANESTHESIOLOGY	269,055	12,014	257,041			269,055
41	RADIOLOGY-DIAGNOSTIC	7,885,563	416,754	7,468,809			7,885,563
44	LABORATORY	5,796,290	216,554	5,579,736			5,796,290
46	WHOLE BLOOD & PACKED RED	871,419	8,358	863,061			871,419
49	RESPIRATORY THERAPY	1,288,633	59,489	1,229,144			1,288,633
50	PHYSICAL THERAPY	2,108,575	82,304	2,026,271			2,108,575
51	OCCUPATIONAL THERAPY	1,129,487	56,265	1,073,222			1,129,487
52	SPEECH PATHOLOGY	236,878	3,857	233,021			236,878
53	ELECTROCARDIOLOGY	1,685,620	110,720	1,574,900			1,685,620
54	ELECTROENCEPHALOGRAPHY	310,184	13,299	296,885			310,184
55	MEDICAL SUPPLIES CHARGED	5,811,744	128,605	5,683,139			5,811,744
56	DRUGS CHARGED TO PATIENTS	6,552,402	79,659	6,472,743			6,552,402
59	THERAPEUTIC ACTIVITIES	3,827	211	3,616			3,827
59	01 ONCOLOGY	438,443	22,401	416,042			438,443
59	02 DIABETES CENTER	186,176	16,936	169,240			186,176
59	03 PSYCHIATRIC/PSYCHOLOGICAL	701,180	18,379	682,801			701,180
59	04 COMPREHENSIVE REHAB O/P	409,942	49,536	360,406			409,942
59	05 CURATIVE WOUND CENTER	880,101	35,591	844,510			880,101
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,425,185	288,049	6,137,136			6,425,185
62	OBSERVATION BEDS (NON-DIS	911,548	68,996	842,552			911,548
63	OTHER OUTPATIENT SERVICE		5	-5			
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	99,801	583	99,218			99,801
101	SUBTOTAL	52,313,598	2,463,375	49,850,223			52,313,598
102	LESS OBSERVATION BEDS	911,548	68,996	842,552			911,548
103	TOTAL	51,402,050	2,394,379	49,007,671			51,402,050

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	29,031,989	.174432	.174432
38	RECOVERY ROOM	6,714,915	.099133	.099133
39	DELIVERY ROOM & LABOR ROO	4,524,226	.570656	.570656
40	ANESTHESIOLOGY	2,719,037	.098952	.098952
41	RADIOLOGY-DIAGNOSTIC	89,302,640	.088302	.088302
44	LABORATORY	36,325,460	.159565	.159565
46	WHOLE BLOOD & PACKED RED	1,817,076	.479572	.479572
49	RESPIRATORY THERAPY	10,372,962	.124230	.124230
50	PHYSICAL THERAPY	16,486,814	.127895	.127895
51	OCCUPATIONAL THERAPY	9,369,144	.120554	.120554
52	SPEECH PATHOLOGY	1,766,239	.134114	.134114
53	ELECTROCARDIOLOGY	24,632,122	.068432	.068432
54	ELECTROENCEPHALOGRAPHY	4,499,211	.068942	.068942
55	MEDICAL SUPPLIES CHARGED	21,395,198	.271638	.271638
56	DRUGS CHARGED TO PATIENTS	32,154,228	.203780	.203780
59	THERAPEUTIC ACTIVITIES			
59	01 ONCOLOGY	1,566,193	.279942	.279942
59	02 DIABETES CENTER	181,186	1.027541	1.027541
59	03 PSYCHIATRIC/PSYCHOLOGICAL	1,648,751	.425279	.425279
59	04 COMPREHENSIVE REHAB O/P	2,077,523	.197322	.197322
59	05 CURATIVE WOUND CENTER	2,686,011	.327661	.327661
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	40,360,625	.159194	.159194
62	OBSERVATION BEDS (NON-DIS	1,170,431	.778814	.778814
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	114,277	.873325	.873325
101	SUBTOTAL	340,916,258		
102	LESS OBSERVATION BEDS	1,170,431		
103	TOTAL	339,745,827		

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	168,170		168,170	626,458		626,458
26	INTENSIVE CARE UNIT	47,580		47,580	178,613		178,613
31	SUBPROVIDER	27,697		27,697	83,285		83,285
33	NURSERY	4,212		4,212	15,765		15,765
101	TOTAL	247,659		247,659	904,121		904,121

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	15,191	6,754	11.07	74,767	41.24	278,535
26	INTENSIVE CARE UNIT	1,540	724	30.90	22,372	115.98	83,970
31	SUBPROVIDER	4,955	3,872	5.59	21,644	16.81	65,088
33	NURSERY	1,188		3.55		13.27	
101	TOTAL	22,874	11,350		118,783		427,593

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	118,411	424,438	29,031,989	3,390,771	.004079	13,831
38	RECOVERY ROOM	5,919	19,960	6,714,915	996,264	.000881	878
39	DELIVERY ROOM & LABOR ROO	43,410	162,672	4,524,226	4,420	.009595	42
40	ANESTHESIOLOGY	1,933	10,081	2,719,037	221,115	.000711	157
41	RADIOLOGY-DIAGNOSTIC	74,709	342,045	89,302,640	9,389,220	.000837	7,859
44	LABORATORY	44,997	171,557	36,325,460	7,623,688	.001239	9,446
46	WHOLE BLOOD & PACKED RED	2,010	6,348	1,817,076	236,510	.001106	262
49	RESPIRATORY THERAPY	10,006	49,483	10,372,962	4,053,616	.000965	3,912
50	PHYSICAL THERAPY	15,790	66,514	16,486,814	1,229,890	.000958	1,178
51	OCCUPATIONAL THERAPY	15,041	41,224	9,369,144	1,136,278	.001605	1,824
52	SPEECH PATHOLOGY	625	3,232	1,766,239	110,790	.000354	39
53	ELECTROCARDIOLOGY	23,470	87,250	24,632,122	8,043,251	.000953	7,665
54	ELECTROENCEPHALOGRAPHY	3,018	10,281	4,499,211	261,925	.000671	176
55	MEDICAL SUPPLIES CHARGED	23,269	105,336	21,395,198	7,669,159	.001088	8,344
56	DRUGS CHARGED TO PATIENTS	17,581	62,078	32,154,228	8,780,701	.000547	4,803
59	THERAPEUTIC ACTIVITIES	48	163				
59	01 ONCOLOGY	3,187	19,214	1,566,193	10,582	.002035	22
59	02 DIABETES CENTER	2,457	14,479	181,186		.013561	
59	03 PSYCHIATRIC/PSYCHOLOGICAL	2,826	15,553	1,648,751		.001714	
59	04 COMPREHENSIVE REHAB O/P	1,012	48,524	2,077,523		.000487	
59	05 CURATIVE WOUND CENTER	9,285	26,306	2,686,011		.003457	
61	OUTPAT SERVICE COST CNTRS						
	EMERGENCY	63,177	224,872	40,360,625		.001565	
62	OBSERVATION BEDS (NON-DIS	14,602	54,394	1,170,431		.012476	
63	OTHER OUTPATIENT SERVICE		5				
65	OTHER REIMBURS COST CNTRS						
	AMBULANCE SERVICES						
101	TOTAL	496,783	1,966,009	340,801,981	53,158,180		60,438

