

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		14-0127		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: 11/22/2009 TIME 15:28

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:
 BROMENN REGIONAL MEDICAL CENTER 14-0127
 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	-202,832	103,302	0	
2	SUBPROVIDER	0	101,433	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	-101,399	103,302	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: VIRGINIA AT FRANKLIN P. O. BOX:
 1.01 CITY: NORMAL STATE: IL ZIP CODE: 61761- COUNTY: MCLEAN

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	BROMENN REGIONAL MEDICAL CENTER	14-0127	2.01	7/ 1/1966	4	5	6
03.00 SUBPROVIDER	BROMENN REHABILITATION	14-T127		7/ 1/1990	N	P	0
09.00 HOSPITAL-BASED HHA	MENNONITE HOME HEALTH AGENCY	14-7111		7/ 1/1966	N	P	N
12.00 HOSP-BASED HOSPICE	BROMENN HOSPICE	14-1567		5/ 6/1994			

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

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5

OTHER INFORMATION

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

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

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N 14060

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$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)

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? Y

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

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

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

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

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

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 MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N

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

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

SETTLEMENT DATA

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

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	59,273,609	238,267	59,511,876	2,288,153.00	26.01	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	311,868		311,868	2,123.00	146.90	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	615,648		615,648	4,191.00	146.90	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	641,184		641,184	28,624.00	22.40	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	3,627,836	252,191	3,880,027	161,780.00	23.98	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,343,498		2,343,498	37,867.00	61.89	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	216,148		216,148	1,415.00	152.75	
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)	13,643,457		13,643,457			CMS 339
14 WAGE-RELATED COSTS (OTHER)	314,573		314,573			CMS 339
15 EXCLUDED AREAS	1,005,264		1,005,264			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	22,576		22,576			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	44,567		44,567			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	100,672		100,672			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	164,276		164,276	5,763.00	28.51	
22 ADMINISTRATIVE & GENERAL	8,169,672	238,267	8,407,939	281,955.00	29.82	
22.01 A & G UNDER CONTRACT	900,402		900,402	5,286.00	170.34	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,379,296		1,379,296	51,602.00	26.73	
25 LAUNDRY & LINEN SERVICE	280,815		280,815	25,118.00	11.18	
26 HOUSEKEEPING	1,405,896	-154,041	1,251,855	104,840.00	11.94	
26.01 HOUSEKEEPING UNDER CONTRACT	283,750		283,750	9,376.00	30.26	
27 DIETARY	1,109,489	-626,866	482,623	39,978.00	12.07	
27.01 DIETARY UNDER CONTRACT	293,646		293,646	12,240.00	23.99	
28 CAFETERIA		528,716	528,716	43,984.00	12.02	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,122,924		2,122,924	55,344.00	38.36	
31 CENTRAL SERVICE AND SUPPLY	473,719		473,719	31,626.00	14.98	
32 PHARMACY	1,770,201		1,770,201	47,896.00	36.96	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,843,808		1,843,808	81,157.00	22.72	
34 SOCIAL SERVICE	1,394,497		1,394,497	43,447.00	32.10	
35 OTHER GENERAL SERVICE		195,866	195,866	4,210.00	46.52	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	59,494,575	238,267	59,732,842	2,282,240.00	26.17	
2 EXCLUDED AREA SALARIES	3,627,836	252,191	3,880,027	161,780.00	23.98	
3 SUBTOTAL SALARIES	55,866,739	-13,924	55,852,815	2,120,460.00	26.34	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,559,646		2,559,646	39,282.00	65.16	
5 SUBTOTAL WAGE-RELATED COSTS	13,980,606		13,980,606		25.03	
6 TOTAL	72,406,991	-13,924	72,393,067	2,159,742.00	33.52	
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	21,592,391	181,942	21,774,333	843,822.00	25.80	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,672	21	171
2 UNDUPLICATED CENSUS COUNT		904.00	72.00	535.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	1,864
2 UNDUPLICATED CENSUS COUNT	1,511.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	5.00		5.00
6 DIRECTING NURSING SERVICE	11.85		11.85
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	6.83		6.83
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.39		.39
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.16		.16
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.10		.10
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.14		1.14
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	4	
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).		14060	
20.01		16580	
20.02		37900	
20.03		99914	

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

	FULL EPI SODES			PEP ONLY EPI SODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	
21 SKILLED NURSING VISITS	2,775	92	89	45
22 SKILLED NURSING VISIT CHARGES	331,092	10,984	10,637	5,389
23 PHYSICAL THERAPY VISITS	1,898	0	12	27
24 PHYSICAL THERAPY VISIT CHARGES	238,909	0	1,513	3,398
25 OCCUPATIONAL THERAPY VISITS	177	0	0	2
26 OCCUPATIONAL THERAPY VISIT CHARGES	21,300	0	0	242
27 SPEECH PATHOLOGY VISITS	99	0	1	0
28 SPEECH PATHOLOGY VISIT CHARGES	12,442	0	126	0
29 MEDICAL SOCIAL SERVICE VISITS	3	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	484	0	0	0
31 HOME HEALTH AIDE VISITS	514	0	0	1
32 HOME HEALTH AIDE VISIT CHARGES	31,234	0	0	62
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	5,466	92	102	75
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	635,461	10,984	12,276	9,091
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	555	0	37	11
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	2	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	8,687	321	955	202

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	3,001
22 SKILLED NURSING VISIT CHARGES	0	0	358,102
23 PHYSICAL THERAPY VISITS	0	0	1,937
24 PHYSICAL THERAPY VISIT CHARGES	0	0	243,820
25 OCCUPATIONAL THERAPY VISITS	0	0	179
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	21,542
27 SPEECH PATHOLOGY VISITS	0	0	100
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	12,568
29 MEDICAL SOCIAL SERVICE VISITS	0	0	3
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	484
31 HOME HEALTH AIDE VISITS	0	0	515
32 HOME HEALTH AIDE VISIT CHARGES	0	0	31,296
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	5,735
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	667,812
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	603
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	2
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	10,165

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/ 1/2008	11/22/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET S-9
14-1567		

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	3,897	99	3,459	4
3 INPATIENT RESPIRE CARE	6			
4 GENERAL INPATIENT CARE	6	2		
5 TOTAL HOSPICE DAYS	3,909	101	3,459	4

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	685	4,681
3 INPATIENT RESPIRE CARE		6
4 GENERAL INPATIENT CARE	3	11
5 TOTAL HOSPICE DAYS	688	4,698

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	104	7	65	1
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	37.59	14.43	53.22	4.00
9 UNDUPLICATED CENSUS COUNT	103	7	64	1

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	28	139
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	24.57	33.80
9 UNDUPLICATED CENSUS COUNT	28	138

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04	OTHER METHODS OF WRITE-OFFS (SPEC.)	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	5,120,635
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	5,120,635
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)	.358409
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	37,990,714

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	13,616,214
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	15,964,795
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,721,926
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	13,616,214

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0127
II PERIOD:
I FROM 7/ 1/2008
I TO 6/30/2009 II PREPARED 11/22/2009
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,742,249	2,742,249	2,737,473	5,479,722
3.01	0301 NEW CAP REL COSTS-B&F SHARED A&G				142,182	142,182
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		6,781,619	6,781,619	-2,998,799	3,782,820
4.01	0401 NEW CAP REL COSTS-MME SHARED A&G				2,998,799	2,998,799
5	0500 EMPLOYEE BENEFITS	164,276	14,329,777	14,494,053	-238,267	14,255,786
6.01	0610 A & G BROMENN & EUREKA SHARED	6,367,706	21,311,021	27,678,727	-30,328	27,648,399
6.02	0669 INTEREST BROMENN& EUREKA SHARED		3,285,394	3,285,394	-2,879,655	405,739
6.03	0661 A & G BROMENN ONLY	1,801,966	2,522,848	4,324,814	268,595	4,593,409
8.01	0801 PLANT OP DIRECTOR SHARED				162,670	162,670
8.02	0802 OPERATION OF PLANT BROMENN	1,379,296	4,332,221	5,711,517	-162,670	5,548,847
9	0900 LAUNDRY & LINEN SERVICE	280,815	263,737	544,552		544,552
10	1000 HOUSEKEEPING	1,405,896	973,293	2,379,189	-260,682	2,118,507
11	1100 DIETARY	1,109,489	1,624,817	2,734,306	-1,544,896	1,189,410
12	1200 CAFETERIA				1,303,007	1,303,007
14	1400 NURSING ADMINISTRATION	2,122,924	139,219	2,262,143		2,262,143
15	1500 CENTRAL SERVICES & SUPPLY	473,719	332,834	806,553		806,553
16.01	1601 PHARMACY DIRECTOR SHARED				108,175	108,175
16.02	1602 PHARMACY BROMENN ONLY	1,770,201	120,218	1,890,419	-108,175	1,782,244
17	1700 MEDICAL RECORDS & LIBRARY	1,843,808	263,820	2,107,628		2,107,628
18	1800 SOCIAL SERVICE	1,394,497	178,369	1,572,866		1,572,866
19	1950 RADIOLOGY DIRECTOR SHARED				98,994	98,994
19.01	1951 LAB DIRECTOR SHARED				96,872	96,872
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	641,184		641,184		641,184
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		300,889	300,889		300,889
24	2400 CLINICAL PASTORAL EDUCATION	316,609	33,455	350,064	761	350,825
24.01	2401 EMS PROGRAM	53,280	144,719	197,999		197,999
24.02	2402 SCHOOL OF RADIOGRAPHY					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	13,634,522	3,998,860	17,633,382	-2,054,681	15,578,701
26	2600 INTENSIVE CARE UNIT	3,207,768	731,438	3,939,206		3,939,206
31	3100 SUBPROVIDER	856,897	49,063	905,960	130,026	1,035,986
33	3300 NURSERY				2,054,681	2,054,681
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,209,159	14,752,617	17,961,776	136,088	18,097,864
38	3800 RECOVERY ROOM	567,872	45,170	613,042		613,042
40	4000 ANESTHESIOLOGY	61,919	347,020	408,939		408,939
41	4100 RADIOLOGY-DIAGNOSTIC	2,529,902	1,503,953	4,033,855	-98,994	3,934,861
41.01	3230 CAT SCAN	409,602	519,642	929,244		929,244
44	4400 LABORATORY	2,256,603	3,184,288	5,440,891	409,523	5,850,414
49	4900 RESPIRATORY THERAPY	843,256	220,993	1,064,249		1,064,249
50	5000 PHYSICAL THERAPY	1,254,403	86,842	1,341,245		1,341,245
51	5100 OCCUPATIONAL THERAPY	363,221	29,652	392,873		392,873
52	5200 SPEECH PATHOLOGY	210,714	13,184	223,898		223,898
53	5300 ELECTROCARDIOLOGY	1,840,251	2,264,457	4,104,708	13,428	4,118,136
54	5400 ELECTROENCEPHALOGRAPHY	101,661	7,959	109,620		109,620
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		258,090	258,090		258,090
56	5600 DRUGS CHARGED TO PATIENTS		5,146,459	5,146,459		5,146,459
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	294,941	145,298	440,239		440,239
60.01	4951 BASIC DIAGNOSTIC TESTING	586,959	68,952	655,911	-655,911	
60.03	4953 PSYCH OUTPATIENT					
60.04	6001 WOUND CARE CLINIC	385,678	440,656	826,334		826,334
61	6100 EMERGENCY	3,120,723	441,473	3,562,196		3,562,196
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICES	10,842	809,386	820,228		820,228
	OTHER REIMBURS COST CNTRS					
71	7100 OTHER HOME HEALTH SERVICES-HHA	1,315,485	220,887	1,536,372		1,536,372
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	378,479	263,888	642,367		642,367
95	SUBTOTALS	58,566,523	95,230,726	153,797,249	-371,784	153,425,465
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN				36,179	36,179
96.01	9601 RENTAL PROPERTIES					
96.03	9603 GUEST MEALS				144,778	144,778
96.04	9604 RETAIL PHARMACY	190,745	2,136,293	2,327,038	2,383	2,329,421
96.05	9605 HEALTH PROMOTION	175,050	113,669	288,719		288,719
96.07	9607 OCCUPATIONAL MEDICINE					
96.08	9608 IPSI (COUNSELING)					
96.09	9609 DME					
96.10	9610 ADULT DAY CARE	177,912	39,680	217,592		217,592
96.11	9611 MANAGEMENT SERVICES		12,587	12,587		12,587
96.12	9612 DIAB. RES./ARTHRTIS	141,059	24,739	165,798		165,798
96.13	9613 EUREKA HOSPITAL					
96.14	9614 UNUSED SPACE					
96.16	9616 CHILDBIRTH/PARENTING EDUCATION	22,320	1,395	23,715		23,715
96.17	9617 FOUNDATION MED OFFICE BLDG				83,290	83,290
96.18	9618 FOUNDATION PHYSICIAN OFFICE BLDG				105,154	105,154
96.19	9619 HOME OFFICE					
97	9700 RESEARCH					
97.01	9701 DEAN ORNISH PROGRAM					
98	9800 PHYSICIANS' PRIVATE OFFICES					
101	TOTAL	59,273,609	97,559,089	156,832,698	-0-	156,832,698

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED 11/22/2009
I 14-0127	I FROM 7/ 1/2008	I WORKSHEET A
I	I TO 6/30/2009	I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	1,691,361	7,171,083
3.01	0301 NEW CAP REL COSTS-B&F SHARED A&G		142,182
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,782,820
4.01	0401 NEW CAP REL COSTS-MME SHARED A&G		2,998,799
5	0500 EMPLOYEE BENEFITS	-1,703,218	12,552,568
6.01	0610 A & G BROMENN & EUREKA SHARED	-2,551,680	25,096,719
6.02	0669 INTEREST BROMENN& EUREKA SHARED	-405,738	1
6.03	0661 A & G BROMENN ONLY	-592,593	4,000,816
8.01	0801 PLANT OP DIRECTOR SHARED		162,670
8.02	0802 OPERATION OF PLANT BROMENN	-12,320	5,536,527
9	0900 LAUNDRY & LINEN SERVICE		544,552
10	1000 HOUSEKEEPING	-23,579	2,094,928
11	1100 DIETARY	-824,639	364,771
12	1200 CAFETERIA		1,303,007
14	1400 NURSING ADMINISTRATION	-16,591	2,245,552
15	1500 CENTRAL SERVICES & SUPPLY		806,553
16.01	1601 PHARMACY DIRECTOR SHARED		108,175
16.02	1602 PHARMACY BROMENN ONLY		1,782,244
17	1700 MEDICAL RECORDS & LIBRARY	-3,681	2,103,947
18	1800 SOCIAL SERVICE	-35,768	1,537,098
19	1950 RADIOLOGY DIRECTOR SHARED		98,994
19.01	1951 LAB DIRECTOR SHARED		96,872
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		641,184
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-25,830	275,059
24	2400 CLINICAL PASTORAL EDUCATION	-14,193	336,632
24.01	2401 EMS PROGRAM	-75,759	122,240
24.02	2402 SCHOOL OF RADIOGRAPHY		
25	2500 ADULTS & PEDIATRICS	-1,711,314	13,867,387
26	2600 INTENSIVE CARE UNIT	-136,282	3,802,924
31	3100 SUBPROVIDER		1,035,986
33	3300 NURSERY		2,054,681
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-159,881	17,937,983
38	3800 RECOVERY ROOM		613,042
40	4000 ANESTHESIOLOGY		408,939
41	4100 RADIOLOGY-DIAGNOSTIC	-155,704	3,779,157
41.01	3230 CAT SCAN		929,244
44	4400 LABORATORY	-50,000	5,800,414
49	4900 RESPIRATORY THERAPY	-10,470	1,053,779
50	5000 PHYSICAL THERAPY	-97,145	1,244,100
51	5100 OCCUPATIONAL THERAPY	-17,549	375,324
52	5200 SPEECH PATHOLOGY	-8,775	215,123
53	5300 ELECTROCARDIOLOGY	-14,017	4,104,119
54	5400 ELECTROENCEPHALOGRAPHY	-3,423	106,197
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		258,090
56	5600 DRUGS CHARGED TO PATIENTS		5,146,459
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-51,547	388,692
60.01	4951 BASIC DIAGNOSTIC TESTING		
60.03	4953 PSYCH OUTPATIENT		
60.04	6001 WOUND CARE CLINIC	-58,304	768,030
61	6100 EMERGENCY		3,562,196
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICES	-58,688	761,540
	OTHER REIMBURS COST CNTRS		
71	7100 OTHER HOME HEALTH SERVICES-HHA	-7,269	1,529,103
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE	-18,295	624,072
95	SUBTOTALS	-7,152,891	146,272,574
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		36,179
96.01	9601 RENTAL PROPERTIES		
96.03	9603 GUEST MEALS		144,778
96.04	9604 RETAIL PHARMACY		2,329,421
96.05	9605 HEALTH PROMOTION		288,719
96.07	9607 OCCUPATIONAL MEDICINE		
96.08	9608 IPSI (COUNSELING)		
96.09	9609 DME		
96.10	9610 ADULT DAY CARE		217,592
96.11	9611 MANAGEMENT SERVICES		12,587
96.12	9612 DIAB. RES./ARTHRTIS	-18,761	147,037
96.13	9613 EUREKA HOSPITAL	8,359,868	8,359,868
96.14	9614 UNUSED SPACE		
96.16	9616 CHILDBIRTH/PARENTING EDUCATION		23,715
96.17	9617 FOUNDATION MED OFFICE BLDG		83,290
96.18	9618 FOUNDATION PHYSICIAN OFFICE BLDG		105,154
96.19	9619 HOME OFFICE		
97	9700 RESEARCH		
97.01	9701 DEAN ORNISH PROGRAM		
98	9800 PHYSICIANS' PRIVATE OFFICES		
101	TOTAL	1,188,216	158,020,914

