

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		14-0135		FROM 10/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/22/2010 TIME 11:11

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:
 DECATUR MEMORIAL HOSPITAL 14-0135
 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2008 AND ENDING 9/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	513,275	78,484	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	513,275	78,484	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.

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.

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

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 1/ 4/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0135
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/22/2010
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	227	82,855			19,902		5,567
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	227	82,855			19,902		5,567
6 INTENSIVE CARE UNIT	22	8,030			3,056		804
7 CORONARY CARE UNIT	30	10,950			2,994		798
11 NURSERY							414
12 TOTAL	279	101,835			25,952		7,583
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	39	14,235			4,468		
17 OTHER LONG TERM CARE	16	5,840					
18 HOME HEALTH AGENCY					14,884		1,383
21 HOSPICE					7,436		11
25 TOTAL	334						
26 OBSERVATION BED DAYS							686
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	/ TRIPS / TOTAL ADMITTED 6.01	----- OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			33,882	6.01	6.02	7	8
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			33,882				
6 INTENSIVE CARE UNIT			4,930				
7 CORONARY CARE UNIT			4,893				
11 NURSERY			2,540				
12 TOTAL			46,245			12.50	
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			4,952				
17 OTHER LONG TERM CARE			3,434				
18 HOME HEALTH AGENCY			23,057				
21 HOSPICE			8,744				
25 TOTAL						12.50	
26 OBSERVATION BED DAYS	38	648	2,919	116	2,803		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			530				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	----- DISCHARGES TITLE V 12	----- DISCHARGES TITLE XVIII 13	----- DISCHARGES TITLE XIX 14	----- TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS			11	12	13	14	15
2 HMO					6,004	2,023	12,735
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
11 NURSERY							
12 TOTAL	12.50	1,808.50			6,004	2,023	12,735
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		24.80					
17 OTHER LONG TERM CARE		5.70					19
18 HOME HEALTH AGENCY		38.00					
21 HOSPICE		10.20					
25 TOTAL	12.50	1,887.20					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/22/2010
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	105,546,314		105,546,314	3,925,376.00	26.89	
2 NON-PHYSICIAN ANESTHETIST PART A		4,514,499	4,514,499	57,228.00	78.89	
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	263,846		263,846	1,878.00	140.49	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		702,978	702,978	29,744.00	23.63	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	929,102		929,102	51,584.00	18.01	
8.01 EXCLUDED AREA SALARIES	39,212,695	-1,459,988	37,752,707	901,670.00	41.87	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	304,250		304,250	1,673.00	181.86	
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)	19,974,440		19,974,440			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,381,701		3,381,701			CMS 339
16 NON-PHYS ANESTHETIST PART A	548,659		548,659			CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	27,237		27,237			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	109,000		109,000			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	747,330		747,330	26,832.00	27.85	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	9,873,981	-240,771	9,633,210	418,032.00	23.04	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,249,519		1,249,519	74,672.00	16.73	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,552,925		1,552,925	152,464.00	10.19	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,064,196	-1,609,650	454,546	35,222.00	12.91	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		1,609,650	1,609,650	125,146.00	12.86	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	452,679	240,771	693,450	26,464.00	26.20	
31 CENTRAL SERVICE AND SUPPLY	681,897		681,897	42,848.00	15.91	
32 PHARMACY	1,666,636		1,666,636	53,248.00	31.30	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,953,010		1,953,010	114,608.00	17.04	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	105,546,314	-5,217,477	100,328,837	3,838,404.00	26.14	
2 EXCLUDED AREA SALARIES	40,141,797	-1,459,988	38,681,809	953,254.00	40.58	
3 SUBTOTAL SALARIES	65,404,517	-3,757,489	61,647,028	2,885,150.00	21.37	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	304,250		304,250	1,673.00	181.86	
5 SUBTOTAL WAGE-RELATED COSTS	20,001,677		20,001,677		32.45	
6 TOTAL	85,710,444	-3,757,489	81,952,955	2,886,823.00	28.39	
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	20,242,173		20,242,173	1,069,536.00	18.93	

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,146	235	1,113
2 UNDUPLICATED CENSUS COUNT		793.00	70.00	306.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	3,494			
2 UNDUPLICATED CENSUS COUNT	1,169.00			

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	12.15		12.15
6 DIRECTING NURSING SERVICE	16.28		16.28
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	5.40		5.40
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	1.01		1.01
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.10		.10
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	1.53		1.53
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.68		1.68
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		19500	