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 6/22/2010
14-0052	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART II
14-0052		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.014620	49,573
38	RECOVERY ROOM	.002972	2,961
39	DELIVERY ROOM & LABOR ROO	.035956	159
40	ANESTHESIOLOGY	.003708	820
41	RADIOLOGY-DIAGNOSTIC	.003830	35,961
44	LABORATORY	.004723	36,007
46	WHOLE BLOOD & PACKED RED	.003494	826
49	RESPIRATORY THERAPY	.004770	19,336
50	PHYSICAL THERAPY	.004034	4,961
51	OCCUPATIONAL THERAPY	.004400	5,000
52	SPEECH PATHOLOGY	.001830	203
53	ELECTROCARDIOLOGY	.003542	28,489
54	ELECTROENCEPHALOGRAPHY	.002285	598
55	MEDICAL SUPPLIES CHARGED	.004923	37,755
56	DRUGS CHARGED TO PATIENTS	.001931	16,956
59	THERAPEUTIC ACTIVITIES		
59	01 ONCOLOGY	.012268	130
59	02 DIABETES CENTER	.079912	
59	03 PSYCHIATRIC/PSYCHOLOGICAL	.009433	
59	04 COMPREHENSIVE REHAB O/P	.023357	
59	05 CURATIVE WOUND CENTER	.009794	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.005572	
62	OBSERVATION BEDS (NON-DIS	.046473	
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		239,735

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	118,411	424,438	29,031,989	2,405	.004079	10
38	RECOVERY ROOM	5,919	19,960	6,714,915		.000881	
39	DELIVERY ROOM & LABOR ROO	43,410	162,672	4,524,226		.009595	
40	ANESTHESIOLOGY	1,933	10,081	2,719,037		.000711	
41	RADIOLOGY-DIAGNOSTIC	74,709	342,045	89,302,640	220,663	.000837	185
44	LABORATORY	44,997	171,557	36,325,460	614,109	.001239	761
46	WHOLE BLOOD & PACKED RED	2,010	6,348	1,817,076	4,891	.001106	5
49	RESPIRATORY THERAPY	10,006	49,483	10,372,962	848	.000965	1
50	PHYSICAL THERAPY	15,790	66,514	16,486,814	3,033,079	.000958	2,906
51	OCCUPATIONAL THERAPY	15,041	41,224	9,369,144	2,733,754	.001605	4,388
52	SPEECH PATHOLOGY	625	3,232	1,766,239	819,719	.000354	290
53	ELECTROCARDIOLOGY	23,470	87,250	24,632,122	53,631	.000953	51
54	ELECTROENCEPHALOGRAPHY	3,018	10,281	4,499,211	32,410	.000671	22
55	MEDICAL SUPPLIES CHARGED	23,269	105,336	21,395,198	464,720	.001088	506
56	DRUGS CHARGED TO PATIENTS	17,581	62,078	32,154,228	1,181,824	.000547	646
59	THERAPEUTIC ACTIVITIES	48	163				
59	01 ONCOLOGY	3,187	19,214	1,566,193		.002035	
59	02 DIABETES CENTER	2,457	14,479	181,186		.013561	
59	03 PSYCHIATRIC/PSYCHOLOGICAL	2,826	15,553	1,648,751	82,573	.001714	142
59	04 COMPREHENSIVE REHAB O/P	1,012	48,524	2,077,523		.000487	
59	05 CURATIVE WOUND CENTER	9,285	26,306	2,686,011		.003457	
61	OUTPAT SERVICE COST CNTRS						
	EMERGENCY	63,177	224,872	40,360,625	78,697	.001565	123
62	OBSERVATION BEDS (NON-DIS	14,602	54,394	1,170,431		.012476	
63	OTHER OUTPATIENT SERVICE		5				
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	496,783	1,966,009	340,801,981	9,323,323		10,036

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

PROVIDER NO: 14-0052
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/22/2010
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					15,191	
26	INTENSIVE CARE UNIT					1,540	
31	SUBPROVIDER					4,955	
33	NURSERY					1,188	
34	SKILLED NURSING FACILITY					6,595	
35	NURSING FACILITY					240	
35 01	ICF/MR						
101	TOTAL					29,709	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2009	6/22/2010
	TO 12/31/2009	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS 7	PASS THRU COST 8
25	ADULTS & PEDIATRICS	6,754	
26	INTENSIVE CARE UNIT	724	
31	SUBPROVIDER	3,872	
33	NURSERY		
34	SKILLED NURSING FACILITY	3,934	
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL	15,284	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
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						
59	THERAPEUTIC ACTIVITIES						
59	01 ONCOLOGY						
59	02 DIABETES CENTER						
59	03 PSYCHIATRIC/PSYCHOLOGICAL						
59	04 COMPREHENSIVE REHAB O/P						
59	05 CURATIVE WOUND CENTER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			29,031,989			3,390,771	
38	OPERATING ROOM			6,714,915			996,264	
39	RECOVERY ROOM			4,524,226			4,420	
40	DELIVERY ROOM & LABOR ROO			2,719,037			221,115	
41	ANESTHESIOLOGY			89,302,640			9,389,220	
44	RADIOLOGY-DIAGNOSTIC			36,325,460			7,623,688	
46	LABORATORY			1,817,076			236,510	
49	WHOLE BLOOD & PACKED RED			10,372,962			4,053,616	
50	RESPIRATORY THERAPY			16,486,814			1,229,890	
51	PHYSICAL THERAPY			9,369,144			1,136,278	
52	OCCUPATIONAL THERAPY			1,766,239			110,790	
53	SPEECH PATHOLOGY			24,632,122			8,043,251	
54	ELECTROCARDIOLOGY			4,499,211			261,925	
55	ELECTROENCEPHALOGRAPHY			21,395,198			7,669,159	
56	MEDICAL SUPPLIES CHARGED			32,154,228			8,780,701	
59	DRUGS CHARGED TO PATIENTS							
59	THERAPEUTIC ACTIVITIES							
59	01 ONCOLOGY			1,566,193			10,582	
59	02 DIABETES CENTER			181,186				
59	03 PSYCHIATRIC/PSYCHOLOGICAL			1,648,751				
59	04 COMPREHENSIVE REHAB O/P			2,077,523				
59	05 CURATIVE WOUND CENTER			2,686,011				
61	OUTPAT SERVICE COST CNTRS							
62	EMERGENCY			40,360,625				
63	OBSERVATION BEDS (NON-DIS			1,170,431				
65	OTHER OUTPATIENT SERVICE							
65	OTHER REIMBURS COST CNTRS							
101	AMBULANCE SERVICES							
	TOTAL			340,801,981			53,158,180	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,770,963					
38	RECOVERY ROOM	1,547,391					
39	DELIVERY ROOM & LABOR ROO	39					
40	ANESTHESIOLOGY	195,992					
41	RADIOLOGY-DIAGNOSTIC	17,284,453					
44	LABORATORY	500,591					
46	WHOLE BLOOD & PACKED RED	216,161					
49	RESPIRATORY THERAPY	714,876					
50	PHYSICAL THERAPY	998					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,717,933					
54	ELECTROENCEPHALOGRAPHY	846,256					
55	MEDICAL SUPPLIES CHARGED	2,353,292					
56	DRUGS CHARGED TO PATIENTS	5,420,198					
59	THERAPEUTIC ACTIVITIES						
59	01 ONCOLOGY	71,910					
59	02 DIABETES CENTER						
59	03 PSYCHIATRIC/PSYCHOLOGICAL	322,852					
59	04 COMPREHENSIVE REHAB O/P						
59	05 CURATIVE WOUND CENTER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,258,402					
62	OBSERVATION BEDS (NON-DIS	216,517					
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	46,438,824					

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY 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										
59	THERAPEUTIC ACTIVITIES										
59	01 ONCOLOGY										
59	02 DIABETES CENTER										
59	03 PSYCHIATRIC/PSYCHOLOGICAL										
59	04 COMPREHENSIVE REHAB O/P										
59	05 CURATIVE WOUND CENTER										
	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	OTHER OUTPATIENT SERVICE										
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL										

