

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		14-0089		FROM 7/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/13/2009 TIME 10:07

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:  
 MCDONOUGH DISTRICT HOSPITAL 14-0089  
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2008 AND ENDING 6/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	670,607	63,559	0	
5	HOSPITAL-BASED SNF	0	301	0	0	
7	HOSPITAL-BASED HHA	0	-1	-1	0	
100	TOTAL	0	670,907	63,558	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.

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				TO 6/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/13/2009 TIME 9:45

PART I - CERTIFICATION

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 ECR ENCRYPTION INFORMATION  
 DATE: 11/13/2009 TIME 9:45

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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 TITLE

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 PI ENCRYPTION INFORMATION  
 DATE: 11/13/2009 TIME 9:45

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PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 525 E. GRANT      P. O. BOX:  
 1.01 CITY: MACOMB      STATE: IL      ZIP CODE: 61455-      COUNTY: MCDONOUGH

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	14-0089	2.01	7/ 1/1966	4	5	6
06.00	HOSPITAL-BASED SNF	14-5687		10/ 4/1990	N	P	N
09.00	HOSPITAL-BASED HHA	14-7293		12/14/1984	N	P	N
12.00	HOSP-BASED HOSPICE	14-1524		1/12/1989			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2008 TO: 6/30/2009      1      2  
 18 TYPE OF CONTROL      11

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL      1  
 20 SUBPROVIDER

OTHER INFORMATION

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

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

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.      2      Y      99914

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

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?      N

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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





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

MULTI CAMPUS

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

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00 MCDONOUGH DISTRICT HOSPITAL	MCDONOUGH	IL	61455	99914	478.72
62.01 MDH PHYSICAL THERAPY CLINIC	MCDONOUGH	IL	61455	99914	3.68
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 10/15/2009



HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0089  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/13/2009  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	24,662,755		24,662,755	1,020,350.00	24.17	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	725,928		725,928	6,635.00	109.41	
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	1,117,336		1,117,336	8,632.00	129.44	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	866,203		866,203	37,835.00	22.89	
8.01 EXCLUDED AREA SALARIES	3,331,192	-39,258	3,291,934	125,258.00	26.28	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	229,288		229,288	3,266.00	70.20	
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)	6,020,626		6,020,626			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,191,388		1,191,388			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	90,309		90,309			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	127,441		127,441			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	230,248		230,248	7,550.00	30.50	
22 ADMINISTRATIVE & GENERAL	2,905,506		2,905,506	137,904.00	21.07	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	543,455		543,455	27,664.00	19.64	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	191,443		191,443	16,411.00	11.67	
26 HOUSEKEEPING	599,710		599,710	51,355.00	11.68	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	275,455	123,317	398,772	27,040.00	14.75	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	358,593	-123,317	235,276	21,299.00	11.05	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	393,985		393,985	11,856.00	33.23	
31 CENTRAL SERVICE AND SUPPLY	182,628	20,786	203,414	14,976.00	13.58	
32 PHARMACY	527,515		527,515	14,581.00	36.18	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	570,806		570,806	33,696.00	16.94	
34 SOCIAL SERVICE	272,833		272,833	12,646.00	21.57	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	22,819,491		22,819,491	1,005,083.00	22.70	
2 EXCLUDED AREA SALARIES	4,197,395	-39,258	4,158,137	163,093.00	25.50	
3 SUBTOTAL SALARIES	18,622,096	39,258	18,661,354	841,990.00	22.16	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	229,288		229,288	3,266.00	70.20	
5 SUBTOTAL WAGE-RELATED COSTS	6,020,626		6,020,626		32.26	
6 TOTAL	24,872,010	39,258	24,911,268	845,256.00	29.47	
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	7,052,177	20,786	7,072,963	376,978.00	18.76	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		256.00		134.00

TOTAL  
5

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	390.00

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)			.60
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	.60		.60
5 OTHER ADMINISTRATIVE PERSONEL	3.40		3.40
6 DIRECTING NURSING SERVICE	7.80		7.80
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	.10		.10
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.30		.30
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.10		.10
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.10		.10
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.40		1.40
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9914	99914	

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	4,044	105	55	35
22 SKILLED NURSING VISIT CHARGES	595,296	15,442	8,140	5,096
23 PHYSICAL THERAPY VISITS	1,653	0	8	30
24 PHYSICAL THERAPY VISIT CHARGES	243,825	0	1,163	4,405
25 OCCUPATIONAL THERAPY VISITS	0	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0	0
27 SPEECH PATHOLOGY VISITS	153	0	4	0
28 SPEECH PATHOLOGY VISIT CHARGES	22,644	0	592	0
29 MEDICAL SOCIAL SERVICE VISITS	29	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	4,257	0	0	0
31 HOME HEALTH AIDE VISITS	817	0	2	0
32 HOME HEALTH AIDE VISIT CHARGES	79,264	0	190	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	6,696	105	69	65
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	945,286	15,442	10,085	9,501
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	367	0	21	7
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	2	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	23,647	402	162	220

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	4,239
22 SKILLED NURSING VISIT CHARGES	0	0	623,974
23 PHYSICAL THERAPY VISITS	0	0	1,691
24 PHYSICAL THERAPY VISIT CHARGES	0	0	249,393
25 OCCUPATIONAL THERAPY VISITS	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0
27 SPEECH PATHOLOGY VISITS	0	0	157
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	23,236
29 MEDICAL SOCIAL SERVICE VISITS	0	0	29
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	4,257
31 HOME HEALTH AIDE VISITS	0	0	819
32 HOME HEALTH AIDE VISIT CHARGES	0	0	79,454
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	6,935
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	980,314
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	395
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	2
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	24,431

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0089  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/13/2009  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC		16				
5	RVB						
6	RVA						
6.01	RVX		8				
6.02	RVL		38				
7	RHC		12				
8	RHB		35				
9	RHA		8				
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB		40				
12	RMA		28				
12.01	RMX		633				
12.02	RML		1,069				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		154				
16	SE2		623				
17	SE1		18				
18	SSC						
19	SSB						
20	SSA		190				
21	CC2						
22	CC1						
23	CB2						
24	CB1		4				
25	CA2						
26	CA1		36				
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		6				
45	Default						
46	TOTAL		2,918				

(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): 0.8335  
 Wage Index Factor (after 10/01) : 0.8386  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 14  
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2008	11/13/2009
	TO 6/30/2009	WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.8335  
 Wage Index Factor (after 10/01) : 0.8386  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 14  
 SNF CBSA Code : 99914

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2008	11/13/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET S-9
14-1524		

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	5,428			
3 INPATIENT RESPIRE CARE	28			
4 GENERAL INPATIENT CARE	3			
5 TOTAL HOSPICE DAYS	5,459			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	784	6,212
3 INPATIENT RESPIRE CARE	4	32
4 GENERAL INPATIENT CARE		3
5 TOTAL HOSPICE DAYS	788	6,247

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE				
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)				
9 UNDUPLICATED CENSUS COUNT	90			

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)		
9 UNDUPLICATED CENSUS COUNT		90

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      4,184,589
17.01	GROSS MEDICAID REVENUES      11,036,763
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS      1,250
21	NON-RESTRICTED GRANTS      80,687
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES      15,303,289
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)      .373018
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      11,036,763

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,116,911
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	4,184,589
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,560,927
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,116,911

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

HOSPITAL PROVIDER NO: 14-0089

PERIOD: FROM 7/1/2008 TO 6/30/2009

PREPARED 11/13/2009 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1 0100	OLD CAP REL COSTS-BLDG & FIXT					
1.01 0101	OLD CAP REL COSTS-HOSPITAL		2,549,078	2,549,078	-2,387,512	161,566
1.02 0102	OLD CAP REL COSTS-HSB I		223,865	223,865	-176,178	47,687
1.03 0103	OLD CAP REL COSTS-HSB II		129,657	129,657	-129,635	22
1.04 0104	OLD CAP REL COSTS-REHAB CNT				40	40
1.05 0105	OLD CAP REL COSTS-MAB				1	1
3 0300	NEW CAP REL COSTS-BLDG & FIXT					
3.01 0301	NEW CAP REL COSTS-HOSPITAL				2,534,437	2,534,437
3.02 0302	NEW CAP REL COSTS-HSB I				184,043	184,043
3.03 0303	NEW CAP REL COSTS-HSB II				133,862	133,862
3.04 0304	NEW CAP REL COSTS-REHAB CNT				50,838	50,838
3.05 0305	NEW CAP REL COSTS-DIAGNOSIS		152	152	3	155
3.06 0306	NEW CAP REL COSTS-HOSPITALITY HOUSE		11,871	11,871	411	12,282
3.07 0307	NEW CAP REL COSTS-MAB		81,120	81,120	1,436	82,556
3.08 0308	NEW CAP REL COSTS-ORTHO BLDG		25,602	25,602	811	26,413
5 0500	EMPLOYEE BENEFITS	230,248	7,607,477	7,837,725		7,837,725
6 0600	ADMINISTRATIVE & GENERAL	2,905,506	2,229,405	5,134,911	1,873	5,136,784
7 0700	MAINTENANCE & REPAIRS	508,160	1,229,073	1,737,233		1,737,233
7.01 0701	MAINTENANCE & REPAIRS-HSB I	21,612	149,356	170,968		170,968
7.02 0702	MAINTENANCE & REPAIRS-HSB II	7,935	86,097	94,032		94,032
7.03 0703	MAINTENANCE & REPAIRS-REHAB CLINIC		11,771	11,771		11,771
7.04 0704	MAINTENANCE & REPAIRS-MAB	3,427	14,243	17,670		17,670
7.05 0705	MAINTENANCE & REPAIRS-ORTHO BLDG	2,321	7,394	9,715		9,715
9 0900	LAUNDRY & LINEN SERVICE	191,443	72,732	264,175		264,175
10 1000	HOUSEKEEPING	473,961	65,056	539,017		539,017
10.01 1001	HOUSEKEEPING-HSB	92,567	11,197	103,764		103,764
10.02 1002	HOUSEKEEPING-HSB II	21,951	3,421	25,372		25,372
10.03 1003	HOUSEKEEPING-ORTHO		50	50		50
10.04 1004	HOUSEKEEPING-MAB	11,231		11,231		11,231
11 1100	DIETARY	275,455	7,442	282,897	338,710	621,607
12 1200	CAFETERIA	358,593	626,341	984,934	-338,710	646,224
14 1400	NURSING ADMINISTRATION	393,985	21,013	414,998		414,998
15 1500	CENTRAL SERVICES & SUPPLY	182,628	132,857	315,485	20,786	336,271
16 1600	PHARMACY	527,515	1,593,794	2,121,309		2,121,309
17 1700	MEDICAL RECORDS & LIBRARY	570,806	79,975	650,781	-23,024	627,757
18 1800	SOCIAL SERVICE	272,833	16,702	289,535		289,535
20 2000	NONPHYSICIAN ANESTHETISTS				815,751	815,751
24 2400	PARAMED PRGM	69,336	17,307	86,643		86,643
25 2500	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	3,316,279	288,160	3,604,439	-557,637	3,046,802
26 2600	INTENSIVE CARE UNIT	710,818	81,322	792,140		792,140
33 3300	NURSERY				271,293	271,293
34 3400	SKILLED NURSING FACILITY	866,203	42,422	908,625		908,625
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	1,001,957	593,515	1,595,472	90,234	1,685,706
38 3800	RECOVERY ROOM	436,161	85,771	521,932		521,932
39 3900	DELIVERY ROOM & LABOR ROOM				265,558	265,558
40 4000	ANESTHESIOLOGY	1,037,163	206,470	1,243,633	-815,751	427,882
41 4100	RADIOLOGY-DIAGNOSTIC	1,142,079	508,200	1,650,279	707,921	2,358,200
44 4400	LABORATORY	1,513,583	1,736,268	3,249,851	59,659	3,309,510
47 4700	BLOOD STORING, PROCESSING & TRANS.		395,900	395,900	-59,659	336,241
49 4900	RESPIRATORY THERAPY	633,706	99,057	732,763	-215,544	517,219
50 5000	PHYSICAL THERAPY	1,124,416	140,685	1,265,101	40,118	1,305,219
51 5100	OCCUPATIONAL THERAPY					
52 5200	SPEECH PATHOLOGY	107,516	3,718	111,234	5,245	116,479
53 5300	ELECTROCARDIOLOGY		215,857	215,857	158,833	374,690
54 5400	ELECTROENCEPHALOGRAPHY		2,601	2,601	31,640	34,241
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,176,816	1,176,816	25,071	1,201,887
56 5600	DRUGS CHARGED TO PATIENTS				22,050	22,050
59 3550	BEHAVIORAL HEALTH	484,279	10,782	495,061		495,061
59.01 3950	DIABETES/WOUND CARE/COUMADIN CENTER	324,094	37,396	361,490		361,490
59.02 3951	FLU CLINIC				2,102	2,102
	OUTPAT SERVICE COST CNTRS					
61 6100	EMERGENCY	1,581,132	771,932	2,353,064		2,353,064
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65 6500	AMBULANCE SERVICES	743,469	75,881	819,350		819,350
71 7100	HOME HEALTH AGENCY	760,883	232,253	993,136	-69,515	923,621
	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE		3,418	3,418	-3,418	
90 9000	OTHER CAPITAL RELATED COSTS		1,008,348	1,008,348	-909,497	98,851
93 9300	HOSPICE	395,435	311,989	707,424	8,567	715,991
95	SUBTOTALS	23,300,686	25,032,809	48,333,495	85,213	48,418,708
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98 9800	PHYSICIANS' PRIVATE OFFICES					
100 7950	DAY HEALTH	166,291	37,132	203,423		203,423
100.01 7951	OUTREACH SERVICES	105,529	26,331	131,860		131,860
100.02 7952	MSO LOSS	27,989	29,091	57,080		57,080
100.03 7953	FUND DEVELOPMENT	100,432	131,204	231,636	-85,213	146,423
100.04 7954	OUTSIDE LAUNDRY					
100.05 7955	PHYSICIAN SUPPORT	67,943	583,218	651,161		651,161
100.06 7956	HOSPITALITY HOUSE	7,051	4,998	12,049		12,049
100.07 7957	HSK DIAGNOSIS	5,023		5,023		5,023
100.08 7958	OCCUPATIONAL MED		53	53		53
100.09 7959	VISITING PHYSICIANS	7,557	199	7,756		7,756

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0089

PERIOD: FROM 7/1/2008 TO 6/30/2009

PREPARED 11/13/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
NONREIMBURS COST CENTERS						
100.10 7960	FARM LAND					
100.11 7961	PSYCH CLINIC	179,817	47,553	227,370		227,370
100.12 7962	ORTHO CLINIC		1,753	1,753		1,753
100.13 7963	VALET PARKING SERVICE	19,830	261	20,091		20,091
100.14 7964	SURGERY CLINIC	674,607	274,952	949,559		949,559
101	TOTAL	24,662,755	26,169,554	50,832,309	-0-	50,832,309

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0089

PERIOD: FROM 7/1/2008 TO 6/30/2009

PREPARED 11/13/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
1.01 0101	OLD CAP REL COSTS-HOSPITAL		161,566
1.02 0102	OLD CAP REL COSTS-HSB I		47,687
1.03 0103	OLD CAP REL COSTS-HSB II		22
1.04 0104	OLD CAP REL COSTS-REHAB CNT		40
1.05 0105	OLD CAP REL COSTS-MAB		1
3 0300	NEW CAP REL COSTS-BLDG & FIXT		
3.01 0301	NEW CAP REL COSTS-HOSPITAL	-9,584	2,524,853
3.02 0302	NEW CAP REL COSTS-HSB I		184,043
3.03 0303	NEW CAP REL COSTS-HSB II		133,862
3.04 0304	NEW CAP REL COSTS-REHAB CNT		50,838
3.05 0305	NEW CAP REL COSTS-DIALYSIS		155
3.06 0306	NEW CAP REL COSTS-HOSPITALITY HOUSE		12,282
3.07 0307	NEW CAP REL COSTS-MAB		82,556
3.08 0308	NEW CAP REL COSTS-ORTHO BLDG		26,413
5 0500	EMPLOYEE BENEFITS	-2,514,626	5,323,099
6 0600	ADMINISTRATIVE & GENERAL	-452,162	4,684,622
7 0700	MAINTENANCE & REPAIRS		1,737,233
7.01 0701	MAINTENANCE & REPAIRS-HSB I		170,968
7.02 0702	MAINTENANCE & REPAIRS-HSB II		94,032
7.03 0703	MAINTENANCE & REPAIRS-REHAB CLINIC		11,771
7.04 0704	MAINTENANCE & REPAIRS-MAB		17,670
7.05 0705	MAINTENANCE & REPAIRS-ORTHO BLDG		9,715
9 0900	LAUNDRY & LINEN SERVICE		264,175
10 1000	HOUSEKEEPING		539,017
10.01 1001	HOUSEKEEPING-HSB		103,764
10.02 1002	HOUSEKEEPING-HSB II		25,372
10.03 1003	HOUSEKEEPING-ORTHO		50
10.04 1004	HOUSEKEEPING-MAB		11,231
11 1100	DIETARY	-27,124	594,483
12 1200	CAFETERIA	-369,491	276,733
14 1400	NURSING ADMINISTRATION		414,998
15 1500	CENTRAL SERVICES & SUPPLY		336,271
16 1600	PHARMACY		2,121,309
17 1700	MEDICAL RECORDS & LIBRARY	-10,477	617,280
18 1800	SOCIAL SERVICE		289,535
20 2000	NONPHYSICIAN ANESTHETISTS	-815,751	
24 2400	PARAMED PRGM	-2,000	84,643
25 2500	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-485	3,046,317
26 2600	INTENSIVE CARE UNIT		792,140
33 3300	NURSERY		271,293
34 3400	SKILLED NURSING FACILITY		908,625
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		1,685,706
38 3800	RECOVERY ROOM		521,932
39 3900	DELIVERY ROOM & LABOR ROOM		265,558
40 4000	ANESTHESIOLOGY	-314,385	113,497
41 4100	RADIOLOGY-DIAGNOSTIC	-1,022	2,357,178
44 4400	LABORATORY	-179,668	3,129,842
47 4700	BLOOD STORING, PROCESSING & TRANS.		336,241
49 4900	RESPIRATORY THERAPY	-9,961	507,258
50 5000	PHYSICAL THERAPY	-10,755	1,294,464
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		116,479
53 5300	ELECTROCARDIOLOGY	-185,593	189,097
54 5400	ELECTROENCEPHALOGRAPHY		34,241
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-900	1,200,987
56 5600	DRUGS CHARGED TO PATIENTS		22,050
59 3550	BEHAVIORAL HEALTH	-2,460	492,601
59.01 3950	DIABETES/WOUND CARE/COUMADIN CENTER		361,490
59.02 3951	FLU CLINIC		2,102
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-1,404,582	948,482
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES	-5,600	813,750
71 7100	HOME HEALTH AGENCY		923,621
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
90 9000	OTHER CAPITAL RELATED COSTS	-98,851	-0-
93 9300	HOSPICE		715,991
95	SUBTOTALS	-6,415,477	42,003,231
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		
100 7950	DAY HEALTH		203,423
100.01 7951	OUTREACH SERVICES		131,860
100.02 7952	MSO LOSS	-29,091	27,989
100.03 7953	FUND DEVELOPMENT		146,423
100.04 7954	OUTSIDE LAUNDRY		
100.05 7955	PHYSICIAN SUPPORT		651,161
100.06 7956	HOSPITALITY HOUSE		12,049
100.07 7957	HSK DIALYSIS		5,023
100.08 7958	OCCUPATIONAL MED		53
100.09 7959	VISITING PHYSICIANS		7,756

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0089  
PERIOD: FROM 7/1/2008 TO 6/30/2009  
PREPARED 11/13/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	NONREIMBURS COST CENTERS	6	7
100.10	7960 FARM LAND		
100.11	7961 PSYCH CLINIC		227,370
100.12	7962 ORTHO CLINIC		1,753
100.13	7963 VALET PARKING SERVICE		20,091
100.14	7964 SURGERY CLINIC		949,559
101	TOTAL	-6,444,568	44,387,741

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-HOSPITAL	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-HSB I	0102	OLD CAP REL COSTS-BLDG & FIXT
1.03	OLD CAP REL COSTS-HSB II	0103	OLD CAP REL COSTS-BLDG & FIXT
1.04	OLD CAP REL COSTS-REHAB CNT	0104	OLD CAP REL COSTS-BLDG & FIXT
1.05	OLD CAP REL COSTS-MAB	0105	OLD CAP REL COSTS-BLDG & FIXT
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-HOSPITAL	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-HSB I	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-HSB II	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-REHAB CNT	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-DIAYSIS	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CAP REL COSTS-HOSPITALITY HOUSE	0306	NEW CAP REL COSTS-BLDG & FIXT
3.07	NEW CAP REL COSTS-MAB	0307	NEW CAP REL COSTS-BLDG & FIXT
3.08	NEW CAP REL COSTS-ORTHO BLDG	0308	NEW CAP REL COSTS-BLDG & FIXT
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
7.01	MAINTENANCE & REPAIRS-HSB I	0701	MAINTENANCE & REPAIRS
7.02	MAINTENANCE & REPAIRS-HSB II	0702	MAINTENANCE & REPAIRS
7.03	MAINTENANCE & REPAIRS-REHAB CLINIC	0703	MAINTENANCE & REPAIRS
7.04	MAINTENANCE & REPAIRS-MAB	0704	MAINTENANCE & REPAIRS
7.05	MAINTENANCE & REPAIRS-ORTHO BLDG	0705	MAINTENANCE & REPAIRS
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING-HSB	1001	HOUSEKEEPING
10.02	HOUSEKEEPING-HSB II	1002	HOUSEKEEPING
10.03	HOUSEKEEPING-ORTHO	1003	HOUSEKEEPING
10.04	HOUSEKEEPING-MAB	1004	HOUSEKEEPING
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	
20	NONPHYSICIAN ANESTHETISTS	2000	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	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	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
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	BEHAVIORAL HEALTH	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	DIABETES/WOUND CARE/COUMADIN CENTER	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.02	FLU CLINIC	3951	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	DAY HEALTH	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OUTREACH SERVICES	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MSO LOSS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	FUND DEVELOPMENT	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	OUTSIDE LAUNDRY	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	PHYSICIAN SUPPORT	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	HOSPITALITY HOUSE	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	HSK DIALYSIS	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	OCCUPATIONAL MED	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	VISITING PHYSICIANS	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	FARM LAND	7960	OTHER NONREIMBURSABLE COST CENTERS