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

	FULL EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	6,894	477	226	83
22 SKILLED NURSING VISIT CHARGES	1,326,276	76,990	52,960	16,930
23 PHYSICAL THERAPY VISITS	4,233	20	66	59
24 PHYSICAL THERAPY VISIT CHARGES	674,733	3,130	10,560	9,370
25 OCCUPATIONAL THERAPY VISITS	1,297	11	8	24
26 OCCUPATIONAL THERAPY VISIT CHARGES	206,577	1,680	1,280	3,770
27 SPEECH PATHOLOGY VISITS	95	0	3	0
28 SPEECH PATHOLOGY VISIT CHARGES	15,200	0	480	0
29 MEDICAL SOCIAL SERVICE VISITS	66	1	0	2
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	12,460	180	0	380
31 HOME HEALTH AIDE VISITS	1,272	25	0	22
32 HOME HEALTH AIDE VISIT CHARGES	107,336	2,000	0	1,827
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	13,857	534	303	190
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	2,342,582	83,980	65,280	32,277
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	858	0	106	15
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	8	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	42,209	2,301	10,979	425

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	7,680
22 SKILLED NURSING VISIT CHARGES	0	0	1,473,156
23 PHYSICAL THERAPY VISITS	0	0	4,378
24 PHYSICAL THERAPY VISIT CHARGES	0	0	697,793
25 OCCUPATIONAL THERAPY VISITS	0	0	1,340
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	213,307
27 SPEECH PATHOLOGY VISITS	0	0	98
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	15,680
29 MEDICAL SOCIAL SERVICE VISITS	0	0	69
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	13,020
31 HOME HEALTH AIDE VISITS	0	0	1,319
32 HOME HEALTH AIDE VISIT CHARGES	0	0	111,163
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	14,884
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	2,524,119
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	979
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	8
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	55,914

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0135
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/22/2010
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB		16				
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC						
5	RVB		4				
6	RVA		7				
6.01	RVX						
6.02	RVL		12				
7	RHC		171				
8	RHB		932				
9	RHA		334				
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB		32				
12	RMA		74				
12.01	RMX		390				
12.02	RML		2,469				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		2				
16	SE2		9				
17	SE1		4				
18	SSC						
19	SSB						
20	SSA		3				
21	CC2						
22	CC1		3				
23	CB2						
24	CB1		6				
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		4,468				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.8335
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : 19500

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0135
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/22/2010
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.8335
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : 19500

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET S-9
14-1517		

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	7,311	821		
3 INPATIENT RESPIRE CARE	1			
4 GENERAL INPATIENT CARE	337	15		
5 TOTAL HOSPICE DAYS	7,649	836		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	15	8,147
3 INPATIENT RESPIRE CARE		1
4 GENERAL INPATIENT CARE		352
5 TOTAL HOSPICE DAYS	15	8,500

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	254	17		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	30.11	49.18		
9 UNDUPLICATED CENSUS COUNT	249	17		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	35	306
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	.43	27.78
9 UNDUPLICATED CENSUS COUNT	34	300

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
	TO 9/30/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	14,005,199
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	5,068,211
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	19,073,410
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)	.225236
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)	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
	TO 9/30/2009	WORKSHEET S-10

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	87,035,171
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	19,603,454
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	34,493,467
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	7,769,171
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	19,603,454