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			29,031,989			2,405	
38	RECOVERY ROOM			6,714,915				
39	DELIVERY ROOM & LABOR ROO			4,524,226				
40	ANESTHESIOLOGY			2,719,037				
41	RADIOLOGY-DIAGNOSTIC			89,302,640			220,663	
44	LABORATORY			36,325,460			614,109	
46	WHOLE BLOOD & PACKED RED			1,817,076			4,891	
49	RESPIRATORY THERAPY			10,372,962			848	
50	PHYSICAL THERAPY			16,486,814			3,033,079	
51	OCCUPATIONAL THERAPY			9,369,144			2,733,754	
52	SPEECH PATHOLOGY			1,766,239			819,719	
53	ELECTROCARDIOLOGY			24,632,122			53,631	
54	ELECTROENCEPHALOGRAPHY			4,499,211			32,410	
55	MEDICAL SUPPLIES CHARGED			21,395,198			464,720	
56	DRUGS CHARGED TO PATIENTS			32,154,228			1,181,824	
59	THERAPEUTIC ACTIVITIES							
59	01 ONCOLOGY			1,566,193				
59	02 DIABETES CENTER			181,186				
59	03 PSYCHIATRIC/PSYCHOLOGICAL			1,648,751			82,573	
59	04 COMPREHENSIVE REHAB O/P			2,077,523				
59	05 CURATIVE WOUND CENTER			2,686,011				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			40,360,625			78,697	
62	OBSERVATION BEDS (NON-DIS			1,170,431				
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			340,801,981			9,323,323	

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						
38	RECOVERY 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						
59	THERAPEUTIC ACTIVITIES						
59	01 ONCOLOGY						
59	02 DIABETES CENTER						
59	03 PSYCHIATRIC/PSYCHOLOGICAL						
59	04 COMPREHENSIVE REHAB O/P						
59	05 CURATIVE WOUND CENTER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
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											
38	RECOVERY 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											
59	THERAPEUTIC ACTIVITIES											
59	01 ONCOLOGY											
59	02 DIABETES CENTER											
59	03 PSYCHIATRIC/PSYCHOLOGICAL											
59	04 COMPREHENSIVE REHAB O/P											
59	05 CURATIVE WOUND CENTER											
	OUTPAT SERVICE COST CNTRS											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
63	OTHER OUTPATIENT SERVICE											
	OTHER REIMBURS COST CNTRS											
65	AMBULANCE SERVICES											
101	TOTAL											

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			29,031,989			6,358	
38	RECOVERY ROOM			6,714,915				
39	DELIVERY ROOM & LABOR ROO			4,524,226				
40	ANESTHESIOLOGY			2,719,037				
41	RADIOLOGY-DIAGNOSTIC			89,302,640			67,133	
44	LABORATORY			36,325,460			261,884	
46	WHOLE BLOOD & PACKED RED			1,817,076			7,133	
49	RESPIRATORY THERAPY			10,372,962			1,306	
50	PHYSICAL THERAPY			16,486,814			2,094,350	
51	OCCUPATIONAL THERAPY			9,369,144			2,107,987	
52	SPEECH PATHOLOGY			1,766,239			212,046	
53	ELECTROCARDIOLOGY			24,632,122			21,748	
54	ELECTROENCEPHALOGRAPHY			4,499,211			4,592	
55	MEDICAL SUPPLIES CHARGED			21,395,198			237,260	
56	DRUGS CHARGED TO PATIENTS			32,154,228			1,136,939	
59	THERAPEUTIC ACTIVITIES							
59	01 ONCOLOGY			1,566,193				
59	02 DIABETES CENTER			181,186				
59	03 PSYCHIATRIC/PSYCHOLOGICAL			1,648,751			3,628	
59	04 COMPREHENSIVE REHAB O/P			2,077,523				
59	05 CURATIVE WOUND CENTER			2,686,011				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			40,360,625				
62	OBSERVATION BEDS (NON-DIS			1,170,431				
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			340,801,981			6,162,364	

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY 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						
59	THERAPEUTIC ACTIVITIES						
59	01 ONCOLOGY						
59	02 DIABETES CENTER						
59	03 PSYCHIATRIC/PSYCHOLOGICAL						
59	04 COMPREHENSIVE REHAB O/P						
59	05 CURATIVE WOUND CENTER						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,319
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	691.09
85	OBSERVATION BED COST	911,548

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	168,170	10,498,420	.016019	911,548	14,602
87	NEW CAPITAL-RELATED COST	626,458	10,498,420	.059672	911,548	54,394
88	NON PHYSICIAN ANESTHETIST		10,498,420		911,548	
89	MEDICAL EDUCATION		10,498,420		911,548	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

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	636.93
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	27,697	3,155,979	.008776	
87	NEW CAPITAL-RELATED COST	83,285	3,155,979	.026390	
88	NON PHYSICIAN ANESTHETIST		3,155,979		
89	MEDICAL EDUCATION		3,155,979		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		3,858,897	
26	INTENSIVE CARE UNIT		1,273,661	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.174432	3,390,771	591,459
38	RECOVERY ROOM	.099133	996,264	98,763
39	DELIVERY ROOM & LABOR ROOM	.570656	4,420	2,522
40	ANESTHESIOLOGY	.098952	221,115	21,880
41	RADIOLOGY-DIAGNOSTIC	.088302	9,389,220	829,087
44	LABORATORY	.159565	7,623,688	1,216,474
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.479572	236,510	113,424
49	RESPIRATORY THERAPY	.124230	4,053,616	503,581
50	PHYSICAL THERAPY	.127895	1,229,890	157,297
51	OCCUPATIONAL THERAPY	.120554	1,136,278	136,983
52	SPEECH PATHOLOGY	.134114	110,790	14,858
53	ELECTROCARDIOLOGY	.068432	8,043,251	550,416
54	ELECTROENCEPHALOGRAPHY	.068942	261,925	18,058
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.271638	7,669,159	2,083,235
56	DRUGS CHARGED TO PATIENTS	.203780	8,780,701	1,789,331
59	THERAPEUTIC ACTIVITIES			
59	01 ONCOLOGY	.283260	10,582	2,997
59	02 DIABETES CENTER	1.027541		
59	03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.425279		
59	04 COMPREHENSIVE REHAB O/P	.197322		
59	05 CURATIVE WOUND CENTER	.327661		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.159194		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.778814		
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		53,158,180	8,130,365
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		53,158,180	

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		2,541,582	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.174432	2,405	420
38	RECOVERY ROOM	.099133		
39	DELIVERY ROOM & LABOR ROOM	.570656		
40	ANESTHESIOLOGY	.098952		
41	RADIOLOGY-DIAGNOSTIC	.088302	220,663	19,485
44	LABORATORY	.159565	614,109	97,990
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.479572	4,891	2,346
49	RESPIRATORY THERAPY	.124230	848	105
50	PHYSICAL THERAPY	.127895	3,033,079	387,916
51	OCCUPATIONAL THERAPY	.120554	2,733,754	329,565
52	SPEECH PATHOLOGY	.134114	819,719	109,936
53	ELECTROCARDIOLOGY	.068432	53,631	3,670
54	ELECTROENCEPHALOGRAPHY	.068942	32,410	2,234
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.271638	464,720	126,236
56	DRUGS CHARGED TO PATIENTS	.203780	1,181,824	240,832
59	THERAPEUTIC ACTIVITIES			
59	01 ONCOLOGY	.283260		
59	02 DIABETES CENTER	1.027541		
59	03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.425279	82,573	35,117
59	04 COMPREHENSIVE REHAB O/P	.197322		
59	05 CURATIVE WOUND CENTER	.327661		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.159194	78,697	12,528
62	OBSERVATION BEDS (NON-DISTINCT PART)	.778814		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		9,323,323	1,368,380
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		9,323,323	