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
100.11	PSYCH CLINIC	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	ORTHO CLINIC	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	VALET PARKING SERVICE	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	SURGERY CLINIC	7964	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS CARDIO SALARIES	A	ELECTROCARDIOLOGY	53	158,833	
2		ELECTROENCEPHALOGRAPHY	54	31,640	
3 RECLASS OB SALARIES	B	NURSERY	33	271,293	
4		CENTRAL SERVICES & SUPPLY	15	20,786	
5		DELIVERY ROOM & LABOR ROOM	39	265,558	
6 RECLASS FOOD SERVICE EXPENSES	C	DIETARY	11	123,317	215,393
7 RECLASS INTEREST EXPENSE	D	NEW CAP REL COSTS-HOSPITAL	3.01		3,418
8 RECLASS LEASES	E	NEW CAP REL COSTS-HOSPITAL	3.01		41,391
9		RADIOLOGY-DIAGNOSTIC	41		707,921
10		OPERATING ROOM	37		90,234
11		NEW CAP REL COSTS-REHAB CNT	3.04		40,800
12		NEW CAP REL COSTS-HOSPITAL	3.01		17,435
13		NEW CAP REL COSTS-HOSPITAL	3.01		11,716
14 RECLASS DONATION EXPENSE	F	HOSPICE	93		8,567
15		ADMINISTRATIVE & GENERAL	6		76,646
16 RECLASS HHA SHARED	G	PHYSICAL THERAPY	50	10,885	2,731
17		PHYSICAL THERAPY	50	22,934	3,568
18		SPEECH PATHOLOGY	52	3,337	1,908
19 RECLASS COPY MACHINE EXPENSE	H	ADMINISTRATIVE & GENERAL	6		23,024
20 RECLASS OXYGEN EXPENSE	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		25,071
21 RECLASS CRNA SALARIES	J	NONPHYSICIAN ANESTHETISTS	20	725,928	89,823
22 RECLASS NON BLOOD EXPENSE	K	LABORATORY	44		59,659
23 RECLASS DEPRECIATION EXPENSE	L	NEW CAP REL COSTS-HOSPITAL	3.01		2,405,914
24		NEW CAP REL COSTS-HSB I	3.02		179,580
25		NEW CAP REL COSTS-HSB II	3.03		129,657
26		NEW CAP REL COSTS-REHAB CNT	3.04		9,800
27 RECLASS CAPTIAL EQUIP INSURANCE EXP	M	OTHER CAPITAL RELATED COSTS	90		28,944
28		OTHER CAPITAL RELATED COSTS	90		3,367
29		OTHER CAPITAL RELATED COSTS	90		17
30		OTHER CAPITAL RELATED COSTS	90		41
31		OTHER CAPITAL RELATED COSTS	90		49,080
32		OTHER CAPITAL RELATED COSTS	90		4,417
33		OTHER CAPITAL RELATED COSTS	90		3,388
34		OTHER CAPITAL RELATED COSTS	90		245
35		OTHER CAPITAL RELATED COSTS	90		284
1 RECLASS CAPTIAL EQUIP INSURANCE EXP	M	OTHER CAPITAL RELATED COSTS	90		564
2		OTHER CAPITAL RELATED COSTS	90		709
3 RECLASS AUTO COLLISION INSURANCE	N	NEW CAP REL COSTS-HOSPITAL	3.01		6,741
4 RECLASS FLU VACCINE & LABOR	O	DRUGS CHARGED TO PATIENTS	56		22,050
5		FLU CLINIC	59.02	2,102	
36 TOTAL RECLASSIFICATIONS				1,636,613	4,264,103

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
1 RECLASS CARDIO SALARIES	A	RESPIRATORY THERAPY	49		190,473		10
2							
3 RECLASS OB SALARIES	B	ADULTS & PEDIATRICS	25		557,637		
4							
5							
6 RECLASS FOOD SERVICE EXPENSES	C	CAFETERIA	12		123,317	215,393	
7 RECLASS INTEREST EXPENSE	D	INTEREST EXPENSE	88			3,418	11
8 RECLASS LEASES	E	OTHER CAPITAL RELATED COSTS	90			909,497	10
9							
10							
11							10
12							10
13							10
14 RECLASS DONATION EXPENSE	F	FUND DEVELOPMENT	100.03			85,213	
15							
16 RECLASS HHA SHARED	G	HOME HEALTH AGENCY	71		37,156	8,207	
17							
18							
19 RECLASS COPY MACHINE EXPENSE	H	MEDICAL RECORDS & LIBRARY	17			23,024	
20 RECLASS OXYGEN EXPENSE	I	RESPIRATORY THERAPY	49			25,071	
21 RECLASS CRNA SALARIES	J	ANESTHESIOLOGY	40		725,928	89,823	
22 RECLASS NON BLOOD EXPENSE	K	BLOOD STORING, PROCESSING & TRANS.	47			59,659	
23 RECLASS DEPRECIATION EXPENSE	L	OLD CAP REL COSTS-HOSPITAL	1.01			2,405,914	9
24		OLD CAP REL COSTS-HSB I	1.02			179,580	9
25		OLD CAP REL COSTS-HSB II	1.03			129,657	9
26		OLD CAP REL COSTS-HOSPITAL	1.01			9,800	9
27 RECLASS CAPITAL EQUIP INSURANCE EXP	M	ADMINISTRATIVE & GENERAL	6			91,056	12
28							12
29							12
30							12
31							12
32							12
33							12
34							12
35							12
1 RECLASS CAPITAL EQUIP INSURANCE EXP	M						12
2							12
3 RECLASS AUTO COLLISION INSURANCE	N	ADMINISTRATIVE & GENERAL	6			6,741	12
4 RECLASS FLU VACCINE & LABOR	O	HOME HEALTH AGENCY	71		2,102	22,050	
5							
36 TOTAL RECLASSIFICATIONS					1,636,613	4,264,103	

(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:  
140089

PERIOD:  
FROM 7/ 1/2008  
TO 6/30/2009

PREPARED 11/13/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : RECLASS CARDIO SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROCARDIOLOGY	53	158,833	RESPIRATORY THERAPY	49	190,473	
2.00	ELECTROENCEPHALOGRAPHY	54	31,640			0	
TOTAL RECLASSIFICATIONS FOR CODE A			190,473			190,473	

RECLASS CODE: B  
EXPLANATION : RECLASS OB SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	271,293	ADULTS & PEDIATRICS	25	557,637	
2.00	CENTRAL SERVICES & SUPPLY	15	20,786			0	
3.00	DELIVERY ROOM & LABOR ROOM	39	265,558			0	
TOTAL RECLASSIFICATIONS FOR CODE B			557,637			557,637	

RECLASS CODE: C  
EXPLANATION : RECLASS FOOD SERVICE EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIETARY	11	338,710	CAFETERIA	12	338,710	
TOTAL RECLASSIFICATIONS FOR CODE C			338,710			338,710	

RECLASS CODE: D  
EXPLANATION : RECLASS INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-HOSPITAL	3.01	3,418	INTEREST EXPENSE	88	3,418	
TOTAL RECLASSIFICATIONS FOR CODE D			3,418			3,418	

RECLASS CODE: E  
EXPLANATION : RECLASS LEASES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-HOSPITAL	3.01	41,391	OTHER CAPITAL RELATED COSTS	90	909,497	
2.00	RADIOLOGY-DIAGNOSTIC	41	707,921			0	
3.00	OPERATING ROOM	37	90,234			0	
4.00	NEW CAP REL COSTS-REHAB CNT	3.04	40,800			0	
5.00	NEW CAP REL COSTS-HOSPITAL	3.01	17,435			0	
6.00	NEW CAP REL COSTS-HOSPITAL	3.01	11,716			0	
TOTAL RECLASSIFICATIONS FOR CODE E			909,497			909,497	

RECLASS CODE: F  
EXPLANATION : RECLASS DONATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HOSPICE	93	8,567	FUND DEVELOPMENT	100.03	85,213	
2.00	ADMINISTRATIVE & GENERAL	6	76,646			0	
TOTAL RECLASSIFICATIONS FOR CODE F			85,213			85,213	

RECLASS CODE: G  
EXPLANATION : RECLASS HHA SHARED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	13,616	HOME HEALTH AGENCY	71	45,363	
2.00	PHYSICAL THERAPY	50	26,502			0	
3.00	SPEECH PATHOLOGY	52	5,245			0	
TOTAL RECLASSIFICATIONS FOR CODE G			45,363			45,363	

RECLASS CODE: H  
EXPLANATION : RECLASS COPY MACHINE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	23,024	MEDICAL RECORDS & LIBRARY	17	23,024	
TOTAL RECLASSIFICATIONS FOR CODE H			23,024			23,024	

RECLASSIFICATIONS

PROVIDER NO: 140089

PERIOD: FROM 7/1/2008 TO 6/30/2009

PREPARED 11/13/2009 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION: RECLASS OXYGEN EXPENSE

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE. Shows reclassification of Medical Supplies Charged to PA to Respiratory Therapy.

RECLASS CODE: J
EXPLANATION: RECLASS CRNA SALARIES

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE. Shows reclassification of Nonphysician Anesthetists to Anesthesiology.

RECLASS CODE: K
EXPLANATION: RECLASS NON BLOOD EXPENSE

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE. Shows reclassification of Laboratory to Blood Storing, Processing & TR.

RECLASS CODE: L
EXPLANATION: RECLASS DEPRECIATION EXPENSE

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE. Shows reclassification of New Cap Rel Costs-Hospital, HSB I, HSB II, and Rehab CNT to Old Cap Rel Costs-Hospital.

RECLASS CODE: M
EXPLANATION: RECLASS CAPITAL EQUIP INSURANCE EXP

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE. Shows reclassification of various Other Capital Related Costs to Administrative & General.

RECLASS CODE: N
EXPLANATION: RECLASS AUTO COLLISION INSURANCE

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE. Shows reclassification of New Cap Rel Costs-Hospital to Administrative & General.

RECLASS CODE: O
EXPLANATION: RECLASS FLU VACCINE & LABOR

Table with columns: LINE, COST CENTER, AMOUNT, INCREASE, DECREASE. Shows reclassification of Drugs Charged to Patients and Flu Clinic to Home Health Agency.

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DI SPOSALS	ENDING	FULLY
	BALANCES		DONATION	AND		BALANCE		
	1	2	3	4	5	6	7	
1 LAND	111,602						111,602	
2 LAND IMPROVEMENTS	619,407					1,432	617,975	542,788
3 BUILDINGS & FIXTURE	18,362,053					10,257	18,351,796	13,253,601
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT	491,700					1,189	490,511	435,492
6 MOVABLE EQUIPMENT	1,521,621					191,612	1,330,009	1,327,655
7 SUBTOTAL	21,106,383					204,490	20,901,893	15,559,536
8 RECONCILING ITEMS								
9 TOTAL	21,106,383					204,490	20,901,893	15,559,536

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DI SPOSALS	ENDING	FULLY
	BALANCES		DONATION	AND		BALANCE		
	1	2	3	4	5	6	7	
1 LAND								
2 LAND IMPROVEMENTS	514,509	57,340		57,340	1,637	570,212	274,369	
3 BUILDINGS & FIXTURE	15,855,347	199,732		199,732	25,822	16,029,257	2,216,262	
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT	430,840	445		445	1,487	429,798	100,149	
6 MOVABLE EQUIPMENT	19,390,793	2,534,742		2,534,742	644,154	21,281,381	10,012,198	
7 SUBTOTAL	36,191,489	2,792,259		2,792,259	673,100	38,310,648	12,602,978	
8 RECONCILING ITEMS								
9 TOTAL	36,191,489	2,792,259		2,792,259	673,100	38,310,648	12,602,978	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL								
1 01	OLD CAP REL COSTS-HO	18,557,871		18,557,871	.309718	28,202			28,202
1 02	OLD CAP REL COSTS-HS	2,238,539		2,238,539	.037360	3,402			3,402
1 03	OLD CAP REL COSTS-HS	14,292		14,292	.000239	22			22
1 04	OLD CAP REL COSTS-RE	26,316		26,316	.000439	40			40
1 05	OLD CAP REL COSTS-MA	711		711	.000012	1			1
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-HO	31,468,758		31,468,758	.525191	47,822			47,822
3 02	NEW CAP REL COSTS-HS	2,936,772		2,936,772	.049013	4,463			4,463
3 03	NEW CAP REL COSTS-HS	2,767,211		2,767,211	.046183	4,205			4,205
3 04	NEW CAP REL COSTS-RE	156,951		156,951	.002619	238			238
3 05	NEW CAP REL COSTS-DI	1,735		1,735	.000029	3			3
3 06	NEW CAP REL COSTS-HO	270,566		270,566	.004516	411			411
3 07	NEW CAP REL COSTS-MA	944,877		944,877	.015769	1,436			1,436
3 08	NEW CAP REL COSTS-OR	533,969		533,969	.008912	811			811
5	TOTAL	59,918,568		59,918,568	1.000000	91,056			91,056

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
								15
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-HO	133,364			28,202			161,566
1 02	OLD CAP REL COSTS-HS	44,285			3,402			47,687
1 03	OLD CAP REL COSTS-HS				22			22
1 04	OLD CAP REL COSTS-RE				40			40
1 05	OLD CAP REL COSTS-MA				1			1
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-HO	2,399,748	70,542		54,563			2,524,853
3 02	NEW CAP REL COSTS-HS	179,580			4,463			184,043
3 03	NEW CAP REL COSTS-HS	129,657			4,205			133,862
3 04	NEW CAP REL COSTS-RE	9,800	40,800		238			50,838
3 05	NEW CAP REL COSTS-DI	152			3			155
3 06	NEW CAP REL COSTS-HO	11,871			411			12,282
3 07	NEW CAP REL COSTS-MA	81,120			1,436			82,556
3 08	NEW CAP REL COSTS-OR	25,602			811			26,413
5	TOTAL	3,015,179	111,342		97,797			3,224,318

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
								15
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-HO	2,549,078						2,549,078
1 02	OLD CAP REL COSTS-HS	223,865						223,865
1 03	OLD CAP REL COSTS-HS	129,657						129,657
1 04	OLD CAP REL COSTS-RE							
1 05	OLD CAP REL COSTS-MA							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-HO							
3 02	NEW CAP REL COSTS-HS							
3 03	NEW CAP REL COSTS-HS							
3 04	NEW CAP REL COSTS-RE							
3 05	NEW CAP REL COSTS-DI	152						152
3 06	NEW CAP REL COSTS-HO	11,871						11,871
3 07	NEW CAP REL COSTS-MA	81,120						81,120
3 08	NEW CAP REL COSTS-OR	25,602						25,602
5	TOTAL	3,021,345						3,021,345

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

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	THE COST CENTER	
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
5 INVESTMENT INCOME-OTHER	B	-3,418	NEW CAP REL COSTS-HOSPITA	3.01	11
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-61,626	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-2,234	NEW CAP REL COSTS-HOSPITA	3.01	9
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,096,149			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-29,091			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-369,491	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES	B	-900	MEDICAL SUPPLIES CHARGED	55	
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-10,477	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	B	-2,000	PARAMED ED PRGM	24	
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST	B	-35,867	ADMINISTRATIVE & GENERAL	6	
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
33 NON-PHYSICIAN ANESTHETIST	A	-815,751	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER ADJUSTMENTS (SPECIFY)					
37.01 IONL DUES & MEMBERSHIP	A	-88	ADMINISTRATIVE & GENERAL	6	
37.02 IHA/AHA MEMBERSHIP DUES	A	-23,946	ADMINISTRATIVE & GENERAL	6	
37.03 COUNTRY CLUB MEMBERSHIP	A	-180	ADMINISTRATIVE & GENERAL	6	
37.04 RECLAIMED SILVER	B	-1,022	RADIOLOGY-DIAGNOSTIC	41	
37.05 TELEPHONE CHARGES	B	-65	ADMINISTRATIVE & GENERAL	6	
37.06 AA ANSWERING SERVICE	B	-300	ADMINISTRATIVE & GENERAL	6	
37.07 NSF CHECK FEES	B	-175	ADMINISTRATIVE & GENERAL	6	
37.08 GERONTOLOGY MEALS	B	-11,592	DIETARY	11	
37.09 ISU STUDENT INTERN	B	-500	LABORATORY	44	
37.10 RADIOLOGY BILLING	B	-112,464	ADMINISTRATIVE & GENERAL	6	
37.11 COUNSELING NUTRITION	B	-15,532	DIETARY	11	
37.12 AMBULANCE OTHER REV	B	-5,600	AMBULANCE SERVICES	65	
37.13 KARE-A-LOT	B	-485	ADULTS & PEDIATRICS	25	
37.14 CONSULTING-PT	B	-10,866	PHYSICAL THERAPY	50	
37.15 CONSULTING-OT	B	111	PHYSICAL THERAPY	50	
37.16 ADVERTISING	A	-203,671	ADMINISTRATIVE & GENERAL	6	
37.17 CEO AUTO	A	-3,932	NEW CAP REL COSTS-HOSPITA	3.01	9
37.18 PHYSICIAN BENEFITS	A	-127,441	EMPLOYEE BENEFITS	5	
38 SELF INSURED EMPLOYEE HEALTH INSUR	A	-2,296,876	EMPLOYEE BENEFITS	5	
39 PATIENT TELEPHONE--LABOR EXPENSE	A	-11,320	ADMINISTRATIVE & GENERAL	6	
40 NON-ALLOWED [PROPERTY TAX	A	-98,851	OTHER CAPITAL RELATED COS	90	
41 CRNA EMPLOYEE BENEFITS	A	-90,309	EMPLOYEE BENEFITS	5	
42 DEPRECIATION--LAPSING SCHEDULE					
43 EMPLOYED PHYSICIAN LIABILITY INSUR	A	-2,460	ADMINISTRATIVE & GENERAL	6	
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,444,568			

(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	100	MSO LOSS		29,091	-29,091	
2						
3						
4						
5		TOTALS		29,091	-29,091	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
C		0.00	MSO	100.00	OPERATE PHYSICIAN OFFICES
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0089

PERIOD:  
FROM 7/1/2008  
TO 6/30/2009

PREPARED 11/13/2009  
WORKSHEET A-8-2  
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 40	ANESTH	314,385	314,385					
2 44	LAB	179,268		179,268	208,000	1	100	5
3 59	BEHAVIORAL HEALTH	4,060		4,060	138,700	24	1,600	80
4 61	ER	1,404,582	1,404,582					
5 53	EKG	185,593	185,593					
6 49	RESPIRATORY THERAPY	9,961	9,961					
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,097,849	1,914,521	183,328		25	1,700	85

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0089

PERIOD:  
FROM 7/1/2008  
TO 6/30/2009

PREPARED 11/13/2009  
WORKSHEET A-8-2  
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 40	ANESTH	3,150						314,385
2 44	LAB					100	179,168	179,168
3 59	BEHAVIORAL HEALTH					1,600	2,460	2,460
4 61	ER	6,368						1,404,582
5 53	EKG							185,593
6 49	RESPIRATORY THERAPY							9,961
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	9,518				1,700	181,628	2,096,149