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT		31,019,394	31,019,394	-30,607,451	411,943
2	0200	OLD CAP REL COSTS-MVBLE EQUIP				22,598	22,598
3	0300	NEW CAP REL COSTS-BLDG & FIXT				8,560,584	8,560,584
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				15,572,182	15,572,182
5	0500	EMPLOYEE BENEFITS	747,330	17,546,275	18,293,605		18,293,605
6	0600	ADMINISTRATIVE & GENERAL	9,873,981	13,322,831	23,196,812	6,201,976	29,398,788
8	0800	OPERATION OF PLANT	1,249,519	7,234,640	8,484,159		8,484,159
9	0900	LAUNDRY & LINEN SERVICE		1,117,723	1,117,723		1,117,723
10	1000	HOUSEKEEPING	1,552,925	907,967	2,460,892		2,460,892
11	1100	DIETARY	2,064,196	1,793,688	3,857,884	-3,008,359	849,525
12	1200	CAFETERIA		2,695	2,695	3,008,359	3,011,054
14	1400	NURSING ADMINISTRATION	452,679	48,378	501,057	240,771	741,828
15	1500	CENTRAL SERVICES & SUPPLY	681,897	5,243,176	5,925,073	-3,867,165	2,057,908
16	1600	PHARMACY	1,666,636	8,573,078	10,239,714	-7,679,668	2,560,046
17	1700	MEDICAL RECORDS & LIBRARY	1,953,010	351,398	2,304,408		2,304,408
20	2000	NONPHYSICIAN ANESTHETISTS				4,514,499	4,514,499
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD				702,978	702,978
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD				965,498	965,498
24	2400	PARAMED PRGM	369,737	64,282	434,019		434,019
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	9,211,345	1,061,948	10,273,293	-84,161	10,189,132
26	2600	INTENSIVE CARE UNIT	2,096,279	248,233	2,344,512		2,344,512
27	2700	CORONARY CARE UNIT	2,064,415	219,687	2,284,102	62,500	2,346,602
33	3300	NURSERY	37,519	257,661	295,180		295,180
34	3400	SKILLED NURSING FACILITY	929,102	100,555	1,029,657	27,200	1,056,857
36	3600	OTHER LONG TERM CARE	203,581	16,872	220,453		220,453
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	4,072,681	13,984,142	18,056,823		18,056,823
37.01	3701	ORTHO MEDICAL	145,964	98,585	244,549		244,549
38	3800	RECOVERY ROOM	759,575	70,335	829,910		829,910
39	3900	DELIVERY ROOM & LABOR ROOM		39,065	39,065	175,411	214,476
40	4000	ANESTHESIOLOGY	4,709,175	856,562	5,565,737	-4,514,499	1,051,238
41	4100	RADIOLOGY-DIAGNOSTIC	5,956,848	8,319,409	14,276,257		14,276,257
42	4200	RADIOLOGY-THERAPEUTIC	1,028,866	701,942	1,730,808		1,730,808
44	4400	LABORATORY	3,217,753	3,908,272	7,126,025		7,126,025
49	4900	RESPIRATORY THERAPY	880,483	248,409	1,128,892		1,128,892
50	5000	PHYSICAL THERAPY	2,386,217	609,306	2,995,523	1,255,656	4,251,179
51	5100	OCCUPATIONAL THERAPY	577,368	113,021	690,389		690,389
52	5200	SPEECH PATHOLOGY	244,188	36,274	280,462		280,462
53	5300	ELECTROCARDIOLOGY	1,542,803	659,751	2,202,554		2,202,554
53.01	5301	CATH LAB	856,083	4,473,340	5,329,423		5,329,423
53.02	5302	NEUROPSYCH REHAB	2,726	9,617	12,343	-12,343	
54	5400	ELECTROENCEPHALOGRAPHY	604,203	81,741	685,944		685,944
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				3,867,165	3,867,165
56	5600	DRUGS CHARGED TO PATIENTS				7,679,668	7,679,668
58	5800	ASC (NON-DISTINCT PART)	1,792,977	257,652	2,050,629		2,050,629
59	3020	RENAL DIALYSIS	345,466	135,295	480,761	50,000	530,761
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	152,112	179,607	331,719		331,719
61	6100	EMERGENCY	2,276,079	1,700,624	3,976,703		3,976,703
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
62.01	6201	OBSERVATION BEDS (DISTINCT PART)	201,219	36,547	237,766		237,766
		OTHER REIMBURS COST CNTRS					
71	7100	HOME HEALTH AGENCY	2,090,614	504,881	2,595,495	-15,201	2,580,294
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
90	9000	OTHER CAPITAL RELATED COSTS					
93	9300	HOSPICE	523,797	447,690	971,487	-2,659	968,828
95		SUBTOTALS	69,521,348	126,602,548	196,123,896	3,115,539	199,239,435
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,785	303,081	306,866		306,866
96.01	9601	SIU CLINIC	702,978	1,029,374	1,732,352	-1,668,476	63,876
96.02	9602	WOMEN'S CENTER	67,404	72,443	139,847		139,847
97	9700	RESEARCH	580,154	228,524	808,678		808,678
98	9800	PHYSICIANS' PRIVATE OFFICES					
98.01	9801	NON HOSPITAL PHARMACIES	311,792	3,710,195	4,021,987		4,021,987
98.02	9802	RENTAL PROPERTY		3	3		3
98.03	9803	DECATUR DIGESTIVE CENTER	361,595	36,528	398,123		398,123
98.04	9804	DMH MEDICAL EQUIPMENT	513,547	1,217,444	1,730,991		1,730,991
98.05	9805	PULMONARY EXTENDED CARE	124	5,842	5,966		5,966
98.06	9806	SHORE		28,063	28,063		28,063
98.07	9807	PHYSICIAN RECRUITMENT	167,406	773,506	940,912		940,912
98.08	9808	PHYSICIAN PRACTICES	29,857,204	10,270,771	40,127,975	-203,750	39,924,225
98.09	9809	CCOP FISCAL INTERMEDIARY	126,521	1,481,453	1,607,974		1,607,974
98.10	9810	ELDERLY SERVICES	247,409	164,884	412,293		412,293
98.11	9811	OPTION CARE					
98.12	9812	CENTRAL ILLINOIS SURGERY CENTER	233,696	12,426	246,122		246,122
98.13	9813	REAL ESTATE MANAGEMENT	124,403	242,042	366,445		366,445
98.14	9814	CORPORATE HEALTH	2,003,353	1,957,104	3,960,457		3,960,457
98.16	9816	CANCER CARE INSTITUTE	134,997	92,500	227,497		227,497
98.17	9817	INTEGRATED CENTER	588,598	711,979	1,300,577	-1,243,313	57,264
98.18	9818	SIU					
101		TOTAL	105,546,314	148,940,710	254,487,024	-0-	254,487,024