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0127
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/22/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-B&F SHARED A&G	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-MME SHARED A&G	0401	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6.01	A & G BROMENN & EUREKA SHARED	0610	NONPATIENT TELEPHONES
6.02	INTEREST BROMENN& EUREKA SHARED	0669	OTHER ADMINISTRATIVE AND GENERAL
6.03	A & G BROMENN ONLY	0661	OTHER ADMINISTRATIVE AND GENERAL
8.01	PLANT OP DIRECTOR SHARED	0801	OPERATION OF PLANT
8.02	OPERATION OF PLANT BROMENN	0802	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16.01	PHARMACY DIRECTOR SHARED	1601	PHARMACY
16.02	PHARMACY BROMENN ONLY	1602	PHARMACY
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	RADIOLOGY DIRECTOR SHARED	1950	OTHER GENERAL SERVICE COST CENTERS
19.01	LAB DIRECTOR SHARED	1951	OTHER GENERAL SERVICE COST CENTERS
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	CLINICAL PASTORAL EDUCATION	2400	
24.01	EMS PROGRAM	2401	PARAMED PRGM
24.02	SCHOOL OF RADIOGRAPHY	2402	PARAMED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	BASIC DIAGNOSTIC TESTING	4951	OTHER OUTPATIENT SERVICE COST CENTER
60.03	PSYCH OUTPATIENT	4953	OTHER OUTPATIENT SERVICE COST CENTER
60.04	WOUND CARE CLINIC	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICES	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
71	OTHER HOME HEALTH SERVICES-HHA	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	RENTAL PROPERTIES	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	GUEST MEALS	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	RETAIL PHARMACY	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	HEALTH PROMOTION	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	OCCUPATIONAL MEDICINE	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.08	IPSI (COUNSELING)	9608	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.09	DME	9609	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.10	ADULT DAY CARE	9610	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.11	MANAGEMENT SERVICES	9611	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.12	DIAB. RES./ARTHRITIS	9612	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.13	EUREKA HOSPITAL	9613	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.14	UNUSED SPACE	9614	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.16	CHILD BIRTH/PARENTING EDUCATION	9616	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.17	FOUNDATION MED OFFICE BLDG	9617	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.18	FOUNDATION PHYSICIAN OFFICE BLDG	9618	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.19	HOME OFFICE	9619	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
97.01	DEAN ORNISH PROGRAM	9701	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140127

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

PREPARED 11/22/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 MOTHER BABY UNIT	A	NURSERY	33	1,686,568	368,113
2					
3 DIETARY EXPENSE	B	CAFETERIA	12	528,716	774,291
4		GUEST MEALS	96.03	58,746	86,032
5		SUBPROVIDER	31	39,404	57,707
6 HOUSEKEEPING RECLASS	D	CLINICAL PASTORAL EDUCATION	24	450	311
7		SUBPROVIDER	31	19,450	13,465
8		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96	21,379	14,800
9		RETAIL PHARMACY	96.04	1,408	975
10		FOUNDATION MED OFFICE BLDG	96.17	49,217	34,073
11		FOUNDATION PHYSICIAN OFFICE BLDG	96.18	62,137	43,017
12 BASIC DIAGNOSTIC TESTING	G	OPERATING ROOM	37	121,782	14,306
13		LABORATORY	44	453,161	53,234
14		ELECTROCARDIOLOGY	53	12,016	1,412
15 RECLASS INTEREST EXPENSE	H	NEW CAP REL COSTS-BLDG & FIXT	3		2,879,655
16 HOME OFFICE DEPRECIATION EXP	I	NEW CAP REL COSTS-B&F SHARED A&G	3.01		142,182
17		NEW CAP REL COSTS-MME SHARED A&G	4.01		2,998,799
18 NON-SHARED A&G RECLASS	J	A & G BROMENN ONLY	6.03		268,595
19 DIRECTORS RECLASS	L	PLANT OP DIRECTOR SHARED	8.01	162,670	
20		RADIOLOGY DIRECTOR SHARED	19	98,994	
21		LAB DIRECTOR SHARED	19.01	96,872	
22		PHARMACY DIRECTOR SHARED	16.01	108,175	
23 BONUS REFERRAL RECLASS	M	A & G BROMENN & EUREKA SHARED	6.01	238,267	
36 TOTAL RECLASSIFICATIONS				3,759,412	7,750,967

(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:
140127

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

PREPARED 11/22/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 MOTHER BABY UNIT	A					
2		ADULTS & PEDIATRICS	25	1,686,568	368,113	
3 DIETARY EXPENSE	B	DIETARY	11	626,866	918,030	
4						
5						
6 HOUSEKEEPING RECLASS	D	HOUSEKEEPING	10	154,041	106,641	
7						
8						
9						
10						
11						
12 BASIC DIAGNOSTIC TESTING	G					
13						
14		BASIC DIAGNOSTIC TESTING	60.01	586,959	68,952	
15 RECLASS INTEREST EXPENSE	H	INTEREST BROMENN& EUREKA SHARED	6.02		2,879,655	11
16 HOME OFFICE DEPRECIATION EXP	I	NEW CAP REL COSTS-BLDG & FIXT	3		142,182	9
17		NEW CAP REL COSTS-MVBLE EQUIP	4		2,998,799	9
18 NON-SHARED A&G RECLASS	J	A & G BROMENN & EUREKA SHARED	6.01		268,595	
19 DIRECTORS RECLASS	L	OPERATION OF PLANT BROMENN	8.02	162,670		
20		RADIOLOGY-DIAGNOSTIC	41	98,994		
21		LABORATORY	44	96,872		
22		PHARMACY BROMENN ONLY	16.02	108,175		
23 BONUS REFERRAL RECLASS	M	EMPLOYEE BENEFITS	5		238,267	
36 TOTAL RECLASSIFICATIONS				3,521,145	7,989,234	

(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:
140127

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

PREPARED 11/22/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : MOTHER BABY UNIT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	2,054,681
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			2,054,681

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	2,054,681	
			0
			2,054,681

RECLASS CODE: B
EXPLANATION : DIETARY EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,303,007
3.00	GUEST MEALS	96.03	144,778
4.00	SUBPROVIDER	31	97,111
TOTAL RECLASSIFICATIONS FOR CODE B			1,544,896

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,544,896	
			0
			0
			1,544,896

RECLASS CODE: D
EXPLANATION : HOUSEKEEPING RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINICAL PASTORAL EDUCATION	24	761
2.00	SUBPROVIDER	31	32,915
4.00	GIFT, FLOWER, COFFEE SHOP & CA	96	36,179
5.00	RETAIL PHARMACY	96.04	2,383
7.00	FOUNDATION MED OFFICE BLDG	96.17	83,290
8.00	FOUNDATION PHYSICIAN OFFICE BL	96.18	105,154
TOTAL RECLASSIFICATIONS FOR CODE D			260,682

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10	260,682	
			0
			0
			0
			0
			0
			260,682

RECLASS CODE: G
EXPLANATION : BASIC DIAGNOSTIC TESTING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	136,088
2.00	LABORATORY	44	506,395
3.00	ELECTROCARDIOLOGY	53	13,428
TOTAL RECLASSIFICATIONS FOR CODE G			655,911

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
BASIC DIAGNOSTIC TESTING	60.01	655,911	
			0
			0
			655,911

RECLASS CODE: H
EXPLANATION : RECLASS INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,879,655
TOTAL RECLASSIFICATIONS FOR CODE H			2,879,655

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST BROMENN& EUREKA SHARE	6.02	2,879,655	
			2,879,655

RECLASS CODE: I
EXPLANATION : HOME OFFICE DEPRECIATION EXP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-B&F SHARED A	3.01	142,182
2.00	NEW CAP REL COSTS-MME SHARED A	4.01	2,998,799
TOTAL RECLASSIFICATIONS FOR CODE I			3,140,981

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	142,182	
NEW CAP REL COSTS-MVBLE EQUIP	4	2,998,799	
			3,140,981

RECLASS CODE: J
EXPLANATION : NON-SHARED A&G RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	A & G BROMENN ONLY	6.03	268,595
TOTAL RECLASSIFICATIONS FOR CODE J			268,595

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
A & G BROMENN & EUREKA SHARED	6.01	268,595	
			268,595

RECLASS CODE: L
EXPLANATION : DIRECTORS RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PLANT OP DIRECTOR SHARED	8.01	162,670

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT BROMENN	8.02	162,670	

RECLASSIFICATIONS

PROVIDER NO:
140127

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

PREPARED 11/22/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: L
EXPLANATION : DIRECTORS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	RADIOLOGY DIRECTOR SHARED	19	98,994	RADIOLOGY-DIAGNOSTIC	41	98,994	
3.00	LAB DIRECTOR SHARED	19.01	96,872	LABORATORY	44	96,872	
4.00	PHARMACY DIRECTOR SHARED	16.01	108,175	PHARMACY BROMENN ONLY	16.02	108,175	
TOTAL RECLASSIFICATIONS FOR CODE L			466,711	466,711			

RECLASS CODE: M
EXPLANATION : BONUS REFERRAL RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	A & G BROMENN & EUREKA SHARED	6.01	238,267	EMPLOYEE BENEFITS	5	238,267	
TOTAL RECLASSIFICATIONS FOR CODE M			238,267	238,267			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS	14,950,042	227,945		227,945		15,177,987	
3 BUILDINGS & FIXTURE	91,211,271	1,782,968		1,782,968		92,994,239	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	146,340,068	5,323,064		5,323,064		151,663,132	
7 SUBTOTAL	252,501,381	7,333,977		7,333,977		259,835,358	
8 RECONCILING ITEMS							
9 TOTAL	252,501,381	7,333,977		7,333,977		259,835,358	

ADJUSTMENTS TO EXPENSES

DESCR I PT I O N (1)	(2) BAS I S / C O D E	AMOUNT	EXPENSE CLASS I F I C A T I O N O N WORKSHEET A TO / F R O M W H I C H T H E AMOUNT I S T O B E A D J U S T E D		WKST. A-7 REF. 5
			C O S T C E N T E R	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,052,069			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-36,810			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3		OTHER HOME HEALTH SERVICE	71	
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISCELLANEOUS INCOME	B	-51,344	A & G BROMENN & EUREKA SH	6.01	
37.03 MISCELLANEOUS INCOME	B	-23,700	A & G BROMENN ONLY	6.03	
37.04 MISCELLANEOUS INCOME	B	-5,492	OPERATION OF PLANT BROMEN	8.02	
37.08 MISCELLANEOUS INCOME	B	-23,579	HOUSEKEEPING	10	
37.09 MISCELLANEOUS INCOME	B	-824,639	DIETARY	11	
37.10 MISCELLANEOUS INCOME	B	-16,591	NURSING ADMINISTRATION	14	
37.13					
37.14					
37.15 MISCELLANEOUS INCOME	B	-3,681	MEDICAL RECORDS & LIBRARY	17	
37.16					
37.18					
37.19 MISCELLANEOUS INCOME	B	-14,193	CLINICAL PASTORAL EDUCATI	24	
37.20 MISCELLANEOUS INCOME	B	-4,000	ADULTS & PEDIATRICS	25	
37.21 MISCELLANEOUS INCOME	B	-1,681	OPERATING ROOM	37	
37.22 MISCELLANEOUS INCOME	B	-118,894	RADIOLOGY-DIAGNOSTIC	41	
37.23					
37.24 MISCELLANEOUS INCOME	B	-5,470	RESPIRATORY THERAPY	49	
37.25 MISCELLANEOUS INCOME	B	-36,832	PHYSICAL THERAPY	50	
37.27 MISCELLANEOUS INCOME	B	-6,517	ELECTROCARDIOLOGY	53	
37.28 MISCELLANEOUS INCOME	B	-1,150	CLINIC	60	
37.64					
38 MISCELLANEOUS INCOME	B	-75,759	EMS PROGRAM	24.01	
39					
39.01 MISCELLANEOUS INCOME	B	-7,269	OTHER HOME HEALTH SERVICE	71	
39.02 MISCELLANEOUS INCOME	B	-8,695	HOSPICE	93	
39.03 PROFESSIONAL FEES - HOSPICE	A	-9,600	HOSPICE	93	
39.04 RELATED PARTY LEASES	A	-48,020	EMPLOYEE BENEFITS	5	
39.05 RELATED PARTY LEASES	A	-92,640	A & G BROMENN & EUREKA SH	6.01	
39.06 RELATED PARTY LEASES	A	-50,990	A & G BROMENN ONLY	6.03	
39.07 RELATED PARTY LEASES	A	-6,828	OPERATION OF PLANT BROMEN	8.02	
39.08 RELATED PARTY LEASES	A	-35,768	SOCIAL SERVICE	18	
39.09 RELATED PARTY LEASES	A	-25,830	I & R SERVICES-OTHER PRGM C	23	
40 RELATED PARTY LEASES	A	-27,492	ADULTS & PEDIATRICS	25	
40.01 RELATED PARTY LEASES	A	-60,313	PHYSICAL THERAPY	50	
40.02 RELATED PARTY LEASES	A	-17,549	OCCUPATIONAL THERAPY	51	
40.03 RELATED PARTY LEASES	A	-8,775	SPEECH PATHOLOGY	52	
40.04					
40.05 RELATED PARTY LEASES	A	-50,397	CLINIC	60	
40.06 RELATED PARTY LEASES	A	-46,304	WOUND CARE CLINIC	60.04	
40.07 RELATED PARTY LEASES	A	-58,688	OTHER OUTPATIENT SERVICES	63	
40.08					
40.09 RELATED PARTY LEASES	A	-18,761	DIAB. RES./ARTHRTIS	96.12	
40.10 MOB COST OF OWNERSHIP ADD-ON	A	1,494,717	NEW CAP REL COSTS-BLDG &	3	9
40.11 POB COST OF OWNERSHIP ADD-ON	A	435,887	NEW CAP REL COSTS-BLDG &	3	9
40.13 NON-ALLOW LOBBY DUES	A	-37,610	A & G BROMENN & EUREKA SH	6.01	
40.14 EUREKA EXPENSES	A	8,359,868	EUREKA HOSPITAL	96.13	
40.15 MARKETING OFFSET	A	-1,679,944	A & G BROMENN & EUREKA SH	6.01	
41 PROFESSIONAL LIABILITY INSURANCE	A	-650,726	A & G BROMENN & EUREKA SH	6.01	
42 SELF INSURANCE EXPENSE	A	-1,655,198	EMPLOYEE BENEFITS	5	

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
43 PHYSICIAN RECRUITMENT	A	-491,697	A & G BROMENN ONLY	6.03	
44					
45 INTEREST INCOME	B	-97,556	INTEREST BROMENN& EUREKA	6.02	
46 MISC INTEREST INCOME	B	-239,243	NEW CAP REL COSTS-BLDG &	3	11
47 INTEREST EXPENSE	A	-308,182	INTEREST BROMENN& EUREKA	6.02	
48 CHARITABLE CONTRIBUTIONS	A	-158	ADULTS & PEDIATRICS	25	
48.01 CHARITABLE CONTRIBUTIONS	A	-26,206	A & G BROMENN ONLY	6.03	
48.02 CHARITABLE CONTRIBUTIONS	A	-38,776	A & G BROMENN & EUREKA SH	6.01	
48.03 DUES IN SOCIAL ORG	A	-640	A & G BROMENN & EUREKA SH	6.01	
48.04					
49					
50 TOTAL (SUM OF LINES 1 THRU 49)		1,188,216			

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
 (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	41	RADIOLOGY-DIAGNOSTIC	ADVANCED MRI	187,390	224,200	-36,810	
2							
3							
4							
5		TOTALS		187,390	224,200	-36,810	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
G	BROMENN	0.50	ADVANCED MRI	0.00	MRI SERVICES
		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.
JOINT VENTURE