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0089  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/13/2009  
 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-HOSPITAL	1	SQUARE FEET	ENTERED
1.02	OLD CAP REL COSTS-HSB I	2	SQUARE FEET	ENTERED
1.03	OLD CAP REL COSTS-HSB II	3	SQUARE FEET	ENTERED
1.04	OLD CAP REL COSTS-REHAB CNT	4	PER CENT	ENTERED
1.05	OLD CAP REL COSTS-MAB	7	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-HOSPITAL	1	SQUARE FEET	ENTERED
3.02	NEW CAP REL COSTS-HSB I	2	SQUARE FEET	ENTERED
3.03	NEW CAP REL COSTS-HSB II	3	SQUARE FEET	ENTERED
3.04	NEW CAP REL COSTS-REHAB CNT	4	PER CENT	ENTERED
3.05	NEW CAP REL COSTS-DIAYSIS	5	PER CENT	ENTERED
3.06	NEW CAP REL COSTS-HOSPITALITY HOUSE	6	PER CENT	ENTERED
3.07	NEW CAP REL COSTS-MAB	7	SQUARE FEET	ENTERED
3.08	NEW CAP REL COSTS-ORTHO BLDG	8	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	9	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
7.01	MAINTENANCE & REPAIRS-HSB I	2	SQUARE FEET	ENTERED
7.02	MAINTENANCE & REPAIRS-HSB II	3	SQUARE FEET	ENTERED
7.03	MAINTENANCE & REPAIRS-REHAB CLINIC	4	PER CENT	ENTERED
7.04	MAINTENANCE & REPAIRS-MAB	7	SQUARE FEET	ENTERED
7.05	MAINTENANCE & REPAIRS-ORTHO BLDG	8	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF LINEN	ENTERED
10	HOUSEKEEPING	11	TIME SPENT	ENTERED
10.01	HOUSEKEEPING-HSB	2	SQUARE FEET	ENTERED
10.02	HOUSEKEEPING-HSB II	3	SQUARE FEET	ENTERED
10.03	HOUSEKEEPING-ORTHO	8	SQUARE FEET	ENTERED
10.04	HOUSEKEEPING-MAB	7	SQUARE FEET	ENTERED
11	DIETARY	19	MEALS SERVED	ENTERED
12	CAFETERIA	12	FTE'S	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
24	PARAMEDICAL PRGM	22	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-HOSPITA	OLD CAP REL C OSTS-HSB I	OLD CAP REL C OSTS-HSB II	OLD CAP REL C OSTS-REHAB C	OLD CAP REL C OSTS-MAB
		0	1	1.01	1.02	1.03	1.04	1.05
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-HOSPITA	161,566		161,566				
001	02 OLD CAP REL COSTS-HSB I	47,687			47,687			
001	03 OLD CAP REL COSTS-HSB II	22				22		
001	04 OLD CAP REL COSTS-REHAB C	40					40	
001	05 OLD CAP REL COSTS-MAB	1						1
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-HOSPITA	2,524,853						
003	02 NEW CAP REL COSTS-HSB I	184,043						
003	03 NEW CAP REL COSTS-HSB II	133,862						
003	04 NEW CAP REL COSTS-REHAB C	50,838						
003	05 NEW CAP REL COSTS-DIALYSIS	155						
003	06 NEW CAP REL COSTS-HOSPITA	12,282						
003	07 NEW CAP REL COSTS-MAB	82,556						
003	08 NEW CAP REL COSTS-ORTHO B	26,413						
005	EMPLOYEE BENEFITS	5,323,099		1,160				
006	ADMINISTRATIVE & GENERAL	4,684,622		44,096	17,755	6		
007	MAINTENANCE & REPAIRS	1,737,233		11,991				
007	01 MAINTENANCE & REPAIRS-HSB	170,968			1,955			
007	02 MAINTENANCE & REPAIRS-HSB	94,032						
007	03 MAINTENANCE & REPAIRS-REH	11,771						
007	04 MAINTENANCE & REPAIRS-MAB	17,670						
007	05 MAINTENANCE & REPAIRS-ORT	9,715						
009	LAUNDRY & LINEN SERVICE	264,175		3,642				
010	HOUSEKEEPING	539,017		1,936				
010	01 HOUSEKEEPING-HSB	103,764						
010	02 HOUSEKEEPING-HSB II	25,372						
010	03 HOUSEKEEPING-ORTHO	50						
010	04 HOUSEKEEPING-MAB	11,231						
011	DIETARY	594,483		2,495				
012	CAFETERIA	276,733		6,384				
014	NURSING ADMINISTRATION	414,998		57				
015	CENTRAL SERVICES & SUPPLY	336,271		6,030				
016	PHARMACY	2,121,309		1,466				
017	MEDICAL RECORDS & LIBRARY	617,280		3,594				
018	SOCIAL SERVICE	289,535		480				
020	NONPHYSICIAN ANESTHETISTS							
024	PARAMEDICAL PRGM	84,643		240				
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	3,046,317		25,501				
026	INTENSIVE CARE UNIT	792,140		4,082				
033	NURSERY	271,293		890				
034	SKILLED NURSING FACILITY	908,625		2,641				
037	OPERATING ROOM	1,685,706		7,709				
038	RECOVERY ROOM	521,932		2,727				
039	DELIVERY ROOM & LABOR ROO	265,558		1,899				
040	ANESTHESIOLOGY	113,497		301				
041	RADIOLOGY-DIAGNOSTIC	2,357,178		9,861				
044	LABORATORY	3,129,842		6,726				
047	BLOOD STORING, PROCESSING	336,241						
049	RESPIRATORY THERAPY	507,258		3,423				
050	PHYSICAL THERAPY	1,294,464		3,970				
051	OCCUPATIONAL THERAPY						40	
052	SPEECH PATHOLOGY	116,479		132				
053	ELECTROCARDIOLOGY	189,097		132				
054	ELECTROENCEPHALOGRAPHY	34,241		203				
055	MEDICAL SUPPLIES CHARGED	1,200,987						
056	DRUGS CHARGED TO PATIENTS	22,050						
059	BEHAVIORAL HEALTH	492,601			1,664			
059	01 DIABETES/WOUND CARE/COUMA	361,490		736				
059	02 FLU CLINIC	2,102						
061	OUTPAT SERVICE COST CNTRS							
062	EMERGENCY	948,482		4,882				
062	OBSERVATION BEDS (NON-DISS							
065	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES	813,750		1,271				
071	HOME HEALTH AGENCY	923,621						
093	SPEC PURPOSE COST CENTERS							
093	HOSPICE	715,991						
095	SUBTOTALS	42,003,231		160,657	21,374	6	40	
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP			475				
098	PHYSICIANS' PRIVATE OFFIC				23,094	10		
100	DAY HEALTH	203,423			1,944			
100	01 OUTREACH SERVICES	131,860		316				
100	02 MSO LOSS	27,989			254			
100	03 FUND DEVELOPMENT	146,423		118				
100	04 OUTSIDE LAUNDRY							
100	05 PHYSICIAN SUPPORT	651,161			254			
100	06 HOSPITALITY HOUSE	12,049						
100	07 HSK DIALYSIS	5,023						
100	08 OCCUPATIONAL MED	53						
100	09 VISITING PHYSICIANS	7,756						
100	10 FARM LAND							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-HOSPITA	OLD CAP REL C OSTS-HSB I	OLD CAP REL C OSTS-HSB II	OLD CAP REL C OSTS-REHAB C	OLD CAP REL C OSTS-MAB
	0	1	1.01	1.02	1.03	1.04	1.05
NONREIMBURS COST CENTERS							
100 11 PSYCH CLINIC	227,370			767			
100 12 ORTHO CLINIC	1,753						
100 13 VALET PARKING SERVICE	20,091						
100 14 SURGERY CLINIC	949,559				6		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	44,387,741		161,566	47,687	22	40	1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-HOSPITA 3.01	NEW CAP REL C OSTS-HSB I 3.02	NEW CAP REL C OSTS-HSB II 3.03	NEW CAP REL C OSTS-REHAB C 3.04	NEW CAP REL C OSTS-DIAYSIS 3.05	NEW CAP REL C OSTS-HOSPITA 3.06
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
001 06 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA		2,524,853					
003 02 NEW CAP REL COSTS-HSB I			184,043				
003 03 NEW CAP REL COSTS-HSB II				133,862			
003 04 NEW CAP REL COSTS-REHAB C					50,838		
003 05 NEW CAP REL COSTS-DIAYSIS						155	
003 06 NEW CAP REL COSTS-HOSPITA							12,282
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS		18,133					
006 ADMINISTRATIVE & GENERAL		689,113	68,523	37,888			
007 MAINTENANCE & REPAIRS		187,390					
007 01 MAINTENANCE & REPAIRS-HSB			7,545				
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE		56,915					
010 HOUSEKEEPING		30,260					
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB							
011 DIETARY		38,988					
012 CAFETERIA		99,759					
014 NURSING ADMINISTRATION		883					
015 CENTRAL SERVICES & SUPPLY		94,240					
016 PHARMACY		22,916					
017 MEDICAL RECORDS & LIBRARY		56,164					
018 SOCIAL SERVICE		7,506					
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED PRGM		3,753					
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		398,506					
033 INTENSIVE CARE UNIT		63,788					
034 NURSERY		13,909					
037 SKILLED NURSING FACILITY		41,269					
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		120,467					
040 RECOVERY ROOM		42,609					
041 DELIVERY ROOM & LABOR ROO		29,672					
044 ANESTHESIOLOGY		4,710					
047 RADIOLOGY-DIAGNOSTIC		154,098					
049 LABORATORY		105,116					
050 BLOOD STORING, PROCESSING							
051 RESPIRATORY THERAPY		53,485					
052 PHYSICAL THERAPY		62,037			50,838		
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY		2,061					
055 ELECTROCARDIOLOGY		2,061					
056 ELECTROENCEPHALOGRAPHY		3,179					
059 MEDICAL SUPPLIES CHARGED							
059 01 DRUGS CHARGED TO PATIENTS							
059 02 BEHAVIORAL HEALTH			6,424				
059 01 DIABETES/WOUND CARE/COUMA		11,510					
059 02 FLU CLINIC							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		76,298					
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
093 AMBULANCE SERVICES		19,869					
095 HOME HEALTH AGENCY							
096 SPEC PURPOSE COST CENTERS							
096 HOSPICE							
096 SUBTOTALS		2,510,664	82,492	37,888	50,838		
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		7,418					
098 PHYSICIANS' PRIVATE OFFIC			89,129	61,260			
100 DAY HEALTH			7,503				
100 01 OUTREACH SERVICES		4,931					
100 02 MSO LOSS			980				
100 03 FUND DEVELOPMENT		1,840					
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			980				
100 06 HOSPITALITY HOUSE							12,282
100 07 HSK DIALYSIS						155	
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							
100 10 FARM LAND							

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-HOSPITA	NEW CAP REL C OSTS-HSB I	NEW CAP REL C OSTS-HSB II	NEW CAP REL C OSTS-REHAB C	NEW CAP REL C OSTS-DIAYSIS	NEW CAP REL C OSTS-HOSPITA
		3	3.01	3.02	3.03	3.04	3.05	3.06
NONREIMBURS COST CENTERS								
100	11 PSYCH CLINIC			2,959				
100	12 ORTHO CLINIC							
100	13 VALET PARKING SERVICE							
100	14 SURGERY CLINIC				34,714			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL		2,524,853	184,043	133,862	50,838	155	12,282

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MAB	NEW CAP REL C OSTS-ORTHO B	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB
	3.07	3.08	5	5a.00	6	7	7.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HSPI TA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPI TA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPI TA							
003 07 NEW CAP REL COSTS-MAB	82,556						
003 08 NEW CAP REL COSTS-ORTHO B		26,413					
005 EMPLOYEE BENEFITS			5,342,392				
006 ADMIN STRATIVE & GENERAL		25,921	684,825	6,252,749	6,252,749		
007 MAINTENANCE & REPAIRS			120,241	2,056,855	337,250	2,394,105	
007 01 MAINTENANCE & REPAIRS-HSB			5,114	185,582	30,429		216,011
007 02 MAINTENANCE & REPAIRS-HSB			1,878	95,910	15,726		
007 03 MAINTENANCE & REPAIRS-REH				11,771	1,930		
007 04 MAINTENANCE & REPAIRS-MAB			811	18,481	3,030		
007 05 MAINTENANCE & REPAIRS-ORT			549	10,264	1,683		
009 LAUNDRY & LINEN SERVICE			45,299	370,031	60,672	83,584	
010 HOUSEKEEPING			112,149	683,362	112,047	44,440	
010 01 HOUSEKEEPING-HSB			21,903	125,667	20,605		
010 02 HOUSEKEEPING-HSB II			5,194	30,566	5,012		
010 03 HOUSEKEEPING-ORTHO				50	8		
010 04 HOUSEKEEPING-MAB			2,657	13,888	2,277		
011 DIETARY			94,357	730,323	119,747	57,257	
012 CAFETERIA			55,671	438,547	71,906	146,504	
014 NURSING ADMINISTRATION			93,225	509,163	83,484	1,297	
015 CENTRAL SERVICES & SUPPLY			48,132	484,673	79,469	138,399	
016 PHARMACY			124,821	2,270,512	372,282	33,654	
017 MEDICAL RECORDS & LIBRARY			135,064	812,102	133,155	82,482	
018 SOCIAL SERVICE			64,558	362,079	59,368	11,023	
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM			16,406	105,042	17,223	5,512	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			652,750	4,123,074	676,019	585,236	
026 INTENSIVE CARE UNIT			168,194	1,028,204	168,588	93,678	
033 NURSERY			64,193	350,285	57,434	20,426	
034 SKILLED NURSING FACILITY			204,961	1,157,496	189,788	60,608	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			237,083	2,050,965	336,284	176,916	
038 RECOVERY ROOM			103,204	670,472	109,933	62,574	
039 DELIVERY ROOM & LABOR ROO			62,836	359,965	59,021	43,575	
040 ANESTHESIOLOGY				118,508	19,431	6,917	
041 RADIOLOGY-DIAGNOSTIC			270,239	2,791,376	457,685	226,306	
044 LABORATORY			358,144	3,599,828	590,242	154,372	
047 BLOOD STORING, PROCESSING				336,241	55,131		
049 RESPIRATORY THERAPY			104,878	669,044	109,699	78,548	
050 PHYSICAL THERAPY			274,062	1,685,411	276,347	91,106	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			26,230	144,902	23,759	3,026	
053 ELECTROCARDIOLOGY			37,583	228,873	37,527	3,026	
054 ELECTROENCEPHALOGRAPHY			7,487	45,110	7,396	4,669	
055 MEDICAL SUPPLIES CHARGED				1,200,987	196,919		
056 DRUGS CHARGED TO PATIENTS				22,050	3,615		
059 BEHAVIORAL HEALTH			114,590	615,279	100,884		12,851
059 01 DIABETES/WOUND CARE/COUMA			76,687	450,423	73,853	16,903	
059 02 FLU CLINIC			497	2,599	426		
061 EMERGENCY		246	183,388	1,213,296	198,937	112,050	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		246	175,920	1,011,056	165,777	29,180	
071 HOME HEALTH AGENCY	18,876		170,751	1,113,248	182,533		
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE	11,467		93,568	821,026	134,619		
095 SUBTOTALS	30,343	26,413	5,020,099	41,377,335	5,759,150	2,373,268	12,851
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				7,893	1,294	10,894	
098 PHYSICIANS' PRIVATE OFFIC	52,213			225,707	37,008		178,308
100 DAY HEALTH			39,348	252,218	41,355		15,010
100 01 OUTREACH SERVICES			24,970	162,077	26,575	7,241	
100 02 MSO LOSS			6,623	35,846	5,877		1,961
100 03 FUND DEVELOPMENT			23,764	172,145	28,226	2,702	
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			16,077	668,472	109,605		1,961
100 06 HOSPITALITY HOUSE			1,668	25,999	4,263		
100 07 HSK DIALYSIS			1,189	6,367	1,044		
100 08 OCCUPATIONAL MED				53	9		
100 09 VISITING PHYSICIANS			1,788	9,544	1,565		
100 10 FARM LAND							

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MAB	NEW CAP REL C OSTS-ORTHO B	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB
	3.07	3.08	5	5a.00	6	7	7.01
NONREIMBURS COST CENTERS							
100 11 PSYCH CLINIC			42,548	273,644	44,868		5,920
100 12 ORTHO CLINIC				1,753	287		
100 13 VALET PARKING SERVICE			4,692	24,783	4,064		
100 14 SURGERY CLINIC			159,626	1,143,905	187,559		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	82,556	26,413	5,342,392	44,387,741	6,252,749	2,394,105	216,011

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS-HSB	MAINTENANCE & REPAIRS-REH	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORT	LAUNDRY & LINEN SERVICE	LINEN HOUSEKEEPING	HOUSEKEEPING-HSB
	7.02	7.03	7.04	7.05	9	10	10.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB	111,636						
007 02 MAINTENANCE & REPAIRS-HSB		13,701					
007 03 MAINTENANCE & REPAIRS-REH			21,511				
007 04 MAINTENANCE & REPAIRS-MAB				11,947			
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE					514,287		
010 HOUSEKEEPING					9,135	848,984	
010 01 HOUSEKEEPING-HSB							146,272
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB							
011 DIETARY					2,528	18,557	
012 CAFETERIA					4,896	67,902	
014 NURSING ADMINISTRATION						7,592	
015 CENTRAL SERVICES & SUPPLY						21,088	
016 PHARMACY						2,952	
017 MEDICAL RECORDS & LIBRARY						6,748	
018 SOCIAL SERVICE						844	
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					92,166	272,028	
026 INTENSIVE CARE UNIT					11,654	26,570	
033 NURSERY					4,098	4,639	
034 SKILLED NURSING FACILITY					28,805	65,793	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					54,847	63,684	
038 RECOVERY ROOM					21,437	36,271	
039 DELIVERY ROOM & LABOR ROOM						9,700	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC					21,174	41,753	
044 LABORATORY					2,876	43,019	
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY					3,026	18,135	
050 PHYSICAL THERAPY		13,701			12,894	43,440	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY						3,796	
053 ELECTROCARDIOLOGY					1,081	4,639	
054 ELECTROENCEPHALOGRAPHY					216	2,952	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH							8,702
059 01 DIABETES/WOUND CARE/COUMA						2,109	
059 02 FLU CLINIC							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				5,974	22,706	75,072	
062 OBSERVATION BEDS (NON-DIS)							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				5,973	6,409	844	
071 HOME HEALTH AGENCY			4,919				
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS		13,701	2,988	7,907	11,947	299,948	840,127
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						4,218	
098 PHYSICIANS' PRIVATE OFFICE	71,258		13,604				120,741
100 DAY HEALTH					113		10,164
100 01 OUTREACH SERVICES					207		
100 02 MSO LOSS						4,639	1,328
100 03 FUND DEVELOPMENT							
100 04 OUTSIDE LAUNDRY					214,019		
100 05 PHYSICIAN SUPPORT							1,328
100 06 HOSPITALITY HOUSE							
100 07 HSK DIALYSIS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							
100 10 FARM LAND							

COST CENTER DESCRIPTION		MAINTENANCE & REPAIRS-HSB	MAINTENANCE & REPAIRS-REH	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING-HSB	HOUSEKEEPING-HSB
		7.02	7.03	7.04	7.05	9	10	10.01
NONREIMBURS COST CENTERS								
100 11	PSYCH CLINIC							4,009
100 12	ORTHO CLINIC							
100 13	VALET PARKING SERVICE							
100 14	SURGERY CLINIC	40,378						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	111,636	13,701	21,511	11,947	514,287	848,984	146,272

COST CENTER DESCRIPTION	HOUSEKEEPING-HSB II	HOUSEKEEPING-ORTHO	HOUSEKEEPING-MAB	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	10.02	10.03	10.04	11	12	14	15
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II	35,578						
010 03 HOUSEKEEPING-ORTHO		58					
010 04 HOUSEKEEPING-MAB			16,165				
011 DIETARY				928,412			
012 CAFETERIA					729,755		
014 NURSING ADMINISTRATION					12,691	614,227	
015 CENTRAL SERVICES & SUPPLY					16,922		740,551
016 PHARMACY					14,807		8,052
017 MEDICAL RECORDS & LIBRARY					33,844		113
018 SOCIAL SERVICE					12,691		364
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM					2,115		746
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				552,494	126,916	320,466	63,319
026 INTENSIVE CARE UNIT				50,623	27,498	69,434	11,458
033 NURSERY					10,576	26,706	
034 SKILLED NURSING FACILITY				167,855	38,074	96,140	10,342
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					42,305		129,023
038 RECOVERY ROOM					14,807		24,987
039 DELIVERY ROOM & LABOR ROO					10,576	26,706	
040 ANESTHESIOLOGY							15,153
041 RADIOLOGY-DIAGNOSTIC					54,996		22,802
044 LABORATORY					63,457		28,859
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY					19,037		8,259
050 PHYSICAL THERAPY					44,420		2,414
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY					4,230		105
053 ELECTROCARDIOLOGY					6,346		2,177
054 ELECTROENCEPHALOGRAPHY					2,115		
055 MEDICAL SUPPLIES CHARGED							356,373
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH					21,152		329
059 01 DIABETES/WOUND CARE/COUMA					10,576		5,235
059 02 FLU CLINIC							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		29			29,613	74,775	33,497
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		29			38,074		211
071 HOME HEALTH AGENCY			3,696		27,498		10,387
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS		58		2,245	770,972	700,143	614,227
095 NONREIMBURS COST CENTERS				5,941			738,353
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	22,710			10,224			
100 DAY HEALTH					157,440	8,461	443
100 01 OUTREACH SERVICES						6,346	1,433
100 02 MSO LOSS							
100 03 FUND DEVELOPMENT					4,230		
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT						2,115	9
100 06 HOSPITALITY HOUSE							27
100 07 HSK DIALYSIS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							60
100 10 FARM LAND							

COST CENTER DESCRIPTION		HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		10.02	10.03	10.04	11	12	14	15
NONREIMBURS COST CENTERS								
100	11 PSYCH CLINIC					2,115		
100	12 ORTHO CLINIC					2,115		
100	13 VALET PARKING SERVICE					4,230		
100	14 SURGERY CLINIC	12,868						226
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	35,578	58	16,165	928,412	729,755	614,227	740,551

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	16	17	18	20	24	25	26
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-HOSPITA							
001 02 OLD CAP REL COSTS-HSB I							
001 03 OLD CAP REL COSTS-HSB II							
001 04 OLD CAP REL COSTS-REHAB C							
001 05 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	2,702,259						
017 MEDICAL RECORDS & LIBRARY		1,068,444					
018 SOCIAL SERVICE			446,369				
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED ED PRGM					130,638		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		819,496	326,503			7,957,717	
026 INTENSIVE CARE UNIT		11,753	17,459			1,516,919	
033 NURSERY		17,095	1,824			493,083	
034 SKILLED NURSING FACILITY		88,681	97,195			2,000,777	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM						2,854,024	
038 RECOVERY ROOM						940,481	
039 DELIVERY ROOM & LABOR ROO						509,543	
040 ANESTHESIOLOGY						160,009	
041 RADIOLOGY-DIAGNOSTIC					130,638	3,746,730	
044 LABORATORY						4,482,653	
047 BLOOD STORING, PROCESSING						391,372	
049 RESPIRATORY THERAPY						905,748	
050 PHYSICAL THERAPY						2,169,733	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY						179,818	
053 ELECTROCARDIOLOGY						283,669	
054 ELECTROENCEPHALOGRAPHY						62,458	
055 MEDICAL SUPPLIES CHARGED						1,754,279	
056 DRUGS CHARGED TO PATIENTS	2,702,259					2,727,924	
059 BEHAVIORAL HEALTH						759,197	
059 01 DIABETES/WOUND CARE/COUMA						559,099	
059 02 FLU CLINIC						3,025	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		131,419	3,388			1,900,756	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES						1,257,553	
071 HOME HEALTH AGENCY						1,342,281	
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE						979,833	
095 SUBTOTALS	2,702,259	1,068,444	446,369		130,638	39,938,681	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						24,299	
098 PHYSICIANS' PRIVATE OFFIC						679,673	
100 DAY HEALTH						485,298	
100 01 OUTREACH SERVICES						208,311	
100 02 MSO LOSS						45,012	
100 03 FUND DEVELOPMENT						207,303	
100 04 OUTSIDE LAUNDRY						214,019	
100 05 PHYSICIAN SUPPORT						783,490	
100 06 HOSPITALITY HOUSE						30,289	
100 07 HSK DIALYSIS						7,411	
100 08 OCCUPATIONAL MED						62	
100 09 VISITING PHYSICIANS						11,169	
100 10 FARM LAND							

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PR GM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
NONREIMBURS COST CENTERS	16	17	18	20	24	25	
100 11 PSYCH CLINIC							330,556
100 12 ORTHO CLINIC							2,040
100 13 VALET PARKING SERVICE							30,962
100 14 SURGERY CLINIC							1,389,166
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,702,259	1,068,444	446,369		130,638	44,387,741	