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0135
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/22/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		411,943
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		22,598
3	0300 NEW CAP REL COSTS-BLDG & FIXT		8,560,584
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		15,572,182
5	0500 EMPLOYEE BENEFITS	-5,438,776	12,854,829
6	0600 ADMINISTRATIVE & GENERAL	-1,707,883	27,690,905
8	0800 OPERATION OF PLANT	-1,945	8,482,214
9	0900 LAUNDRY & LINEN SERVICE	-1,755	1,115,968
10	1000 HOUSEKEEPING		2,460,892
11	1100 DIETARY	-60,394	789,131
12	1200 CAFETERIA	-1,552,659	1,458,395
14	1400 NURSING ADMINISTRATION	-837	740,991
15	1500 CENTRAL SERVICES & SUPPLY		2,057,908
16	1600 PHARMACY		2,560,046
17	1700 MEDICAL RECORDS & LIBRARY	-88,029	2,216,379
20	2000 NONPHYSICIAN ANESTHETISTS	-4,514,499	
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		702,978
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		965,498
24	2400 PARAMED ED PRGM	-7,983	426,036
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-35,359	10,153,773
26	2600 INTENSIVE CARE UNIT		2,344,512
27	2700 CORONARY CARE UNIT	-43,237	2,303,365
33	3300 NURSERY	-204,333	90,847
34	3400 SKILLED NURSING FACILITY	-50	1,056,807
36	3600 OTHER LONG TERM CARE		220,453
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-329,630	17,727,193
37.01	3701 ORTHO MEDICAL		244,549
38	3800 RECOVERY ROOM		829,910
39	3900 DELIVERY ROOM & LABOR ROOM		214,476
40	4000 ANESTHESIOLOGY	-476,657	574,581
41	4100 RADIOLOGY-DIAGNOSTIC	-103,217	14,173,040
42	4200 RADIOLOGY-THERAPEUTIC	-2,806	1,728,002
44	4400 LABORATORY	-5,399	7,120,626
49	4900 RESPIRATORY THERAPY	-169,598	959,294
50	5000 PHYSICAL THERAPY	-10,770	4,240,409
51	5100 OCCUPATIONAL THERAPY		690,389
52	5200 SPEECH PATHOLOGY		280,462
53	5300 ELECTROCARDIOLOGY		2,202,554
53.01	5301 CATH LAB		5,329,423
53.02	5302 NEUROPSYCH REHAB		
54	5400 ELECTROENCEPHALOGRAPHY	-36,981	648,963
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-438,819	3,428,346
56	5600 DRUGS CHARGED TO PATIENTS		7,679,668
58	5800 ASC (NON-DISTINCT PART)		2,050,629
59	3020 RENAL DIALYSIS	-26,800	503,961
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		331,719
61	6100 EMERGENCY	-1,199,707	2,776,996
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
62.01	6201 OBSERVATION BEDS (DISTINCT PART)		237,766
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-24,432	2,555,862
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE	-50,926	917,902
95	SUBTOTALS	-16,533,481	182,705,954
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		306,866
96.01	9601 SIU CLINIC		63,876
96.02	9602 WOMEN'S CENTER		139,847
97	9700 RESEARCH		808,678
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 NON HOSPITAL PHARMACIES		4,021,987
98.02	9802 RENTAL PROPERTY		3
98.03	9803 DECATUR DIGESTIVE CENTER		398,123
98.04	9804 DMH MEDICAL EQUIPMENT		1,730,991
98.05	9805 PULMONARY EXTENDED CARE		5,966
98.06	9806 SHORE		28,063
98.07	9807 PHYSICIAN RECRUITMENT		940,912
98.08	9808 PHYSICIAN PRACTICES		39,924,225
98.09	9809 CCOP FISCAL INTERMEDIARY		1,607,974
98.10	9810 ELDERLY SERVICES		412,293
98.11	9811 OPTION CARE		
98.12	9812 CENTRAL ILLINOIS SURGERY CENTER		246,122
98.13	9813 REAL ESTATE MANAGEMENT		366,445
98.14	9814 CORPORATE HEALTH		3,960,457
98.16	9816 CANCER CARE INSTITUTE		227,497
98.17	9817 INTEGRATED CENTER		57,264
98.18	9818 SIU		
101	TOTAL	-16,533,481	237,953,543