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/22/2009
 I 14-0127 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 6/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	25	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-B&F SHARED A&G	98	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	37	DOLLAR VALUE	ENTERED
4.01	NEW CAP REL COSTS-MME SHARED A&G	99	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	49	GROSS SALARIES	ENTERED
6.01	A & G BROMENN & EUREKA SHARED	-66	ACCUM. COST	NOT ENTERED
6.02	INTEREST BROMENN& EUREKA SHARED	-67	ACCUM. COST	ENTERED
6.03	A & G BROMENN ONLY	-93	ACCUM. COST	ENTERED
8.01	PLANT OP DIRECTOR SHARED	23	SQUARE FEET	ENTERED
8.02	OPERATION OF PLANT BROMENN	25	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	54	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	55	HOURS OF SERVICE	ENTERED
11	DIETARY	56	MEALS SERVED	ENTERED
12	CAFETERIA	57	FTE'S	ENTERED
14	NURSING ADMINISTRATION	58	FTE'S	ENTERED
15	CENTRAL SERVICES & SUPPLY	59	COSTED REQUISITIONS	ENTERED
16.01	PHARMACY DIRECTOR SHARED	8	HOURS	ENTERED
16.02	PHARMACY BROMENN ONLY	60	COSTED REQUISITIONS	ENTERED
17	MEDICAL RECORDS & LIBRARY	61	TIME SPENT	ENTERED
18	SOCIAL SERVICE	62	TIME SPENT	ENTERED
19	RADIOLOGY DIRECTOR SHARED	19	HOURS	ENTERED
19.01	LAB DIRECTOR SHARED	12	HOURS	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	22	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	ASSIGNED TIME	ENTERED
24	CLINICAL PASTORAL EDUCATION	65	ASSIGNED TIME	ENTERED
24.01	EMS PROGRAM	26	ASSIGNED TIME	ENTERED
24.02	SCHOOL OF RADIOGRAPHY	27	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-B&F SHA	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MME SHA	EMPLOYEE BENE FITS	SUBTOTAL
	0	3	3.01	4	4.01	5	6a.00
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	7,171,083	7,171,083					
004 NEW CAP REL COSTS-B&F SHA	142,182		142,182				
004 01 NEW CAP REL COSTS-MVBLE E	3,782,820			3,782,820			
005 EMPLOYEE BENEFITS	2,998,799				2,998,799		
006 01 A & G BROMENN & EUREKA SH	12,552,568			1,842		12,554,410	
006 02 INTEREST BROMENN& EUREKA	25,096,719	503,972	9,302	1,877,965	2,998,799	1,264,945	31,751,702
006 03 A & G BROMENN ONLY	1						1
008 01 PLANT OP DIRECTOR SHARED	4,000,816	255,466	4,715	37,899		357,961	4,656,857
008 02 OPERATION OF PLANT BROMEN	162,670					32,314	194,984
009 LAUNDRY & LINEN SERVICE	5,536,527	928,178	17,132	197,628		241,683	6,921,148
010 HOUSEKEEPING	544,552	106,327	1,963	12,281		55,784	720,907
011 DIETARY	2,094,928	75,052	1,385	865		248,681	2,420,911
012 CAFETERIA	364,771	91,971	1,698	43,644		95,873	597,957
014 NURSING ADMINISTRATION	1,303,007	42,791	790			105,029	1,451,617
015 CENTRAL SERVICES & SUPPLY	2,245,552	24,696	456	29,451		421,719	2,721,874
016 01 PHARMACY DIRECTOR SHARED	806,553	77,520	1,431	61,846		94,104	1,041,454
016 02 PHARMACY BROMENN ONLY	108,175					21,489	129,664
017 MEDICAL RECORDS & LIBRARY	1,782,244	48,671	898	120,660		330,161	2,282,634
018 SOCIAL SERVICE	2,103,947	86,399	1,595	40,876		366,272	2,599,089
019 RADIOLOGY DIRECTOR SHARED	1,537,098	32,621	602			277,017	1,847,338
019 01 LAB DIRECTOR SHARED	98,994					19,665	118,659
022 I&R SERVICES-SALARY & FRI	96,872		598			19,244	116,116
023 I&R SERVICES-OTHER PRGM C	641,184	32,377				127,371	801,530
024 CLINICAL PASTORAL EDUCATI	275,059			10,612			285,671
024 01 EMS PROGRAM	336,632	23,403	432			62,984	423,451
024 02 SCHOOL OF RADIOGRAPHY	122,240					10,584	132,824
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	13,867,387	1,243,029	22,941	222,472		2,206,818	17,562,647
031 INTENSIVE CARE UNIT	3,802,924	205,948	3,801	32,072		637,223	4,681,968
033 SUBPROVIDER	1,035,986	146,470	2,704	6,073		181,914	1,373,147
037 NURSERY	2,054,681	23,975	443			335,037	2,414,136
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	17,937,983	428,910	7,917	374,797		661,691	19,411,298
040 RECOVERY ROOM	613,042	31,794	587	2,362		112,808	760,593
041 ANESTHESIOLOGY	408,939			409		12,300	421,648
041 01 RADIOLOGY-DIAGNOSTIC	3,779,157	251,991	4,651	243,088		482,900	4,761,787
044 CAT SCAN	929,244			5,256		81,367	1,015,867
049 LABORATORY	5,800,414	151,439	2,795	80,904		519,051	6,554,603
050 RESPIRATORY THERAPY	1,053,779	32,525	600	36,805		167,513	1,291,222
051 PHYSICAL THERAPY	1,244,100	117,600	2,171	6,772		249,187	1,619,830
052 OCCUPATIONAL THERAPY	375,324	6,007	111	68		72,154	453,664
053 SPEECH PATHOLOGY	215,123	4,058	75			41,858	261,114
054 ELECTROCARDIOLOGY	4,104,119	182,449	3,368	184,562		367,953	4,842,451
055 ELECTROENCEPHALOGRAPHY	106,197	28,012	517	4,710		20,195	159,631
056 MEDICAL SUPPLIES CHARGED	258,090						258,090
060 DRUGS CHARGED TO PATIENTS	5,146,459						5,146,459
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	388,692	34,326	634	5,518		58,590	487,760
060 03 BASIC DIAGNOSTIC TESTING							
060 04 PSYCH OUTPATIENT							
061 WOUND CARE CLINIC	768,030	40,609	750	3,025		76,615	889,029
062 EMERGENCY	3,562,196	205,153	3,787	14,839		619,932	4,405,907
063 OBSERVATION BEDS (NON-DIS							
071 OTHER OUTPATIENT SERVICES	761,540	31,106	574	94,081		2,154	889,455
071 OTHER REIMBURS COST CNTRS							
093 OTHER HOME HEALTH SERVICE	1,529,103	59,690	1,102	2,621		261,321	1,853,837
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE	624,072			17,253		75,185	716,510
096 SUBTOTALS	146,272,574	5,554,535	102,525	3,773,256	2,998,799	11,396,646	143,449,041
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	36,179	55,844	1,031			4,247	97,301
096 03 RENTAL PROPERTIES				181			181
096 04 GUEST MEALS	144,778					11,670	156,448
096 05 RETAIL PHARMACY	2,329,421	9,906	183	722		38,171	2,378,403
096 07 HEALTH PROMOTION	288,719	24,378	450	140		34,774	348,461
096 08 OCCUPATIONAL MEDICINE				1,145			1,145
096 09 IPSI (COUNSELING)		320,072	5,908	671			326,651
096 10 DME				28			28
096 11 ADULT DAY CARE	217,592	93,666	1,729	3,112		35,342	351,441
096 12 MANAGEMENT SERVICES	12,587						12,587
096 13 DIAB. RES./ARTHRTIS	147,037	14,758	272	3,447		28,021	193,535
096 14 EUREKA HOSPITAL	8,359,868		9,819			978,984	9,348,671
096 16 UNUSED SPACE		44,826	827				45,653
096 17 CHILDBIRTH/PARENTING EDUC	23,715					4,434	28,149
096 18 FOUNDATION MED OFFICE BLD	83,290	785,607	14,501			9,777	893,175
096 19 FOUNDATION PHYSICIAN OFFI	105,154	231,470	4,272			12,344	353,240
096 19 HOME OFFICE							
097 RESEARCH							
097 01 DEAN ORNISH PROGRAM				118			118
098 PHYSICIANS' PRIVATE OFFIC		36,021	665				36,686
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	158,020,914	7,171,083	142,182	3,782,820	2,998,799	12,554,410	158,020,914

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	A & G BROMENN & EUREKA SH	SUBTOTAL	INTEREST BROM ENN & EUREKA	SUBTOTAL	A & G BROMENN ONLY	PLANT OP DI RE CTOR SHARED	OPERATION OF PLANT BROMEN
	6.01	6a.01	6.02	6a.02	6.03	8.01	8.02
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-B&F SHA							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 A & G BROMENN & EUREKA SH	31,751,702						
006 02 INTEREST BROMENN& EUREKA		1	1				
006 03 A & G BROMENN ONLY	1,171,013	5,827,870		5,827,870	5,827,870		
008 01 PLANT OP DIRECTOR SHARED	49,031	244,015		244,015	10,122		
008 02 OPERATION OF PLANT BROMEN	1,740,392	8,661,540		8,661,540	359,289	254,137	9,257,416
009 LAUNDRY & LINEN SERVICE	181,279	902,186		902,186	37,424		179,506
010 HOUSEKEEPING	608,762	3,029,673		3,029,673	125,674		126,706
011 DIETARY	150,362	748,319		748,319	31,041		155,270
012 CAFETERIA	365,024	1,816,641		1,816,641	75,356		72,242
014 NURSING ADMINISTRATION	684,442	3,406,316		3,406,316	141,297		41,693
015 CENTRAL SERVICES & SUPPLY	261,884	1,303,338		1,303,338	54,064		130,873
016 01 PHARMACY DIRECTOR SHARED	32,605	162,269		162,269	6,731		
016 02 PHARMACY BROMENN ONLY	573,991	2,856,625		2,856,625	118,496		82,169
017 MEDICAL RECORDS & LIBRARY	653,567	3,252,656		3,252,656	134,923		145,862
018 SOCIAL SERVICE	464,532	2,311,870		2,311,870	95,899		55,072
019 RADIOLOGY DIRECTOR SHARED	29,838	148,497		148,497	6,160		
019 01 LAB DIRECTOR SHARED	29,199	145,315		145,315	6,028		
022 I&R SERVICES-SALARY & FRI	201,553	1,003,083		1,003,083	41,609		54,660
023 I&R SERVICES-OTHER PRGM C	71,835	357,506		357,506	14,830		
024 CLINICAL PASTORAL EDUCATI	106,481	529,932		529,932	21,982		39,511
024 01 EMS PROGRAM	33,400	166,224		166,224	6,895		
024 02 SCHOOL OF RADIOGRAPHY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,416,303	21,978,950		21,978,950	911,709		2,098,529
026 INTENSIVE CARE UNIT	1,177,328	5,859,296		5,859,296	243,049		347,689
031 SUBPROVIDER	345,292	1,718,439		1,718,439	71,283		247,276
033 NURSERY	607,059	3,021,195		3,021,195	125,322		40,476
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,881,210	24,292,508		24,292,508	1,007,736		724,104
038 RECOVERY ROOM	191,259	951,852		951,852	39,484		53,676
040 ANESTHESIOLOGY	106,028	527,676		527,676	21,889		
041 RADIOLOGY-DIAGNOSTIC	1,197,399	5,959,186		5,959,186	247,193		425,423
041 01 CAT SCAN	255,450	1,271,317		1,271,317	52,736		
044 LABORATORY	1,648,220	8,202,823		8,202,823	340,261		255,665
049 RESPIRATORY THERAPY	324,691	1,615,913		1,615,913	67,030		54,911
050 PHYSICAL THERAPY	407,322	2,027,152		2,027,152	84,088		198,536
051 OCCUPATIONAL THERAPY	114,078	567,742		567,742	23,551		10,141
052 SPEECH PATHOLOGY	65,660	326,774		326,774	13,555		6,850
053 ELECTROCARDIOLOGY	1,217,683	6,060,134		6,060,134	251,380		308,018
054 ELECTROENCEPHALOGRAPHY	40,141	199,772		199,772	8,287		47,291
055 MEDICAL SUPPLIES CHARGED	64,899	322,989		322,989	13,398		
056 DRUGS CHARGED TO PATIENTS	1,294,129	6,440,588		6,440,588	267,162		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	122,652	610,412		610,412	25,321		57,951
060 01 BASIC DIAGNOSTIC TESTING							
060 03 PSYCH OUTPATIENT							
060 04 WOUND CARE CLINIC	223,555	1,112,584		1,112,584	46,151		68,558
061 EMERGENCY	1,107,909	5,513,816		5,513,816	228,719		346,348
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICES	223,662	1,113,117		1,113,117	46,173		52,514
071 OTHER REIMBURS COST CNTRS							
071 OTHER HOME HEALTH SERVICE	466,166	2,320,003		2,320,003	96,236		100,771
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	180,174	896,684		896,684	37,195		
095 SUBTOTALS	28,087,459	139,784,798		139,784,797	5,556,728	236,587	6,528,291
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	24,467	121,768		121,768	5,051		94,278
096 01 RENTAL PROPERTIES	46	227		227	9		
096 03 GUEST MEALS	39,340	195,788		195,788	8,121		
096 04 RETAIL PHARMACY	598,073	2,976,476		2,976,476	123,467		16,724
096 05 HEALTH PROMOTION	87,624	436,085		436,085	18,089		41,156
096 07 OCCUPATIONAL MEDICINE	288	1,433		1,433	59		
096 08 IPSI (COUNSELING)	82,140	408,791		408,791	16,957		540,359
096 09 DME	7	35		35	1		
096 10 ADULT DAY CARE	88,373	439,814		439,814	18,244		158,132
096 11 MANAGEMENT SERVICES	3,165	15,752		15,752	653		
096 12 DIAB. RES./ARTHRTIS	48,666	242,201		242,201	10,047		24,915
096 13 EUREKA HOSPITAL	2,350,817	11,699,488		11,699,488		17,550	
096 14 UNUSED SPACE	11,480	57,133		57,133	2,370		75,676
096 16 CHILDBIRTH/PARENTING EDUC	7,078	35,227		35,227	1,461		
096 17 FOUNDATION MED OFFICE BLD	224,598	1,117,773		1,117,773	46,366		1,326,295
096 18 FOUNDATION PHYSICIAN OFFI	88,826	442,066		442,066	18,337		390,777
096 19 HOME OFFICE							
097 RESEARCH							
097 01 DEAN ORNISH PROGRAM	30	148		148	6		
098 PHYSICIANS' PRIVATE OFFIC	9,225	45,911		45,911	1,904		60,813
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	31,751,702	158,020,914		158,020,913	5,827,870	254,137	9,257,416

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	DI RECTOR SHARED
	9	10	11	12	14	15	16.01		
003 GENERAL SERVICE COST CNTR									
003 01 NEW CAP REL COSTS-BLDG &									
004 NEW CAP REL COSTS-B&F SHA									
004 01 NEW CAP REL COSTS-MVBLE E									
005 EMPLOYEE BENEFITS									
006 01 A & G BROMENN & EUREKA SH									
006 02 INTEREST BROMENN& EUREKA									
006 03 A & G BROMENN ONLY									
008 01 PLANT OP DIRECTOR SHARED									
008 02 OPERATION OF PLANT BROMEN									
009 LAUNDRY & LINEN SERVICE	1,119,116								
010 HOUSEKEEPING	85,723	3,367,776							
011 DIETARY	4,083	99,218	1,037,931						
012 CAFETERIA		134,605		2,098,844					
014 NURSING ADMINISTRATION		8,289		67,574	3,665,169				
015 CENTRAL SERVICES & SUPPLY		93,834		39,495		1,621,604			
016 01 PHARMACY DIRECTOR SHARED				2,547				171,547	
016 02 PHARMACY BROMENN ONLY		36,556		57,907				162,225	
017 MEDICAL RECORDS & LIBRARY		17,711		100,103					
018 SOCIAL SERVICE		2,232		53,580					
019 RADIOLOGY DIRECTOR SHARED				3,099					
019 01 LAB DIRECTOR SHARED				3,099					
022 I&R SERVICES-SALARY & FRI	174			42,963					
023 I&R SERVICES-OTHER PRGM C									
024 CLINICAL PASTORAL EDUCATI				20,346					
024 01 EMS PROGRAM									
024 02 SCHOOL OF RADIOGRAPHY									
025 INPAT ROUTINE SRVC CNTRS									
025 ADULTS & PEDIATRICS	448,304	1,339,492	839,838	550,687	1,714,130	259,067			
026 INTENSIVE CARE UNIT	94,525	70,384	198,093	145,889	460,446	82,921			
031 SUBPROVIDER	35,365			42,656	111,576	7,188			
033 NURSERY	22,325	20,120		77,732	245,333				
037 ANCILLARY SRVC COST CNTRS									
037 OPERATING ROOM	130,757	584,008		157,795	475,362	383,591			
038 RECOVERY ROOM	20,239	37,371		21,972	69,348	17,631			
040 ANESTHESIOLOGY		3,684		4,634		132,401			
041 RADIOLOGY-DIAGNOSTIC	65,231	202,545		120,541	20,146	38,797			
041 01 CAT SCAN				18,505		72,404			
044 LABORATORY	1,682	114,910		144,477		28,970			
049 RESPIRATORY THERAPY		18,490		47,566		36,380			
050 PHYSICAL THERAPY	6,483	20,155		46,921		2,208			
051 OCCUPATIONAL THERAPY				16,203		2,886			
052 SPEECH PATHOLOGY				7,887		281			
053 ELECTROCARDIOLOGY	38,227	41,161		77,210		269,500			
054 ELECTROENCEPHALOGRAPHY		7,262		4,358		674			
055 MEDICAL SUPPLIES CHARGED						102,697			
056 DRUGS CHARGED TO PATIENTS						32,539			
060 OUTPAT SERVICE COST CNTRS									
060 CLINIC				11,784		864			
060 01 BASIC DIAGNOSTIC TESTING									
060 03 PSYCH OUTPATIENT									
060 04 WOUND CARE CLINIC	4,816			20,714	65,377	44,687			
061 EMERGENCY	102,768	515,749		149,847	472,941	79,574			
062 OBSERVATION BEDS (NON-DIS									
063 OTHER OUTPATIENT SERVICES				491	1,550				
071 OTHER REIMBURS COST CNTRS									
071 OTHER HOME HEALTH SERVICE						11,728			
093 SPEC PURPOSE COST CENTERS									
093 HOSPICE						12,161			
095 SUBTOTALS	1,060,702	3,367,776	1,037,931	2,058,582	3,636,209	1,619,149		162,225	
096 NONREIMBURS COST CENTERS									
096 GIFT, FLOWER, COFFEE SHOP				2,762					
096 01 RENTAL PROPERTIES									
096 03 GUEST MEALS				7,181					
096 04 RETAIL PHARMACY				184				293	
096 05 HEALTH PROMOTION				9,176	28,960	1,783			
096 07 OCCUPATIONAL MEDICINE									
096 08 IPSI (COUNSELING)									
096 09 DME									
096 10 ADULT DAY CARE				13,901		22			
096 11 MANAGEMENT SERVICES									
096 12 DIAB. RES./ARTHRTIS				6,352		357			
096 13 EUREKA HOSPITAL	58,414								9,322
096 14 UNUSED SPACE									
096 16 CHILDBIRTH/PARENTING EDUC				706					
096 17 FOUNDATION MED OFFICE BLD									
096 18 FOUNDATION PHYSICIAN OFFI									
096 19 HOME OFFICE									
097 RESEARCH									
097 01 DEAN ORNISH PROGRAM									
098 PHYSICIANS' PRIVATE OFFIC									
101 CROSS FOOT ADJUSTMENT									
102 NEGATIVE COST CENTER									
103 TOTAL	1,119,116	3,367,776	1,037,931	2,098,844	3,665,169	1,621,604		171,547	