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
001 01 OLD CAP REL COSTS-BLDG &	
001 02 OLD CAP REL COSTS-HOSPITA	
001 03 OLD CAP REL COSTS-HSB I	
001 04 OLD CAP REL COSTS-HSB II	
001 05 OLD CAP REL COSTS-REHAB C	
003 01 NEW CAP REL COSTS-BLDG &	
003 02 NEW CAP REL COSTS-HOSPITA	
003 03 NEW CAP REL COSTS-HSB I	
003 04 NEW CAP REL COSTS-HSB II	
003 05 NEW CAP REL COSTS-REHAB C	
003 06 NEW CAP REL COSTS-DIAYSIS	
003 07 NEW CAP REL COSTS-HOSPITA	
003 08 NEW CAP REL COSTS-MAB	
005 EMPLOYEE BENEFITS	
006 ADMINISTRATIVE & GENERAL	
007 MAINTENANCE & REPAIRS	
007 01 MAINTENANCE & REPAIRS-HSB	
007 02 MAINTENANCE & REPAIRS-HSB	
007 03 MAINTENANCE & REPAIRS-REH	
007 04 MAINTENANCE & REPAIRS-MAB	
007 05 MAINTENANCE & REPAIRS-ORT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
010 01 HOUSEKEEPING-HSB	
010 02 HOUSEKEEPING-HSB II	
010 03 HOUSEKEEPING-ORTHO	
010 04 HOUSEKEEPING-MAB	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
020 NONPHYSICIAN ANESTHETISTS	
024 PARAMED ED PRGM	
025 INPAT ROUTINE SRVC CNTRS	
026 ADULTS & PEDIATRICS	7,957,717
033 INTENSIVE CARE UNIT	1,516,919
034 NURSERY	493,083
037 SKILLED NURSING FACILITY	2,000,777
038 ANCILLARY SRVC COST CNTRS	
039 OPERATING ROOM	2,854,024
040 RECOVERY ROOM	940,481
041 DELIVERY ROOM & LABOR ROO	509,543
044 ANESTHESIOLOGY	160,009
047 RADIOLOGY-DIAGNOSTIC	3,746,730
049 LABORATORY	4,482,653
050 BLOOD STORING, PROCESSING	391,372
051 RESPIRATORY THERAPY	905,748
052 PHYSICAL THERAPY	2,169,733
053 OCCUPATIONAL THERAPY	
054 SPEECH PATHOLOGY	179,818
055 ELECTROCARDIOLOGY	283,669
056 ELECTROENCEPHALOGRAPHY	62,458
059 MEDICAL SUPPLIES CHARGED	1,754,279
059 01 DRUGS CHARGED TO PATIENTS	2,727,924
059 02 BEHAVIORAL HEALTH	759,197
059 01 DIABETES/WOUND CARE/COUMA	559,099
059 02 FLU CLINIC	3,025
061 OUTPAT SERVICE COST CNTRS	
062 EMERGENCY	1,900,756
065 OBSERVATION BEDS (NON-DIS	
071 OTHER REIMBURS COST CNTRS	
093 AMBULANCE SERVICES	1,257,553
095 HOME HEALTH AGENCY	1,342,281
096 SPEC PURPOSE COST CENTERS	
098 HOSPICE	979,833
100 SUBTOTALS	39,938,681
099 NONREIMBURS COST CENTERS	
100 GIFT, FLOWER, COFFEE SHOP	24,299
100 PHYSICIANS' PRIVATE OFFIC	679,673
100 DAY HEALTH	485,298
100 01 OUTREACH SERVICES	208,311
100 02 MSO LOSS	45,012
100 03 FUND DEVELOPMENT	207,303
100 04 OUTSIDE LAUNDRY	214,019
100 05 PHYSICIAN SUPPORT	783,490
100 06 HOSPITALITY HOUSE	30,289
100 07 HSK DIALYSIS	7,411
100 08 OCCUPATIONAL MED	62
100 09 VISITING PHYSICIANS	11,169
100 10 FARM LAND	

COST CENTER DESCRIPTION		TOTAL
	NONREIMBURS COST CENTERS	27
100 11	PSYCH CLINIC	330,556
100 12	ORTHO CLINIC	2,040
100 13	VALET PARKING SERVICE	30,962
100 14	SURGERY CLINIC	1,389,166
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	44,387,741

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0089  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/13/2009  
 WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-HOSPITA	OLD CAP REL C OSTS-HSB I	OLD CAP REL C OSTS-HSB II	OLD CAP REL C OSTS-REHAB C	OLD CAP REL C OSTS-MAB
	0	1	1.01	1.02	1.03	1.04	1.05
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS			1,160				
006 ADMINSTRATIVE & GENERAL			44,096	17,755	6		
007 MAINTENANCE & REPAIRS			11,991				
007 01 MAINTENANCE & REPAIRS-HSB				1,955			
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE			3,642				
010 HOUSEKEEPING			1,936				
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB							
011 DIETARY			2,495				
012 CAFETERIA			6,384				
014 NURSING ADMINISTRATION			57				
015 CENTRAL SERVICES & SUPPLY			6,030				
016 PHARMACY			1,466				
017 MEDICAL RECORDS & LIBRARY			3,594				
018 SOCIAL SERVICE			480				
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED ED PRGM			240				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			25,501				
033 INTENSIVE CARE UNIT			4,082				
034 NURSERY			890				
037 SKILLED NURSING FACILITY			2,641				
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM			7,709				
040 RECOVERY ROOM			2,727				
041 DELIVERY ROOM & LABOR ROO			1,899				
044 ANESTHESIOLOGY			301				
047 RADIOLOGY-DIAGNOSTIC			9,861				
049 LABORATORY			6,726				
050 BLOOD STORING, PROCESSING							
051 RESPIRATORY THERAPY			3,423				
052 PHYSICAL THERAPY			3,970			40	
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY			132				
055 ELECTROCARDIOLOGY			132				
056 ELECTROENCEPHALOGRAPHY			203				
059 MEDICAL SUPPLIES CHARGED							
059 01 DRUGS CHARGED TO PATIENTS				1,664			
059 02 BEHAVIORAL HEALTH							
059 01 DIABETES/WOUND CARE/COUMA			736				
059 02 FLU CLINIC							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY			4,882				
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES			1,271				
093 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
096 HOSPICE							
096 SUBTOTALS			160,657	21,374	6	40	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			475				
098 PHYSICIANS' PRIVATE OFFIC				23,094	10		1
100 DAY HEALTH				1,944			
100 01 OUTREACH SERVICES			316				
100 02 MSO LOSS				254			
100 03 FUND DEVELOPMENT			118				
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT				254			
100 06 HOSPITALITY HOUSE							
100 07 HSK DIALYSIS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							
100 10 FARM LAND							

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-HOSPITA	OLD CAP REL C OSTS-HSB I	OLD CAP REL C OSTS-HSB II	OLD CAP REL C OSTS-REHAB C	OLD CAP REL C OSTS-MAB
	0	1	1.01	1.02	1.03	1.04	1.05
NONREIMBURS COST CENTERS							
100 11 PSYCH CLINIC				767			
100 12 ORTHO CLINIC							
100 13 VALET PARKING SERVICE							
100 14 SURGERY CLINIC					6		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL			161,566	47,687	22	40	1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-HOSPITA 3.01	NEW CAP REL C OSTS-HSB I 3.02	NEW CAP REL C OSTS-HSB II 3.03	NEW CAP REL C OSTS-REHAB C 3.04	NEW CAP REL C OSTS-DIAYSIS 3.05	NEW CAP REL C OSTS-HOSPITA 3.06
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-MAB							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-HOSPITA							
003 03 NEW CAP REL COSTS-HSB I							
003 04 NEW CAP REL COSTS-HSB II							
003 05 NEW CAP REL COSTS-REHAB C							
003 06 NEW CAP REL COSTS-DIAYSIS							
003 07 NEW CAP REL COSTS-HOSPITA							
003 08 NEW CAP REL COSTS-MAB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS							
033 INTENSIVE CARE UNIT							
034 NURSERY							
037 SKILLED NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM							
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
047 RADIOLOGY-DIAGNOSTIC							
049 LABORATORY							
050 BLOOD STORING, PROCESSING							
051 RESPIRATORY THERAPY							
052 PHYSICAL THERAPY							
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY							
056 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED							
059 01 DRUGS CHARGED TO PATIENTS							
059 02 BEHAVIORAL HEALTH							
061 DIABETES/WOUND CARE/COUMA							
062 FLU CLINIC							
065 OUTPAT SERVICE COST CNTRS							
071 EMERGENCY							
093 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
096 AMBULANCE SERVICES							
098 HOME HEALTH AGENCY							
100 SPEC PURPOSE COST CENTERS							
100 HOSPICE							
100 SUBTOTALS							
100 NONREIMBURS COST CENTERS							
100 01 GIFT, FLOWER, COFFEE SHOP							
100 02 PHYSICIANS' PRIVATE OFFIC							
100 03 DAY HEALTH							
100 04 OUTREACH SERVICES							
100 05 MSO LOSS							
100 06 FUND DEVELOPMENT							
100 07 OUTSIDE LAUNDRY							
100 08 PHYSICIAN SUPPORT							
100 09 HOSPITALITY HOUSE							
100 10 HSK DIALYSIS							
100 11 OCCUPATIONAL MED							
100 12 VISITING PHYSICIANS							
100 13 FARM LAND							



ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MAB	NEW CAP REL C OSTS-ORTHO B	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB
	3.07	3.08	4a	5	6	7	7.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPI TA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPI TA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPI TA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS			1,160	1,160			
006 ADMINISTRATIVE & GENERAL			61,857	158	62,015		
007 MAINTENANCE & REPAIRS			11,991	26	3,344	15,361	
007 01 MAINTENANCE & REPAIRS-HSB			1,955	1	302		2,258
007 02 MAINTENANCE & REPAIRS-HSB					156		
007 03 MAINTENANCE & REPAIRS-REH					19		
007 04 MAINTENANCE & REPAIRS-MAB					30		
007 05 MAINTENANCE & REPAIRS-ORT					17		
009 LAUNDRY & LINEN SERVICE			3,642	10	602	536	
010 HOUSEKEEPING			1,936	24	1,111	285	
010 01 HOUSEKEEPING-HSB				5	204		
010 02 HOUSEKEEPING-HSB II				1	50		
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB				1	23		
011 DIETARY			2,495	20	1,188	367	
012 CAFETERIA			6,384	12	713	940	
014 NURSING ADMINISTRATION			57	20	828	8	
015 CENTRAL SERVICES & SUPPLY			6,030	10	788	888	
016 PHARMACY			1,466	27	3,692	216	
017 MEDICAL RECORDS & LIBRARY			3,594	29	1,320	529	
018 SOCIAL SERVICE			480	14	589	71	
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM			240	4	171	35	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			25,501	141	6,711	3,759	
026 INTENSIVE CARE UNIT			4,082	36	1,672	601	
033 NURSERY			890	14	570	131	
034 SKILLED NURSING FACILITY			2,641	44	1,882	389	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			7,709	51	3,335	1,135	
038 RECOVERY ROOM			2,727	22	1,090	401	
039 DELIVERY ROOM & LABOR ROO			1,899	14	585	280	
040 ANESTHESIOLOGY			301		193	44	
041 RADIOLOGY-DIAGNOSTIC			9,861	58	4,539	1,452	
044 LABORATORY			6,726	77	5,853	990	
047 BLOOD STORING, PROCESSING					547		
049 RESPIRATORY THERAPY			3,423	23	1,088	504	
050 PHYSICAL THERAPY			4,010	59	2,740	585	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			132	6	236	19	
053 ELECTROCARDIOLOGY			132	8	372	19	
054 ELECTROENCEPHALOGRAPHY			203	2	73	30	
055 MEDICAL SUPPLIES CHARGED					1,953		
056 DRUGS CHARGED TO PATIENTS					36		
059 BEHAVIORAL HEALTH			1,664	25	1,000		134
059 01 DIABETES/WOUND CARE/COUMA			736	17	732	108	
059 02 FLU CLINIC					4		
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY			4,882	40	1,973	719	
065 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			1,271	38	1,644	187	
071 HOME HEALTH AGENCY				37	1,810		
SPEC PURPOSE COST CENTERS							
093 HOSPICE				20	1,335		
095 SUBTOTALS			182,077	1,094	57,120	15,228	134
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			475		13	70	
098 PHYSICIANS' PRIVATE OFFIC			23,105		367		1,865
100 DAY HEALTH			1,944	8	410		157
100 01 OUTREACH SERVICES			316	5	264	46	
100 02 MSO LOSS			254	1	58		20
100 03 FUND DEVELOPMENT			118	5	280	17	
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			254	3	1,087		20
100 06 HOSPITALITY HOUSE					42		
100 07 HSK DIALYSIS					10		
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS					16		
100 10 FARM LAND							





COST CENTER DESCRIPTION		MAINTENANCE & REPAIRS-HSB	MAINTENANCE & REPAIRS-REH	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB
		7.02	7.03	7.04	7.05	9	10	10.01
NONREIMBURS COST CENTERS								
100 11	PSYCH CLINIC							6
100 12	ORTHO CLINIC							
100 13	VALET PARKING SERVICE							
100 14	SURGERY CLINIC	56						
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	156	19	30	17	4,790	3,441	209

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0089

FROM 7/ 1/2008

WORKSHEET B

TO 6/30/2009

PART II

	HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	10.02	10.03	10.04	11	12	14	15
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-REHAB C							
001 05 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS							
006 ADMINSTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II	51						
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB			24				
011 DIETARY				4,169			
012 CAFETERIA					8,370		
014 NURSING ADMINISTRATION					146	1,090	
015 CENTRAL SERVICES & SUPPLY					194		7,995
016 PHARMACY					170		87
017 MEDICAL RECORDS & LIBRARY					388		1
018 SOCIAL SERVICE					146		4
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED ED PRGM					24		8
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				2,481	1,455	569	684
026 INTENSIVE CARE UNIT				227	315	123	124
033 NURSERY					121	47	
034 SKILLED NURSING FACILITY				754	437	171	112
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					485		1,393
038 RECOVERY ROOM					170		270
039 DELIVERY ROOM & LABOR ROO					121	47	
040 ANESTHESIOLOGY							164
041 RADIOLOGY-DIAGNOSTIC					631		246
044 LABORATORY					728		312
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY					218		89
050 PHYSICAL THERAPY					509		26
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY					49		1
053 ELECTROCARDIOLOGY					73		24
054 ELECTROENCEPHALOGRAPHY					24		
055 MEDICAL SUPPLIES CHARGED							3,845
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH					243		4
059 01 DIABETES/WOUND CARE/COUMA					121		57
059 02 FLU CLINIC							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY					340	133	362
OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					437		2
071 HOME HEALTH AGENCY			5		315		112
SPEC PURPOSE COST CENTERS							
093 HOSPICE			3		170		45
095 SUBTOTALS			8	3,462	8,030	1,090	7,972
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	33		16				
100 DAY HEALTH				707	97		5
100 01 OUTREACH SERVICES					73		15
100 02 MSO LOSS							
100 03 FUND DEVELOPMENT					49		
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT					24		
100 06 HOSPITALITY HOUSE							
100 07 HSK DIALYSIS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							1
100 10 FARM LAND							

	HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	10.02	10.03	10.04	11	12	14	15
NONREIMBURS COST CENTERS							
100 11 PSYCH CLINIC					24		
100 12 ORTHO CLINIC							
100 13 VALET PARKING SERVICE					24		
100 14 SURGERY CLINIC	18				49		2
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	51		24	4,169	8,370	1,090	7,995

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26
001 GENERAL SERVICE COST CNTR						
001 01 OLD CAP REL COSTS-BLDG &						
001 02 OLD CAP REL COSTS-HOSPITA						
001 03 OLD CAP REL COSTS-HSB I						
001 04 OLD CAP REL COSTS-HSB II						
001 05 OLD CAP REL COSTS-REHAB C						
003 NEW CAP REL COSTS-BLDG &						
003 01 NEW CAP REL COSTS-HOSPITA						
003 02 NEW CAP REL COSTS-HSB I						
003 03 NEW CAP REL COSTS-HSB II						
003 04 NEW CAP REL COSTS-REHAB C						
003 05 NEW CAP REL COSTS-DIAYSIS						
003 06 NEW CAP REL COSTS-HOSPITA						
003 07 NEW CAP REL COSTS-MAB						
003 08 NEW CAP REL COSTS-ORTHO B						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENERAL						
007 MAINTENANCE & REPAIRS						
007 01 MAINTENANCE & REPAIRS-HSB						
007 02 MAINTENANCE & REPAIRS-HSB						
007 03 MAINTENANCE & REPAIRS-REH						
007 04 MAINTENANCE & REPAIRS-MAB						
007 05 MAINTENANCE & REPAIRS-ORT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
010 01 HOUSEKEEPING-HSB						
010 02 HOUSEKEEPING-HSB II						
010 03 HOUSEKEEPING-ORTHO						
010 04 HOUSEKEEPING-MAB						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY	5,670					
017 MEDICAL RECORDS & LIBRARY		5,888				
018 SOCIAL SERVICE			1,307			
020 NONPHYSICIAN ANESTHETISTS						
024 PARAMED ED PRGM					482	
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS		4,516	956		48,735	
033 INTENSIVE CARE UNIT		65	51		7,513	
034 NURSERY		94	5		1,929	
037 SKILLED NURSING FACILITY		489	285		7,739	
038 ANCILLARY SRVC COST CNTRS						
039 OPERATING ROOM					14,877	
040 RECOVERY ROOM					5,027	
041 DELIVERY ROOM & LABOR ROO					2,985	
044 ANESTHESIOLOGY					702	
047 RADIOLOGY-DIAGNOSTIC					17,153	
049 LABORATORY					14,887	
050 BLOOD STORING, PROCESSING					547	
051 RESPIRATORY THERAPY					5,447	
052 PHYSICAL THERAPY					8,244	
053 OCCUPATIONAL THERAPY						
054 SPEECH PATHOLOGY					458	
055 ELECTROCARDIOLOGY					657	
056 ELECTROENCEPHALOGRAPHY					346	
059 MEDICAL SUPPLIES CHARGED					5,798	
059 01 DRUGS CHARGED TO PATIENTS	5,670				5,706	
059 02 BEHAVIORAL HEALTH					3,082	
059 01 DIABETES/WOUND CARE/COUMA					1,780	
059 02 FLU CLINIC					4	
061 OUTPAT SERVICE COST CNTRS						
062 EMERGENCY		724	10		9,706	
065 OBSERVATION BEDS (NON-DIS						
071 OTHER REIMBURS COST CNTRS						
093 AMBULANCE SERVICES					3,651	
095 HOME HEALTH AGENCY					2,286	
096 SPEC PURPOSE COST CENTERS						
098 HOSPICE					1,577	
099 SUBTOTALS	5,670	5,888	1,307		170,836	
100 NONREIMBURS COST CENTERS						
100 01 GIFT, FLOWER, COFFEE SHOP					575	
100 02 PHYSICIANS' PRIVATE OFFIC					25,678	
100 03 DAY HEALTH					3,345	
100 01 OUTREACH SERVICES					738	
100 02 MSO LOSS					335	
100 03 FUND DEVELOPMENT					469	
100 04 OUTSIDE LAUNDRY					1,993	
100 05 PHYSICIAN SUPPORT					1,390	
100 06 HOSPITALITY HOUSE					42	
100 07 HSK DIALYSIS					10	
100 08 OCCUPATIONAL MED						
100 09 VISITING PHYSICIANS					17	
100 10 FARM LAND						

COST CENTER DESCRIPTION		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT
		16	17	18	20	25	26
100	11 NONREIMBURS COST CENTERS PSYCH CLINIC					1,313	
100	12 ORTHO CLINIC					3	
100	13 VALET PARKING SERVICE					65	
100	14 SURGERY CLINIC					2,025	
101	CROSS FOOT ADJUSTMENTS					482	482
102	NEGATIVE COST CENTER						
103	TOTAL	5,670	5,888	1,307		482	209,316





COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-HOSPITA	OLD CAP REL C OSTS-HSB I	OLD CAP REL C OSTS-HSB II	OLD CAP REL C OSTS-REHAB C	OLD CAP REL C OSTS-MAB
	0	1	1.01	1.02	1.03	1.04	1.05
001	GENERAL SERVICE COST CNTR						
001	01 OLD CAP REL COSTS-BLDG &						
001	02 OLD CAP REL COSTS-HOSPITA						
001	03 OLD CAP REL COSTS-HSB I						
001	04 OLD CAP REL COSTS-HSB II						
001	05 OLD CAP REL COSTS-REHAB C						
003	NEW CAP REL COSTS-BLDG &						
003	01 NEW CAP REL COSTS-HOSPITA						
003	02 NEW CAP REL COSTS-HSB I						
003	03 NEW CAP REL COSTS-HSB II						
003	04 NEW CAP REL COSTS-REHAB C						
003	05 NEW CAP REL COSTS-DIAYSIS						
003	06 NEW CAP REL COSTS-HOSPITA						
003	07 NEW CAP REL COSTS-MAB						
003	08 NEW CAP REL COSTS-ORTHO B						
005	EMPLOYEE BENEFITS						
006	ADMINISTRATIVE & GENERAL						
007	MAINTENANCE & REPAIRS						
007	01 MAINTENANCE & REPAIRS-HSB						
007	02 MAINTENANCE & REPAIRS-HSB						
007	03 MAINTENANCE & REPAIRS-REH						
007	04 MAINTENANCE & REPAIRS-MAB						
007	05 MAINTENANCE & REPAIRS-ORT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
010	01 HOUSEKEEPING-HSB						
010	02 HOUSEKEEPING-HSB II						
010	03 HOUSEKEEPING-ORTHO						
010	04 HOUSEKEEPING-MAB						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
024	PARAMED ED PRGM						
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS						
026	INTENSIVE CARE UNIT						
033	NURSERY						
034	SKILLED NURSING FACILITY						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM						
038	RECOVERY ROOM						
039	DELIVERY ROOM & LABOR ROO						
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC						
044	LABORATORY						
047	BLOOD STORING, PROCESSING						
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	BEHAVIORAL HEALTH						
059	01 DIABETES/WOUND CARE/COUMA						
059	02 FLU CLINIC						
061	OUTPAT SERVICE COST CNTRS						
061	EMERGENCY						
062	OBSERVATION BEDS (NON-DIS						
062	OTHER REIMBURS COST CNTRS						
065	AMBULANCE SERVICES						
071	HOME HEALTH AGENCY						
093	SPEC PURPOSE COST CENTERS						
093	HOSPICE						
095	NONREIMBURS COST CENTERS						
095	GIFT, FLOWER, COFFEE SHOP						
096	PHYSICIANS' PRIVATE OFFIC						
098	DAY HEALTH						
100	01 OUTREACH SERVICES						
100	02 MSO LOSS						
100	03 FUND DEVELOPMENT						
100	04 OUTSIDE LAUNDRY						
100	05 PHYSICIAN SUPPORT						
100	06 HOSPITALITY HOUSE						
100	07 HSK DIALYSIS						
100	08 OCCUPATIONAL MED						
100	09 VISITING PHYSICIANS						
100	10 FARM LAND						



ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0089

FROM 7/ 1/2008

WORKSHEET B

TO 6/30/2009

PART III

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-HOSPITA 3.01	NEW CAP REL C OSTS-HSB I 3.02	NEW CAP REL C OSTS-HSB II 3.03	NEW CAP REL C OSTS-REHAB C 3.04	NEW CAP REL C OSTS-DIAYSIS 3.05	NEW CAP REL C OSTS-HOSPITA 3.06
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
001 06 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS		18,133					
006 ADMINSTRATIVE & GENERAL		689,113	68,523	37,888			
007 MAINTENANCE & REPAIRS		187,390					
007 01 MAINTENANCE & REPAIRS-HSB			7,545				
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE		56,915					
010 HOUSEKEEPING		30,260					
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB							
011 DIETARY		38,988					
012 CAFETERIA		99,759					
014 NURSING ADMINISTRATION		883					
015 CENTRAL SERVICES & SUPPLY		94,240					
016 PHARMACY		22,916					
017 MEDICAL RECORDS & LIBRARY		56,164					
018 SOCIAL SERVICE		7,506					
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED ED PRGM		3,753					
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		398,506					
026 INTENSIVE CARE UNIT		63,788					
033 NURSERY		13,909					
034 SKILLED NURSING FACILITY		41,269					
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		120,467					
038 RECOVERY ROOM		42,609					
039 DELIVERY ROOM & LABOR ROO		29,672					
040 ANESTHESIOLOGY		4,710					
041 RADIOLOGY-DIAGNOSTIC		154,098					
044 LABORATORY		105,116					
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY		53,485					
050 PHYSICAL THERAPY		62,037			50,838		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY		2,061					
053 ELECTROCARDIOLOGY		2,061					
054 ELECTROENCEPHALOGRAPHY		3,179					
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH			6,424				
059 01 DIABETES/WOUND CARE/COUMA		11,510					
059 02 FLU CLINIC							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		76,298					
065 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		19,869					
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS		2,510,664	82,492	37,888	50,838		
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		7,418					
098 PHYSICIANS' PRIVATE OFFIC			89,129	61,260			
100 DAY HEALTH			7,503				
100 01 OUTREACH SERVICES		4,931					
100 02 MSO LOSS			980				
100 03 FUND DEVELOPMENT		1,840					
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			980				
100 06 HOSPITALITY HOUSE							
100 07 HSK DIALYSIS							12,282
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							
100 10 FARM LAND							



ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0089  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/13/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MAB	NEW CAP REL C OSTS-ORTHO B	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB
	3.07	3.08	4a	5	6	7	7.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HSB I							
001 03 OLD CAP REL COSTS-HSB II							
001 04 OLD CAP REL COSTS-REHAB C							
001 05 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS			18,133	18,133			
006 ADMINISTRATIVE & GENERAL		25,921	821,445	2,326	823,771		
007 MAINTENANCE & REPAIRS			187,390	408	44,430	232,228	
007 01 MAINTENANCE & REPAIRS-HSB			7,545	17	4,009		11,571
007 02 MAINTENANCE & REPAIRS-HSB				6	2,072		
007 03 MAINTENANCE & REPAIRS-REH					254		
007 04 MAINTENANCE & REPAIRS-MAB				3	399		
007 05 MAINTENANCE & REPAIRS-ORT				2	222		
009 LAUNDRY & LINEN SERVICE			56,915	154	7,993	8,108	
010 HOUSEKEEPING			30,260	381	14,761	4,311	
010 01 HOUSEKEEPING-HSB				74	2,715		
010 02 HOUSEKEEPING-HSB II				18	660		
010 03 HOUSEKEEPING-ORTHO					1		
010 04 HOUSEKEEPING-MAB				9	300		
011 DIETARY			38,988	320	15,776	5,554	
012 CAFETERIA			99,759	189	9,473	14,211	
014 NURSING ADMINISTRATION			883	316	10,998	126	
015 CENTRAL SERVICES & SUPPLY			94,240	163	10,469	13,425	
016 PHARMACY			22,916	424	49,045	3,264	
017 MEDICAL RECORDS & LIBRARY			56,164	458	17,542	8,001	
018 SOCIAL SERVICE			7,506	219	7,821	1,069	
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM			3,753	56	2,269	535	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			398,506	2,215	89,080	56,765	
026 INTENSIVE CARE UNIT			63,788	571	22,210	9,087	
033 NURSERY			13,909	218	7,567	1,981	
034 SKILLED NURSING FACILITY			41,269	696	25,003	5,879	
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			120,467	805	44,303	17,161	
038 RECOVERY ROOM			42,609	350	14,483	6,070	
039 DELIVERY ROOM & LABOR ROO			29,672	213	7,776	4,227	
040 ANESTHESIOLOGY			4,710		2,560	671	
041 RADIOLOGY-DIAGNOSTIC			154,098	917	60,297	21,952	
044 LABORATORY			105,116	1,215	77,760	14,974	
047 BLOOD STORAGE, PROCESSING					7,263		
049 RESPIRATORY THERAPY			53,485	356	14,452	7,619	
050 PHYSICAL THERAPY			112,875	930	36,407	8,837	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			2,061	89	3,130	294	
053 ELECTROCARDIOLOGY			2,061	128	4,944	294	
054 ELECTROENCEPHALOGRAPHY			3,179	25	974	453	
055 MEDICAL SUPPLIES CHARGED					25,943		
056 DRUGS CHARGED TO PATIENTS					476		
059 BEHAVIORAL HEALTH			6,424	389	13,291		688
059 01 DIABETES/WOUND CARE/COUMA			11,510	260	9,730	1,640	
059 02 FLU CLINIC				2	56		
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		246	76,544	622	26,208	10,869	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		246	20,115	597	21,840	2,830	
071 HOME HEALTH AGENCY	18,876		18,876	579	24,047		
SPEC PURPOSE COST CENTERS							
093 HOSPICE	11,467		11,467	318	17,735		
095 SUBTOTALS	30,343	26,413	2,738,638	17,038	758,744	230,207	688
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			7,418		170	1,057	
098 PHYSICIANS' PRIVATE OFFIC	52,213		202,602		4,875		9,552
100 DAY HEALTH			7,503	134	5,448		804
100 01 OUTREACH SERVICES			4,931	85	3,501	702	
100 02 MSO LOSS			980	22	774		105
100 03 FUND DEVELOPMENT			1,840	81	3,719	262	
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			980	55	14,440		105
100 06 HOSPITALITY HOUSE			12,282	6	562		
100 07 HSK DIALYSIS			155	4	138		
100 08 OCCUPATIONAL MED					1		
100 09 VISITING PHYSICIANS				6	206		
100 10 FARM LAND							

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-MAB	NEW CAP REL C OSTS-ORTHO B	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB
		3.07	3.08	4a	5	6	7	7.01
	NONREIMBURS COST CENTERS							
100	11 PSYCH CLINIC			2,959	144	5,911		317
100	12 ORTHO CLINIC					38		
100	13 VALET PARKING SERVICE				16	535		
100	14 SURGERY CLINIC			34,714	542	24,709		
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	82,556	26,413	3,015,002	18,133	823,771	232,228	11,571

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0089

FROM 7/ 1/2008

WORKSHEET B

TO 6/30/2009

PART III

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS-HSB	MAINTENANCE & REPAIRS-REH	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB
	7.02	7.03	7.04	7.05	9	10	10.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS							
006 ADMINSTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB	2,078						
007 03 MAINTENANCE & REPAIRS-REH		254					
007 04 MAINTENANCE & REPAIRS-MAB			402				
007 05 MAINTENANCE & REPAIRS-ORT				224			
009 LAUNDRY & LINEN SERVICE						73,170	
010 HOUSEKEEPING						1,300	51,013
010 01 HOUSEKEEPING-HSB							2,789
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB							
011 DIETARY						360	1,115
012 CAFETERIA						697	4,080
014 NURSING ADMINISTRATION							456
015 CENTRAL SERVICES & SUPPLY							1,267
016 PHARMACY							177
017 MEDICAL RECORDS & LIBRARY							405
018 SOCIAL SERVICE							51
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS						13,113	16,345
026 INTENSIVE CARE UNIT						1,658	1,597
033 NURSERY						583	279
034 SKILLED NURSING FACILITY						4,098	3,953
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM						7,803	3,827
038 RECOVERY ROOM						3,050	2,179
039 DELIVERY ROOM & LABOR ROO							583
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC						3,012	2,509
044 LABORATORY						409	2,585
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY						431	1,090
050 PHYSICAL THERAPY		254				1,834	2,610
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							228
053 ELECTROCARDIOLOGY						154	279
054 ELECTROENCEPHALOGRAPHY						31	177
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH							166
059 01 DIABETES/WOUND CARE/COUMA							127
059 02 FLU CLINIC							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				112		3,230	4,511
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				112		912	51
071 HOME HEALTH AGENCY			92				
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE			56				
095 SUBTOTALS		254	148	224		42,675	50,481
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							253
098 PHYSICIANS' PRIVATE OFFIC	1,326		254			16	2,303
100 DAY HEALTH						29	194
100 01 OUTREACH SERVICES							279
100 02 MSO LOSS							
100 03 FUND DEVELOPMENT							25
100 04 OUTSIDE LAUNDRY						30,450	
100 05 PHYSICIAN SUPPORT							25
100 06 HOSPITALITY HOUSE							
100 07 HSK DIALYSIS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							
100 10 FARM LAND							

COST CENTER DESCRIPTION		MAINTENANCE & REPAIRS-HSB	MAINTENANCE & REPAIRS-REH	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB
		7.02	7.03	7.04	7.05	9	10	10.01
NONREIMBURS COST CENTERS								
100 11	PSYCH CLINIC							76
100 12	ORTHO CLINIC							
100 13	VALET PARKING SERVICE							
100 14	SURGERY CLINIC	752						
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	2,078	254	402	224	73,170	51,013	2,789

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0089

FROM 7/1/2008

WORKSHEET B

TO 6/30/2009

PART III

	HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	10.02	10.03	10.04	11	12	14	15
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPITA							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB C							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPITA							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB C							
003 05 NEW CAP REL COSTS-DIAYSIS							
003 06 NEW CAP REL COSTS-HOSPITA							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO B							
005 EMPLOYEE BENEFITS							
006 ADMINSTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II	678						
010 03 HOUSEKEEPING-ORTHO		1					
010 04 HOUSEKEEPING-MAB			309				
011 DIETARY				62,113			
012 CAFETERIA					128,409		
014 NURSING ADMINISTRATION					2,233	15,012	
015 CENTRAL SERVICES & SUPPLY					2,978		122,542
016 PHARMACY					2,605		1,332
017 MEDICAL RECORDS & LIBRARY					5,955		19
018 SOCIAL SERVICE					2,233		60
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED ED PRGM					372		123
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				36,963	22,333	7,831	10,478
026 INTENSIVE CARE UNIT				3,387	4,839	1,697	1,896
033 NURSERY					1,861	653	
034 SKILLED NURSING FACILITY				11,230	6,700	2,350	1,711
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					7,444		21,350
038 RECOVERY ROOM					2,605		4,135
039 DELIVERY ROOM & LABOR ROO					1,861	653	
040 ANESTHESIOLOGY							2,507
041 RADIOLOGY-DIAGNOSTIC					9,677		3,773
044 LABORATORY					11,166		4,775
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY					3,350		1,367
050 PHYSICAL THERAPY					7,816		399
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY					744		17
053 ELECTROCARDIOLOGY					1,117		360
054 ELECTROENCEPHALOGRAPHY					372		
055 MEDICAL SUPPLIES CHARGED							58,975
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH					3,722		54
059 01 DIABETES/WOUND CARE/COUMA					1,861		866
059 02 FLU CLINIC							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY					5,211	1,828	5,543
OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		1			6,700		35
071 HOME HEALTH AGENCY			71		4,839		1,719
SPEC PURPOSE COST CENTERS							
093 HOSPICE			43		2,605		686
095 SUBTOTALS		1	114	51,580	123,199	15,012	122,180
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	433		195				
100 DAY HEALTH				10,533	1,489		73
100 01 OUTREACH SERVICES					1,117		237
100 02 MSO LOSS							
100 03 FUND DEVELOPMENT					744		
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT					372		1
100 06 HOSPITALITY HOUSE							4
100 07 HSK DIALYSIS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							10
100 10 FARM LAND							

	HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	10.02	10.03	10.04	11	12	14	15
NONREIMBURS COST CENTERS							
100 11 PSYCH CLINIC					372		
100 12 ORTHO CLINIC							
100 13 VALET PARKING SERVICE					372		
100 14 SURGERY CLINIC	245				744		37
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	678	1	309	62,113	128,409	15,012	122,542



COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMEDICAL PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT
NONREIMBURS COST CENTERS	16	17	18	20	24	25	26
100 11 PSYCH CLINIC						9,779	
100 12 ORTHO CLINIC						38	
100 13 VALET PARKING SERVICE						923	
100 14 SURGERY CLINIC						61,743	
101 CROSS FOOT ADJUSTMENTS					7,108	7,108	
102 NEGATIVE COST CENTER							
103 TOTAL	79,763	88,544	18,959		7,108	3,015,002	





COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-HOSPITA (SQUARE FEET)	OLD CAP REL C OSTS-HSB I (SQUARE FEET)	OLD CAP REL C OSTS-HSB II (SQUARE FEET)	OLD CAP REL C OSTS-REHAB C (PER ENT)	OLD CAP REL C OSTS-MAB (SQUARE FEET)
		1	1.01	1.02	1.03	1.04	1.05
GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD	171,548					
001 01	OLD CAP REL COSTS-HOS		171,548				
001 02	OLD CAP REL COSTS-HSB			48,077			
001 03	OLD CAP REL COSTS-HSB				13,917		
001 04	OLD CAP REL COSTS-REH					100	
001 05	OLD CAP REL COSTS-MAB						7,588
003	NEW CAP REL COSTS-BLD						
003 01	NEW CAP REL COSTS-HOS						
003 02	NEW CAP REL COSTS-HSB						
003 03	NEW CAP REL COSTS-HSB						
003 04	NEW CAP REL COSTS-REH						
003 05	NEW CAP REL COSTS-DIA						
003 06	NEW CAP REL COSTS-HOS						
003 07	NEW CAP REL COSTS-MAB						
003 08	NEW CAP REL COSTS-ORT						
005	EMPLOYEE BENEFITS	1,232	1,232				
006	ADMINISTRATIVE & GENE	46,821	46,821	17,900	3,939		
007	MAINTENANCE & REPAIRS	12,732	12,732				
007 01	MAINTENANCE & REPAIRS			1,971			
007 02	MAINTENANCE & REPAIRS						
007 03	MAINTENANCE & REPAIRS						
007 04	MAINTENANCE & REPAIRS						
007 05	MAINTENANCE & REPAIRS						
009	LAUNDRY & LINEN SERVI	3,867	3,867				
010	HOUSEKEEPING	2,056	2,056				
010 01	HOUSEKEEPING-HSB						
010 02	HOUSEKEEPING-HSB II						
010 03	HOUSEKEEPING-ORTHO						
010 04	HOUSEKEEPING-MAB						
011	DIETARY	2,649	2,649				
012	CAFETERIA	6,778	6,778				
014	NURSING ADMINISTRATIO	60	60				
015	CENTRAL SERVICES & SU	6,403	6,403				
016	PHARMACY	1,557	1,557				
017	MEDICAL RECORDS & LIB	3,816	3,816				
018	SOCIAL SERVICE	510	510				
020	NONPHYSICIAN ANESTHET						
024	PARAMED ED PRGM	255	255				
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	27,076	27,076				
026	INTENSIVE CARE UNIT	4,334	4,334				
033	NURSERY	945	945				
034	SKILLED NURSING FACIL	2,804	2,804				
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	8,185	8,185				
038	RECOVERY ROOM	2,895	2,895				
039	DELIVERY ROOM & LABOR	2,016	2,016				
040	ANESTHESIOLOGY	320	320				
041	RADIOLOGY-DIAGNOSTIC	10,470	10,470				
044	LABORATORY	7,142	7,142				
047	BLOOD STORING, PROCES						
049	RESPIRATORY THERAPY	3,634	3,634				
050	PHYSICAL THERAPY	4,215	4,215			100	
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY	140	140				
053	ELECTROCARDIOLOGY	140	140				
054	ELECTROENCEPHALOGRAPH	216	216				
055	MEDICAL SUPPLIES CHAR						
056	DRUGS CHARGED TO PATI						
059	BEHAVIORAL HEALTH			1,678			
059 01	DIABETES/WOUND CARE/C	782	782				
059 02	FLU CLINIC						
	OUTPAT SERVICE COST C						
061	EMERGENCY	5,184	5,184				
062	OBSERVATION BEDS (NON						
	OTHER REIMBURS COST C						
065	AMBULANCE SERVICES	1,350	1,350				
071	HOME HEALTH AGENCY						1,735
	SPEC PURPOSE COST CEN						
093	HOSPICE						1,054
095	SUBTOTALS	170,584	170,584	21,549	3,939	100	2,789
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE	504	504				
098	PHYSICIANS' PRIVATE O			23,283	6,369		4,799
100	DAY HEALTH			1,960			
100 01	OUTREACH SERVICES	335	335				
100 02	MSO LOSS			256			
100 03	FUND DEVELOPMENT	125	125				
100 04	OUTSIDE LAUNDRY						
100 05	PHYSICIAN SUPPORT			256			
100 06	HOSPITALITY HOUSE						

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-HOSPITA (SQUARE ) FEET	OLD CAP REL C OSTS-HSB I (SQUARE ) FEET	OLD CAP REL C OSTS-HSB II (SQUARE ) FEET	OLD CAP REL C OSTS-REHAB C (PER ) ENT	OLD CAP REL C OSTS-MAB C(SQUARE ) FEET
	1	1.01	1.02	1.03	1.04	1.05
NONREIMBURS COST CENT						
100 07 HSK DIALYSIS						
100 08 OCCUPATIONAL MED						
100 09 VISITING PHYSICIANS						
100 10 FARM LAND						
100 11 PSYCH CLINIC			773			
100 12 ORTHO CLINIC						
100 13 VALET PARKING SERVICE				3,609		
100 14 SURGERY CLINIC						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		161,566	47,687	22	40	1
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.941812	.991888	.001581	.400000	.000132
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 CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-HOSPITA (SQUARE ) FEET	NEW CAP REL C OSTS-HSB I (SQUARE ) FEET	NEW CAP REL C OSTS-HSB II (SQUARE ) FEET	NEW CAP REL C OSTS-REHAB C (PER )ENT	NEW CAP REL C OSTS-DIAYSIS C (PER )ENT	NEW CAP REL C OSTS-HOSPITA C (PER )ENT
GENERAL SERVICE COST	3	3.01	3.02	3.03	3.04	3.05	3.06
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-HOS							
001 02 OLD CAP REL COSTS-HSB							
001 03 OLD CAP REL COSTS-HSB							
001 04 OLD CAP REL COSTS-REH							
001 05 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLD	171,548						
003 01 NEW CAP REL COSTS-HOS		171,548					
003 02 NEW CAP REL COSTS-HSB			48,077				
003 03 NEW CAP REL COSTS-HSB				13,917			
003 04 NEW CAP REL COSTS-REH					100		
003 05 NEW CAP REL COSTS-DIA						100	
003 06 NEW CAP REL COSTS-HOS							100
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORT							
005 EMPLOYEE BENEFITS	1,232	1,232					
006 ADMINISTRATIVE & GENE	46,821	46,821	17,900	3,939			
007 MAINTENANCE & REPAIRS	12,732	12,732					
007 01 MAINTENANCE & REPAIRS			1,971				
007 02 MAINTENANCE & REPAIRS							
007 03 MAINTENANCE & REPAIRS							
007 04 MAINTENANCE & REPAIRS							
007 05 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVI	3,867	3,867					
010 HOUSEKEEPING	2,056	2,056					
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB							
011 DIETARY	2,649	2,649					
012 CAFETERIA	6,778	6,778					
014 NURSING ADMINISTRATIO	60	60					
015 CENTRAL SERVICES & SU	6,403	6,403					
016 PHARMACY	1,557	1,557					
017 MEDICAL RECORDS & LIB	3,816	3,816					
018 SOCIAL SERVICE	510	510					
020 NONPHYSICIAN ANESTHET							
024 PARAMEDICAL PRGM	255	255					
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	27,076	27,076					
026 INTENSIVE CARE UNIT	4,334	4,334					
033 NURSERY	945	945					
034 SKILLED NURSING FACIL	2,804	2,804					
ANCILLARY SRVC COST C							
037 OPERATING ROOM	8,185	8,185					
038 RECOVERY ROOM	2,895	2,895					
039 DELIVERY ROOM & LABOR	2,016	2,016					
040 ANESTHESIOLOGY	320	320					
041 RADIOLOGY-DIAGNOSTIC	10,470	10,470					
044 LABORATORY	7,142	7,142					
047 BLOOD STORING, PROCES							
049 RESPIRATORY THERAPY	3,634	3,634					
050 PHYSICAL THERAPY	4,215	4,215			100		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	140	140					
053 ELECTROCARDIOLOGY	140	140					
054 ELECTROENCEPHALOGRAPH	216	216					
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
059 BEHAVIORAL HEALTH			1,678				
059 01 DIABETES/WOUND CARE/C	782	782					
059 02 FLU CLINIC							
OUTPAT SERVICE COST C							
061 EMERGENCY	5,184	5,184					
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	1,350	1,350					
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
093 HOSPICE							
095 SUBTOTALS	170,584	170,584	21,549	3,939	100		
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	504	504					
098 PHYSICIANS' PRIVATE O			23,283	6,369			
100 DAY HEALTH			1,960				
100 01 OUTREACH SERVICES	335	335					
100 02 MSO LOSS			256				
100 03 FUND DEVELOPMENT	125	125					
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			256				
100 06 HOSPITALITY HOUSE							