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/22/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
20	NONPHYSICIAN ANESTHETISTS	2000	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	ORTHO MEDICAL	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CATH LAB	5301	ELECTROCARDIOLOGY
53.02	NEUROPSYCH REHAB	5302	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
59	RENAL DIALYSIS	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
62.01	OBSERVATION BEDS (DISTINCT PART)	6201	OBSERVATION BEDS (NON-DISTINCT PART)
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	SIU CLINIC	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	WOMEN'S CENTER	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	NON HOSPITAL PHARMACIES	9801	PHYSICIANS' PRIVATE OFFICES
98.02	RENTAL PROPERTY	9802	PHYSICIANS' PRIVATE OFFICES
98.03	DECATUR DIGESTIVE CENTER	9803	PHYSICIANS' PRIVATE OFFICES
98.04	DMH MEDICAL EQUIPMENT	9804	PHYSICIANS' PRIVATE OFFICES
98.05	PULMONARY EXTENDED CARE	9805	PHYSICIANS' PRIVATE OFFICES
98.06	SHORE	9806	PHYSICIANS' PRIVATE OFFICES
98.07	PHYSICIAN RECRUITMENT	9807	PHYSICIANS' PRIVATE OFFICES
98.08	PHYSICIAN PRACTICES	9808	PHYSICIANS' PRIVATE OFFICES
98.09	CCOP FISCAL INTERMEDIARY	9809	PHYSICIANS' PRIVATE OFFICES
98.10	ELDERLY SERVICES	9810	PHYSICIANS' PRIVATE OFFICES
98.11	OPTI ON CARE	9811	PHYSICIANS' PRIVATE OFFICES
98.12	CENTRAL ILLINOIS SURGERY CENTER	9812	PHYSICIANS' PRIVATE OFFICES
98.13	REAL ESTATE MANAGEMENT	9813	PHYSICIANS' PRIVATE OFFICES
98.14	CORPORATE HEALTH	9814	PHYSICIANS' PRIVATE OFFICES
98.16	CANCER CARE INSTITUTE	9816	PHYSICIANS' PRIVATE OFFICES
98.17	INTEGRATED CENTER	9817	PHYSICIANS' PRIVATE OFFICES
98.18	SIU	9818	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140135