COST CENTER DESCRIPTION	PHARMACY BROM ENN ONLY	MEDI CAL RECOR DS & LIBRARY	SOCIAL SERVIC E	RADIOLOGY DIR ECTOR SHARED	LAB DIRECTOR SHARED	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C
	16.02	17	18	19	19.01	22	23
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-B&F SHA							
004 01 NEW CAP REL COSTS-MVBLE E							
005 NEW CAP REL COSTS-MME SHA							
006 EMPLOYEE BENEFITS							
006 01 A & G BROMENN & EUREKA SH							
006 02 INTEREST BROMENN& EUREKA							
006 03 A & G BROMENN ONLY							
008 01 PLANT OP DIRECTOR SHARED							
008 02 OPERATION OF PLANT BROMEN							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 01 PHARMACY DIRECTOR SHARED							
016 02 PHARMACY BROMENN ONLY	3,313,978						
017 MEDICAL RECORDS & LIBRARY		3,651,255					
018 SOCIAL SERVICE			2,518,653				
019 RADIOLOGY DIRECTOR SHARED				157,756			
019 01 LAB DIRECTOR SHARED					154,442		
022 I&R SERVICES-SALARY & FRI						1,142,489	
023 I&R SERVICES-OTHER PRGM C							372,336
024 CLINICAL PASTORAL EDUCATI							
024 01 EMS PROGRAM							
024 02 SCHOOL OF RADIOGRAPHY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	56,969	882,566	1,515,989			1,142,489	372,336
026 INTENSIVE CARE UNIT	15	40,527	472,068				
031 SUBPROVIDER		25,541	508,528				
033 NURSERY			22,068				
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	487	316,344					
038 RECOVERY ROOM		20,994					
040 ANESTHESIOLOGY		39,480					
041 RADIOLOGY-DIAGNOSTIC	3,383	264,253		136,211			
041 01 CAT SCAN		220,021					
044 LABORATORY	7	197,116			136,879		
049 RESPIRATORY THERAPY	46	9,554					
050 PHYSICAL THERAPY	196	15,002					
051 OCCUPATIONAL THERAPY		2,706					
052 SPEECH PATHOLOGY		2,566					
053 ELECTROCARDIOLOGY	105	136,964					
054 ELECTROENCEPHALOGRAPHY		2,773					
055 MEDICAL SUPPLIES CHARGED		826					
056 DRUGS CHARGED TO PATIENTS	2,197,026	188,940					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	758						
060 01 BASIC DIAGNOSTIC TESTING							
060 03 PSYCH OUTPATIENT							
060 04 WOUND CARE CLINIC	220	29,446					
061 EMERGENCY	33	1,215,661					
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICES		39,975					
071 OTHER REIMBURS COST CNTRS							
071 OTHER HOME HEALTH SERVICE							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	51,666						
095 SUBTOTALS	2,310,911	3,651,255	2,518,653	136,211	136,879	1,142,489	372,336
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 RENTAL PROPERTIES							
096 03 GUEST MEALS							
096 04 RETAIL PHARMACY	1,003,067						
096 05 HEALTH PROMOTION							
096 07 OCCUPATIONAL MEDICINE							
096 08 IPSI (COUNSELING)							
096 09 DME							
096 10 ADULT DAY CARE							
096 11 MANAGEMENT SERVICES							
096 12 DIAB. RES./ARTHRTIS							
096 13 EUREKA HOSPITAL				21,545	17,563		
096 14 UNUSED SPACE							
096 16 CHILDBIRTH/PARENTING EDUC							
096 17 FOUNDATION MED OFFICE BLD							
096 18 FOUNDATION PHYSICIAN OFFI							
096 19 HOME OFFICE							
097 RESEARCH							
097 01 DEAN ORNISH PROGRAM							
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,313,978	3,651,255	2,518,653	157,756	154,442	1,142,489	372,336

COST CENTER DESCRIPTION	CLINICAL PAST ORAL EDUCATI	EMS PROGRAM	SCHOOL OF RADIOGRAPHY	RAD SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	24	24.01	24.02	25	26	27
003 GENERAL SERVICE COST CNTR						
003 01 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-B&F SHA						
004 01 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 A & G BROMENN & EUREKA SH						
006 02 INTEREST BROMENN& EUREKA						
006 03 A & G BROMENN ONLY						
008 01 PLANT OP DIRECTOR SHARED						
008 02 OPERATION OF PLANT BROMEN						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 01 PHARMACY DIRECTOR SHARED						
016 02 PHARMACY BROMENN ONLY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE						
019 RADIOLOGY DIRECTOR SHARED						
019 01 LAB DIRECTOR SHARED						
022 I&R SERVICES-SALARY & FRI						
023 I&R SERVICES-OTHER PRGM C						
024 CLINICAL PASTORAL EDUCATI	611,771					
024 01 EMS PROGRAM		173,119				
024 02 SCHOOL OF RADIOGRAPHY						
025 INPAT ROUTINE SRVC CNTRS				34,260,909	-1,514,825	32,746,084
026 ADULTS & PEDIATRICS	149,854			8,187,872		8,187,872
031 INTENSIVE CARE UNIT	172,970			2,790,436		2,790,436
033 SUBPROVIDER	22,584			3,574,571		3,574,571
033 NURSERY						
037 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM	115,977			28,188,669		28,188,669
040 RECOVERY ROOM				1,232,567		1,232,567
041 ANESTHESIOLOGY				729,764		729,764
041 RADIOLOGY-DIAGNOSTIC				7,482,909		7,482,909
041 01 CAT SCAN				1,634,983		1,634,983
044 LABORATORY	4,118			9,426,908		9,426,908
049 RESPIRATORY THERAPY				1,849,890		1,849,890
050 PHYSICAL THERAPY				2,400,741		2,400,741
051 OCCUPATIONAL THERAPY				623,229		623,229
052 SPEECH PATHOLOGY				357,913		357,913
053 ELECTROCARDIOLOGY	12,355			7,195,054		7,195,054
054 ELECTROENCEPHALOGRAPHY				270,417		270,417
055 MEDICAL SUPPLIES CHARGED				439,910		439,910
056 DRUGS CHARGED TO PATIENTS				9,126,255		9,126,255
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC				707,090		707,090
060 01 BASIC DIAGNOSTIC TESTING						
060 03 PSYCH OUTPATIENT						
060 04 WOUND CARE CLINIC				1,392,553		1,392,553
061 EMERGENCY	51,147	173,119		8,849,722		8,849,722
062 OBSERVATION BEDS (NON-DIS						
063 OTHER OUTPATIENT SERVICES				1,253,820		1,253,820
063 OTHER REIMBURS COST CNTRS						
071 OTHER HOME HEALTH SERVICE				2,528,738		2,528,738
093 SPEC PURPOSE COST CENTERS						
093 HOSPICE	68,285			1,065,991		1,065,991
095 SUBTOTALS	597,290	173,119		135,570,911	-1,514,825	134,056,086
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				223,859		223,859
096 01 RENTAL PROPERTIES				236		236
096 03 GUEST MEALS				211,090		211,090
096 04 RETAIL PHARMACY				4,120,211		4,120,211
096 05 HEALTH PROMOTION				535,249		535,249
096 07 OCCUPATIONAL MEDICINE				1,492		1,492
096 08 IPSI (COUNSELING)				966,107		966,107
096 09 DME				36		36
096 10 ADULT DAY CARE	14,481			644,594		644,594
096 11 MANAGEMENT SERVICES				16,405		16,405
096 12 DIAB. RES./ARTHRTIS				283,872		283,872
096 13 EUREKA HOSPITAL				11,823,882		11,823,882
096 14 UNUSED SPACE				135,179		135,179
096 16 CHILDBIRTH/PARENTING EDUC				37,394		37,394
096 17 FOUNDATION MED OFFICE BLD				2,490,434		2,490,434
096 18 FOUNDATION PHYSICIAN OFFI				851,180		851,180
096 19 HOME OFFICE						
097 RESEARCH						
097 01 DEAN ORNISH PROGRAM				154		154
098 PHYSICIANS' PRIVATE OFFIC				108,628		108,628
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	611,771	173,119		158,020,913	-1,514,825	156,506,088

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-B&F SHA	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MME SHA	SUBTOTAL	EMPLOYEE BENEFITS
	0	3	3.01	4	4.01	4a	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-B&F SHA							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MME SHA							
005 EMPLOYEE BENEFITS				1,842		1,842	1,842
006 01 A & G BROMENN & EUREKA SH	104,963	503,972	9,302	1,877,965	2,998,799	5,495,001	185
006 02 INTEREST BROMENN& EUREKA							
006 03 A & G BROMENN ONLY	27,159	255,466	4,715	37,899		325,239	52
008 01 PLANT OP DIRECTOR SHARED							5
008 02 OPERATION OF PLANT BROMEN	10,832	928,178	17,132	197,628		1,153,770	35
009 LAUNDRY & LINEN SERVICE	181	106,327	1,963	12,281		120,752	8
010 HOUSEKEEPING	3,752	75,052	1,385	865		81,054	36
011 DIETARY	18,933	91,971	1,698	43,644		156,246	14
012 CAFETERIA		42,791	790			43,581	15
014 NURSING ADMINISTRATION	3,890	24,696	456	29,451		58,493	62
015 CENTRAL SERVICES & SUPPLY	17,483	77,520	1,431	61,846		158,280	14
016 01 PHARMACY DIRECTOR SHARED							3
016 02 PHARMACY BROMENN ONLY	2,275	48,671	898	120,660		172,504	48
017 MEDICAL RECORDS & LIBRARY	3,279	86,399	1,595	40,876		132,149	53
018 SOCIAL SERVICE	8,497	32,621	602			41,720	40
019 RADIOLOGY DIRECTOR SHARED							3
019 01 LAB DIRECTOR SHARED							3
022 I&R SERVICES-SALARY & FRI		32,377	598			32,975	19
023 I&R SERVICES-OTHER PRGM C	16,064			10,612		26,676	
024 CLINICAL PASTORAL EDUCATI	585	23,403	432			24,420	9
024 01 EMS PROGRAM							2
024 02 SCHOOL OF RADIOGRAPHY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	121,524	1,243,029	22,941	222,472		1,609,966	330
026 INTENSIVE CARE UNIT	75,072	205,948	3,801	32,072		316,893	93
031 SUBPROVIDER	10,589	146,470	2,704	6,073		165,836	27
033 NURSERY		23,975	443			24,418	49
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	40,403	428,910	7,917	374,797		852,027	97
038 RECOVERY ROOM	16	31,794	587	2,362		34,759	16
040 ANESTHESIOLOGY	402			409		811	2
041 RADIOLOGY-DIAGNOSTIC	374,763	251,991	4,651	243,088		874,493	70
041 01 CAT SCAN	304,539			5,256		309,795	12
044 LABORATORY	17,278	151,439	2,795	80,904		252,416	76
049 RESPIRATORY THERAPY	49,540	32,525	600	36,805		119,470	24
050 PHYSICAL THERAPY	4,370	117,600	2,171	6,772		130,913	36
051 OCCUPATIONAL THERAPY	27	6,007	111	68		6,213	11
052 SPEECH PATHOLOGY	112	4,058	75			4,245	6
053 ELECTROCARDIOLOGY	550,005	182,449	3,368	184,562		920,384	54
054 ELECTROENCEPHALOGRAPHY	23	28,012	517	4,710		33,262	3
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	3,065	34,326	634	5,518		43,543	9
060 01 BASIC DIAGNOSTIC TESTING							
060 03 PSYCH OUTPATIENT							
060 04 WOUND CARE CLINIC	1,103	40,609	750	3,025		45,487	11
061 EMERGENCY	10,001	205,153	3,787	14,839		233,780	91
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICES		31,106	574	94,081		125,761	
063 OTHER REIMBURS COST CNTRS							
071 OTHER HOME HEALTH SERVICE	4,569	59,690	1,102	2,621		67,982	38
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	621			17,253		17,874	11
095 SUBTOTALS	1,785,915	5,554,535	102,525	3,773,256	2,998,799	14,215,030	1,672
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		55,844	1,031			56,875	1
096 01 RENTAL PROPERTIES				181		181	
096 03 GUEST MEALS							2
096 04 RETAIL PHARMACY	44	9,906	183	722		10,855	6
096 05 HEALTH PROMOTION	1,413	24,378	450	140		26,381	5
096 07 OCCUPATIONAL MEDICINE				1,145		1,145	
096 08 IPSI (COUNSELING)		320,072	5,908	671		326,651	
096 09 DME				28		28	
096 10 ADULT DAY CARE	2,877	93,666	1,729	3,112		101,384	5
096 11 MANAGEMENT SERVICES							
096 12 DIAB. RES./ARTHRTIS	186	14,758	272	3,447		18,663	4
096 13 EUREKA HOSPITAL			9,819			9,819	143
096 14 UNUSED SPACE		44,826	827			45,653	
096 16 CHILDBIRTH/PARENTING EDUC							1
096 17 FOUNDATION MED OFFICE BLD		785,607	14,501			800,108	1
096 18 FOUNDATION PHYSICIAN OFFI		231,470	4,272			235,742	2
096 19 HOME OFFICE							
097 RESEARCH							
097 01 DEAN ORNISH PROGRAM				118		118	
098 PHYSICIANS' PRIVATE OFFIC		36,021	665			36,686	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,790,435	7,171,083	142,182	3,782,820	2,998,799	15,885,319	1,842