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-HOSPITA (SQUARE ) FEET	NEW CAP REL C OSTS-HSB I (SQUARE ) FEET	NEW CAP REL C OSTS-HSB II (SQUARE ) FEET	NEW CAP REL C OSTS-REHAB C (PER )ENT	NEW CAP REL C OSTS-DIAYSIS C (PER )ENT	NEW CAP REL C OSTS-HOSPITA C (PER )ENT
NONREIMBURS COST CENT	3	3.01	3.02	3.03	3.04	3.05	3.06
100 07 HSK DIALYSIS						100	
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							
100 10 FARM LAND							
100 11 PSYCH CLINIC			773				
100 12 ORTHO CLINIC							
100 13 VALET PARKING SERVICE							
100 14 SURGERY CLINIC				3,609			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		2,524,853	184,043	133,862	50,838	155	12,282
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		14.718056		9.618596	508.380000	1.550000	122.820000
105 COST TO BE ALLOCATED (WRKSHT B, PART II)			3.828088				
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 C OSTS-MAB (SQUARE FEET)	NEW CAP REL C OSTS-ORTHO B (SQUARE FEET)	EMPLOYEE BENEFITS (SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB (SQUARE FEET)
	3.07	3.08	5	6a.00	6	7	7.01
GENERAL SERVICE COST							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-HOS							
001 03 OLD CAP REL COSTS-HSB							
001 04 OLD CAP REL COSTS-REH							
001 05 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-HOS							
003 02 NEW CAP REL COSTS-HSB							
003 03 NEW CAP REL COSTS-HSB							
003 04 NEW CAP REL COSTS-REH							
003 05 NEW CAP REL COSTS-DIA							
003 06 NEW CAP REL COSTS-HOS							
003 07 NEW CAP REL COSTS-MAB	7,588						
003 08 NEW CAP REL COSTS-ORT		7,297					
005 EMPLOYEE BENEFITS			22,577,924				
006 ADMINISTRATIVE & GENERAL		7,161	2,894,186	-6,252,749	38,134,992		
007 MAINTENANCE & REPAIRS			508,160		2,056,855	110,763	
007 01 MAINTENANCE & REPAIRS			21,612		185,582		28,206
007 02 MAINTENANCE & REPAIRS			7,935		95,910		
007 03 MAINTENANCE & REPAIRS					11,771		
007 04 MAINTENANCE & REPAIRS			3,427		18,481		
007 05 MAINTENANCE & REPAIRS			2,321		10,264		
009 LAUNDRY & LINEN SERVICE			191,443		370,031	3,867	
010 HOUSEKEEPING			473,961		683,362	2,056	
010 01 HOUSEKEEPING-HSB			92,567		125,667		
010 02 HOUSEKEEPING-HSB II			21,951		30,566		
010 03 HOUSEKEEPING-ORTHO					50		
010 04 HOUSEKEEPING-MAB			11,231		13,888		
011 DIETARY			398,772		730,323		
012 CAFETERIA			235,276		438,547	2,649	
014 NURSING ADMINISTRATIVE			393,985		509,163	6,778	
015 CENTRAL SERVICES & SUPPLY			203,414		484,673	60	
016 PHARMACY			527,515		2,270,512	6,403	
017 MEDICAL RECORDS & LIBRARY			570,806		812,102	1,557	
018 SOCIAL SERVICE			272,833		362,079	3,816	
020 NONPHYSICIAN ANESTHETIC						510	
024 PARAMEDICAL PROGRAM			69,336		105,042	255	
025 ADULTS & PEDIATRICS			2,758,642		4,123,074	27,076	
026 INTENSIVE CARE UNIT			710,818		1,028,204	4,334	
033 NURSERY			271,293		350,285	945	
034 SKILLED NURSING FACILITY			866,203		1,157,496	2,804	
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM			1,001,957		2,050,965	8,185	
039 RECOVERY ROOM			436,161		670,472	2,895	
040 DELIVERY ROOM & LABOR			265,558		359,965	2,016	
041 ANESTHESIOLOGY					118,508	320	
044 RADIOLOGY-DIAGNOSTIC			1,142,079		2,791,376	10,470	
047 LABORATORY			1,513,583		3,599,828	7,142	
049 BLOOD STORAGE, PROCESSING					336,241		
049 RESPIRATORY THERAPY			443,233		669,044	3,634	
050 PHYSICAL THERAPY			1,158,235		1,685,411	4,215	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			110,853		144,902	140	
053 ELECTROCARDIOLOGY			158,833		228,873	140	
054 ELECTROENCEPHALOGRAPHY			31,640		45,110	216	
055 MEDICAL SUPPLIES CHARGED TO PATIENT					1,200,987		
056 DRUGS CHARGED TO PATIENT					22,050		
059 BEHAVIORAL HEALTH			484,279		615,279		1,678
059 01 DIABETES/WOUND CARE/CENTERS			324,094		450,423	782	
059 02 FLU CLINIC			2,102		2,599		
061 OUTPAT SERVICE COST CENTER							
062 EMERGENCY		68	775,031		1,213,296	5,184	
065 OBSERVATION BEDS (NON-REIMBURSABLE)							
071 OTHER REIMBURSABLE COST CENTER							
071 AMBULANCE SERVICES		68	743,469		1,011,056	1,350	
093 HOME HEALTH AGENCY	1,735		721,625		1,113,248		
095 SPEC PURPOSE COST CENTER							
093 HOSPICE	1,054		395,436		821,026		
095 SUBTOTALS	2,789	7,297	21,215,855	-6,252,749	35,124,586	109,799	1,678
096 NONREIMBURSABLE COST CENTER							
098 GIFT, FLOWER, COFFEE					7,893	504	
100 PHYSICIANS' PRIVATE OFFICE	4,799				225,707		23,283
100 DAY HEALTH			166,291		252,218		1,960
100 01 OUTREACH SERVICES			105,529		162,077	335	
100 02 MSO LOSS			27,989		35,846		256
100 03 FUND DEVELOPMENT			100,432		172,145	125	
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			67,943		668,472		256
100 06 HOSPITALITY HOUSE			7,051		25,999		

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	MAINTENANCE & REPAIRS-HSB
	OSTS-MAB	OSTS-ORTHO B	FITS		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)
	(SQUARE FEET)	(SQUARE FEET)	(SALARIES)				
NONREIMBURS COST CENT	3.07	3.08	5	6a.00	6	7	7.01
100 07 HSK DIALYSIS			5,023		6,367		
100 08 OCCUPATIONAL MED					53		
100 09 VISITING PHYSICIANS			7,557		9,544		
100 10 FARM LAND							
100 11 PSYCH CLINIC			179,817		273,644		773
100 12 ORTHO CLINIC					1,753		
100 13 VALET PARKING SERVICE			19,830		24,783		
100 14 SURGERY CLINIC			674,607		1,143,905		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	82,556	26,413	5,342,392		6,252,749	2,394,105	216,011
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	10.879810	3.619707	.236620		.163964	21.614664	7.658335
105 COST TO BE ALLOCATED (WRKSHT B, PART II)			1,160		62,015	15,361	2,258
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)			.000051		.001626	.138683	.080054
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			18,133		823,771	232,228	11,571
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000803		.021601	2.096621	.410232

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS-HSB (SQUARE FEET)	MAINTENANCE & REPAIRS-REH (PERCENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS LINEN)	HOUSEKEEPING (TIME PERCENT)	HOUSEKEEPING-HSB (SQUARE FEET)
	7.02	7.03	7.04	7.05	9	10	10.01
GENERAL SERVICE COST							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-HOS							
001 03 OLD CAP REL COSTS-HSB							
001 04 OLD CAP REL COSTS-REH							
001 05 OLD CAP REL COSTS-MAB							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-HOS							
003 03 NEW CAP REL COSTS-HSB							
003 04 NEW CAP REL COSTS-REH							
003 05 NEW CAP REL COSTS-DIA							
003 06 NEW CAP REL COSTS-HOS							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORT							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 01 MAINTENANCE & REPAIRS							
007 02 MAINTENANCE & REPAIRS	9,978						
007 03 MAINTENANCE & REPAIRS		100					
007 04 MAINTENANCE & REPAIRS			7,588				
007 05 MAINTENANCE & REPAIRS				136			
009 LAUNDRY & LINEN SERVICE					54,723		
010 HOUSEKEEPING					972	2,013	
010 01 HOUSEKEEPING-HSB							28,206
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB							
011 DIETARY					269		
012 CAFETERIA					521		
014 NURSING ADMINISTRATIVE							161
015 CENTRAL SERVICES & SUPPLIES							18
016 PHARMACY							50
017 MEDICAL RECORDS & LIBRARY							7
018 SOCIAL SERVICE							16
020 NONPHYSICIAN ANESTHETIC							2
024 PARAMEDICAL PROGRAM							
025 INPATIENT ROUTINE SERVICE CENTER							
026 ADULTS & PEDIATRICS					9,807		645
033 INTENSIVE CARE UNIT					1,240		63
034 NURSERY					436		11
037 SKILLED NURSING FACILITY					3,065		156
038 ANCILLARY SERVICE COST CENTER							
039 OPERATING ROOM					5,836		151
040 RECOVERY ROOM					2,281		86
041 DELIVERY ROOM & LABOR							23
044 ANESTHESIOLOGY							
047 RADIOLOGY-DIAGNOSTIC					2,253		99
049 LABORATORY					306		102
050 BLOOD STORAGE, PROCESSING							
051 RESPIRATORY THERAPY					322		43
052 PHYSICAL THERAPY		100			1,372		103
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							9
055 ELECTROCARDIOLOGY					115		11
056 ELECTROENCEPHALOGRAPHY					23		7
059 01 MEDICAL SUPPLIES CHARGED TO PATIENT							
059 02 DRUGS CHARGED TO PATIENT							
061 BEHAVIORAL HEALTH							1,678
062 01 DIABETES/WOUND CARE/CENTERS						5	
062 02 FLU CLINIC							
065 OUTPATIENT SERVICE COST CENTER							
071 EMERGENCY				68	2,416		178
093 OBSERVATION BEDS (NON-REIMBURSABLE)							
095 OTHER REIMBURSABLE COST CENTER							
096 AMBULANCE SERVICES				68	682		2
098 HOME HEALTH AGENCY			1,735				
099 SPECIFIC PURPOSE COST CENTER							
095 HOSPICE			1,054				
096 SUBTOTALS		100	2,789	136	31,916	1,992	1,678
097 NONREIMBURSABLE COST CENTER							
098 GIFT, FLOWER, COFFEE						10	
100 PHYSICIANS' PRIVATE OFFICE	6,369		4,799		12		23,283
100 01 DAY HEALTH					22		1,960
100 02 OUTREACH SERVICES						11	
100 03 MSO LOSS							256
100 04 FUND DEVELOPMENT							
100 05 OUTSIDE LAUNDRY					22,773		
100 06 PHYSICIAN SUPPORT							256
100 07 HOSPITALITY HOUSE							

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS-HSB	MAINTENANCE & REPAIRS-REH	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB
	(SQUARE FEET)	(PERCENT)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS LINEN)	(TIME PERCENT)	(SQUARE FEET)
NONREIMBURS COST CENT	7.02	7.03	7.04	7.05	9	10	10.01
100 07 HSK DIALYSIS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							
100 10 FARM LAND							
100 11 PSYCH CLINIC							773
100 12 ORTHO CLINIC							
100 13 VALET PARKING SERVICE							
100 14 SURGERY CLINIC	3,609						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	111,636	13,701	21,511	11,947	514,287	848,984	146,272
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	11.188214	137.010000	2.834871	87.845588	9.398004	421.750621	5.185847
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	156	19	30	17	4,790	3,441	209
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.015634	.190000	.003954	.125000	.087532	1.709389	.007410
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	2,078	254	402	224	73,170	51,013	2,789
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.208258	2.540000	.052978	1.647059	1.337098	25.341778	.098880

COST ALLOCATION - STATISTICAL BASIS

14-0089

FROM 7/1/2008

WORKSHEET B-1

TO 6/30/2009

COST CENTER DESCRIPTION	HOUSEKEEPING-HSB II (SQUARE FEET)	HOUSEKEEPING-ORTHO (SQUARE FEET)	HOUSEKEEPING-MAB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY (COSTED EQUIP.)	SERVICES (R)
	10.02	10.03	10.04	11	12	14	15	
GENERAL SERVICE COST								
001 OLD CAP REL COSTS-BLD								
001 01 OLD CAP REL COSTS-HOS								
001 02 OLD CAP REL COSTS-HSB								
001 03 OLD CAP REL COSTS-HSB								
001 04 OLD CAP REL COSTS-REH								
001 05 OLD CAP REL COSTS-MAB								
003 NEW CAP REL COSTS-BLD								
003 01 NEW CAP REL COSTS-HOS								
003 02 NEW CAP REL COSTS-HSB								
003 03 NEW CAP REL COSTS-HSB								
003 04 NEW CAP REL COSTS-REH								
003 05 NEW CAP REL COSTS-DIA								
003 06 NEW CAP REL COSTS-HOS								
003 07 NEW CAP REL COSTS-MAB								
003 08 NEW CAP REL COSTS-ORT								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENE								
007 MAINTENANCE & REPAIRS								
007 01 MAINTENANCE & REPAIRS								
007 02 MAINTENANCE & REPAIRS								
007 03 MAINTENANCE & REPAIRS								
007 04 MAINTENANCE & REPAIRS								
007 05 MAINTENANCE & REPAIRS								
009 LAUNDRY & LINEN SERVI								
010 HOUSEKEEPING								
010 01 HOUSEKEEPING-HSB								
010 02 HOUSEKEEPING-HSB II	9,978							
010 03 HOUSEKEEPING-ORTHO		136						
010 04 HOUSEKEEPING-MAB			7,588					
011 DIETARY				3,833				
012 CAFETERIA					345			
014 NURSING ADMINISTRATION					6	115		
015 CENTRAL SERVICES & SU					8		2,456,667	
016 PHARMACY					7		26,711	
017 MEDICAL RECORDS & LIB					16		376	
018 SOCIAL SERVICE					6		1,208	
020 NONPHYSICIAN ANESTHET								
024 PARAMED ED PRGM						1	2,475	
025 INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS				2,281	60	60	210,050	
026 INTENSIVE CARE UNIT				209	13	13	38,010	
033 NURSERY					5	5		
034 SKILLED NURSING FACIL				693	18	18	34,308	
ANCILLARY SRVC COST C								
037 OPERATING ROOM					20		428,016	
038 RECOVERY ROOM					7		82,891	
039 DELIVERY ROOM & LABOR					5	5		
040 ANESTHESIOLOGY							50,268	
041 RADIOLOGY-DIAGNOSTIC					26		75,642	
044 LABORATORY					30		95,734	
047 BLOOD STORING, PROCES								
049 RESPIRATORY THERAPY					9		27,399	
050 PHYSICAL THERAPY					21		8,009	
051 OCCUPATIONAL THERAPY								
052 SPEECH PATHOLOGY					2		348	
053 ELECTROCARDIOLOGY					3		7,222	
054 ELECTROENCEPHALOGRAPH					1			
055 MEDICAL SUPPLIES CHAR							1,182,213	
056 DRUGS CHARGED TO PATI								
059 BEHAVIORAL HEALTH					10		1,090	
059 01 DIABETES/WOUND CARE/C					5		17,365	
059 02 FLU CLINIC								
OUTPAT SERVICE COST C								
061 EMERGENCY		68			14	14	111,121	
062 OBSERVATION BEDS (NON								
OTHER REIMBURS COST C								
065 AMBULANCE SERVICES		68			18		701	
071 HOME HEALTH AGENCY			1,735		13		34,456	
SPEC PURPOSE COST CEN								
093 HOSPICE			1,054		7		13,761	
095 SUBTOTALS		136	2,789	3,183	331	115	2,449,374	
NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE								
098 PHYSICIANS' PRIVATE O	6,369		4,799					
100 DAY HEALTH				650	4		1,470	
100 01 OUTREACH SERVICES					3		4,755	
100 02 MSO LOSS								
100 03 FUND DEVELOPMENT					2			
100 04 OUTSIDE LAUNDRY								
100 05 PHYSICIAN SUPPORT					1		30	
100 06 HOSPITALITY HOUSE							90	

COST CENTER DESCRIPTION	HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY (COSTED EQUIP.)	SERVICES (R)
NONREIMBURS COST CENT	10.02	10.03	10.04	11	12	14	15	
100 07 HSK DIALYSIS								
100 08 OCCUPATIONAL MED								
100 09 VISITING PHYSICIANS								199
100 10 FARM LAND								
100 11 PSYCH CLINIC					1			
100 12 ORTHO CLINIC								
100 13 VALET PARKING SERVICE					1			
100 14 SURGERY CLINIC	3,609				2			749
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	35,578	58	16,165	928,412	729,755	614,227	740,551	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	3.565644	.426471	2.130337	242.215497	2,115.231884	5,341.104348	.301445	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	51		24	4,169	8,370	1,090	7,995	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.005111		.003163	1.087660	24.260870	9.478261	.003254	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	678	1	309	62,113	128,409	15,012	122,542	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.067949	.007353	.040722	16.204800	372.200000	130.539130	.049881	

COST CENTER DESCRIPTION	PHARMACY (COSTED EQUIPMENTS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMEDICAL PRGM (ASSIGNED TIME)
	16	17	18	20	24
GENERAL SERVICE COST					
001 OLD CAP REL COSTS-BLD					
001 01 OLD CAP REL COSTS-HOS					
001 02 OLD CAP REL COSTS-HSB					
001 03 OLD CAP REL COSTS-HSB					
001 04 OLD CAP REL COSTS-REH					
001 05 OLD CAP REL COSTS-MAB					
003 NEW CAP REL COSTS-BLD					
003 01 NEW CAP REL COSTS-HOS					
003 02 NEW CAP REL COSTS-HSB					
003 03 NEW CAP REL COSTS-HSB					
003 04 NEW CAP REL COSTS-REH					
003 05 NEW CAP REL COSTS-DIA					
003 06 NEW CAP REL COSTS-HOS					
003 07 NEW CAP REL COSTS-MAB					
003 08 NEW CAP REL COSTS-ORT					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
007 MAINTENANCE & REPAIRS					
007 01 MAINTENANCE & REPAIRS					
007 02 MAINTENANCE & REPAIRS					
007 03 MAINTENANCE & REPAIRS					
007 04 MAINTENANCE & REPAIRS					
007 05 MAINTENANCE & REPAIRS					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
010 01 HOUSEKEEPING-HSB					
010 02 HOUSEKEEPING-HSB II					
010 03 HOUSEKEEPING-ORTHO					
010 04 HOUSEKEEPING-MAB					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATIVE					
015 CENTRAL SERVICES & SUPPORT					
016 PHARMACY	100				
017 MEDICAL RECORDS & LIBRARY		1,000			
018 SOCIAL SERVICE			1,713		
020 NONPHYSICIAN ANESTHETISTS					
024 PARAMEDICAL PRGM					100
INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS		767	1,253		
026 INTENSIVE CARE UNIT		11	67		
033 NURSERY		16	7		
034 SKILLED NURSING FACILITY		83	373		
ANCILLARY SRVC COST C					
037 OPERATING ROOM					
038 RECOVERY ROOM					
039 DELIVERY ROOM & LABOR					
040 ANESTHESIOLOGY					
041 RADIOLOGY-DIAGNOSTIC					100
044 LABORATORY					
047 BLOOD STORING, PROCESSING					
049 RESPIRATORY THERAPY					
050 PHYSICAL THERAPY					
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY					
054 ELECTROENCEPHALOGRAPHY					
055 MEDICAL SUPPLIES CHAR					
056 DRUGS CHARGED TO PATIENT	100				
059 BEHAVIORAL HEALTH					
059 01 DIABETES/WOUND CARE/C					
059 02 FLU CLINIC					
OUTPAT SERVICE COST C					
061 EMERGENCY		123	13		
062 OBSERVATION BEDS (NON-REIMBURS)					
OTHER REIMBURS COST C					
065 AMBULANCE SERVICES					
071 HOME HEALTH AGENCY					
SPEC PURPOSE COST CENTER					
093 HOSPICE					
095 SUBTOTALS	100	1,000	1,713		100
NONREIMBURS COST CENTER					
096 GIFT, FLOWER, COFFEE					
098 PHYSICIANS' PRIVATE OFFICE					
100 DAY HEALTH					
100 01 OUTREACH SERVICES					
100 02 MSO LOSS					
100 03 FUND DEVELOPMENT					
100 04 OUTSIDE LAUNDRY					
100 05 PHYSICIAN SUPPORT					
100 06 HOSPITALITY HOUSE					

COST CENTER DESCRIPTION	PHARMACY (COSTED EQUIP.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMEDICAL PROGRAM (ASSIGNED TIME)
	16	17	18	20	24
NONREIMBURS COST CENT					
100 07 HSK DIALYSIS					
100 08 OCCUPATIONAL MED					
100 09 VISITING PHYSICIANS					
100 10 FARM LAND					
100 11 PSYCH CLINIC					
100 12 ORTHO CLINIC					
100 13 VALET PARKING SERVICE					
100 14 SURGERY CLINIC					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))	2,702,259	1,068,444	446,369		130,638
104 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))	27,022.590000 5,670	1,068.444000	260.577350		1,306.380000 482
105 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))	56.700000	5,888	1,307		
106 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))	79,763	5.888000	.762989		4.820000 7,108
107 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))	797.630000	88,544	18,959		
108 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I))		88.544000	11.067717		71.080000

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	7,957,717		7,957,717		7,957,717
26	INTENSIVE CARE UNIT	1,516,919		1,516,919		1,516,919
33	NURSERY	493,083		493,083		493,083
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,000,777		2,000,777		2,000,777
37	OPERATING ROOM	2,854,024		2,854,024		2,854,024
38	RECOVERY ROOM	940,481		940,481		940,481
39	DELIVERY ROOM & LABOR ROOM	509,543		509,543		509,543
40	ANESTHESIOLOGY	160,009		160,009		160,009
41	RADIOLOGY-DIAGNOSTIC	3,746,730		3,746,730		3,746,730
44	LABORATORY	4,482,653		4,482,653	179,168	4,661,821
47	BLOOD STORAGE, PROCESSING	391,372		391,372		391,372
49	RESPIRATORY THERAPY	905,748		905,748		905,748
50	PHYSICAL THERAPY	2,169,733		2,169,733		2,169,733
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY	179,818		179,818		179,818
53	ELECTROCARDIOLOGY	283,669		283,669		283,669
54	ELECTROENCEPHALOGRAPHY	62,458		62,458		62,458
55	MEDICAL SUPPLIES CHARGED	1,754,279		1,754,279		1,754,279
56	DRUGS CHARGED TO PATIENTS	2,727,924		2,727,924		2,727,924
59	BEHAVIORAL HEALTH	759,197		759,197	2,460	761,657
59 01	DIABETES/WOUND CARE/COUMA	559,099		559,099		559,099
59 02	FLU CLINIC	3,025		3,025		3,025
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	1,900,756		1,900,756		1,900,756
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	621,150		621,150		621,150
65	AMBULANCE SERVICES	1,257,553		1,257,553		1,257,553
101	SUBTOTAL	38,237,717		38,237,717	181,628	38,419,345
102	LESS OBSERVATION BEDS	621,150		621,150		621,150
103	TOTAL	37,616,567		37,616,567	181,628	37,798,195