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		975,989	
26	INTENSIVE CARE UNIT		365,639	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.174432	628,476	109,626
38	RECOVERY ROOM	.099133	155,948	15,460
39	DELIVERY ROOM & LABOR ROOM	.570656	918,182	523,966
40	ANESTHESIOLOGY	.098952	43,738	4,328
41	RADIOLOGY-DIAGNOSTIC	.088302	1,789,105	157,982
44	LABORATORY	.159565	1,993,958	318,166
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.479572	36,987	17,738
49	RESPIRATORY THERAPY	.124230	542,971	67,453
50	PHYSICAL THERAPY	.127895	64,750	8,281
51	OCCUPATIONAL THERAPY	.120554	51,859	6,252
52	SPEECH PATHOLOGY	.134114	11,142	1,494
53	ELECTROCARDIOLOGY	.068432	907,112	62,075
54	ELECTROENCEPHALOGRAPHY	.068942	34,440	2,374
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.271638	968,577	263,102
56	DRUGS CHARGED TO PATIENTS	.203780	1,802,654	367,345
59	THERAPEUTIC ACTIVITIES			
59	01 ONCOLOGY	.279942		
59	02 DIABETES CENTER	1.027541		
59	03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.425279		
59	04 COMPREHENSIVE REHAB O/P	.197322	4,510	890
59	05 CURATIVE WOUND CENTER	.327661		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.159194	864,586	137,637
62	OBSERVATION BEDS (NON-DISTINCT PART)	.778814		
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		10,818,995	2,064,169
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		10,818,995	

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		173,925	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.174432		
38	RECOVERY ROOM	.099133		
39	DELIVERY ROOM & LABOR ROOM	.570656		
40	ANESTHESIOLOGY	.098952		
41	RADIOLOGY-DIAGNOSTIC	.088302	10,184	899
44	LABORATORY	.159565	30,926	4,935
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.479572		
49	RESPIRATORY THERAPY	.124230		
50	PHYSICAL THERAPY	.127895	195,068	24,948
51	OCCUPATIONAL THERAPY	.120554	178,159	21,478
52	SPEECH PATHOLOGY	.134114	59,906	8,034
53	ELECTROCARDIOLOGY	.068432	449	31
54	ELECTROENCEPHALOGRAPHY	.068942		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.271638	35,907	9,754
56	DRUGS CHARGED TO PATIENTS	.203780	127,319	25,945
59	THERAPEUTIC ACTIVITIES			
59	01 ONCOLOGY	.279942		
59	02 DIABETES CENTER	1.027541		
59	03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.425279	6,390	2,718
59	04 COMPREHENSIVE REHAB O/P	.197322		
59	05 CURATIVE WOUND CENTER	.327661		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.159194	12,433	1,979
62	OBSERVATION BEDS (NON-DISTINCT PART)	.778814		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		656,741	100,721
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		656,741	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.174432		
38	RECOVERY ROOM	.099133		
39	DELIVERY ROOM & LABOR ROOM	.570656		
40	ANESTHESIOLOGY	.098952		
41	RADIOLOGY-DIAGNOSTIC	.088302		
44	LABORATORY	.159565		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.479572		
49	RESPIRATORY THERAPY	.124230		
50	PHYSICAL THERAPY	.127895		
51	OCCUPATIONAL THERAPY	.120554		
52	SPEECH PATHOLOGY	.134114		
53	ELECTROCARDIOLOGY	.068432		
54	ELECTROENCEPHALOGRAPHY	.068942		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.271638		
56	DRUGS CHARGED TO PATIENTS	.203780		
59	THERAPEUTIC ACTIVITIES			
59	01 ONCOLOGY	.279942		
59	02 DIABETES CENTER	1.027541		
59	03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.425279		
59	04 COMPREHENSIVE REHAB O/P	.197322		
59	05 CURATIVE WOUND CENTER	.327661		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.159194		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.778814		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

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)	13,575,298	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	13,575,298	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	13,575,298	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	13,575,298	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,316,511	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	38,356	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	353,576	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	247,503	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	288,736	
22 SUBTOTAL	12,467,934	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	12,467,934	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	12,370,935	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	96,999	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	6,425,518
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	6,077,019
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.937
1.04	LINE 1.01 TIMES LINE 1.03.	6,020,710
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)	6,077,019

COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	1,466,978
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	4,610,041
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	4,610,041
24	PRIMARY PAYER PAYMENTS	352
25	SUBTOTAL	4,609,689

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	291,742
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	204,219
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	270,608
28	SUBTOTAL	4,813,908
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	4,813,908
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,562,029
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	251,879
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)	

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,892,425		
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		3,892,425		
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	12,216		
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY		3,904,641		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		3,782,638
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0215
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		173,793
1.05	OUTLIER PAYMENTS		4,750
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		3,961,181
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)		13.575342
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)		3,961,181
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		3,961,181
7	DEDUCTIBLES		50,196
8	SUBTOTAL		3,910,985
9	COINSURANCE		17,088
10	SUBTOTAL		3,893,897
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		15,348
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		10,744
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		15,348
12	SUBTOTAL		3,904,641
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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)	3,904,641
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,892,425
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	12,216
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

PART 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)			

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		14,296,057		
2 NET INCOME (LOSS)		663,139		
3 TOTAL		14,959,196		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 NET UNREALIZED GAIN ON IN	382,865			
6 NET GAIN ON DEFINED BENEF	1,923,101			
7 INCREASE IN TEMP REST NET	52,411			
8				
9				
10 TOTAL ADDITIONS		2,358,377		
11 SUBTOTAL		17,317,573		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 NET CAPITAL DISTRIBUTIONS	2,828,807			
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		2,828,807		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		14,488,766		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 NET UNREALIZED GAIN ON IN				
6 NET GAIN ON DEFINED BENEF				
7 INCREASE IN TEMP REST NET				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 NET CAPITAL DISTRIBUTIONS				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	7,949,316		7,949,316
2 00 SUBPROVIDER	3,253,874		3,253,874
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	3,456,060		3,456,060
7 00 NURSING FACILITY			
7 01 ICF/MR			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	14,659,250		14,659,250
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,484,485		2,484,485
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,484,485		2,484,485
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	17,143,735		17,143,735
17 00 ANCILLARY SERVICES	134,252,307	172,475,865	306,728,172
18 00 OUTPATIENT SERVICES	9,181,969	31,178,636	40,360,605
19 00 HOME HEALTH AGENCY		5,956,805	5,956,805
20 00 AMBULANCE SERVICES	112,893	1,384	114,277
23 00 HOSPICE		2,864,021	2,864,021
24 00 OTHER	60,100	1,803,622	1,863,722
25 00 TOTAL PATIENT REVENUES	160,751,004	214,280,333	375,031,337

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		84,280,293	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		84,280,293	

DESCRIPTION

1	TOTAL PATIENT REVENUES	375,031,337
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	293,363,858
3	NET PATIENT REVENUES	81,667,479
4	LESS: TOTAL OPERATING EXPENSES	84,280,293
5	NET INCOME FROM SERVICE TO PATIENTS	-2,612,814
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	225,862
7	INCOME FROM INVESTMENTS	59,738
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	18,151
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	421,809
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	5,374
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	1,443
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	539,591
23	GOVERNMENTAL APPROPRIATIONS	
24	SAINT CLARE'S VILLA	1,464,946
24.01	EQUIPMENT SALES	19,505
24.02	SUPPORT FEE	419,333
24.03	OTHER MISCELLANEOUS REVENUE	287,403
24.04	GAIN ON HVSI SALE	1,063
24.05	PATIENT ACCOUNT RECORDS	75
25	TOTAL OTHER INCOME	3,464,293
26	TOTAL OTHER EXPENSES	851,479
27	NEWSPAPER	16,054
28	LAND DISTRIBUTION TO CONVENT	172,286
29		
30	TOTAL OTHER EXPENSES	188,340
31	NET INCOME (OR LOSS) FOR THE PERIOD	663,139

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	197,599	14,496	6,376	914	39,454	258,839
HHA REIMBURSABLE SERVICES						
6	712,585	52,087	48,912		12,758	826,342
7	274,063	20,033	17,449	14,636		326,181
8	210,577	15,392	14,923			240,892
9	19,538	1,428	1,728			22,694
10						
11	18,527	1,354	3,926			23,807
12						
13						
13. 20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23. 50						
24	1,432,889	104,790	93,314	15,550	52,212	1,698,755