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-B&F SHA (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-MME SHA (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIE RECONCILIATION)	
	3	3.01	4	4.01	5	6a.01
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD	676,865					
004 01 NEW CAP REL COSTS-B&F		727,075				
004 01 NEW CAP REL COSTS-MVB			6,040,545			
005 01 NEW CAP REL COSTS-MME				2,998,799		
006 01 EMPLOYEE BENEFITS				2,942	63,198,739	
006 01 A & G BROMENN & EUREK	47,569	47,569	2,998,799	2,998,799	6,367,706	-31,751,702
006 02 INTEREST BROMENN& EUR						
006 03 A & G BROMENN ONLY	24,113	24,113	60,518		1,801,966	
008 01 PLANT OP DIRECTOR SHA					162,670	
008 02 OPERATION OF PLANT BR	87,609	87,609	315,579		1,216,626	
009 01 LAUNDRY & LINEN SERVI	10,036	10,036	19,611		280,815	
010 01 HOUSEKEEPING	7,084	7,084	1,381		1,251,855	
011 01 DIETARY	8,681	8,681	69,692		482,622	
012 01 CAFETERIA	4,039	4,039			528,716	
014 01 NURSING ADMINISTRATION	2,331	2,331	47,029		2,122,924	
015 01 CENTRAL SERVICES & SU	7,317	7,317	98,758		473,719	
016 01 PHARMACY DIRECTOR SHA					108,175	
016 02 PHARMACY BROMENN ONLY	4,594	4,594	192,675		1,662,026	
017 01 MEDICAL RECORDS & LIB	8,155	8,155	65,273		1,843,808	
018 01 SOCIAL SERVICE	3,079	3,079			1,394,497	
019 01 RADIOLOGY DIRECTOR SH					98,994	
019 01 LAB DIRECTOR SHARED					96,872	
022 01 I&R SERVICES-SALARY &	3,056	3,056			641,184	
023 01 I&R SERVICES-OTHER PR			16,946			
024 01 CLINICAL PASTORAL EDU	2,209	2,209			317,059	
024 01 EMS PROGRAM					53,280	
024 02 SCHOOL OF RADIOGRAPHY						
025 01 INPAT ROUTINE SRVC CN						
025 01 ADULTS & PEDIATRICS	117,327	117,327	355,252		11,109,176	
026 01 INTENSIVE CARE UNIT	19,439	19,439	51,213		3,207,768	
031 01 SUBPROVIDER	13,825	13,825	9,697		915,752	
033 01 NURSERY	2,263	2,263			1,686,568	
037 01 ANCILLARY SRVC COST C						
037 01 OPERATING ROOM	40,484	40,484	598,490		3,330,941	
038 01 RECOVERY ROOM	3,001	3,001	3,772		567,872	
040 01 ANESTHESIOLOGY			653		61,919	
041 01 RADIOLOGY-DIAGNOSTIC	23,785	23,785	388,172		2,430,908	
041 01 CAT SCAN			8,393		409,602	
044 01 LABORATORY	14,294	14,294	129,191		2,612,892	
049 01 RESPIRATORY THERAPY	3,070	3,070	58,771		843,256	
050 01 PHYSICAL THERAPY	11,100	11,100	10,813		1,254,403	
051 01 OCCUPATIONAL THERAPY	567	567	109		363,221	
052 01 SPEECH PATHOLOGY	383	383			210,714	
053 01 ELECTROCARDIOLOGY	17,221	17,221	294,715		1,852,267	
054 01 ELECTROENCEPHALOGRAPH	2,644	2,644	7,521		101,661	
055 01 MEDICAL SUPPLIES CHAR						
056 01 DRUGS CHARGED TO PATI						
060 01 OUTPAT SERVICE COST C						
060 01 CLINIC	3,240	3,240	8,812		294,941	
060 01 BASIC DIAGNOSTIC TEST						
060 03 PSYCH OUTPATIENT						
060 04 WOUND CARE CLINIC	3,833	3,833	4,830		385,678	
061 01 EMERGENCY	19,364	19,364	23,695		3,120,723	
062 01 OBSERVATION BEDS (NON						
063 01 OTHER OUTPATIENT SERV	2,936	2,936	150,232		10,842	
063 01 OTHER REIMBURS COST C						
071 01 OTHER HOME HEALTH SER	5,634	5,634	4,186		1,315,485	
071 01 SPEC PURPOSE COST CEN						
093 01 HOSPICE			27,551		378,479	
095 01 SUBTOTALS	524,282	524,282	6,025,271	2,998,799	57,370,582	-31,751,702
096 01 NONREIMBURS COST CENT						
096 01 GIFT, FLOWER, COFFEE	5,271	5,271			21,379	
096 01 RENTAL PROPERTIES			289			
096 03 GUEST MEALS					58,746	
096 04 RETAIL PHARMACY	935	935	1,153		192,152	
096 05 HEALTH PROMOTION	2,301	2,301	224		175,050	
096 07 OCCUPATIONAL MEDICINE			1,828			
096 08 IPSI (COUNSELING)	30,211	30,211	1,072			
096 09 DME			45			
096 10 ADULT DAY CARE	8,841	8,841	4,970		177,912	
096 11 MANAGEMENT SERVICES						
096 12 DIAB. RES./ARTHRTIS	1,393	1,393	5,505		141,059	
096 13 EUREKA HOSPITAL		50,210			4,928,185	
096 14 UNUSED SPACE	4,231	4,231				
096 16 CHILDBIRTH/PARENTING					22,320	
096 17 FOUNDATION MED OFFICE	74,152	74,152			49,217	
096 18 FOUNDATION PHYSICIAN	21,848	21,848			62,137	
096 19 HOME OFFICE						
097 01 RESEARCH						
097 01 DEAN ORNISH PROGRAM			188			
098 01 PHYSICIANS' PRIVATE O	3,400	3,400				

COST CENTER DESCRIPTION	A & G BROMENN & EUREKA SH		INTEREST BROM ENN& EUREKA		A & G BROMENN PLANT OP DIRE OPERATION OF ONLY CTOR SHARED PLANT BROMEN		
	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)
	6.01	6a.02	6.02	6a.03	6.03	8.01	8.02
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-B&F							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MME							
005 EMPLOYEE BENEFITS							
006 01 A & G BROMENN & EUREK	126,269,212						
006 02 INTEREST BROMENN& EUR		-1	158,020,913				
006 03 A & G BROMENN ONLY	4,656,857		5,827,870	-5,827,870	140,493,555		
008 01 PLANT OP DIRECTOR SHA	194,984		244,015		244,015	727,076	
008 02 OPERATION OF PLANT BR	6,921,148		8,661,540		8,661,540	676,866	517,574
009 LAUNDRY & LINEN SERVI	720,907		902,186		902,186		10,036
010 HOUSEKEEPING	2,420,911		3,029,673		3,029,673		7,084
011 DIETARY	597,957		748,319		748,319		8,681
012 CAFETERIA	1,451,617		1,816,641		1,816,641		4,039
014 NURSING ADMINISTRATION	2,721,874		3,406,316		3,406,316		2,331
015 CENTRAL SERVICES & SU	1,041,454		1,303,338		1,303,338		7,317
016 01 PHARMACY DIRECTOR SHA	129,664		162,269		162,269		
016 02 PHARMACY BROMENN ONLY	2,282,634		2,856,625		2,856,625		4,594
017 MEDICAL RECORDS & LIB	2,599,089		3,252,656		3,252,656		8,155
018 SOCIAL SERVICE	1,847,338		2,311,870		2,311,870		3,079
019 RADIOLOGY DIRECTOR SH	118,659		148,497		148,497		
019 01 LAB DIRECTOR SHARED	116,116		145,315		145,315		
022 I&R SERVICES-SALARY &	801,530		1,003,083		1,003,083		3,056
023 I&R SERVICES-OTHER PR	285,671		357,506		357,506		
024 CLINICAL PASTORAL EDU	423,451		529,932		529,932		2,209
024 01 EMS PROGRAM	132,824		166,224		166,224		
024 02 SCHOOL OF RADIOGRAPHY							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	17,562,647		21,978,950		21,978,950		117,327
026 INTENSIVE CARE UNIT	4,681,968		5,859,296		5,859,296		19,439
031 SUBPROVIDER	1,373,147		1,718,439		1,718,439		13,825
033 NURSERY	2,414,136		3,021,195		3,021,195		2,263
ANCILLARY SRVC COST C							
037 OPERATING ROOM	19,411,298		24,292,508		24,292,508		40,484
038 RECOVERY ROOM	760,593		951,852		951,852		3,001
040 ANESTHESIOLOGY	421,648		527,676		527,676		
041 RADIOLOGY-DIAGNOSTIC	4,761,787		5,959,186		5,959,186		23,785
041 01 CAT SCAN	1,015,867		1,271,317		1,271,317		
044 LABORATORY	6,554,603		8,202,823		8,202,823		14,294
049 RESPIRATORY THERAPY	1,291,222		1,615,913		1,615,913		3,070
050 PHYSICAL THERAPY	1,619,830		2,027,152		2,027,152		11,100
051 OCCUPATIONAL THERAPY	453,664		567,742		567,742		567
052 SPEECH PATHOLOGY	261,114		326,774		326,774		383
053 ELECTROCARDIOLOGY	4,842,451		6,060,134		6,060,134		17,221
054 ELECTROENCEPHALOGRAPH	159,631		199,772		199,772		2,644
055 MEDICAL SUPPLIES CHAR	258,090		322,989		322,989		
056 DRUGS CHARGED TO PATI	5,146,459		6,440,588		6,440,588		
060 OUTPAT SERVICE COST C							
060 CLINIC	487,760		610,412		610,412		3,240
060 01 BASIC DIAGNOSTIC TEST							
060 03 PSYCH OUTPATIENT							
060 04 WOUND CARE CLINIC	889,029		1,112,584		1,112,584		3,833
061 EMERGENCY	4,405,907		5,513,816		5,513,816		19,364
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV	889,455		1,113,117		1,113,117		2,936
OTHER REIMBURS COST C							
071 OTHER HOME HEALTH SER	1,853,837		2,320,003		2,320,003		5,634
SPEC PURPOSE COST CEN							
093 HOSPICE	716,510		896,684		896,684		
095 SUBTOTALS	111,697,339	-1	139,784,797	-5,827,870	133,956,927	676,866	364,991
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	97,301		121,768		121,768		5,271
096 01 RENTAL PROPERTIES	181		227		227		
096 03 GUEST MEALS	156,448		195,788		195,788		
096 04 RETAIL PHARMACY	2,378,403		2,976,476		2,976,476		935
096 05 HEALTH PROMOTION	348,461		436,085		436,085		2,301
096 07 OCCUPATIONAL MEDICINE	1,145		1,433		1,433		
096 08 IPSI (COUNSELING)	326,651		408,791		408,791		30,211
096 09 DME	28		35		35		
096 10 ADULT DAY CARE	351,441		439,814		439,814		8,841
096 11 MANAGEMENT SERVICES	12,587		15,752		15,752		
096 12 DIAB. RES./ARTHRITIS	193,535		242,201		242,201		1,393
096 13 EUREKA HOSPITAL	9,348,671		11,699,488	-11,699,488		50,210	
096 14 UNUSED SPACE	45,653		57,133		57,133		4,231
096 16 CHILDBIRTH/PARENTING	28,149		35,227		35,227		
096 17 FOUNDATION MED OFFICE	893,175		1,117,773		1,117,773		74,152
096 18 FOUNDATION PHYSICIAN	353,240		442,066		442,066		21,848
096 19 HOME OFFICE							
097 RESEARCH							
097 01 DEAN ORNISH PROGRAM	118		148		148		
098 PHYSICIANS' PRIVATE O	36,686		45,911		45,911		3,400

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY DIRECTOR SHARED
	(POUNDS OF LINDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(FTE'S)	(COSTED REQUISITIONS)	(HOURS)
	9	10	11	12	14	15	16.01
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-B&F							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MME							
005 EMPLOYEE BENEFITS							
006 01 A & G BROMENN & EUREK							
006 02 INTEREST BROMENN& EUR							
006 03 A & G BROMENN ONLY							
008 01 PLANT OPERATOR SHA							
008 02 OPERATION OF PLANT BR							
009 LAUNDRY & LINEN SERVICE	1,280,444						
010 HOUSEKEEPING	98,080	95,075					
011 DIETARY	4,672	2,801	107,145				
012 CAFETERIA		3,800		68,394			
014 NURSING ADMINISTRATION		234		2,202	37,842		
015 CENTRAL SERVICES & SUPPLY		2,649		1,287		3,217,450	
016 01 PHARMACY DIRECTOR SHA				83			43,320
016 02 PHARMACY BROMENN ONLY		1,032		1,887			40,966
017 MEDICAL RECORDS & LIBRARY		500		3,262			
018 SOCIAL SERVICE		63		1,746			
019 RADIOLOGY DIRECTOR SHARED				101			
019 01 LAB DIRECTOR SHARED				101			
022 I&R SERVICES-SALARY & BENEFITS	199			1,400			
023 I&R SERVICES-OTHER PERSONNEL							
024 CLINICAL PASTORAL EDUCATION				663			
024 01 EMS PROGRAM							
024 02 SCHOOL OF RADIOGRAPHY							
025 ADULTS & PEDIATRICS	512,930	37,815	86,696	17,945	17,698	514,018	
026 INTENSIVE CARE UNIT	108,152	1,987	20,449	4,754	4,754	164,524	
031 SUBPROVIDER	40,463			1,390	1,152	14,261	
033 NURSERY	25,543	568		2,533	2,533		
037 ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM	149,606	16,487		5,142	4,908	761,093	
038 RECOVERY ROOM	23,157	1,055		716	716	34,981	
040 ANESTHESIOLOGY		104		151		262,699	
041 RADIOLOGY-DIAGNOSTIC	74,635	5,718		3,928	208	76,977	
041 01 CAT SCAN				603		143,657	
044 LABORATORY	1,924	3,244		4,708		57,479	
049 RESPIRATORY THERAPY		522		1,550		72,183	
050 PHYSICAL THERAPY	7,417	569		1,529		4,380	
051 OCCUPATIONAL THERAPY				528		5,727	
052 SPEECH PATHOLOGY				257		557	
053 ELECTROCARDIOLOGY	43,738	1,162		2,516		534,720	
054 ELECTROENCEPHALOGRAPHY		205		142		1,338	
055 MEDICAL SUPPLIES CHARGED TO PATIENT						203,762	
056 DRUGS CHARGED TO PATIENT						64,562	
060 CLINIC				384		1,714	
060 01 BASIC DIAGNOSTIC TESTS							
060 03 PSYCH OUTPATIENT							
060 04 WOUND CARE CLINIC	5,510			675	675	88,665	
061 EMERGENCY	117,583	14,560		4,883	4,883	157,883	
062 OBSERVATION BEDS (NON-PAYING)							
063 OTHER OUTPATIENT SERVICES				16	16		
071 OTHER HOME HEALTH SERVICES						23,270	
093 HOSPICE						24,128	
095 SUBTOTALS	1,213,609	95,075	107,145	67,082	37,543	3,212,578	40,966
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE				90			
096 01 RENTAL PROPERTIES							
096 03 GUEST MEALS				234			
096 04 RETAIL PHARMACY				6		582	
096 05 HEALTH PROMOTION				299	299	3,538	
096 07 OCCUPATIONAL MEDICINE							
096 08 IPSI (COUNSELING)							
096 09 DME							
096 10 ADULT DAY CARE				453		44	
096 11 MANAGEMENT SERVICES							
096 12 DIAB. RES./ARTHRTIS				207		708	
096 13 EUREKA HOSPITAL	66,835						2,354
096 14 UNUSED SPACE							
096 16 CHILDBIRTH/PARENTING				23			
096 17 FOUNDATION MED OFFICE							
096 18 FOUNDATION PHYSICIAN							
096 19 HOME OFFICE							
097 RESEARCH							
097 01 DEAN ORNISH PROGRAM							
098 PHYSICIANS' PRIVATE OFFICE							

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY DIRECTOR SHARED
	(POUNDS OF LINDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(FTE'S)	(COSTED REQUISITIONS)	(HOURS)
	9	10	11	12	14	15	16.01
101 NONREIMBURS COST CENT							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
COST TO BE ALLOCATED (WRKSHT B, PART I)	1,119,116	3,367,776	1,037,931	2,098,844	3,665,169	1,621,604	171,547
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.874006	35.422309	9.687162	30.687546	96.854527	.504003	3.959995
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)	184,538	232,449	217,713	134,565	201,455	238,679	6,419
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.144120	2.444901	2.031947	1.967497	5.323582	.074183	.148176

COST CENTER DESCRIPTION	PHARMACY BROM ENN ONLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RADIOLOGY DIRECTOR SHARED	LAB DIRECTOR SHARED	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	(COSTED REQUISITIONS)	(TIME SPENT)	(TIME SPENT)	(HOURS)	(HOURS)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	16.02	17	18	19	19.01	22	23
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-B&F							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MME							
005 EMPLOYEE BENEFITS							
006 01 A & G BROMENN & EUREK							
006 02 INTEREST BROMENN& EUR							
006 03 A & G BROMENN ONLY							
008 01 PLANT OP DIRECTOR SHA							
008 02 OPERATION OF PLANT BR							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU							
016 01 PHARMACY DIRECTOR SHA							
016 02 PHARMACY BROMENN ONLY	5,796,961						
017 MEDICAL RECORDS & LIB		4,395,814					
018 SOCIAL SERVICE			2,625				
019 RADIOLOGY DIRECTOR SH				97,075			
019 01 LAB DIRECTOR SHARED					92,456		
022 I&R SERVICES-SALARY &						100	
023 I&R SERVICES-OTHER PR							100
024 CLINICAL PASTORAL EDU							
024 01 EMS PROGRAM							
024 02 SCHOOL OF RADIOGRAPHY							
025 ADULTS & PEDIATRICS	99,653	1,062,538	1,580			100	100
026 INTENSIVE CARE UNIT	26	48,791	492				
031 SUBPROVIDER		30,749	530				
033 NURSERY			23				
ANCILLARY SRVC COST C							
037 OPERATING ROOM	852	380,853					
038 RECOVERY ROOM		25,275					
040 ANESTHESIOLOGY		47,531					
041 RADIOLOGY-DIAGNOSTIC	5,918	318,139		83,817			
041 01 CAT SCAN		264,887					
044 LABORATORY	12	237,312			81,942		
049 RESPIRATORY THERAPY	80	11,502					
050 PHYSICAL THERAPY	342	18,061					
051 OCCUPATIONAL THERAPY		3,258					
052 SPEECH PATHOLOGY		3,089					
053 ELECTROCARDIOLOGY	183	164,893					
054 ELECTROENCEPHALOGRAPH		3,338					
055 MEDICAL SUPPLIES CHAR		995					
056 DRUGS CHARGED TO PATI	3,843,140	227,468					
060 OUTPAT SERVICE COST C							
060 CLINIC	1,326						
060 01 BASIC DIAGNOSTIC TEST							
060 03 PSYCH OUTPATIENT							
060 04 WOUND CARE CLINIC	385	35,450					
061 EMERGENCY	57	1,463,558					
062 OBSERVATION BEDS (NON		48,127					
063 OTHER OUTPATIENT SERV							
071 OTHER REIMBURS COST C							
071 OTHER HOME HEALTH SER							
093 SPEC PURPOSE COST CEN							
093 HOSPICE	90,377						
095 SUBTOTALS	4,042,351	4,395,814	2,625	83,817	81,942	100	100
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 01 RENTAL PROPERTIES							
096 03 GUEST MEALS							
096 04 RETAIL PHARMACY	1,754,610						
096 05 HEALTH PROMOTION							
096 07 OCCUPATIONAL MEDICINE							
096 08 IPSI (COUNSELING)							
096 09 DME							
096 10 ADULT DAY CARE							
096 11 MANAGEMENT SERVICES							
096 12 DIAB. RES./ARTHRTIS							
096 13 EUREKA HOSPITAL				13,258	10,514		
096 14 UNUSED SPACE							
096 16 CHILDBIRTH/PARENTING							
096 17 FOUNDATION MED OFFICE							
096 18 FOUNDATION PHYSICIAN							
096 19 HOME OFFICE							
097 RESEARCH							
097 01 DEAN ORNISH PROGRAM							
098 PHYSICIANS' PRIVATE O							