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

PREPARED 2/22/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 OLD AND NEW CAPITAL	A	OLD CAP REL COSTS-MVBLE EQUIP	2		10,722
2		NEW CAP REL COSTS-BLDG & FIXT	3		5,042,272
3		NEW CAP REL COSTS-MVBLE EQUIP	4		15,572,182
4 INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		3,518,312
5 BED TAX	C	ADMINISTRATIVE & GENERAL	6		6,442,747
6		SKILLED NURSING FACILITY	34		27,200
7 ANESTHESIA - RN SALARY	D	NONPHYSICIAN ANESTHETISTS	20	4,514,499	
8 MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		3,867,165
9 DRUGS CHARGED TO PATIENTS	F	DRUGS CHARGED TO PATIENTS	56		7,679,668
10 MEDICAL EDUCATION	G	I&R SERVICES-SALARY & FRINGES APPRVD	22	702,978	
11		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		965,498
12 HHA RECLASS	H	OLD CAP REL COSTS-BLDG & FIXT	1		5,892
13		OLD CAP REL COSTS-MVBLE EQUIP	2		9,309
14 HOSPICE DEPRECIATION	I	OLD CAP REL COSTS-BLDG & FIXT	1		92
15		OLD CAP REL COSTS-MVBLE EQUIP	2		2,567
16 CAFETERIA RECLASS	J	CAFETERIA	12	1,609,650	1,398,709
17 CHIEF NURSING SALARY	K	NURSING ADMINISTRATION	14	240,771	
18 INTEGRATED CENTER	L	PHYSICAL THERAPY	50	555,986	699,670
19 PHYSICIANS	M	ADULTS & PEDIATRICS	25	35,000	
20		ADULTS & PEDIATRICS	25	56,250	
21		CORONARY CARE UNIT	27	62,500	
22		RENAL DIALYSIS	59	50,000	
23 NEUROPSYCH REHAB	N	INTEGRATED CENTER	98.17	2,726	9,617
24 LABOR AND DELIVERY	O	DELIVERY ROOM & LABOR ROOM	39	149,025	26,386
36 TOTAL RECLASSIFICATIONS				7,979,385	45,278,008

(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:
140135

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

PREPARED 2/22/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8		OTHER 9
1 OLD AND NEW CAPITAL	A	OLD CAP REL COSTS-BLDG & FIXT	1		20,625,176	9
2						9
3						9
4 INTEREST EXPENSE	B	OLD CAP REL COSTS-BLDG & FIXT	1		3,518,312	11
5 BED TAX	C	OLD CAP REL COSTS-BLDG & FIXT	1		6,469,947	13
6						13
7 ANESTHESIA - RN SALARY	D	ANESTHESIOLOGY	40	4,514,499		
8 MEDICAL SUPPLIES	E	CENTRAL SERVICES & SUPPLY	15		3,867,165	
9 DRUGS CHARGED TO PATIENTS	F	PHARMACY	16		7,679,668	
10 MEDICAL EDUCATION	G	SIU CLINIC	96.01	702,978	965,498	
11						
12 HHA RECLASS	H	HOME HEALTH AGENCY	71		15,201	9
13						9
14 HOSPICE DEPRECIATION	I	HOSPICE	93		2,659	9
15						9
16 CAFETERIA RECLASS	J	DIETARY	11	1,609,650	1,398,709	
17 CHIEF NURSING SALARY	K	ADMINISTRATIVE & GENERAL	6	240,771		
18 INTEGRATED CENTER	L	INTEGRATED CENTER	98.17	555,986	699,670	
19 PHYSICIANS	M	PHYSICIAN PRACTICES	98.08	203,750		
20						
21						
22						
23 NEUROPSYCH REHAB	N	NEUROPSYCH REHAB	53.02	2,726	9,617	
24 LABOR AND DELIVERY	O	ADULTS & PEDIATRICS	25	149,025	26,386	
36 TOTAL RECLASSIFICATIONS				7,979,385	45,278,008	

(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:
140135

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

PREPARED 2/22/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : OLD AND NEW CAPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	10,722	OLD CAP REL COSTS-BLDG & FIXT	1	20,625,176	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,042,272			0	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	15,572,182			0	
TOTAL RECLASSIFICATIONS FOR CODE A			20,625,176	20,625,176			

RECLASS CODE: B
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,518,312	OLD CAP REL COSTS-BLDG & FIXT	1	3,518,312	
TOTAL RECLASSIFICATIONS FOR CODE B			3,518,312	3,518,312			

RECLASS CODE: C
EXPLANATION : BED TAX

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	6,442,747	OLD CAP REL COSTS-BLDG & FIXT	1	6,469,947	
2.00	SKILLED NURSING FACILITY	34	27,200			0	
TOTAL RECLASSIFICATIONS FOR CODE C			6,469,947	6,469,947			