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	7,498,293		7,498,293			
26	INTENSIVE CARE UNIT	1,945,042		1,945,042			
33	NURSERY	632,715		632,715			
34	SKILLED NURSING FACILITY	2,191,871		2,191,871			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,480,276	5,189,804	7,670,080	.372098	.372098	.372098
38	RECOVERY ROOM	763,721	2,858,896	3,622,617	.259614	.259614	.259614
39	DELIVERY ROOM & LABOR ROO	386,540	1,370	387,910	1.313560	1.313560	1.313560
40	ANESTHESIOLOGY	458,781	772,097	1,230,878	.129996	.129996	.129996
41	RADIOLOGY-DIAGNOSTIC	3,253,182	16,462,072	19,715,254	.190042	.190042	.190042
44	LABORATORY	5,764,565	16,269,415	22,033,980	.203443	.203443	.211574
47	BLOOD STORING, PROCESSING	425,607	329,202	754,809	.518505	.518505	.518505
49	RESPIRATORY THERAPY	1,180,878	1,544,764	2,725,642	.332306	.332306	.332306
50	PHYSICAL THERAPY	852,760	2,053,279	2,906,039	.746629	.746629	.746629
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	106,142	195,431	301,573	.596267	.596267	.596267
53	ELECTROCARDIOLOGY	1,164,741	2,071,104	3,235,845	.087665	.087665	.087665
54	ELECTROENCEPHALOGRAPHY	43,887	127,063	170,950	.365358	.365358	.365358
55	MEDICAL SUPPLIES CHARGED	4,068,028	2,248,858	6,316,886	.277713	.277713	.277713
56	DRUGS CHARGED TO PATIENTS	4,195,269	2,699,441	6,894,710	.395655	.395655	.395655
59	BEHAVIORAL HEALTH	11,441	558,897	570,338	1.331135	1.331135	1.335448
59	01 DIABETES/WOUND CARE/COUMA	925	325,535	326,460	1.712611	1.712611	1.712611
59	02 FLU CLINIC		21,576	21,576	.140202	.140202	.140202
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,110,349	5,069,016	6,179,365	.307597	.307597	.307597
62	OBSERVATION BEDS (NON-DIS	303,375	1,095,196	1,398,571	.444132	.444132	.444132
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,038	2,111,344	2,112,382	.595325	.595325	.595325
101	SUBTOTAL	38,839,426	62,004,360	100,843,786			
102	LESS OBSERVATION BEDS						
103	TOTAL	38,839,426	62,004,360	100,843,786			

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	2,854,024	238,037	2,615,987			2,854,024
38	RECOVERY ROOM	940,481	80,508	859,973			940,481
39	DELIVERY ROOM & LABOR ROO	509,543	47,970	461,573			509,543
40	ANESTHESIOLOGY	160,009	11,150	148,859			160,009
41	RADIOLOGY-DIAGNOSTIC	3,746,730	273,388	3,473,342			3,746,730
44	LABORATORY	4,482,653	232,887	4,249,766			4,482,653
47	BLOOD STORING, PROCESSING	391,372	7,810	383,562			391,372
49	RESPIRATORY THERAPY	905,748	87,597	818,151			905,748
50	PHYSICAL THERAPY	2,169,733	180,206	1,989,527			2,169,733
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	179,818	7,021	172,797			179,818
53	ELECTROCARDIOLOGY	283,669	9,994	273,675			283,669
54	ELECTROENCEPHALOGRAPHY	62,458	5,557	56,901			62,458
55	MEDICAL SUPPLIES CHARGED	1,754,279	90,716	1,663,563			1,754,279
56	DRUGS CHARGED TO PATIENTS	2,727,924	85,945	2,641,979			2,727,924
59	BEHAVIORAL HEALTH	759,197	27,816	731,381			759,197
59	01 DIABETES/WOUND CARE/COUMA	559,099	27,774	531,325			559,099
59	02 FLU CLINIC	3,025	62	2,963			3,025
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,900,756	155,419	1,745,337			1,900,756
62	OBSERVATION BEDS (NON-DIS	621,150	61,208	559,942			621,150
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,257,553	56,844	1,200,709			1,257,553
101	SUBTOTAL	26,269,221	1,687,909	24,581,312			26,269,221
102	LESS OBSERVATION BEDS	621,150	61,208	559,942			621,150
103	TOTAL	25,648,071	1,626,701	24,021,370			25,648,071







TITLE XVIII, PART A      HOSPITAL      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	14,877	223,160	7,670,080	1,110,308	.001940	2,154
38	RECOVERY ROOM	5,027	75,481	3,622,617	345,386	.001388	479
39	DELIVERY ROOM & LABOR ROO	2,985	44,985	387,910	1,370	.007695	11
40	ANESTHESIOLOGY	702	10,448	1,230,878	158,962	.000570	91
41	RADIOLOGY-DIAGNOSTIC	17,153	256,235	19,715,254	2,345,462	.000870	2,041
44	LABORATORY	14,887	218,000	22,033,980	3,625,506	.000676	2,451
47	BLOOD STORING, PROCESSING	547	7,263	754,809	312,185	.000725	226
49	RESPIRATORY THERAPY	5,447	82,150	2,725,642	748,937	.001998	1,496
50	PHYSICAL THERAPY	8,244	171,962	2,906,039	339,009	.002837	962
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	458	6,563	301,573	53,149	.001519	81
53	ELECTROCARDIOLOGY	657	9,337	3,235,845	820,632	.000203	167
54	ELECTROENCEPHALOGRAPHY	346	5,211	170,950	28,955	.002024	59
55	MEDICAL SUPPLIES CHARGED	5,798	84,918	6,316,886	2,419,538	.000918	2,221
56	DRUGS CHARGED TO PATIENTS	5,706	80,239	6,894,710	2,324,045	.000828	1,924
59	BEHAVIORAL HEALTH	3,082	24,734	570,338	1,991	.005404	11
59 01	DIABETES/WOUND CARE/COUMA	1,780	25,994	326,460	925	.005452	5
59 02	FLU CLINIC	4	58	21,576		.000185	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	9,706	145,713	6,179,365	660,964	.001571	1,038
62	OBSERVATION BEDS (NON-DIS	3,804	57,404	1,398,571	200,703	.002720	546
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	101,210	1,529,855	86,463,483	15,498,027		15,963



WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL						

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

PROVIDER NO:	PERIOD:	PREPARED 11/13/2009
14-0089	FROM 7/ 1/2008	WORKSHEET D
	TO 6/30/2009	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	9,506		5,490	
26	INTENSIVE CARE UNIT	1,123		747	
33	NURSERY	902			
34	SKILLED NURSING FACILITY	3,297		2,918	
101	TOTAL	14,828		9,155	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
44	LABORATORY										
47	BLOOD STORING, PROCESSING										
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	BEHAVIORAL HEALTH										
59	01 DIABETES/WOUND CARE/COUMA										
59	02 FLU CLINIC										
61	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
62	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			7,670,080			1,110,308	
38	OPERATING ROOM			3,622,617			345,386	
39	RECOVERY ROOM			387,910			1,370	
40	DELIVERY ROOM & LABOR ROO			1,230,878			158,962	
41	ANESTHESIOLOGY	130,638	130,638	19,715,254	.006626	.006626	2,345,462	15,541
44	RADIOLOGY-DIAGNOSTIC			22,033,980			3,625,506	
47	LABORATORY			754,809			312,185	
49	BLOOD STORING, PROCESSING			2,725,642			748,937	
50	RESPIRATORY THERAPY			2,906,039			339,009	
51	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY			301,573			53,149	
53	ELECTROCARDIOLOGY			3,235,845			820,632	
54	ELECTROENCEPHALOGRAPHY			170,950			28,955	
55	MEDICAL SUPPLIES CHARGED			6,316,886			2,419,538	
56	DRUGS CHARGED TO PATIENTS			6,894,710			2,324,045	
59	BEHAVIORAL HEALTH			570,338			1,991	
59 01	DIABETES/WOUND CARE/COUMA			326,460			925	
59 02	FLU CLINIC			21,576				
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			6,179,365			660,964	
62	OBSERVATION BEDS (NON-DIS			1,398,571			200,703	
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	130,638	130,638	86,463,483			15,498,027	15,541

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,169,706	1,029,174				
38	RECOVERY ROOM	580,826	505,924				
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	152,910	139,499				
41	RADIOLOGY-DIAGNOSTIC	2,542,878	2,458,929		16,849	16,293	
44	LABORATORY	564,889	538,344				
47	BLOOD STORING, PROCESSING	156,554	74,819				
49	RESPIRATORY THERAPY	129,903	272,884				
50	PHYSICAL THERAPY	94,500	52,378				
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	601,273	444,076				
54	ELECTROENCEPHALOGRAPHY	18,116	16,098				
55	MEDICAL SUPPLIES CHARGED	400,899	305,694				
56	DRUGS CHARGED TO PATIENTS	778,996	591,679				
59	BEHAVIORAL HEALTH	40,515	35,193				
59	01 DIABETES/WOUND CARE/COUMA	71,582	41,938				
59	02 FLU CLINIC						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	508,728	509,368				
62	OBSERVATION BEDS (NON-DIS	208,260	154,681				
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	8,020,535	7,170,678		16,849	16,293	

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						130,638					
44	LABORATORY											
47	BLOOD STORING, PROCESSING											
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	BEHAVIORAL HEALTH											
59	01 DIABETES/WOUND CARE/COUMA											
59	02 FLU CLINIC											
61	OUTPAT SERVICE COST CNTRS											
	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS											
65	AMBULANCE SERVICES											
101	TOTAL						130,638					

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			7,670,080			1,097	
38	RECOVERY ROOM			3,622,617				
39	DELIVERY ROOM & LABOR ROO			387,910				
40	ANESTHESIOLOGY			1,230,878			290	
41	RADIOLOGY-DIAGNOSTIC	130,638	130,638	19,715,254	.006626	.006626	45,470	301
44	LABORATORY			22,033,980			447,127	
47	BLOOD STORING, PROCESSING			754,809			19,195	
49	RESPIRATORY THERAPY			2,725,642			199,815	
50	PHYSICAL THERAPY			2,906,039			374,248	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY			301,573			33,263	
53	ELECTROCARDIOLOGY			3,235,845			32,416	
54	ELECTROENCEPHALOGRAPHY			170,950				
55	MEDICAL SUPPLIES CHARGED			6,316,886			203,926	
56	DRUGS CHARGED TO PATIENTS			6,894,710			622,395	
59	BEHAVIORAL HEALTH			570,338			185	
59	01 DIABETES/WOUND CARE/COUMA			326,460				
59	02 FLU CLINIC			21,576				
61	OUTPAT SERVICE COST CNTRS							
	EMERGENCY			6,179,365				
62	OBSERVATION BEDS (NON-DIS			1,398,571				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	130,638	130,638	86,463,483			1,979,427	301

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
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	BEHAVIORAL HEALTH						
59	01 DIABETES/WOUND CARE/COUMA						
59	02 FLU CLINIC						
61	OUTPAT SERVICE COST CNTRS						
	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						









Health Financial Systems	MCRI F32	FOR MCDONOUGH DISTRICT HOSPITAL	IN LIEU OF FORM CMS-2552-96(08/2000)
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST		PROVIDER NO:	PERIOD:
		14-0089	FROM 7/ 1/2008
			TO 6/30/2009
		14-0089	
TITLE XVIII, PART B		HOSPITAL	
PART VI - VACCINE COST APPORTIONMENT			

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.395655
2	PROGRAM VACCINE CHARGES		20,058
3	PROGRAM COSTS		7,936





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	742
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	837.13
85	OBSERVATION BED COST	621,150

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	48,735	.006124	621,150	3,804
87	NEW CAPITAL-RELATED COST	735,410	.092415	621,150	57,404
88	NON PHYSICIAN ANESTHETIST			621,150	
89	MEDICAL EDUCATION			621,150	
89.01	MEDICAL EDUCATION - ALLIED HEA			621,150	
89.02	MEDICAL EDUCATION - ALL OTHER			621,150	



TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1,999,485
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	606.46
68	PROGRAM ROUTINE SERVICE COST	1,769,650
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	406
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,770,056
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	122,105
72	PER DIEM CAPITAL-RELATED COSTS	37.04
73	PROGRAM CAPITAL-RELATED COSTS	108,083
74	INPATIENT ROUTINE SERVICE COST	1,661,973
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,661,973
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,770,056
80	PROGRAM INPATIENT ANCILLARY SERVICES	781,638
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,551,694

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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







WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		4,683,982	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		1,320,656	
37	OPERATING ROOM	.372098	1,110,308	413,143
38	RECOVERY ROOM	.259614	345,386	89,667
39	DELIVERY ROOM & LABOR ROOM	1.313560	1,370	1,800
40	ANESTHESIOLOGY	.129996	158,962	20,664
41	RADIOLOGY-DIAGNOSTIC	.190042	2,345,462	445,736
44	LABORATORY	.211574	3,625,506	767,063
47	BLOOD STORING, PROCESSING & TRANS.	.518505	312,185	161,869
49	RESPIRATORY THERAPY	.332306	748,937	248,876
50	PHYSICAL THERAPY	.746629	339,009	253,114
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	.596267	53,149	31,691
53	ELECTROCARDIOLOGY	.087665	820,632	71,941
54	ELECTROENCEPHALOGRAPHY	.365358	28,955	10,579
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.277713	2,419,538	671,937
56	DRUGS CHARGED TO PATIENTS	.395655	2,324,045	919,520
59	BEHAVIORAL HEALTH	1.335448	1,991	2,659
59	01 DIABETES/WOUND CARE/COUMADIN CENTER	1.712611	925	1,584
59	02 FLU CLINIC	.140202		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.307597	660,964	203,311
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.444132	200,703	89,139
65	AMBULANCE SERVICES			
101	TOTAL		15,498,027	4,404,293
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		15,498,027	



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		753,513	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		131,832	
37	OPERATING ROOM	.372098	502,739	187,068
38	RECOVERY ROOM	.259614		
39	DELIVERY ROOM & LABOR ROOM	1.313560	189,060	248,342
40	ANESTHESIOLOGY	.129996		
41	RADIOLOGY-DIAGNOSTIC	.190042	174,760	33,212
44	LABORATORY	.203443	523,204	106,442
47	BLOOD STORING, PROCESSING & TRANS.	.518505		
49	RESPIRATORY THERAPY	.332306	83,454	27,732
50	PHYSICAL THERAPY	.746629	10,247	7,651
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	.596267		
53	ELECTROCARDIOLOGY	.087665	30,758	2,696
54	ELECTROENCEPHALOGRAPHY	.365358		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.277713	144,515	40,134
56	DRUGS CHARGED TO PATIENTS	.395655	417,037	165,003
59	BEHAVIORAL HEALTH	1.331135	3,366	4,481
59	01 DIABETES/WOUND CARE/COUMADIN CENTER	1.712611		
59	02 FLU CLINIC	.140202		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.307597	86,601	26,638
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.444132	90,929	40,384
65	AMBULANCE SERVICES			
101	TOTAL		2,256,670	889,783
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,256,670	



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)	5,310,629	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	7,976,410	
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)	7,976,410	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		584,717
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		15,541
16 TOTAL	8,576,668	
17 PRIMARY PAYER PAYMENTS		279
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	8,576,389	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		935,940
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		2,571
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		140,302
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		98,211
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		140,302
22 SUBTOTAL	7,736,089	
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	7,736,089	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	7,065,482	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	670,607	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	16,400	
----- 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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	17,740	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,286,520	1,969,401
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,979,907	1,715,485
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.862	.867
1.04	LINE 1.01 TIMES LINE 1.03.	1,970,980	1,707,471
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.	33,142	
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	17,740	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	72,915	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	72,915	

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)	72,915	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	55,175	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	17,740	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	3,728,534	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	2,140	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,012,794	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,731,340	
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	2,731,340	
24	PRIMARY PAYER PAYMENTS	78	
25	SUBTOTAL	2,731,262	

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	71,094	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	49,766	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	71,094	
28	SUBTOTAL	2,781,028	
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	2,781,028	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	2,717,469	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	63,559	
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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)
  
- COMPUTATION OF LESSER OF COST OR CHARGES
  
- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES
  
- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)
  
- COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
  
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2
  
- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6,991,734		2,718,219
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	1/20/2009	73,748		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			1/20/2009	750
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		73,748		-750
4 TOTAL INTERIM PAYMENTS		7,065,482		2,717,469
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		670,607		63,559
7 TOTAL MEDICARE PROGRAM LIABILITY		7,736,089		2,781,028

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 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			990,677
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			301
34	SUBTOTAL			990,978
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			990,978
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			990,978
42	COINSURANCE			93,990
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	ADJUSTED 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)			896,988
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			896,988
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			896,988
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			896,687
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			301
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/13/2009
14-0089	FROM 7/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2009	PART III
14-5687		

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		47,841,336		
2 OF PERIOD				
3 NET INCOME (LOSS)		5,923,706		
4 TOTAL		53,765,042		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 CAPITAL GRANTS & GIFTS	240,043			
7				
8				
9				
10 TOTAL ADDITIONS		240,043		
11 SUBTOTAL		54,005,085		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		54,005,085		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 CAPITAL GRANTS & GIFTS				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
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	8,409,131		8,409,131
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	2,213,080		2,213,080
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	10,622,211		10,622,211
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,949,084		1,949,084
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,949,084		1,949,084
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	12,571,295		12,571,295
17 00 ANCILLARY SERVICES	28,397,450	59,146,938	87,544,388
18 00 OUTPATIENT SERVICES		7,231,766	7,231,766
19 00 HOME HEALTH AGENCY		1,251,086	1,251,086
20 00 AMBULANCE SERVICES		2,111,341	2,111,341
23 00 HOSPI CE		1,200,989	1,200,989
24 00			
25 00 TOTAL PATIENT REVENUES	40,968,745	70,942,120	111,910,865

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		50,832,309	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 HSBI	555,741		
35 00 HSBI I	291,149		
36 00 OTHER BLDGS & FARM	167,175		
37 00 INTEREST EXPENSE	3,418		
38 00 OTHER	64,835		
39 00 TOTAL DEDUCTIONS		1,082,318	
40 00 TOTAL OPERATING EXPENSES		49,749,991	

DESCRIPTION

1	TOTAL PATIENT REVENUES	111,910,865
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	58,299,666
3	NET PATIENT REVENUES	53,611,199
4	LESS: TOTAL OPERATING EXPENSES	49,749,991
5	NET INCOME FROM SERVICE TO PATIENTS	3,861,208
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	203,811
7	INCOME FROM INVESTMENTS	1,342,536
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	58,432
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	148,123
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	369,491
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	900
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	3,077
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	2,000
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	501,375
23	GOVERNMENTAL APPROPRIATIONS	63,933
24	CONSULTING	216,876
24.01	BILLING	112,464
24.02	ROUNDING	18
24.03	MISCELLANEOUS	121,780
25	TOTAL OTHER INCOME	3,144,816
26	TOTAL OTHER EXPENSES	7,006,024
27	BUILDINGS	1,014,065
28	INTEREST EXPENSE	3,418
29	OTHER	64,835
30	TOTAL OTHER EXPENSES	1,082,318
31	NET INCOME (OR LOSS) FOR THE PERIOD	5,923,706

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						
5	214,395			3,353	21,592	239,340
HHA REIMBURSABLE SERVICES						
6	471,661		36,823		30,122	538,606
7	33,819		6,299	101,560		141,678
8						
9	3,337		1,908			5,245
10	4,050		300			4,350
11	33,621		8,138	108		41,867
12						
13					22,050	22,050
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	760,883		53,468	105,021	73,764	993,136

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
5	-2,102	237,238		237,238
HHA REIMBURSABLE SERVICES				
6		538,606		538,606
7	-40,118	101,560		101,560
8				
9	-5,245			
10		4,350		4,350
11		41,867		41,867
12				
13	-22,050			
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-69,515	923,621		923,621

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5		237,238				237,238	237,238
HHA REIMBURSABLE SERVICES							
6		538,606				538,606	186,160
7		101,560				101,560	35,103
8							
9							
10		4,350				4,350	1,504
11		41,867				41,867	14,471
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		923,621				923,621	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		724,766					
7		136,663					
8							
9							
10		5,854					
11		56,338					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		923,621					

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N (	ADMINISTRATIV E & GENERAL ( ACCUM. COST )
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-237,238	686,383
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					538,606
7	PHYSICAL THERAPY					101,560
8	OCCUPATIONAL THERAPY					
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES					4,350
11	HOME HEALTH AIDE					41,867
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)				-237,238	686,383
25	COST TO BE ALLOCATED					237,238
26	UNIT COST MULTIPLIER					.345635

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-HOSPIT	OLD CAP REL COSTS-HSB I	OLD CAP REL COSTS-HSB II	OLD CAP REL COSTS-REHAB
	0	1	1.01	1.02	1.03	1.04
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE	724,766					
3 PHYSICAL THERAPY	136,663					
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	5,854					
7 HOME HEALTH AIDE	56,338					
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)	923,621					
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-MAB	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-HOSPIT	NEW CAP REL COSTS-HSB I	NEW CAP REL COSTS-HSB II	NEW CAP REL COSTS-REHAB
	1.05	3	3.01	3.02	3.03	3.04
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-DIAYSI 3.05	NEW CAP REL COSTS-HOSPIT 3.06	NEW CAP REL COSTS-MAB 3.07	NEW CAP REL COSTS-ORTHO 3.08	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A
1 ADMIN & GENERAL			18,876		50,233	69,109
2 SKILLED NURSING CARE					111,605	836,371
3 PHYSICAL THERAPY						136,663
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES					958	6,812
7 HOME HEALTH AIDE					7,955	64,293
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)			18,876		170,751	1,113,248
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	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	MAINTENANCE & REPAIRS-HS 7.01	MAINTENANCE & REPAIRS-HS 7.02	MAINTENANCE & REPAIRS-RE 7.03	MAINTENANCE & REPAIRS-MA 7.04
1 ADMIN & GENERAL	11,331					4,919
2 SKILLED NURSING CARE	137,135					
3 PHYSICAL THERAPY	22,408					
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	1,117					
7 HOME HEALTH AIDE	10,542					
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)	182,533					4,919
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS-OR	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING -HSB	HOUSEKEEPING -HSB II	HOUSEKEEPING -ORTHO
	7.05	9	10	10.01	10.02	10.03
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	HOUSEKEEPING -MAB	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	PHARMACY
	10.04	11	12	14	15	16
1 ADMIN & GENERAL	3,696		8,461		1,328	
2 SKILLED NURSING CARE			16,922		9,059	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			2,115			
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)	3,696		27,498		10,387	
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	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETIST 20	PARAMEDIC RGM 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26
1 ADMIN & GENERAL					98,844	
2 SKILLED NURSING CARE					999,487	
3 PHYSICAL THERAPY					159,071	
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES					7,929	
7 HOME HEALTH AIDE					76,950	
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)					1,342,281	
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	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	98,844		
2 SKILLED NURSING CARE	999,487	79,452	1,078,939
3 PHYSICAL THERAPY	159,071	12,645	171,716
4 OCCUPATIONAL THERAPY			
5 SPEECH PATHOLOGY			
6 MEDICAL SOCIAL SERVICES	7,929	630	8,559
7 HOME HEALTH AIDE	76,950	6,117	83,067
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)	1,342,281	98,844	1,342,281
21 UNIT COST MULTIPLIER		0.079493	