COST CENTER DESCRIPTION	PHARMACY BROM ENN ONLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RADIOLOGY DIRECTOR SHARED	LAB DIRECTOR SHARED	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	(COSTED REQUIREMENTS)	(TIME SPENT)	(TIME SPENT)	(HOURS)	(HOURS)	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENT	16.02	17	18	19	19.01	22	23
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,313,978	3,651,255	2,518,653	157,756	154,442	1,142,489	372,336
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.571675	.830621	959.486857	1.625094	1.670438	11,424.890000	3,723.360000
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)	308,214	288,753	143,334	5,924	5,801	83,265	40,452
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.053168	.065688	54.603429	.061025	.062743	832.650000	404.520000

COST CENTER DESCRIPTION	CLINICAL PAST ORAL EDUCATI	EMS PROGRAM	SCHOOL OF RADIOGRAPHY
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	24	24.01	24.02
003 GENERAL SERVICE COST			
003 01 NEW CAP REL COSTS-BLD			
004 01 NEW CAP REL COSTS-B&F			
004 01 NEW CAP REL COSTS-MVB			
005 01 NEW CAP REL COSTS-MME			
005 EMPLOYEE BENEFITS			
006 01 A & G BROMENN & EUREK			
006 02 INTEREST BROMENN& EUR			
006 03 A & G BROMENN ONLY			
008 01 PLANT OP DIRECTOR SHA			
008 02 OPERATION OF PLANT BR			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SU			
016 01 PHARMACY DIRECTOR SHA			
016 02 PHARMACY BROMENN ONLY			
017 MEDICAL RECORDS & LIB			
018 SOCIAL SERVICE			
019 RADIOLOGY DIRECTOR SH			
019 01 LAB DIRECTOR SHARED			
022 I&R SERVICES-SALARY &			
023 I&R SERVICES-OTHER PR			
024 CLINICAL PASTORAL EDU	4,605		
024 01 EMS PROGRAM		100	
024 02 SCHOOL OF RADIOGRAPHY			100
025 INPAT ROUTINE SRVC CN			
025 ADULTS & PEDIATRICS	1,128		
026 INTENSIVE CARE UNIT	1,302		
031 SUBPROVIDER	170		
033 NURSERY			
037 ANCILLARY SRVC COST C			
037 OPERATING ROOM	873		
038 RECOVERY ROOM			
040 ANESTHESIOLOGY			
041 RADIOLOGY-DIAGNOSTIC			100
041 01 CAT SCAN			
044 LABORATORY	31		
049 RESPIRATORY THERAPY			
050 PHYSICAL THERAPY			
051 OCCUPATIONAL THERAPY			
052 SPEECH PATHOLOGY			
053 ELECTROCARDIOLOGY	93		
054 ELECTROENCEPHALOGRAPH			
055 MEDICAL SUPPLIES CHAR			
056 DRUGS CHARGED TO PATI			
060 OUTPAT SERVICE COST C			
060 CLINIC			
060 01 BASIC DIAGNOSTIC TEST			
060 03 PSYCH OUTPATIENT			
060 04 WOUND CARE CLINIC			
061 EMERGENCY	385	100	
062 OBSERVATION BEDS (NON			
063 OTHER OUTPATIENT SERV			
OTHER REIMBURS COST C			
071 OTHER HOME HEALTH SER			
SPEC PURPOSE COST CEN			
093 HOSPICE	514		
095 SUBTOTALS	4,496	100	100
NONREIMBURS COST CENT			
096 GIFT, FLOWER, COFFEE			
096 01 RENTAL PROPERTIES			
096 03 GUEST MEALS			
096 04 RETAIL PHARMACY			
096 05 HEALTH PROMOTION			
096 07 OCCUPATIONAL MEDICINE			
096 08 IPSI (COUNSELING)			
096 09 DME			
096 10 ADULT DAY CARE	109		
096 11 MANAGEMENT SERVICES			
096 12 DIAB. RES./ARTHRTIS			
096 13 EUREKA HOSPITAL			
096 14 UNUSED SPACE			
096 16 CHILDBIRTH/PARENTING			
096 17 FOUNDATION MED OFFICE			
096 18 FOUNDATION PHYSICIAN			
096 19 HOME OFFICE			
097 RESEARCH			
097 01 DEAN ORNISH PROGRAM			
098 PHYSICIANS' PRIVATE O			

	COST CENTER DESCRIPTION	CLINICAL PAST EMS PROGRAM	SCHOOL OF RAD
		ORAL EDUCATI	IOGRAPHY
		(ASSIGNED TIME)	(ASSIGNED TIME)
		24	24.01 24.02
101	NONREIMBURS COST CENT		
102	CROSS FOOT ADJUSTMENT		
103	NEGATIVE COST CENTER		
	COST TO BE ALLOCATED	611,771	173,119
	(PER WRKSHT B, PART		
104	UNIT COST MULTIPLIER		1,731.190000
	(WRKSHT B, PT I)	132.849294	
105	COST TO BE ALLOCATED		
	(PER WRKSHT B, PART		
106	UNIT COST MULTIPLIER		
	(WRKSHT B, PT II)		
107	COST TO BE ALLOCATED	52,539	6,408
	(PER WRKSHT B, PART		
108	UNIT COST MULTIPLIER		64.080000
	(WRKSHT B, PT III)	11.409121	

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	32,746,084		32,746,084		32,746,084
26	INTENSIVE CARE UNIT	8,187,872		8,187,872		8,187,872
31	SUBPROVIDER	2,790,436		2,790,436		2,790,436
33	NURSERY	3,574,571		3,574,571		3,574,571
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	28,188,669		28,188,669		28,188,669
38	RECOVERY ROOM	1,232,567		1,232,567		1,232,567
40	ANESTHESIOLOGY	729,764		729,764		729,764
41	RADIOLOGY-DIAGNOSTIC	7,482,909		7,482,909		7,482,909
41 01	CAT SCAN	1,634,983		1,634,983		1,634,983
44	LABORATORY	9,426,908		9,426,908		9,426,908
49	RESPIRATORY THERAPY	1,849,890		1,849,890		1,849,890
50	PHYSICAL THERAPY	2,400,741		2,400,741		2,400,741
51	OCCUPATIONAL THERAPY	623,229		623,229		623,229
52	SPEECH PATHOLOGY	357,913		357,913		357,913
53	ELECTROCARDIOLOGY	7,195,054		7,195,054		7,195,054
54	ELECTROENCEPHALOGRAPHY	270,417		270,417		270,417
55	MEDICAL SUPPLIES CHARGED	439,910		439,910		439,910
56	DRUGS CHARGED TO PATIENTS	9,126,255		9,126,255		9,126,255
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	707,090		707,090		707,090
60 01	BASIC DIAGNOSTIC TESTING					
60 03	PSYCH OUTPATIENT					
60 04	WOUND CARE CLINIC	1,392,553		1,392,553		1,392,553
61	EMERGENCY	8,849,722		8,849,722		8,849,722
62	OBSERVATION BEDS (NON-DIS	2,992,344		2,992,344		2,992,344
63	OTHER OUTPATIENT SERVICES	1,253,820		1,253,820		1,253,820
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	133,453,701		133,453,701		133,453,701
102	LESS OBSERVATION BEDS	2,992,344		2,992,344		2,992,344
103	TOTAL	130,461,357		130,461,357		130,461,357

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	38,450,066		38,450,066			
26	INTENSIVE CARE UNIT	9,431,482		9,431,482			
31	SUBPROVIDER	2,063,815		2,063,815			
33	NURSERY	4,879,230		4,879,230			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	52,474,620	28,194,631	80,669,251	.349435	.349435	.349435
38	RECOVERY ROOM	2,520,265	1,867,149	4,387,414	.280932	.280932	.280932
40	ANESTHESIOLOGY	5,729,162	3,504,674	9,233,836	.079032	.079032	.079032
41	RADIOLOGY-DIAGNOSTIC	6,392,339	23,662,402	30,054,741	.248976	.248976	.248976
41 01	CAT SCAN	6,291,634	19,707,047	25,998,681	.062887	.062887	.062887
44	LABORATORY	13,638,145	17,669,186	31,307,331	.301109	.301109	.301109
49	RESPIRATORY THERAPY	7,146,011	859,623	8,005,634	.231074	.231074	.231074
50	PHYSICAL THERAPY	2,175,018	1,297,349	3,472,367	.691385	.691385	.691385
51	OCCUPATIONAL THERAPY	1,282,735	241,112	1,523,847	.408984	.408984	.408984
52	SPEECH PATHOLOGY	530,850	222,399	753,249	.475159	.475159	.475159
53	ELECTROCARDIOLOGY	9,888,865	12,293,628	22,182,493	.324357	.324357	.324357
54	ELECTROENCEPHALOGRAPHY	161,782	244,323	406,105	.665880	.665880	.665880
55	MEDICAL SUPPLIES CHARGED	618,523	74,345	692,868	.634912	.634912	.634912
56	DRUGS CHARGED TO PATIENTS	42,969,741	16,928,618	59,898,359	.152362	.152362	.152362
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		500,680	500,680	1.412259	1.412259	1.412259
60 01	BASIC DIAGNOSTIC TESTING						
60 03	PSYCH OUTPATIENT						
60 04	WOUND CARE CLINIC	135,258	2,639,770	2,775,028	.501816	.501816	.501816
61	EMERGENCY	4,328,700	16,433,926	20,762,626	.426233	.426233	.426233
62	OBSERVATION BEDS (NON-DIS	271,318	2,625,580	2,896,898	1.032948	1.032948	1.032948
63	OTHER OUTPATIENT SERVICES	53,518	3,602,294	3,655,812	.342966	.342966	.342966
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	211,433,077	152,568,736	364,001,813			
102	LESS OBSERVATION BEDS						
103	TOTAL	211,433,077	152,568,736	364,001,813			

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	28,188,669	2,084,801	26,103,868			28,188,669
38	RECOVERY ROOM	1,232,567	95,521	1,137,046			1,232,567
40	ANESTHESIOLOGY	729,764	44,307	685,457			729,764
41	RADIOLOGY-DIAGNOSTIC	7,482,909	1,238,563	6,244,346			7,482,909
41	01 CAT SCAN	1,634,983	388,039	1,246,944			1,634,983
44	LABORATORY	9,426,908	652,364	8,774,544			9,426,908
49	RESPIRATORY THERAPY	1,849,890	201,077	1,648,813			1,849,890
50	PHYSICAL THERAPY	2,400,741	248,149	2,152,592			2,400,741
51	OCCUPATIONAL THERAPY	623,229	31,418	591,811			623,229
52	SPEECH PATHOLOGY	357,913	18,700	339,213			357,913
53	ELECTROCARDIOLOGY	7,195,054	1,268,344	5,926,710			7,195,054
54	ELECTROENCEPHALOGRAPHY	270,417	49,705	220,712			270,417
55	MEDICAL SUPPLIES CHARGED	439,910	27,627	412,283			439,910
56	DRUGS CHARGED TO PATIENTS	9,126,255	472,243	8,654,012			9,126,255
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	707,090	77,394	629,696			707,090
60	01 BASIC DIAGNOSTIC TESTING						
60	03 PSYCH OUTPATIENT						
60	04 WOUND CARE CLINIC	1,392,553	114,092	1,278,461			1,392,553
61	EMERGENCY	8,849,722	698,320	8,151,402			8,849,722
62	OBSERVATION BEDS (NON-DIS	2,992,344	316,904	2,675,440			2,992,344
63	OTHER OUTPATIENT SERVICES	1,253,820	180,418	1,073,402			1,253,820
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	86,154,738	8,207,986	77,946,752			86,154,738
102	LESS OBSERVATION BEDS	2,992,344	316,904	2,675,440			2,992,344
103	TOTAL	83,162,394	7,891,082	75,271,312			83,162,394

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
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	80,669,251	.349435	.349435
38	RECOVERY ROOM	4,387,414	.280932	.280932
40	ANESTHESIOLOGY	9,233,836	.079032	.079032
41	RADIOLOGY-DIAGNOSTIC	30,054,741	.248976	.248976
41 01	CAT SCAN	25,998,681	.062887	.062887
44	LABORATORY	31,307,331	.301109	.301109
49	RESPIRATORY THERAPY	8,005,634	.231074	.231074
50	PHYSICAL THERAPY	3,472,367	.691385	.691385
51	OCCUPATIONAL THERAPY	1,523,847	.408984	.408984
52	SPEECH PATHOLOGY	753,249	.475159	.475159
53	ELECTROCARDIOLOGY	22,182,493	.324357	.324357
54	ELECTROENCEPHALOGRAPHY	406,105	.665880	.665880
55	MEDICAL SUPPLIES CHARGED	692,868	.634912	.634912
56	DRUGS CHARGED TO PATIENTS	59,898,359	.152362	.152362
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	500,680	1.412259	1.412259
60 01	BASIC DIAGNOSTIC TESTING			
60 03	PSYCH OUTPATIENT			
60 04	WOUND CARE CLINIC	2,775,028	.501816	.501816
61	EMERGENCY	20,762,626	.426233	.426233
62	OBSERVATION BEDS (NON-DIS	2,896,898	1.032948	1.032948
63	OTHER OUTPATIENT SERVICES	3,655,812	.342966	.342966
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	309,177,220		
102	LESS OBSERVATION BEDS	2,896,898		
103	TOTAL	306,280,322		

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	28,188,669	2,084,801	26,103,868	208,480	1,514,024	26,466,165
38	RECOVERY ROOM	1,232,567	95,521	1,137,046	9,552	65,949	1,157,066
40	ANESTHESIOLOGY	729,764	44,307	685,457	4,431	39,757	685,576
41	RADIOLOGY-DIAGNOSTIC	7,482,909	1,238,563	6,244,346	123,856	362,172	6,996,881
41	01 CAT SCAN	1,634,983	388,039	1,246,944	38,804	72,323	1,523,856
44	LABORATORY	9,426,908	652,364	8,774,544	65,236	508,924	8,852,748
49	RESPIRATORY THERAPY	1,849,890	201,077	1,648,813	20,108	95,631	1,734,151
50	PHYSICAL THERAPY	2,400,741	248,149	2,152,592	24,815	124,850	2,251,076
51	OCCUPATIONAL THERAPY	623,229	31,418	591,811	3,142	34,325	585,762
52	SPEECH PATHOLOGY	357,913	18,700	339,213	1,870	19,674	336,369
53	ELECTROCARDIOLOGY	7,195,054	1,268,344	5,926,710	126,834	343,749	6,724,471
54	ELECTROENCEPHALOGRAPHY	270,417	49,705	220,712	4,971	12,801	252,645
55	MEDICAL SUPPLIES CHARGED	439,910	27,627	412,283	2,763	23,912	413,235
56	DRUGS CHARGED TO PATIENTS	9,126,255	472,243	8,654,012	47,224	501,933	8,577,098
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	707,090	77,394	629,696	7,739	36,522	662,829
60	01 BASIC DIAGNOSTIC TESTING						
60	03 PSYCH OUTPATIENT						
60	04 WOUND CARE CLINIC	1,392,553	114,092	1,278,461	11,409	74,151	1,306,993
61	EMERGENCY	8,849,722	698,320	8,151,402	69,832	472,781	8,307,109
62	OBSERVATION BEDS (NON-DIS	2,992,344	316,904	2,675,440	31,690	155,176	2,805,478
63	OTHER OUTPATIENT SERVICES	1,253,820	180,418	1,073,402	18,042	62,257	1,173,521
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	86,154,738	8,207,986	77,946,752	820,798	4,520,911	80,813,029
102	LESS OBSERVATION BEDS	2,992,344	316,904	2,675,440	31,690	155,176	2,805,478
103	TOTAL	83,162,394	7,891,082	75,271,312	789,108	4,365,735	78,007,551

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	80,669,251	.328082	.346851
38	RECOVERY ROOM	4,387,414	.263724	.278755
40	ANESTHESIOLOGY	9,233,836	.074246	.078552
41	RADIOLOGY-DIAGNOSTIC	30,054,741	.232805	.244855
41 01	CAT SCAN	25,998,681	.058613	.061395
44	LABORATORY	31,307,331	.282769	.299025
49	RESPIRATORY THERAPY	8,005,634	.216616	.228562
50	PHYSICAL THERAPY	3,472,367	.648283	.684238
51	OCCUPATIONAL THERAPY	1,523,847	.384397	.406922
52	SPEECH PATHOLOGY	753,249	.446558	.472676
53	ELECTROCARDIOLOGY	22,182,493	.303143	.318640
54	ELECTROENCEPHALOGRAPHY	406,105	.622117	.653639
55	MEDICAL SUPPLIES CHARGED	692,868	.596412	.630924
56	DRUGS CHARGED TO PATIENTS	59,898,359	.143194	.151574
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	500,680	1.323858	1.396802
60 01	BASIC DIAGNOSTIC TESTING			
60 03	PSYCH OUTPATIENT			
60 04	WOUND CARE CLINIC	2,775,028	.470984	.497705
61	EMERGENCY	20,762,626	.400099	.422870
62	OBSERVATION BEDS (NON-DIS	2,896,898	.968442	1.022008
63	OTHER OUTPATIENT SERVICES	3,655,812	.321001	.338031
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	309,177,220		
102	LESS OBSERVATION BEDS	2,896,898		
103	TOTAL	306,280,322		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	31,440	12,536			110.30	1,382,721
26	INTENSIVE CARE UNIT	6,738	2,046			109.51	224,057
31	SUBPROVIDER	2,916	1,743			109.32	190,545
33	NURSERY	4,274				40.30	
101	TOTAL	45,368	16,325				1,797,323