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		258,839		258,839
HHA REIMBURSABLE SERVICES				
6		826,342		826,342
7		326,181		326,181
8		240,892		240,892
9		22,694		22,694
10				
11		23,807		23,807
12				
13				
13. 20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23. 50				
24		1,698,755		1,698,755

HHA 1

	CAP-REL COST-BLDG & FIX (FEET SQUARE)	CAP-REL COST-MOV EQUIP (DOLLAR)	PLANT OPER & MAINT (FEET SQUARE)	TRANSPORTATION (MILEAGE)	RECONCILIATION (5A)	ADMINISTRATIVE & GENERAL (COST ACCUM.)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX	4,259				
2	CAP-REL COST-MOV EQUIP		4,259			
3	PLANT OPER & MAINT		4,259			
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL	1,946	1,946	1,946	-258,839	1,439,916
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	1,256	1,256	1,256		826,342
7	PHYSICAL THERAPY	407	407	407		326,181
8	OCCUPATIONAL THERAPY	360	360	360		240,892
9	SPEECH PATHOLOGY	26	26	26		22,694
10	MEDICAL SOCIAL SERVICES					
11	HOME HEALTH AIDE	264	264	264		23,807
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)	4,259	4,259	4,259	-258,839	1,439,916
25	COST TO BE ALLOCATED					258,839
26	UNIT COST MULTIPLIER					.179760

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE			
	0	1	1.01	1.02	1.03	2
1 ADMIN & GENERAL			2,539			
2 SKILLED NURSING CARE	974,885		1,639			
3 PHYSICAL THERAPY	384,815		531			
4 OCCUPATIONAL THERAPY	284,195		470			
5 SPEECH PATHOLOGY	26,773		34			
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	28,087		344			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,698,755		5,557			
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	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &				
	2.01	3	3.01	3.02	3.03	3.04
1 ADMIN & GENERAL	409		2,091			
2 SKILLED NURSING CARE	264		1,349			
3 PHYSICAL THERAPY	86		437			
4 OCCUPATIONAL THERAPY	76		387			
5 SPEECH PATHOLOGY	5		28			
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	56		284			
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)	896		4,576			
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	NEW CAP REL COSTS-MVBLE 4	NEW CAP REL COSTS-MVBLE 4.01	NEW CAP REL COSTS-MVBLE 4.02	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	PURCHASING, RECEIVING AND 6.02
1 ADMIN & GENERAL		4,545		58,994	5,662	830
2 SKILLED NURSING CARE		2,934		212,746	13,802	4,639
3 PHYSICAL THERAPY		951		81,823	4,247	
4 OCCUPATIONAL THERAPY		841		62,869	3,893	
5 SPEECH PATHOLOGY		61		5,833	354	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		617		5,531	708	
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)		9,949		427,796	28,666	5,469
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	ADMITTING 6.03	CASHIERING/A Ccounts RECE 6.04	SUBTOTAL 6A.04	OTHER ADMINI STRATIVE AND 6.05	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9
1 ADMIN & GENERAL			75,070	19,868	30,100	
2 SKILLED NURSING CARE	7,408	17,861	1,237,527	327,514	19,427	
3 PHYSICAL THERAPY	4,290	10,342	487,522	129,024	6,295	
4 OCCUPATIONAL THERAPY	2,521	6,079	361,331	95,627	5,568	
5 SPEECH PATHOLOGY	350	843	34,281	9,073	402	
6 MEDICAL SOCIAL SERVICES	573	1,380	1,953	517		
7 HOME HEALTH AIDE	215	517	36,359	9,623	4,083	
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)	15,357	37,022	2,234,043	591,246	65,875	
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	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	PHARMACY
	10	11	12	14	15	16
1 ADMIN & GENERAL	7,286		17,222			
2 SKILLED NURSING CARE	4,701		40,386	86,021	20,009	
3 PHYSICAL THERAPY	1,523		12,489			
4 OCCUPATIONAL THERAPY	1,348		11,314			
5 SPEECH PATHOLOGY	98		839			
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	989		2,451	5,536		
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)	15,945		84,701	91,557	20,009	
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	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEP DOWN ADJUST	SUBTOTAL	ALLOCATED HHA A & G
	17	18	25	26	27	28
1 ADMIN & GENERAL			149,546		149,546	
2 SKILLED NURSING CARE			1,735,585		1,735,585	86,132
3 PHYSICAL THERAPY			636,853		636,853	31,606
4 OCCUPATIONAL THERAPY			475,188		475,188	23,583
5 SPEECH PATHOLOGY			44,693		44,693	2,218
6 MEDICAL SOCIAL SERVICES		59,527	61,997		61,997	3,077
7 HOME HEALTH AIDE			59,041		59,041	2,930
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)		59,527	3,162,903		3,162,903	149,546
21 UNIT COST MULTIPLIER						0.049628

(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	TOTAL HHA COSTS
	29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	1,821,717
3 PHYSICAL THERAPY	668,459
4 OCCUPATIONAL THERAPY	498,771
5 SPEECH PATHOLOGY	46,911
6 MEDICAL SOCIAL SERVICES	65,074
7 HOME HEALTH AIDE	61,971
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)	3,162,903
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	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1.01	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1.02	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1.03	OLD CAP REL COSTS-MVBLE (SQUARE FEET) 2	OLD CAP REL COSTS-MVBLE (SQUARE FEET) 2.01
1	ADMIN & GENERAL		1,946			1,946
2	SKILLED NURSING CARE		1,256			1,256
3	PHYSICAL THERAPY		407			407
4	OCCUPATIONAL THERAPY		360			360
5	SPEECH PATHOLOGY		26			26
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE		264			264
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)		4,259			4,259
21	COST TO BE ALLOCATED		5,557			896
22	UNIT COST MULTIPLIER		1.304766			0.210378

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3.01	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3.02	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3.03	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3.04	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4
1	ADMIN & GENERAL		1,946			
2	SKILLED NURSING CARE		1,256			
3	PHYSICAL THERAPY		407			
4	OCCUPATIONAL THERAPY		360			
5	SPEECH PATHOLOGY		26			
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE		264			
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)		4,259			
21	COST TO BE ALLOCATED		4,576			
22	UNIT COST MULTIPLIER		1.074431			

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (ADJUSTED SALARIES)	NONPATIENT TELEPHONES (NO OF LINES)	PURCHASING, RECEIVING AND EQUIP. (COSTED)	ADMITTING (TOTAL REVENUE)
	4.01	4.02	5	6.01	6.02	6.03
1 ADMIN & GENERAL	1,946		197,599	16	5,267	
2 SKILLED NURSING CARE	1,256		712,585	39	29,447	2,873,683
3 PHYSICAL THERAPY	407		274,063	12		1,664,103
4 OCCUPATIONAL THERAPY	360		210,577	11		978,083
5 SPEECH PATHOLOGY	26		19,538	1		135,605
6 MEDICAL SOCIAL SERVICES						222,112
7 HOME HEALTH AIDE	264		18,526	2		83,219
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4,259		1,432,888	81	34,714	5,956,805
21 COST TO BE ALLOCATED	9,949		427,796	28,666	5,469	15,357
22 UNIT COST MULTIPLIER	2.335994		0.298555	353.901235	0.157545	0.002578

HHA COST CENTER	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	RECONCILIATION	OTHER ADMINISTRATIVE AND ACCUM. COST	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)
	6.04	6A.05	6.05	8	9	10
1 ADMIN & GENERAL			75,070	1,946		2,460
2 SKILLED NURSING CARE	2,873,683		1,237,527	1,256		1,587
3 PHYSICAL THERAPY	1,664,103		487,522	407		514
4 OCCUPATIONAL THERAPY	978,083		361,331	360		455
5 SPEECH PATHOLOGY	135,605		34,281	26		33
6 MEDICAL SOCIAL SERVICES	222,112		1,953			
7 HOME HEALTH AIDE	83,219		36,359	264		334
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)	5,956,805		2,234,043	4,259		5,383
21 COST TO BE ALLOCATED	37,022		591,246	65,875		15,945
22 UNIT COST MULTIPLIER	0.006215		0.264653	15.467246		2.962103