(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)	OLD CAP REL COSTS-HOSPIT (SQUARE FEET)	OLD CAP REL COSTS-HSB I (SQUARE FEET)	OLD CAP REL COSTS-HSB II (SQUARE FEET)	OLD CAP REL COSTS-REHAB (PER ENT)	OLD CAP REL COSTS-MAB C (SQUARE FEET)
	1	1.01	1.02	1.03	1.04	1.05
1 ADMIN & GENERAL						1,735
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						1,735
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-HOSPIT (SQUARE FEET)	NEW CAP REL COSTS-HSB I (SQUARE FEET)	NEW CAP REL COSTS-HSB II (SQUARE FEET)	NEW CAP REL COSTS-REHAB (PER ENT)	NEW CAP REL COSTS-DIALYSIS C (PER ENT)
	3	3.01	3.02	3.03	3.04	3.05
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-HOSPITAL (PER CENT)	NEW CAP REL COSTS-MAB (SQUARE FEET)	NEW CAP REL COSTS-ORTHO (SQUARE FEET)	EMPLOYEE BENEFITS (SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
	3.06	3.07	3.08	5	6A	6
1 ADMIN & GENERAL		1,735		212,293		69,109
2 SKILLED NURSING CARE				471,661		836,371
3 PHYSICAL THERAPY						136,663
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES				4,050		6,812
7 HOME HEALTH AIDE				33,621		64,293
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		1,735		721,625		1,113,248
21 COST TO BE ALLOCATED		18,876		170,751		182,533
22 UNIT COST MULTIPLIER		10.879539		0.236620		0.163964

HHA COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HS (SQUARE FEET)	MAINTENANCE & REPAIRS-HS (SQUARE FEET)	MAINTENANCE & REPAIRS-RE (PER CENT)	MAINTENANCE & REPAIRS-MA (SQUARE FEET)	MAINTENANCE & REPAIRS-OR (SQUARE FEET)
	7	7.01	7.02	7.03	7.04	7.05
1 ADMIN & GENERAL					1,735	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)					1,735	
21 COST TO BE ALLOCATED					4,919	
22 UNIT COST MULTIPLIER					2.835159	

HHA 1

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS LINEN)	HOUSEKEEPING (TIME PENT)	HOUSEKEEPING -HSB (SQUARE FEET)	HOUSEKEEPING -HSB II (SQUARE FEET)	HOUSEKEEPING -ORTHO (SQUARE FEET)	HOUSEKEEPING -MAB (SQUARE FEET)
	9	10	10.01	10.02	10.03	10.04
1 ADMIN & GENERAL						1,735
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						1,735
21 COST TO BE ALLOCATED						3,696
22 UNIT COST MULTIPLIER						2.130259

HHA COST CENTER	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLIES (COSTED EQUIP.)	PHARMACY (COSTED EQUIP.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)
	11	12	14	15	16	17
1 ADMIN & GENERAL		4		4,404		
2 SKILLED NURSING CARE		8		30,052		
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		1				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		13		34,456		
21 COST TO BE ALLOCATED		27,498		10,387		
22 UNIT COST MULTIPLIER		2115.230769		0.301457		

HHA 1

SOCIAL SERVICE (TIME SPENT	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME )	PARAMEDIC P RGM (ASSIGNED TIME )
18	20	24

HHA COST CENTER

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	1,078,939		1,078,939	5,605	192.50	2,419
2 PHYSICAL THERAPY	3	171,716	228,185	399,901	2,065	193.66	1,224
3 OCCUPATIONAL THERAPY	4						
4 SPEECH PATHOLOGY	5		18,532	18,532	210	88.25	114
5 MEDICAL SOCIAL SERVICES	6	8,559		8,559	29	295.14	22
6 HOME HEALTH AIDE SERVICE	7	83,067		83,067	824	100.81	345
7 TOTAL		1,342,281	246,717	1,588,998	8,733		4,124

PROGRAM VISITS	PART B		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	1,820	9	465,658	12
2 PHYSICAL THERAPY		467		237,040	10
3 OCCUPATIONAL THERAPY					11
4 SPEECH PATHOLOGY		43		10,061	3,795
5 MEDICAL SOCIAL SERVICES		7		6,493	2,066
6 HOME HEALTH AIDE SERVICES		474		34,779	47,784
7 TOTAL		2,811		754,031	494,434

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

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

PROVIDER NO: 14-0089  
 HHA NO: 14-7293  
 PERIOD: FROM 7/1/2008 TO 6/30/2009  
 PREPARED 11/13/2009  
 WORKSHEET H-6  
 PARTS III & III  
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	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		7,331	7,331	26,396	.277731	8,224
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
15 COST OF MEDICAL SUPPLIES	16,207		2,284	4,501
16 COST OF DRUGS				
16.20 COST OF DRUGS				

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.746629	305,620	228,185	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52	.596267	31,080	18,532	COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.277713	26,396	7,331	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.395655			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 COSTS -----	----- PROGRAM COSTS -----	
	1	2	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	5
1 PHYSICAL THERAPY	2	193.66	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY	3						
3 SPEECH PATHOLOGY	4	88.25					
4 TOTAL (SUM OF LINES 1-3)							



TITLE XVII      HHA 1

DESCRIPTION	P A R T    A		P A R T    B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		531,329		358,226
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			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		531,329		358,226
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
TENTATIVE TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT      SETTLEMENT TO PROVIDER	.01			
AMOUNT (BALANCE DUE)      SETTLEMENT TO PROGRAM	.02	1		1
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		531,328		358,225

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2008	11/13/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K
14-1524		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	48,391			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				50,302
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	22,123			130
10 NURSING CARE	253,676			3,205
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	35,319			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	35,240			2,240
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.)				28,162
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	686			
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				51,173
34 TOTAL (SUM OF LINES 1 THRU 33)	395,435			135,212

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2008	11/13/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K
14-1524		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	9,824	58,215	8,567	66,782
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		50,302		50,302
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES		22,253		22,253
10 NURSING CARE		256,881		256,881
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		35,319		35,319
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		37,480		37,480
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	82,266	82,266		82,266
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN	46,411	46,411		46,411
22 PATIENT TRANSPORTATION	23,379	23,379		23,379
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	14,897	14,897		14,897
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		28,162		28,162
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS		686		686
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS		51,173		51,173
34 TOTAL (SUM OF LINES 1 THRU 33)	176,777	707,424	8,567	715,991

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 11/13/2009
14-0089	FROM 7/1/2008	WORKSHEET K
HOSPICE NO:	TO 6/30/2009	
14-1524		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		66,782
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		50,302
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		22,253
10 NURSING CARE		256,881
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		35,319
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		37,480
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		82,266
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		46,411
22 PATIENT TRANSPORTATION		23,379
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		14,897
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		28,162
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		686
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		51,173
34 TOTAL (SUM OF LINES 1 THRU 33)		715,991

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	14-0089	PERIOD:	FROM 7/ 1/2008	PREPARED 11/13/2009
HOSPICE NO:	14-1524	TO	6/30/2009	WORKSHEET K-1

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL	31,920		
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES		35,319	
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS		686	
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	31,920	36,005	

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	14-0089	PERIOD:	FROM 7/1/2008	PREPARED 11/13/2009
HOSPICE NO:	14-1524	TO	6/30/2009	WORKSHEET K-1

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	16,471			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				22,123
10 NURSING CARE	253,676			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			35,240	
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)	270,147		35,240	22,123

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2008	11/13/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-1
14-1524		

HOSPICE 1

TOTAL (1)  
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	48,391
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	22,123
10	NURSING CARE	253,676
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	35,319
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	35,240
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	686
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	395,435

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2008	11/13/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-3
14-1524		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	14-0089	PERIOD:	FROM 7/1/2008	TO 6/30/2009	PREPARED 11/13/2009
HOSPICE NO:	14-1524				WORKSHEET K-3

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				50,302
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				130
10 NURSING CARE				3,205
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				2,240
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.)				28,162
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				51,173
34 TOTAL (SUM OF LINES 1 THRU 33)				135,212

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 11/13/2009
14-0089	FROM 7/1/2008	WORKSHEET K-3
HOSPICE NO:	TO 6/30/2009	
14-1524		

HOSPICE 1

TOTAL (1)  
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	50,302
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	130
10	NURSING CARE	3,205
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOME MAKER	2,240
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.)	28,162
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	51,173
34	TOTAL (SUM OF LINES 1 THRU 33)	135,212

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/ 1/2008	11/13/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-4
14-1524		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

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	66,782		
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE	50,302		
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES	22,253		
13	NURSING CARE	256,881		
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES	35,319		
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER	37,480		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	82,266		
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	46,411		
31	PATIENT TRANSPORTATION	23,379		
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES	14,897		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	28,162		
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS	686		
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS	51,173		
43	TOTAL (SUM OF LINES 1 THRU 33)	715,991		

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/ 1/2008	11/13/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-4
14-1524		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			66,782	66,782
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			50,302	5,174
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			22,253	2,289
13 NURSING CARE			256,881	26,426
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			35,319	3,633
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			37,480	3,855
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			82,266	8,462
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			46,411	4,774
31 PATIENT TRANSPORTATION			23,379	2,405
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES			14,897	1,532
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			28,162	2,897
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS			686	71
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS			51,173	5,264
43 TOTAL (SUM OF LINES 1 THRU 33)			649,209	66,782

COST ALLOCATION -		PROVIDER NO:		PERIOD:		PREPARED 11/13/2009
HOSPICE GENERAL SERVICE COST		14-0089		FROM 7/ 1/2008		WORKSHEET K-4
		HOSPICE NO:		TO 6/30/2009		PART I
		14-1524				

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	55,476
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	24,542
13	NURSING CARE	283,307
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	38,952
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	41,335
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	90,728
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	51,185
31	PATIENT TRANSPORTATION	25,784
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	16,429
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	31,059
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	757
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	56,437
43	TOTAL (SUM OF LINES 1 THRU 33)	715,991

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/ 1/2008	11/13/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-4
14-1524		PART II

HOSPICE 1

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

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE		-66,782	649,209
8 INPATIENT - GENERAL CARE			50,302
9 INPATIENT - RESPIRE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			22,253
12 NURSING CARE			256,881
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			35,319
18 SPIRITUAL COUNSELING			
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOME MAKER			37,480
22.20 HH AIDE & HOME MAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			82,266
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			46,411
30 PATIENT TRANSPORTATION			23,379
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			
33 MEDICAL SUPPLIES			14,897
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			28,162
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			686
39 FUNDRAISING			
40 OTHER PROGRAM COSTS			51,173
41 COST TO BE ALLOCATED (PER WKST K-4, PART I)			66,782
42 UNIT COST MULTIPLIER	.000000		102867

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-HOSPITAL	OLD CAP REL COSTS-HSB I
		0	1	1.01	1.02
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7	55,476			
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9	24,542			
5.00 NURSING CARE	10	283,307			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	38,952			
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	41,335			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	90,728			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21	51,185			
17.00 PATIENT TRANSPORTATION	22	25,784			
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	16,429			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26	31,059			
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30	757			
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33	56,437			
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		715,991			
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	OLD CAP REL COSTS-HSB II	OLD CAP REL COSTS-REHAB CNT	OLD CAP REL COSTS-MAB	NEW CAP REL COSTS-BLDG & FIXT
	1.03	1.04	1.05	3
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

	NEW CAP REL COSTS-HOSPITAL	NEW CAP REL COSTS-HSBI	NEW CAP REL COSTS-HSBI I	NEW CAP REL COSTS-REHAB CNT
HOSPICE COST CENTER	3.01	3.02	3.03	3.04
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

	NEW CAP REL COSTS-DIAYSIS	NEW CAP REL COSTS-HOSPITALY HOUSE	NEW CAP REL COSTS-MAB	NEW CAP REL COSTS-ORTHO BLDG
HOSPICE COST CENTER	3.05	3.06	3.07	3.08
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			11,467	
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	5	5A	6	7
1.00 ADMINISTRATIVE AND GENERAL	11,450	22,917	3,758	
2.00 INPATIENT - GENERAL CARE		55,476	9,096	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	5,235	29,777	4,882	
5.00 NURSING CARE	60,026	343,333	56,293	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	8,357	47,309	7,757	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	8,338	49,673	8,145	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		90,728	14,876	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		51,185	8,392	
17.00 PATIENT TRANSPORTATION		25,784	4,228	
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		16,429	2,694	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		31,059	5,093	
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS	162	919	151	
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS		56,437	9,254	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	93,568	821,026	134,619	
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	MAINTENANCE & REPAIRS-HSBI	MAINTENANCE & REPAIRS-HSBI I	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB
	7.01	7.02	7.03	7.04
1.00 ADMINISTRATIVE AND GENERAL				2,988
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				2,988
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	MAINTENANCE & REPAIRS-ORTHO BLDG	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HS B
	7.05	9	10	10.01
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	HOUSEKEEPING-HS B II	HOUSEKEEPING-OR THO	HOUSEKEEPING-MA B	DIETARY
	10.02	10.03	10.04	11
1.00 ADMINISTRATIVE AND GENERAL			2,245	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			2,245	
30.00 UNIT COST MULTIPLIER				





Health Financial Systems	MCRIF32	FOR MCDONOUGH DISTRICT HOSPITAL	IN LIEU OF FORM CMS-2552-96-K-5-1 (05/2007)
ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE		PROVIDER NO:	PERIOD:
COST CENTERS		14-0089	FROM 7/ 1/2008
		HOSPICE NO:	TO 6/30/2009
		14-1524	PART I

HOSPICE 1

TOTAL HOSPICE  
COSTS

HOSPICE COST CENTER

29

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

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-HOSPITAL (SQUARE FEET)	OLD CAP REL COSTS-HSB I (SQUARE FEET)	OLD CAP REL COSTS-HSB II (SQUARE FEET)
1.00 ADMINISTRATIVE AND GENERAL	1	1.01	1.02	1.03
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	OLD CAP REL COSTS-REHAB CNT (PER CENT)	OLD CAP REL COSTS-MAB (SQUARE FEET)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-HOSPITAL (SQUARE FEET)
1.00 ADMINISTRATIVE AND GENERAL	1.04	1.05	3	3.01
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	OLD CAP REL COSTS-REHAB CNT	OLD CAP REL COSTS-MAB	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-HOSPITAL
HOSPICE COST CENTER	1.04	1.05	3	3.01
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,054		
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	NEW CAP REL COSTS-HSB I (SQUARE FEET)	NEW CAP REL COSTS-HSB II (SQUARE FEET)	NEW CAP REL COSTS-REHAB CNT (PER CENT)	NEW CAP REL COSTS-DIAYSIS (PER CENT)
HOSPICE COST CENTER	3.02	3.03	3.04	3.05

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	NEW CAP REL COSTS-MAB (SQUARE FEET)	NEW CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	EMPLOYEE BENEFITS (SALARIES)
	3.06	3.07	3.08	5
1.00 ADMINISTRATIVE AND GENERAL		1,054		48,391
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				22,123
5.00 NURSING CARE				253,677
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				35,319
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				35,240
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				686
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,054		395,436
30.00 TOTAL COST TO BE ALLOCATED		11,467		93,568
31.00 UNIT COST MULTIPLIER	.000000	10.879507	.000000	.236620

RECONCILIATION ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS MAINTENANCE & REPAIRS-HSBI

HOSPICE COST CENTER	(ACCUMULATED COST) 6A	(SQUARE FEET) 6	(SQUARE FEET) 7	(SQUARE FEET) 7.01
1.00 ADMINISTRATIVE AND GENERAL		22,917		
2.00 INPATIENT - GENERAL CARE		55,476		
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES		29,777		
5.00 NURSING CARE		343,333		
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		47,309		
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		49,673		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		90,728		
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		51,185		
17.00 PATIENT TRANSPORTATION		25,784		
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		16,429		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		31,059		
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS		919		
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS		56,437		

HOSPICE 1

HOSPICE COST CENTER	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I
	6A	6	7	7.01
29.00 TOTAL (SUM OF LINE 1 THRU 28)		821,026		
30.00 TOTAL COST TO BE ALLOCATED		134,619		
31.00 UNIT COST MULTIPLIER		.163964	.000000	.000000
HOSPICE COST CENTER	(SQUARE FEET)	(PER CENT)	(SQUARE FEET)	(SQUARE FEET)
	7.02	7.03	7.04	7.05
1.00 ADMINISTRATIVE AND GENERAL			1,054	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			1,054	
30.00 TOTAL COST TO BE ALLOCATED			2,988	
31.00 UNIT COST MULTIPLIER	.000000	.000000	2.834915	.000000

HOSPICE 1

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN) 9	HOUSEKEEPING (TIME SPENT) 10	HOUSEKEEPING-HS B (SQUARE FEET) 10.01	HOUSEKEEPING-HS B II (SQUARE FEET) 10.02
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	HOUSEKEEPING-OR THO (SQUARE FEET) 10.03	HOUSEKEEPING-MA B (SQUARE FEET) 10.04	DIETARY (MEALS SERVED) 11	CAFETERIA (FTE' S) 12
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		1,054		
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				4
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				1
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				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				

HOSPICE 1

	HOUSEKEEPING-OR THO	HOUSEKEEPING-MA B	DIETARY	CAFETERIA
HOSPICE COST CENTER	10.03	10.04	11	12
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,054		7
30.00 TOTAL COST TO BE ALLOCATED		2,245		14,807
31.00 UNIT COST MULTIPLIER	.000000	2.129981	.000000	2115.285714
	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
HOSPICE COST CENTER	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)
	14	15	16	17
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		13,761		
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)		13,761		
30.00 TOTAL COST TO BE ALLOCATED		4,148		
31.00 UNIT COST MULTIPLIER	.000000	.301432	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM
	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)
	18	20	24
1.00 ADMINISTRATIVE AND GENERAL			
2.00 INPATIENT - GENERAL CARE			
3.00 INPATIENT - RESPIRE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
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	.746629	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52	.596267	
4	DRUGS CHARGED TO PATIENTS	56	.395655	32,996
5	DURABLE MEDICAL EQUIP-SOLD	67		13,055
6	LABORATORY	44	.203443	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.277713	20,037
8	EMERGENCY	61	.307597	5,565
9	RADIOLOGY-DIAGNOSTIC	41	.190042	
10	BEHAVIORAL HEALTH	59	1.331135	
10.01	DIABETES/WOUND CARE/COUMADIN CENTER	59.01	1.712611	
10.02	FLU CLINIC	59.02	.140202	
11	TOTAL (SUM OF LINES 1-10)			18,620

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)				930,551
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				6,247
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				148.96
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	5,459			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	813,173			
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			788	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			117,380	

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	571,677	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997		
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	13,040	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	27.09	
	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	584,717	
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	2,854,024	238,037	2,615,987			2,854,024
38	RECOVERY ROOM	940,481	80,508	859,973			940,481
39	DELIVERY ROOM & LABOR ROO	509,543	47,970	461,573			509,543
40	ANESTHESIOLOGY	160,009	11,150	148,859			160,009
41	RADIOLOGY-DIAGNOSTIC	3,746,730	273,388	3,473,342			3,746,730
44	LABORATORY	4,482,653	232,887	4,249,766			4,482,653
47	BLOOD STORING, PROCESSING	391,372	7,810	383,562			391,372
49	RESPIRATORY THERAPY	905,748	87,597	818,151			905,748
50	PHYSICAL THERAPY	2,169,733	180,206	1,989,527			2,169,733
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	179,818	7,021	172,797			179,818
53	ELECTROCARDIOLOGY	283,669	9,994	273,675			283,669
54	ELECTROENCEPHALOGRAPHY	62,458	5,557	56,901			62,458
55	MEDICAL SUPPLIES CHARGED	1,754,279	90,716	1,663,563			1,754,279
56	DRUGS CHARGED TO PATIENTS	2,727,924	85,945	2,641,979			2,727,924
59	BEHAVIORAL HEALTH	759,197	27,816	731,381			759,197
59	01 DIABETES/WOUND CARE/COUMA	559,099	27,774	531,325			559,099
59	02 FLU CLINIC	3,025	62	2,963			3,025
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,900,756	155,419	1,745,337			1,900,756
62	OBSERVATION BEDS (NON-DIS	621,150	61,208	559,942			621,150
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,257,553	56,844	1,200,709			1,257,553
101	SUBTOTAL	26,269,221	1,687,909	24,581,312			26,269,221
102	LESS OBSERVATION BEDS	621,150	61,208	559,942			621,150
103	TOTAL	25,648,071	1,626,701	24,021,370			25,648,071

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	7,670,080	.372098	.372098
38	RECOVERY ROOM	3,622,617	.259614	.259614
39	DELIVERY ROOM & LABOR ROO	387,910	1.313560	1.313560
40	ANESTHESIOLOGY	1,230,878	.129996	.129996
41	RADIOLOGY-DIAGNOSTIC	19,715,254	.190042	.190042
44	LABORATORY	22,033,980	.203443	.203443
47	BLOOD STORING, PROCESSING	754,809	.518505	.518505
49	RESPIRATORY THERAPY	2,725,642	.332306	.332306
50	PHYSICAL THERAPY	2,906,039	.746629	.746629
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	301,573	.596267	.596267
53	ELECTROCARDIOLOGY	3,235,845	.087665	.087665
54	ELECTROENCEPHALOGRAPHY	170,950	.365358	.365358
55	MEDICAL SUPPLIES CHARGED	6,316,886	.277713	.277713
56	DRUGS CHARGED TO PATIENTS	6,894,710	.395655	.395655
59	BEHAVIORAL HEALTH	570,338	1.331135	1.331135
59	01 DIABETES/WOUND CARE/COUMA	326,460	1.712611	1.712611
59	02 FLU CLINIC	21,576	.140202	.140202
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	6,179,365	.307597	.307597
62	OBSERVATION BEDS (NON-DIS	1,398,571	.444132	.444132
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	2,112,382	.595325	.595325
101	SUBTOTAL	88,575,865		
102	LESS OBSERVATION BEDS	1,398,571		
103	TOTAL	87,177,294		