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

PROVIDER NO: 14-0127
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/22/2009
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		149,854		149,854	31,440	4.77
26	INTENSIVE CARE UNIT		172,970		172,970	6,738	25.67
31	SUBPROVIDER		22,584		22,584	2,916	7.74
33	NURSERY					4,274	
101	TOTAL		345,408		345,408	45,368	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	12,536	59,797
26	INTENSIVE CARE UNIT	2,046	52,521
31	SUBPROVIDER	1,743	13,491
33	NURSERY		
101	TOTAL	16,325	125,809

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
38	OPERATING ROOM			115,977							
40	RECOVERY ROOM										
41	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 CAT SCAN										
44	LABORATORY			4,118							
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY			12,355							
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 BASIC DIAGNOSTIC TESTING										
60	03 PSYCH OUTPATIENT										
60	04 WOUND CARE CLINIC										
61	EMERGENCY			224,266							
62	OBSERVATION BEDS (NON-DIS			13,693							
63	OTHER OUTPATIENT SERVICES										
63	OTHER REIMBURS COST CNTRS										
101	TOTAL			370,409							

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							
38	OPERATING ROOM	115,977	115,977	80,669,251	.001438	.001438	22,360,688	32,155
40	RECOVERY ROOM			4,387,414			863,092	
41	ANESTHESIOLOGY			9,233,836			2,166,158	
41	RADIOLOGY-DIAGNOSTIC			30,054,741			3,216,759	
41	01 CAT SCAN			25,998,681			2,857,927	
44	LABORATORY	4,118	4,118	31,307,331	.000132	.000132	6,754,235	892
49	RESPIRATORY THERAPY			8,005,634			3,819,518	
50	PHYSICAL THERAPY			3,472,367			854,107	
51	OCCUPATIONAL THERAPY			1,523,847			324,773	
52	SPEECH PATHOLOGY			753,249			149,312	
53	ELECTROCARDIOLOGY	12,355	12,355	22,182,493	.000557	.000557	5,283,241	2,943
54	ELECTROENCEPHALOGRAPHY			406,105			66,720	
55	MEDICAL SUPPLIES CHARGED			692,868			275,103	
56	DRUGS CHARGED TO PATIENTS			59,898,359			18,585,981	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			500,680				
60	01 BASIC DIAGNOSTIC TESTING							
60	03 PSYCH OUTPATIENT							
60	04 WOUND CARE CLINIC			2,775,028			89,460	
61	EMERGENCY	224,266	224,266	20,762,626	.010801	.010801	2,143,104	23,148
62	OBSERVATION BEDS (NON-DIS	13,693	13,693	2,896,898	.004727	.004727	140,522	664
63	OTHER OUTPATIENT SERVICES			3,655,812			53,518	
63	OTHER REIMBURS COST CNTRS							
101	TOTAL	370,409	370,409	309,177,220			70,004,218	59,802

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,374,919					
38	RECOVERY ROOM	281,626					
40	ANESTHESIOLOGY	629,210					
41	RADIOLOGY-DIAGNOSTIC	4,837,317					
41 01	CAT SCAN	4,436,563					
44	LABORATORY	1,174,475			155		
49	RESPIRATORY THERAPY	233,928					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,411,904			2,457		
54	ELECTROENCEPHALOGRAPHY	38,535					
55	MEDICAL SUPPLIES CHARGED	22,420					
56	DRUGS CHARGED TO PATIENTS	4,140,611					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	BASIC DIAGNOSTIC TESTING						
60 03	PSYCH OUTPATIENT						
60 04	WOUND CARE CLINIC	1,271,614					
61	EMERGENCY	2,410,343			26,034		
62	OBSERVATION BEDS (NON-DIS	1,123,097			5,309		
63	OTHER OUTPATIENT SERVICES	1,258,044					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	33,644,606			44,560		

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
				2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM			115,977			
40	RECOVERY ROOM						
41	ANESTHESIOLOGY						
41 01	RADIOLOGY-DIAGNOSTIC						
44	CAT SCAN						
49	LABORATORY			4,118			
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY			12,355			
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
60	DRUGS CHARGED TO PATIENTS						
60 01	OUTPAT SERVICE COST CNTRS						
60 03	CLINIC						
60 04	BASIC DIAGNOSTIC TESTING						
61	PSYCH OUTPATIENT						
62	WOUND CARE CLINIC						
63	EMERGENCY			224,266			
101	OBSERVATION BEDS (NON-DIS)			13,693			
	OTHER OUTPATIENT SERVICES						
	OTHER REIMBURS COST CNTRS						
	TOTAL			370,409			

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM	115,977	115,977	80,669,251	.001438	.001438	105,919	152
40	RECOVERY ROOM			4,387,414			1,280	
41	ANESTHESIOLOGY			9,233,836			7,322	
41	RADIOLOGY-DIAGNOSTIC			30,054,741			69,893	
41	01 CAT SCAN			25,998,681			46,595	
44	LABORATORY	4,118	4,118	31,307,331	.000132	.000132	149,303	20
49	RESPIRATORY THERAPY			8,005,634			71,568	
50	PHYSICAL THERAPY			3,472,367			431,098	
51	OCCUPATIONAL THERAPY			1,523,847			448,666	
52	SPEECH PATHOLOGY			753,249			152,452	
53	ELECTROCARDIOLOGY	12,355	12,355	22,182,493	.000557	.000557	7,027	4
54	ELECTROENCEPHALOGRAPHY			406,105			3,897	
55	MEDICAL SUPPLIES CHARGED			692,868			21,847	
56	DRUGS CHARGED TO PATIENTS			59,898,359			812,329	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			500,680				
60	01 BASIC DIAGNOSTIC TESTING							
60	03 PSYCH OUTPATIENT							
60	04 WOUND CARE CLINIC			2,775,028			6,266	
61	EMERGENCY	224,266	224,266	20,762,626	.010801	.010801	2,220	24
62	OBSERVATION BEDS (NON-DIS	13,693	13,693	2,896,898	.004727	.004727		
63	OTHER OUTPATIENT SERVICES			3,655,812				
63	OTHER REIMBURS COST CNTRS							
101	TOTAL	370,409	370,409	309,177,220			2,337,682	200

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CAT SCAN						
44	LABORATORY						
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						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	BASIC DIAGNOSTIC TESTING						
60 03	PSYCH OUTPATIENT						
60 04	WOUND CARE CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICES						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,873
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,041.54
85	OBSERVATION BED COST	2,992,344

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	32,746,084		2,992,344	
87	NEW CAPITAL-RELATED COST	3,467,986	.105905	2,992,344	316,904
88	NON PHYSICIAN ANESTHETIST	32,746,084		2,992,344	
89	MEDICAL EDUCATION	149,854	.004576	2,992,344	13,693
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	25,733,615	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	25,733,615	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,158,547	
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)	365,670	
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	112,318	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	59,802	
16 TOTAL	28,429,952	
17 PRIMARY PAYER PAYMENTS	10,151	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	28,419,801	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,361,132	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	80,479	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	398,627	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	279,039	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	361,864	
22 SUBTOTAL	26,257,229	
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	26,257,229	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	26,460,061	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-202,832	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

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		26,273,640		7,366,685
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	2/13/2009	186,421		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		186,421		NONE
4 TOTAL INTERIM PAYMENTS		26,460,061		7,366,685
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)		202,832		103,302
7 TOTAL MEDICARE PROGRAM LIABILITY		26,257,229		7,469,987

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		2,022,188
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0304
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		188,953
1.05	OUTLIER PAYMENTS		246,321
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		2,457,462
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		7.989041
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		2,457,462
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		2,457,462
7	DEDUCTIBLES		21,900
8	SUBTOTAL		2,435,562
9	COINSURANCE		512
10	SUBTOTAL		2,435,050
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		2,435,050
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		13,691
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,448,741
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,347,308
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	101,433
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		13.60
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03		13.60
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		10.54
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		10.54
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		1.92
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		8.63
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		10.55
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		10.55
3.10	SEE INSTRUCTIONS		
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		8.63
3.12	SEE INSTRUCTIONS		6.75
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		8.21
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	7.86
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		7.86
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		90,067.07
3.18	SEE INSTRUCTIONS		707,927
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		4.76
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		1.67
3.21	SEE INSTRUCTIONS	RES INIT YEARS	2.78
3.22	SEE INSTRUCTIONS		2.78
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		90,067.07
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		250,386
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		958,313

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		16,325
5	TOTAL INPATIENT DAYS		38,221
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.427121
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	409,316	409,316
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		2,565
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		38,221
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		55,225
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

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

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	36,836,266
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	10,151
16	TOTAL PART A REASONABLE COST	36,826,115

PART B REASONABLE COST

17	REASONABLE COST	9,957,919
18	PRIMARY PAYER PAYMENTS	734
19	TOTAL PART B REASONABLE COST	9,957,185
20	TOTAL REASONABLE COST	46,783,300
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.787164
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.212836

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	464,541
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	365,670
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	98,871

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		144,685,295		
2	NET INCOME (LOSS)		12,541,720		
3	TOTAL		157,227,015		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		157,227,015		
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		157,227,015		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
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	47,445,616		47,445,616
2 00 SUBPROVIDER	2,067,295		2,067,295
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	49,512,911		49,512,911
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	9,464,506		9,464,506
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	9,464,506		9,464,506
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	58,977,417		58,977,417
17 00 ANCILLARY SERVICES	157,631,775	151,221,156	308,852,931
18 00 OUTPATIENT SERVICES		156,676,557	676,713
19 00 OTHER HOME HEALTH SERVICES-HHA		2,149,373	2,149,373
23 00 HOSPICE		1,551,227	1,551,227
24 00 EUREKA		19,729,424	19,729,424
25 00 TOTAL PATIENT REVENUES	216,609,348	175,327,737	391,937,085

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		156,832,698	
ADD (SPECIFY)			
27 00 EUREKA TOTAL EXPENSE	8,359,868		
28 00 BAD DEBT	8,946,714		
29 00 EXP VARIANCE	2		
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		17,306,584	
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		174,139,282	

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2					4,230	4,230
3					8,241	8,241
4						
5						
	234,385		92,127		15,416	341,928
HHA REIMBURSABLE SERVICES						
6	706,328					706,328
7	307,253					307,253
8	22,913					22,913
9	11,494					11,494
10	5,260					5,260
11	27,851					27,851
12					28,216	28,216
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23			504	72,154		72,658
23.50						
24	1,315,484		92,631	72,154	56,103	1,536,372

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2		4,230		4,230
3		8,241		8,241
4				
5		341,928	-7,269	334,659
HHA REIMBURSABLE SERVICES				
6		706,328		706,328
7		307,253		307,253
8		22,913		22,913
9		11,494		11,494
10		5,260		5,260
11		27,851		27,851
12		28,216		28,216
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23		72,658		72,658
23.50				
24		1,536,372	-7,269	1,529,103

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			4,230				
3	4,230						
4	8,241						
5	334,659			8,241		342,900	342,900
HHA REIMBURSABLE SERVICES							
6	706,328		4,230			710,558	205,401
7	307,253					307,253	88,819
8	22,913					22,913	6,624
9	11,494					11,494	3,323
10	5,260					5,260	1,521
11	27,851					27,851	8,051
12	28,216					28,216	8,157
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23	72,658					72,658	21,004
23.50							
24	1,529,103		4,230	8,241		1,529,103	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6	915,959						
7	396,072						
8	29,537						
9	14,817						
10	6,781						
11	35,902						
12	36,373						
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23	93,662						
23.50							
24	1,529,103						

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 (ACCUMULATED COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX	5,280				
2	CAP-REL COST-MOV EQUIP		23			
3	PLANT OPER & MAINT			5,280		
4	TRANSPORTATION				100	
5	ADMINISTRATIVE & GENERAL	5,280		5,280	100	-342,900
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE		23			710,558
7	PHYSICAL THERAPY					307,253
8	OCCUPATIONAL THERAPY					22,913
9	SPEECH PATHOLOGY					11,494
10	MEDICAL SOCIAL SERVICES					5,260
11	HOME HEALTH AIDE					27,851
12	SUPPLIES					28,216
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					72,658
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)	5,280	23	5,280	100	-342,900
25	COST TO BE ALLOCATED		4,230	8,241		-180,293
26	UNIT COST MULTIPLIER		183.913043	1.560795		.289074

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-B&F SH 3.01	NEW CAP REL COSTS-MVBLE 4	NEW CAP REL COSTS-MME SH 4.01	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL		59,690	1,102	2,621		46,561
2 SKILLED NURSING CARE	915,959					140,311
3 PHYSICAL THERAPY	396,072					61,036
4 OCCUPATIONAL THERAPY	29,537					4,552
5 SPEECH PATHOLOGY	14,817					2,283
6 MEDICAL SOCIAL SERVICES	6,781					1,045
7 HOME HEALTH AIDE	35,902					5,533
8 SUPPLIES	36,373					
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	93,662					
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,529,103	59,690	1,102	2,621		261,321
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 5A	A & G BROMEN N & EUREKA S 6.01	SUBTOTAL 6A.01	INTEREST BRO MENN& EUREKA 6.02	SUBTOTAL 6A.02	A & G BROMEN N ONLY 6.03
1 ADMIN & GENERAL	109,974	27,654	137,628		137,628	5,709
2 SKILLED NURSING CARE	1,056,270	265,611	1,321,881		1,321,881	54,833
3 PHYSICAL THERAPY	457,108	114,944	572,052		572,052	23,729
4 OCCUPATIONAL THERAPY	34,089	8,572	42,661		42,661	1,770
5 SPEECH PATHOLOGY	17,100	4,300	21,400		21,400	888
6 MEDICAL SOCIAL SERVICES	7,826	1,968	9,794		9,794	406
7 HOME HEALTH AIDE	41,435	10,419	51,854		51,854	2,151
8 SUPPLIES	36,373	9,146	45,519		45,519	1,888
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	93,662	23,552	117,214		117,214	4,862
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,853,837	466,166	2,320,003		2,320,003	96,236
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	PLANT OPERATOR SHARED 8.01	OPERATION OF PLANT BROMENN 8.02	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL		100,771				
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)		100,771				
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	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY DIRECTOR SHARED 16.01	PHARMACY BROMENN ONLY 16.02	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
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		11,728				
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)		11,728				
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	RADIOLOGY DIRECTOR SHARE 19	LAB DIRECTOR SHARED 19.01	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	CLINICAL PASTORAL EDUCAT 24	EMS PROGRAM 24.01
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	SCHOOL OF RADIOGRAPHY 24.02	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		244,108		244,108		
2 SKILLED NURSING CARE		1,376,714		1,376,714	147,100	1,523,814
3 PHYSICAL THERAPY		595,781		595,781	63,658	659,439
4 OCCUPATIONAL THERAPY		44,431		44,431	4,747	49,178
5 SPEECH PATHOLOGY		22,288		22,288	2,381	24,669
6 MEDICAL SOCIAL SERVICES		10,200		10,200	1,090	11,290
7 HOME HEALTH AIDE		54,005		54,005	5,770	59,775
8 SUPPLIES		59,135		59,135	6,318	65,453
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		122,076		122,076	13,044	135,120
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		2,528,738		2,528,738	244,108	2,528,738
21 UNIT COST MULTIPLIER					0.106848	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-B&F SH (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-MME SH (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION
	3	3.01	4	4.01	5	6A.01
1 ADMIN & GENERAL	5,634	5,634	4,186		234,386	
2 SKILLED NURSING CARE					706,328	
3 PHYSICAL THERAPY					307,253	
4 OCCUPATIONAL THERAPY					22,913	
5 SPEECH PATHOLOGY					11,494	
6 MEDICAL SOCIAL SERVICES					5,260	
7 HOME HEALTH AIDE					27,851	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	5,634	5,634	4,186		1,315,485	
21 COST TO BE ALLOCATED	59,690	1,102	2,621		261,321	
22 UNIT COST MULTIPLIER	10.594604	0.195598	0.626135		0.198650	

HHA COST CENTER	A & G BROMENN & EUREKA S (ACCUM. COST)	RECONCILIATION	INTEREST BROMENN & EUREKA (ACCUM. COST)	RECONCILIATION	A & G BROMENN ONLY (ACCUM. COST)	PLANT OPERATOR SHARED (SQUARE FEET)
	6.01	6A.02	6.02	6A.03	6.03	8.01
1 ADMIN & GENERAL	109,974		137,628		137,628	
2 SKILLED NURSING CARE	1,056,270		1,321,881		1,321,881	
3 PHYSICAL THERAPY	457,108		572,052		572,052	
4 OCCUPATIONAL THERAPY	34,089		42,661		42,661	
5 SPEECH PATHOLOGY	17,100		21,400		21,400	
6 MEDICAL SOCIAL SERVICES	7,826		9,794		9,794	
7 HOME HEALTH AIDE	41,435		51,854		51,854	
8 SUPPLIES	36,373		45,519		45,519	
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	93,662		117,214		117,214	
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,853,837		2,320,003		2,320,003	
21 COST TO BE ALLOCATED	466,166				96,236	
22 UNIT COST MULTIPLIER	0.251460				0.041481	