HHA 1

HHA COST CENTER	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURSING) G HRS	CENTRAL SERVICES & SUPPLIES (PURCHASE REQUIS.)	PHARMACY (COSTED) EQUIS.	MEDICAL RECORDS & LIBRARY (TIME) SPENT
	11	12	14	15	16	17
1 ADMIN & GENERAL		513				
2 SKILLED NURSING CARE		1,203	2,593,876	24,965		
3 PHYSICAL THERAPY		372				
4 OCCUPATIONAL THERAPY		337				
5 SPEECH PATHOLOGY		25				
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		73	166,931			
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)		2,523	2,760,807	24,965		
21 COST TO BE ALLOCATED		84,701	91,557	20,009		
22 UNIT COST MULTIPLIER		33.571542	0.033163	0.801482		

SOCIAL SERVICE
 (TIME SPENT)

HHA COST CENTER	18
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	
3 PHYSICAL THERAPY	
4 OCCUPATIONAL THERAPY	
5 SPEECH PATHOLOGY	
6 MEDICAL SOCIAL SERVICES	17,000
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)	17,000
21 COST TO BE ALLOCATED	59,527
22 UNIT COST MULTIPLIER	3.501588

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	1,821,717		1,821,717	6,790	268.29	3,720
2 PHYSICAL THERAPY	3	668,459		668,459	4,220	158.40	2,992
3 OCCUPATIONAL THERAPY	4	498,771		498,771	1,919	259.91	1,373
4 SPEECH PATHOLOGY	5	46,911		46,911	254	184.69	236
5 MEDICAL SOCIAL SERVICES	6	65,074		65,074	301	216.19	168
6 HOME HEALTH AIDE SERVICE	7	61,971		61,971	823	75.30	378
7 TOTAL		3,162,903		3,162,903	14,307		8,867

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	PART A 9	10	11
1 SKILLED NURSING	3,070		998,039	823,650	1,821,689
2 PHYSICAL THERAPY	1,228		473,933	194,515	668,448
3 OCCUPATIONAL THERAPY	546		356,856	141,911	498,767
4 SPEECH PATHOLOGY	18		43,587	3,324	46,911
5 MEDICAL SOCIAL SERVICES	133		36,320	28,753	65,073
6 HOME HEALTH AIDE SERVICES	445		28,463	33,509	61,972
7 TOTAL	5,440		1,937,198	1,225,662	3,162,860

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

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

PROVIDER NO: 14-0052
 HHA NO: 14-7113
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 6/22/2010
 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

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		28,163	28,163	66,092	.426118	26,539
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----		
	-----PART B-----		-----PART B-----		
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
15 COST OF MEDICAL SUPPLIES	39,553		11,309	16,854	
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:

MSA NUMBER 1 AMOUNT 2

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1	PHYSICAL THERAPY	50	.127895		COL 2, LN 2
2	OCCUPATIONAL THERAPY	51	.120554		COL 2, LN 3
3	SPEECH PATHOLOGY	52	.134114		COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.271638	103,678	COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.203780	28,163	COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999
			----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
	1	2	2.01	3	3.01	4	5
1	PHYSICAL THERAPY	2	158.40				
2	OCCUPATIONAL THERAPY	3	259.91				
3	SPEECH PATHOLOGY	4	184.69				
4	TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII I HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES	2,427,183	1,469,122	
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES	2,427,183	1,469,122	
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	2,427,183	1,469,122	
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	1,512,134	854,945
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	24,655	32,830
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	11,380	4,392
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	1,548,169	892,167
13 EXCESS REASONABLE COST		
14 SUBTOTAL	1,548,169	892,167
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	1,548,169	892,167
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,548,169	892,167
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	1,548,169	892,167
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	1,548,169	892,167
25 INTERIM PAYMENTS	1,548,169	892,167
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2009	6/22/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K
14-1573		

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	13,284	975	1,496	
6 ADMINISTRATIVE AND GENERAL	91,722	6,683	760	
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	200,842	14,734	13,899	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	2,063	151	311	
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	28,709	2,106	1,764	
15 SPIRITUAL COUNSELING	21,890	1,606	1,426	
16 DIETARY COUNSELING	1,828	134	20	
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	27,491	2,017	6,948	
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)	387,829	28,406	26,624	

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2009	6/22/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K
14-1573		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		15,755		15,755
6	66,238	165,403		165,403
7	26,797	26,797		26,797
8				
9	5,758	5,758		5,758
10	-10,369	219,106		219,106
10.20				
11	-114	2,411		2,411
12				
13				
14	-1,472	31,107		31,107
15	-1,126	23,796		23,796
16	-90	1,892		1,892
17				
18	-1,647	34,809		34,809
18.20				
19				
20	133,070	133,070		133,070
20.30				
20.31				
20.32				
21	1,383	1,383		1,383
22	2,416	2,416		2,416
23				
24	250	250		250
25	11,360	11,360		11,360
26				
27				
28				
29	496,301	496,301		496,301
30				
31				
32				
33				
34	728,755	1,171,614		1,171,614

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2009	6/22/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K
14-1573		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		15,755
6 ADMINISTRATIVE AND GENERAL		165,403
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		26,797
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		5,758
10 NURSING CARE		219,106
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		2,411
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		31,107
15 SPIRITUAL COUNSELING		23,796
16 DIETARY COUNSELING		1,892
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		34,809
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		133,070
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		1,383
22 PATIENT TRANSPORTATION		2,416
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		250
25 MEDICAL SUPPLIES		11,360
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		496,301
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		1,171,614

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2009	6/22/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-1
14-1573		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION			13,284	
6 ADMINISTRATIVE AND GENERAL				53,043
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			28,709	
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)			41,993	53,043

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2009	6/22/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-1
14-1573		

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				38,679
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	200,842			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		2,063		
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				21,890
16 DIETARY COUNSELING				1,828
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			27,491	
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)	200,842	2,063	27,491	62,397

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2009	6/22/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-1
14-1573		

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	13,284
7	ADMINISTRATIVE AND GENERAL	91,722
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	200,842
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	2,063
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	28,709
19	SPIRITUAL COUNSELING	21,890
20	DIETARY COUNSELING	1,828
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOME MAKER	27,491
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)	387,829

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2009	6/22/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-2
14-1573		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION			975	
6 ADMINISTRATIVE AND GENERAL				3,845
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			2,106	
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)			3,081	3,845

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2009	6/22/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-2
14-1573		

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				2,838
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	14,734			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		151		
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				1,606
16 DIETARY COUNSELING				134
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			2,017	
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)	14,734	151	2,017	4,578

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2009	6/22/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-2
14-1573		

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	975
6	ADMINISTRATIVE AND GENERAL	6,683
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	14,734
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	151
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	2,106
15	SPIRITUAL COUNSELING	1,606
16	DIETARY COUNSELING	134
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	2,017
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)	28,406

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2009	6/22/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1573		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	15,755			
6 ADMINISTRATIVE AND GENERAL	165,403			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	26,797			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	5,758			
10 NURSING CARE	219,106			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	2,411			
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	31,107			
15 SPIRITUAL COUNSELING	23,796			
16 DIETARY COUNSELING	1,892			
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	34,809			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	133,070			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN	1,383			
22 PATIENT TRANSPORTATION	2,416			
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS	250			
25 MEDICAL SUPPLIES	11,360			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER	496,301			
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,171,614			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2009	6/22/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1573		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		15,755		
7 ADMINISTRATIVE AND GENERAL		15,755	181,158	181,158
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			26,797	4,901
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			5,758	1,053
13 NURSING CARE			219,106	40,075
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			2,411	441
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			31,107	5,690
19 SPIRITUAL COUNSELING			23,796	4,352
20 DIETARY COUNSELING			1,892	346
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			34,809	6,367
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			133,070	24,339
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			1,383	253
31 PATIENT TRANSPORTATION			2,416	442
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS			250	46
34 MEDICAL SUPPLIES			11,360	2,078
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER			496,301	90,775
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)		15,755	990,456	181,158