HHA 1

HHA COST CENTER	OPERATION OF PLANT BROMENN (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (FTE'S)
	8.02	9	10	11	12	14
1 ADMIN & GENERAL	5,634					
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	5,634					
21 COST TO BE ALLOCATED	100,771					
22 UNIT COST MULTIPLIER	17.886226					

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES (COSTED REQUIREMENTS)	PHARMACY DIRECTOR SHARED (HOURS)	PHARMACY BROMENN ONLY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	RADIOLOGY DIRECTOR SHARE (HOURS)
	15	16.01	16.02	17	18	19
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	23,270					
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)	23,270					
21 COST TO BE ALLOCATED	11,728					
22 UNIT COST MULTIPLIER	0.503997					

HHA 1

	LAB DIRECTOR SHARED (HOURS	I&R SERVICES -SALARY & FR (ASSIGNED TIME	I&R SERVICES -OTHER PRGM (ASSIGNED TIME	CLINICAL PAS TORAL EDUCAT (ASSIGNED TIME	EMS PROGRAM (ASSIGNED TIME	SCHOOL OF RA DI OGRAPHY (ASSIGNED TIME
HHA COST CENTER	19.01	22	23	24	24.01	24.02
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

[] 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	1,523,814	2	1,523,814	7,275	209.46	2,057
2 PHYSICAL THERAPY	3	659,439		659,439	4,047	162.95	1,397
3 OCCUPATIONAL THERAPY	4	49,178		49,178	424	115.99	145
4 SPEECH PATHOLOGY	5	24,669		24,669	202	122.12	54
5 MEDICAL SOCIAL SERVICES	6	11,290		11,290	9	1,254.44	1
6 HOME HEALTH AIDE SERVICE	7	59,775		59,775	993	60.20	308
7 TOTAL		2,328,165		2,328,165	12,950		3,962

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	12
1 SKILLED NURSING	944		430,859	197,730		628,589
2 PHYSICAL THERAPY	540		227,641	87,993		315,634
3 OCCUPATIONAL THERAPY	34		16,819	3,944		20,763
4 SPEECH PATHOLOGY	46		6,594	5,618		12,212
5 MEDICAL SOCIAL SERVICES	2		1,254	2,509		3,763
6 HOME HEALTH AIDE SERVICES	207		18,542	12,461		31,003
7 TOTAL	1,773		701,709	310,255		1,011,964

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST	PROGRAM VISITS
						LIMITS	PART A
						5	6
8 SKILLED NURSING							
8.01 SKILLED NURSING							
8.02 SKILLED NURSING							
8.03 SKILLED NURSING							
9 PHYSICAL THERAPY							
9.01 PHYSICAL THERAPY							
9.02 PHYSICAL THERAPY							
9.03 PHYSICAL THERAPY							
10 OCCUPATIONAL THERAPY							
10.01 OCCUPATIONAL THERAPY							
10.02 OCCUPATIONAL THERAPY							
10.03 OCCUPATIONAL THERAPY							
11 SPEECH PATHOLOGY							
11.01 SPEECH PATHOLOGY							
11.02 SPEECH PATHOLOGY							
11.03 SPEECH PATHOLOGY							
12 MEDICAL SOCIAL SERVICES							
12.01 MEDICAL SOCIAL SERVICES							
12.02 MEDICAL SOCIAL SERVICES							
12.03 MEDICAL SOCIAL SERVICES							
13 HOME HEALTH AIDE SERVICE							
13.01 HOME HEALTH AIDE SERVICE							
13.02 HOME HEALTH AIDE SERVICE							
13.03 HOME HEALTH AIDE SERVICE							
14 TOTAL							

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	12
8 SKILLED NURSING						
8.01 SKILLED NURSING						
8.02 SKILLED NURSING						
8.03 SKILLED NURSING						
9 PHYSICAL THERAPY						
9.01 PHYSICAL THERAPY						
9.02 PHYSICAL THERAPY						
9.03 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
10.01 OCCUPATIONAL THERAPY						
10.02 OCCUPATIONAL THERAPY						
10.03 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						

PROVIDER NO:	PERIOD:	PREPARED 11/22/2009
14-0127	FROM 7/ 1/2008	WORKSHEET H-6
HHA NO:	TO 6/30/2009	PARTS I II & III
14-7111		HHA 1

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

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
	-----PART B-----		-----PART B-----			
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
11.01						
11.02						
11.03						
12						
12.01						
12.02						
12.03						
13						
13.01						
13.02						
13.03						
14						
	7	8	9	10	11	12

[] 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	65,453	4,851	70,304	10,165	6.916281	6,321
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		-----COST OF SERVICES-----		
	-----PART B-----		-----PART B-----		
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
15 COST OF MEDICAL SUPPLIES		3,844	43,718	26,586	
16 COST OF DRUGS					
16.20 COST OF DRUGS					

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.691385			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.408984			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.475159			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.634912	7,640	4,851	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.152362			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 VISITS		PROGRAM COSTS		PROG VISITS ON OR AFTER
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998			
	1	2	2.01	3	3.01	4	5		
1 PHYSICAL THERAPY	2	162.95							
2 OCCUPATIONAL THERAPY	3	115.99							
3 SPEECH PATHOLOGY	4	122.12							
4 TOTAL (SUM OF LINES 1-3)									

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/1/2008	11/22/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K
14-1567		

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	114,739		10,425	20,658
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	194,802		17,699	1,302
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY	51,879			
14 MEDICAL SOCIAL SERVICES			4,713	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER	17,058			
18 HOME HEALTH AIDE AND HOMEMAKER			1,550	
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)	378,478		34,387	21,960

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/ 1/2008	11/22/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K
14-1567		

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	19,067	164,889		164,889
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	9,600	9,600		9,600
10 NURSING CARE		213,803		213,803
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY		51,879		51,879
14 MEDICAL SOCIAL SERVICES		4,713		4,713
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER		17,058		17,058
18 HOME HEALTH AIDE AND HOME MAKER		1,550		1,550
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	107,806	107,806		107,806
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	71,069	71,069		71,069
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)	207,542	642,367		642,367

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 11/22/2009
14-0127	FROM 7/ 1/2008	WORKSHEET K
HOSPICE NO:	TO 6/30/2009	
14-1567		

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	-18,295	146,594
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		9,600
10 NURSING CARE		213,803
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		51,879
14 MEDICAL SOCIAL SERVICES		4,713
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		17,058
18 HOME HEALTH AIDE AND HOME MAKER		1,550
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		107,806
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		71,069
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)	-18,295	624,072

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/1/2008	11/22/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-1
14-1567		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY	51,879	
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	BEREAVEMENT PROGRAM COSTS		
40	VOLUNTEER PROGRAM COSTS		
41	FUNDRAISING		
42	OTHER PROGRAM COSTS		
43	TOTAL (SUM OF LINES 1 THRU 33)	51,879	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/1/2008	11/22/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-1
14-1567		

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				114,739
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	194,802			
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			17,058	
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)	194,802		17,058	114,739

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 11/22/2009
14-0127	FROM 7/ 1/2008	WORKSHEET K-1
HOSPICE NO:	TO 6/30/2009	
14-1567		

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	114,739
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	194,802
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	51,879
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	17,058
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)	378,478

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/ 1/2008	11/22/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-3
14-1567		

HOSPICE 1

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/ 1/2008	11/22/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-3
14-1567		

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				20,658
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				1,302
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)				21,960

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 11/22/2009
14-0127	FROM 7/ 1/2008	WORKSHEET K-3
HOSPICE NO:	TO 6/30/2009	
14-1567		

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	20,658
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	1,302
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)	21,960

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

COST ALLOCATION -	PROVIDER NO:	PERIOD:	PREPARED 11/22/2009
HOSPICE GENERAL SERVICE COST	14-0127	FROM 7/ 1/2008	WORKSHEET K-4
	HOSPICE NO:	TO 6/30/2009	PART I
	14-1567		

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	146,594			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	9,600			
10 NURSING CARE	213,803			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY	51,879			
14 MEDICAL SOCIAL SERVICES	4,713			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER	17,058			
18 HOME HEALTH AIDE AND HOMEMAKER	1,550			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	107,806			
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	71,069			
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)	624,072			

COST ALLOCATION -	PROVIDER NO:	PERIOD:	PREPARED 11/22/2009
HOSPICE GENERAL SERVICE COST	14-0127	FROM 7/ 1/2008	WORKSHEET K-4
	HOSPICE NO:	TO 6/30/2009	PART I
	14-1567		

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL			146,594	146,594
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES			9,600	2,947
10 NURSING CARE			213,803	65,642
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY			51,879	15,928
14 MEDICAL SOCIAL SERVICES			4,713	1,447
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER			17,058	5,237
18 HOME HEALTH AIDE AND HOME MAKER			1,550	476
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY			107,806	33,098
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			71,069	21,819
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)			477,478	146,594

COST ALLOCATION -		PROVIDER NO:		PERIOD:		PREPARED 11/22/2009
HOSPICE GENERAL SERVICE COST		14-0127		FROM 7/ 1/2008		WORKSHEET K-4
		HOSPICE NO:		TO 6/30/2009		PART I
		14-1567				

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	12,547
13	NURSING CARE	279,445
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	67,807
18	MEDICAL SOCIAL SERVICES	6,160
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	22,295
22	HOME HEALTH AIDE AND HOMEMAKER	2,026
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	140,904
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	92,888
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	624,072

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/ 1/2008	11/22/2009
HOSPICE NO:	TO 6/30/2009	WORKSHEET K-4
14-1567		PART 11

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.		100		
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL		100		
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39				
40				
41				
42 FUNDRAISING				
43 OTHER PROGRAM COSTS				
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)				
45 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

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		-146,594	477,478
8 INPATIENT - GENERAL CARE			
9 INPATIENT - RESPIRE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			9,600
12 NURSING CARE			213,803
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			51,879
17 MEDICAL SOCIAL SERVICES			4,713
18 SPIRITUAL COUNSELING			
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			17,058
21 HOME HEALTH AIDE AND HOMEMAKER			1,550
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			107,806
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			
30 PATIENT TRANSPORTATION			
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			
33 MEDICAL SUPPLIES			71,069
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			146,594
45 UNIT COST MULTIPLIER	.000000		.307017

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-B&F SHARED A&G	NEW CAP REL COSTS-MVBLE EQUIP
		0	3	3.01	4
1.00 ADMINISTRATIVE AND GENERAL	6				17,253
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9	12,547			
5.00 NURSING CARE	10	279,445			
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	67,807			
9.00 MEDICAL SOCIAL SERVICES	14	6,160			
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17	22,295			
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	2,026			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	140,904			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	92,888			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		624,072			17,253
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MME SHARED A&G	EMPLOYEE BENEFITS	SUBTOTAL	A & G BROMENN & EUREKA SHARED
	4.01	5	5A	6.01
1.00 ADMINISTRATIVE AND GENERAL				10,070
2.00 INPATIENT - GENERAL CARE		22,793	40,046	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			12,547	3,155
5.00 NURSING CARE		38,697	318,142	79,999
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY			67,807	17,051
9.00 MEDICAL SOCIAL SERVICES		10,306	16,466	4,141
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER			22,295	5,606
13.00 HOME HEALTH AIDE AND HOMEMAKER		3,389	5,415	1,362
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			140,904	35,432
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			92,888	23,358
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)		75,185	716,510	180,174
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	11	12	14	15
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				12,161
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)				12,161
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	PHARMACY DIRECTOR SHARED	PHARMACY BROMENN ONLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	16.01	16.02	17	18
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		51,666		
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)		51,666		
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	RADIOLOGY DIRECTOR SHARED	LAB DIRECTOR SHARED	I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD
	19	19.01	22	23
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	CLINICAL PASTORAL EDUCATION	EMS PROGRAM	SCHOOL OF RADIOGRAPHY	SUBTOTAL
	24	24.01	24.02	25
1.00 ADMINISTRATIVE AND GENERAL				52,195
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				16,353
5.00 NURSING CARE				414,656
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				88,378
9.00 MEDICAL SOCIAL SERVICES				21,462
10.00 SPIRITUAL COUNSELING	68,285			68,285
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				29,058
13.00 HOME HEALTH AIDE AND HOMEMAKER				7,058
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				235,317
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				133,229
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)	68,285			1,065,991
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-B&F SHARED A&G (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	NEW CAP REL COSTS-MME SHARED A&G (DOLLAR VALUE)
	3	3.01	4	4.01
1.00 ADMINISTRATIVE AND GENERAL			27,551	
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)			27,551	
30.00 TOTAL COST TO BE ALLOCATED			17,253	
31.00 UNIT COST MULTIPLIER	.000000	.000000	.626220	.000000

HOSPICE COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A.01	A & G BROMENN & EUREKA SHARED (ACCUMULATED COST) 6.01	RECONCILIATION 6A.02
1.00 ADMINISTRATIVE AND GENERAL	114,740		40,046	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			12,547	
5.00 NURSING CARE	194,802		318,142	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY			67,807	
9.00 MEDICAL SOCIAL SERVICES	51,879		16,466	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER			22,295	
13.00 HOME HEALTH AIDE AND HOMEMAKER	17,058		5,415	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			140,904	
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			92,888	
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	EMPLOYEE BENEFITS	RECONCILIATION	A & G BROMENN & EUREKA SHARED	RECONCILIATION
	5	6A.01	6.01	6A.02
29.00 TOTAL (SUM OF LINE 1 THRU 28)	378,479		716,510	
30.00 TOTAL COST TO BE ALLOCATED	75,185		180,174	
31.00 UNIT COST MULTIPLIER	.198650		.251461	

HOSPICE COST CENTER	INTEREST BROMENN& EUREKA SHARED (ACCUMULATED COST)	RECONCILIATION	A & G BROMENN ONLY (ACCUMULATED COST)	PLANT OP DIRECTOR SHARED (SQUARE FEET)
	6.02	6A.03	6.03	8.01
1.00 ADMINISTRATIVE AND GENERAL	50,116		50,116	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	15,702		15,702	
5.00 NURSING CARE	398,141		398,141	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY	84,858		84,858	
9.00 MEDICAL SOCIAL SERVICES	20,607		20,607	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER	27,901		27,901	
13.00 HOME HEALTH AIDE AND HOMEMAKER	6,777		6,777	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	176,336		176,336	
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.)	116,246		116,246	
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	896,684		896,684	
30.00 TOTAL COST TO BE ALLOCATED			37,195	
31.00 UNIT COST MULTIPLIER	.000000		.041481	.000000

HOSPICE 1

HOSPICE COST CENTER	OPERATION OF PLANT BROMENN (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)
	8.02	9	10	11
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	CAFETERIA (FTE' S)	NURSING ADMINISTRATION (FTE' S)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY DIRECTOR SHARED (HOURS)
	12	14	15	16.01
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				

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HOSPICE 1

HOSPICE COST CENTER	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY DIRECTOR SHARED
	12	14	15	16.01
29.00 TOTAL (SUM OF LINE 1 THRU 28)			24,128	
30.00 TOTAL COST TO BE ALLOCATED			12,161	
31.00 UNIT COST MULTIPLIER	.000000	.000000	.504020	.000000

HOSPICE COST CENTER	PHARMACY BROMENN ONLY (COSTED REQUISITIONS) 16.02	MEDICAL RECORDS & LIBRARY (TIME SPENT) 17	SOCIAL SERVICE (TIME SPENT) 18	RADIOLOGY DIRECTOR SHARED (HOURS) 19
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	90,377			
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)	90,377			
30.00 TOTAL COST TO BE ALLOCATED	51,666			
31.00 UNIT COST MULTIPLIER	.571672	.000000	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	LAB DIRECTOR SHARED (HOURS)	I & R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME)	I & R SERVICES-OTHER PRGM COSTS APPRVD (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)
	19.01	22	23	24
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				514
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)				514
30.00 TOTAL COST TO BE ALLOCATED				68,285
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	132.850195

HOSPICE COST CENTER	EMS PROGRAM (ASSIGNED TIME)	SCHOOL OF RADIOGRAPHY (ASSIGNED TIME)
	24.01	24.02

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

HOSPICE 1

EMS PROGRAM	SCHOOL OF RADIOGRAPHY
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HOSPICE COST CENTER

24.01	24.02
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29.00 TOTAL (SUM OF LINE 1 THRU 28)

30.00 TOTAL COST TO BE ALLOCATED

31.00 UNIT COST MULTIPLIER

.000000	.000000
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HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCI LLARY COSTS 3
1	PHYSICAL THERAPY	50	.691385	
2	OCCUPATIONAL THERAPY	51	.408984	
3	SPEECH PATHOLOGY	52	.475159	
4	DRUGS CHARGED TO PATIENTS	56	.152362	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.301109	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.634912	
8	EMERGENCY	61	.426233	
9	RADIOLOGY-DIAGNOSTIC	41	.248976	
9.01	CAT SCAN	41.01	.062887	
10	OTHER ANCI LLARY (SPECIFY)	59		
11	TOTAL (SUM OF LINES 1-10)			

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,886,729
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	138,238
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	98.02
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	11.14
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	3.26
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	61,507
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	4.51
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	14.01
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	18.52
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.82
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	72,073
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,158,547
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)	