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2009	6/22/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1573		PART I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	31,698
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	6,811
13	NURSING CARE	259,181
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	2,852
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	36,797
19	SPIRITUAL COUNSELING	28,148
20	DIETARY COUNSELING	2,238
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	41,176
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	157,409
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	1,636
31	PATIENT TRANSPORTATION	2,858
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	296
34	MEDICAL SUPPLIES	13,438
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	587,076
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	1,171,614

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO: 14-0052
HOSPICE NO: 14-1573
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 6/22/2010
WORKSHEET K-4
PART II

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.	350			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.		350		
4 PLANT OPERATION AND MAINTENANCE			350	
5 TRANSPORTATION - STAFF				26,624
6 VOLUNTEER SERVICE COORDINATION				1,496
7 ADMINISTRATIVE AND GENERAL	100	100	100	760
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	100	100	100	13,899
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				311
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES	50	50	50	1,764
19 SPIRITUAL COUNSELING				1,426
20 DIETARY COUNSELING				20
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER	100	100	100	6,948
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				
40				
41				
42 FUNDRAISING				
43 OTHER PROGRAM COSTS				
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)				
45 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0052	FROM 1/ 1/2009	6/22/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1573		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	15,755		
7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	15,755	-181,158	990,456
8 INPATIENT - GENERAL CARE			26,797
9 INPATIENT - RESPIRE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			5,758
12 NURSING CARE			219,106
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			2,411
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			31,107
18 SPIRITUAL COUNSELING			23,796
19 DIETARY COUNSELING			1,892
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOME MAKER			34,809
22.20 HH AIDE & HOME MAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			133,070
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			1,383
30 PATIENT TRANSPORTATION			2,416
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			250
33 MEDICAL SUPPLIES			11,360
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			496,301
38			
39			
40 FUNDRAISING			
41 OTHER PROGRAM COSTS			
42 COST TO BE ALLOCATED (PER WKST K-4, PART I)	15,755		181,158
43 UNIT COST MULTIPLIER	1.000000		182904

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-BLDG & FIXT
		0	1	1.01	1.02
1.00 ADMINISTRATIVE AND GENERAL	6			130	
2.00 INPATIENT - GENERAL CARE	7	31,698			
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9	6,811			
5.00 NURSING CARE	10	259,181		131	
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	2,852			
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	36,797		65	
10.00 SPIRITUAL COUNSELING	15	28,148			
11.00 DIETARY COUNSELING	16	2,238			
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	41,176		131	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	157,409			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21	1,636			
17.00 PATIENT TRANSPORTATION	22	2,858			
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24	296			
20.00 MEDICAL SUPPLIES	25	13,438			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29	587,076			
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)		1,171,614		457	
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
	1.03	2	2.01	3
1.00 ADMINISTRATIVE AND GENERAL				21
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				21
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				11
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				21
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)				74
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT			
	3.01	3.02	3.03	3.04
1.00 ADMINISTRATIVE AND GENERAL	108			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	107			
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	54			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	107			
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)	376			
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
	4	4.01	4.02	5
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		233		31,350
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		234		59,962
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				616
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		117		8,571
10.00 SPIRITUAL COUNSELING				6,535
11.00 DIETARY COUNSELING				546
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		234		8,208
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)		818		115,788
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	50,917		50,917	
2.00 INPATIENT - GENERAL CARE	41,550		41,550	1,254
3.00 INPATIENT - RESPIRE CARE	44		44	1
4.00 PHYSICIAN SERVICES	8,614		8,614	260
5.00 NURSING CARE	467,442		467,442	14,110
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	4,453		4,453	134
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	61,549		61,549	1,858
10.00 SPIRITUAL COUNSELING	45,541		45,541	1,375
11.00 DIETARY COUNSELING	3,655		3,655	110
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	84,591		84,591	2,553
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	199,068		199,068	6,009
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	2,069		2,069	62
17.00 PATIENT TRANSPORTATION	3,614		3,614	109
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS	374		374	11
20.00 MEDICAL SUPPLIES	16,994		16,994	513
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	747,235		747,235	22,558
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,737,710		1,737,710	
30.00 UNIT COST MULTIPLIER				.030186

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	42,804
3.00 INPATIENT - RESPIRE CARE	45
4.00 PHYSICIAN SERVICES	8,874
5.00 NURSING CARE	481,552
5.20 NURSING CARE-CONTINUOUS HOME CARE	
6.00 PHYSICAL THERAPY	4,587
7.00 OCCUPATIONAL THERAPY	
8.00 SPEECH/LANGUAGE PATHOLOGY	
9.00 MEDICAL SOCIAL SERVICES	63,407
10.00 SPIRITUAL COUNSELING	46,916
11.00 DIETARY COUNSELING	3,765
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	87,144
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	205,077
15.30 ANALGESICS	
15.31 SEDATIVES / HYPNOTICS	
15.32 OTHER	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	2,131
17.00 PATIENT TRANSPORTATION	3,723
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	385
20.00 MEDICAL SUPPLIES	17,507
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00	769,793
25.00 BEREAVEMENT PROGRAM COSTS	
26.00 VOLUNTEER PROGRAM COSTS	
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,737,710
30.00 UNIT COST MULTIPLIER	

HOSPICE 1

TOTAL HOSPICE
COSTS

HOSPICE COST CENTER

29

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

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)			
	1	1.01	1.02	1.03
1.00 ADMINISTRATIVE AND GENERAL			100	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			100	
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			50	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			100	
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)			350	
30.00 TOTAL COST TO BE ALLOCATED			457	
31.00 UNIT COST MULTIPLIER	.000000	1.305714	.000000	.000000

HOSPICE COST CENTER	OLD CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	OLD CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)
	2	2.01	3	3.01
1.00 ADMINISTRATIVE AND GENERAL			100	100
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			100	100
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			50	50
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			100	100
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-MVBLE EQUIP	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-BLDG & FIXT
	2	2.01	3	3.01
29.00 TOTAL (SUM OF LINE 1 THRU 28)			350	350
30.00 TOTAL COST TO BE ALLOCATED			74	376
31.00 UNIT COST MULTIPLIER	.000000	.211429	.000000	1.074286

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)
	3.02	3.03	3.04	4
1.00 ADMINISTRATIVE AND GENERAL				100
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				100
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				50
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				100
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)				350
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (ADJUSTED SALARIES)	NONPATIENT TELEPHONES (NO OF LINES)
	4. 01	4. 02	5	6. 01
1.00 ADMINISTRATIVE AND GENERAL	100		105,006	2
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	100		200,842	2
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY			2,063	
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	50		28,709	1
10.00 SPIRITUAL COUNSELING			21,890	
11.00 DIETARY COUNSELING			1,828	
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	100		27,491	2
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)	350		387,829	7
30.00 TOTAL COST TO BE ALLOCATED	818		115,788	2,477
31.00 UNIT COST MULTIPLIER	2.337143	.000000	.298554	353.857143

HOSPICE COST CENTER	PURCHASING, RECEIVING AND STORES (COSTED REQUIS.)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	RECONCILIATION
	6. 02	6. 03	6. 04	6A. 05
1.00 ADMINISTRATIVE AND GENERAL	1,237			
2.00 INPATIENT - GENERAL CARE		131,689	131,689	
3.00 INPATIENT - RESPIRE CARE		4,032	4,032	
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	11,880	1,703,633	1,703,633	
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		594,266	594,266	
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		430,401	430,401	
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCO UNTS RECEIVABLE	RECONCILIATION
HOSPICE COST CENTER	6.02	6.03	6.04	6A.05
29.00 TOTAL (SUM OF LINE 1 THRU 28)	13,117	2,864,021	2,864,021	
30.00 TOTAL COST TO BE ALLOCATED	2,067	7,383	17,800	
31.00 UNIT COST MULTIPLIER	.157582	.002578	.006215	

HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (TIME SPENT) 10
HOSPICE COST CENTER	6.05	8	9	10
1.00 ADMINISTRATIVE AND GENERAL	32,744	100		126
2.00 INPATIENT - GENERAL CARE	32,855			
3.00 INPATIENT - RESPIRE CARE	35			
4.00 PHYSICIAN SERVICES	6,811			
5.00 NURSING CARE	337,197	100		126
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	3,468			
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	45,969	50		64
10.00 SPIRITUAL COUNSELING	34,683			
11.00 DIETARY COUNSELING	2,784			
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	55,810	100		126
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	157,409			
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	1,636			
17.00 PATIENT TRANSPORTATION	2,858			
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS	296			
20.00 MEDICAL SUPPLIES	13,438			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	590,861			
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	1,318,854	350		442
30.00 TOTAL COST TO BE ALLOCATED	349,039	5,414		1,309
31.00 UNIT COST MULTIPLIER	.264653	15.468571	.000000	2.961538

HOSPICE 1

HOSPICE COST CENTER	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (PURCHASE REQUIS.)
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL			226	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			322	771,576
5.20 NURSING CARE-CONTINUOUS HOME CARE				3,914
6.00 PHYSICAL THERAPY			2	
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES			73	
10.00 SPIRITUAL COUNSELING			50	
11.00 DIETARY COUNSELING			4	
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			114	253,632
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)		791	1,025,208	3,914
30.00 TOTAL COST TO BE ALLOCATED		26,555	33,402	3,137
31.00 UNIT COST MULTIPLIER	.000000	33.571429	.032581	.801482

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

HOSPICE 1

HOSPICE COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	16	17	18
29.00 TOTAL (SUM OF LINE 1 THRU 28)			
30.00 TOTAL COST TO BE ALLOCATED			
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000

HOSPICE 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	.127895	
2	OCCUPATIONAL THERAPY	51	.120554	
3	SPEECH PATHOLOGY	52	.134114	
4	DRUGS CHARGED TO PATIENTS	56	.203780	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.159565	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.271638	
8	EMERGENCY	61	.159194	
9	RADIOLOGY-DIAGNOSTIC	41	.088302	
10	THERAPEUTIC ACTIVITIES	59		
10.01	ONCOLOGY	59.01	.279942	
10.02	DIABETES CENTER	59.02	1.027541	
10.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.03	.425279	
10.04	COMPREHENSIVE REHAB O/P	59.04	.197322	
10.05	CURATIVE WOUND CENTER	59.05	.327661	
11	TOTAL (SUM OF LINES 1-10)			

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				1,737,710
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				12,105
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				143.55
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	10,580			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,518,759			
6 UNDUPLICATED MEDICAID DAYS		1,405		
7 AGGREGATE MEDICAID COST		201,688		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			120	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			17,226	

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	42.22
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
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)	

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	5,064,100	542,849	4,521,251	54,285	262,233	4,747,582
38	RECOVERY ROOM	665,669	25,879	639,790	2,588	37,108	625,973
39	DELIVERY ROOM & LABOR ROO	2,581,776	206,082	2,375,694	20,608	137,790	2,423,378
40	ANESTHESIOLOGY	269,055	12,014	257,041	1,201	14,908	252,946
41	RADIOLOGY-DIAGNOSTIC	7,885,563	416,754	7,468,809	41,675	433,191	7,410,697
44	LABORATORY	5,796,290	216,554	5,579,736	21,655	323,625	5,451,010
46	WHOLE BLOOD & PACKED RED	871,419	8,358	863,061	836	50,058	820,525
49	RESPIRATORY THERAPY	1,288,633	59,489	1,229,144	5,949	71,290	1,211,394
50	PHYSICAL THERAPY	2,108,575	82,304	2,026,271	8,230	117,524	1,982,821
51	OCCUPATIONAL THERAPY	1,129,487	56,265	1,073,222	5,627	62,247	1,061,613
52	SPEECH PATHOLOGY	236,878	3,857	233,021	386	13,515	222,977
53	ELECTROCARDIOLOGY	1,685,620	110,720	1,574,900	11,072	91,344	1,583,204
54	ELECTROENCEPHALOGRAPHY	310,184	13,299	296,885	1,330	17,219	291,635
55	MEDICAL SUPPLIES CHARGED	5,811,744	128,605	5,683,139	12,861	329,622	5,469,261
56	DRUGS CHARGED TO PATIENTS	6,552,402	79,659	6,472,743	7,966	375,419	6,169,017
59	THERAPEUTIC ACTIVITIES	3,827	211	3,616	21	210	3,596
59	01 ONCOLOGY	438,443	22,401	416,042	2,240	24,130	412,073
59	02 DIABETES CENTER	186,176	16,936	169,240	1,694	9,816	174,666
59	03 PSYCHIATRIC/PSYCHOLOGICAL	701,180	18,379	682,801	1,838	39,602	659,740
59	04 COMPREHENSIVE REHAB O/P	409,942	49,536	360,406	4,954	20,904	384,084
59	05 CURATIVE WOUND CENTER	880,101	35,591	844,510	3,559	48,982	827,560
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,425,185	288,049	6,137,136	28,805	355,954	6,040,426
62	OBSERVATION BEDS (NON-DIS	911,548	68,996	842,552	6,900	48,868	855,780
63	OTHER OUTPATIENT SERVICE		5	-5	1		-1
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	99,801	583	99,218	58	5,755	93,988
101	SUBTOTAL	52,313,598	2,463,375	49,850,223	246,339	2,891,314	49,175,945
102	LESS OBSERVATION BEDS	911,548	68,996	842,552	6,900	48,868	855,780
103	TOTAL	51,402,050	2,394,379	49,007,671	239,439	2,842,446	48,320,165

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS	29,031,989	.163529	.172562
38	OPERATING ROOM	6,714,915	.093221	.098747
39	RECOVERY ROOM	4,524,226	.535645	.566101
40	DELIVERY ROOM & LABOR ROO	2,719,037	.093028	.098511
41	ANESTHESIOLOGY	89,302,640	.082984	.087835
44	RADIOLOGY-DIAGNOSTIC	36,325,460	.150060	.158969
46	LABORATORY	1,817,076	.451563	.479112
49	WHOLE BLOOD & PACKED RED	10,372,962	.116784	.123656
50	RESPIRATORY THERAPY	16,486,814	.120267	.127395
51	PHYSICAL THERAPY	9,369,144	.113309	.119953
52	OCCUPATIONAL THERAPY	1,766,239	.126244	.133896
53	SPEECH PATHOLOGY	24,632,122	.064274	.067982
54	ELECTROCARDIOLOGY	4,499,211	.064819	.068646
55	ELECTROENCEPHALOGRAPHY	21,395,198	.255630	.271037
56	MEDICAL SUPPLIES CHARGED	32,154,228	.191857	.203533
59	DRUGS CHARGED TO PATIENTS			
59	THERAPEUTIC ACTIVITIES			
59	01 ONCOLOGY	1,566,193	.263105	.278512
59	02 DIABETES CENTER	181,186	.964015	1.018191
59	03 PSYCHIATRIC/PSYCHOLOGICAL	1,648,751	.400145	.424165
59	04 COMPREHENSIVE REHAB O/P	2,077,523	.184876	.194938
59	05 CURATIVE WOUND CENTER	2,686,011	.308100	.326336
61	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	40,360,625	.149661	.158481
62	OBSERVATION BEDS (NON-DIS	1,170,431	.731167	.772919
63	OTHER OUTPATIENT SERVICE			
63	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	114,277	.822458	.872818
101	SUBTOTAL	340,916,258		
102	LESS OBSERVATION BEDS	1,170,431		
103	TOTAL	339,745,827		