RECLASS CODE: D
EXPLANATION : ANESTHESIA - RN SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	4,514,499	ANESTHESIOLOGY	40	4,514,499	
TOTAL RECLASSIFICATIONS FOR CODE D			4,514,499	4,514,499			

RECLASS CODE: E
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,867,165	CENTRAL SERVICES & SUPPLY	15	3,867,165	
TOTAL RECLASSIFICATIONS FOR CODE E			3,867,165	3,867,165			

RECLASS CODE: F
EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	7,679,668	PHARMACY	16	7,679,668	
TOTAL RECLASSIFICATIONS FOR CODE F			7,679,668	7,679,668			

RECLASS CODE: G
EXPLANATION : MEDICAL EDUCATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	702,978	SIU CLINIC	96.01	1,668,476	
2.00	I&R SERVICES-OTHER PRGM COSTS	23	965,498			0	
TOTAL RECLASSIFICATIONS FOR CODE G			1,668,476	1,668,476			

RECLASS CODE: H
EXPLANATION : HHA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	5,892	HOME HEALTH AGENCY	71	15,201	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	9,309			0	
TOTAL RECLASSIFICATIONS FOR CODE H			15,201	15,201			

RECLASS CODE: I
EXPLANATION : HOSPICE DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	92	HOSPICE	93	2,659	

RECLASSIFICATIONS

PROVIDER NO:
140135

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

PREPARED 2/22/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : HOSPICE DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	2,567
TOTAL RECLASSIFICATIONS FOR CODE I			2,659

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
			0
			2,659

RECLASS CODE: J
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	3,008,359
TOTAL RECLASSIFICATIONS FOR CODE J			3,008,359

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	3,008,359	
			3,008,359

RECLASS CODE: K
EXPLANATION : CHIEF NURSING SALARY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	240,771
TOTAL RECLASSIFICATIONS FOR CODE K			240,771

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	240,771	
			240,771

RECLASS CODE: L
EXPLANATION : INTEGRATED CENTER

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICAL THERAPY	50	1,255,656
TOTAL RECLASSIFICATIONS FOR CODE L			1,255,656

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEGRATED CENTER	98.17	1,255,656	
			1,255,656

RECLASS CODE: M
EXPLANATION : PHYSICIANS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	35,000
2.00	ADULTS & PEDIATRICS	25	56,250
3.00	CORONARY CARE UNIT	27	62,500
4.00	RENAL DIALYSIS	59	50,000
TOTAL RECLASSIFICATIONS FOR CODE M			203,750

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICIAN PRACTICES	98.08	203,750	
			0
			0
			0
			203,750

RECLASS CODE: N
EXPLANATION : NEUROPSYCH REHAB

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	INTEGRATED CENTER	98.17	12,343
TOTAL RECLASSIFICATIONS FOR CODE N			12,343

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEUROPSYCH REHAB	53.02	12,343	
			12,343

RECLASS CODE: O
EXPLANATION : LABOR AND DELIVERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	175,411
TOTAL RECLASSIFICATIONS FOR CODE O			175,411

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	175,411	
			175,411

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	1,887,159					1,887,159	
2	LAND IMPROVEMENTS	8,251,023					8,251,023	
3	BUILDINGS & FIXTURE	126,508,740					126,508,740	
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	137,493,941					137,493,941	
7	SUBTOTAL	274,140,863					274,140,863	
8	RECONCILING ITEMS							
9	TOTAL	274,140,863					274,140,863	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
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 III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	411,943						411,943
2	OLD CAP REL COSTS-MV	22,598						22,598
3	NEW CAP REL COSTS-BL	5,042,272		3,518,312				8,560,584
4	NEW CAP REL COSTS-MV	15,572,182						15,572,182
5	TOTAL	21,048,995		3,518,312				24,567,307

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	21,031,135		3,518,312		6,469,947		31,019,394
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	21,031,135		3,518,312		6,469,947		31,019,394

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-2	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES	B	-438,819	MEDICAL SUPPLIES CHARGED	55	
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	-1,860,828			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE	B	-1,755	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,511,001	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-88,029	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-41,658	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-4,514,499	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 EMPLOYEE BENEFITS - OTHER REV	B	-7,200	EMPLOYEE BENEFITS	5	
38 A&G - OTHER REV	B	-272,583	ADMINISTRATIVE & GENERAL	6	
39 MISC TELEPHONE REVENUE	B	-240,307	ADMINISTRATIVE & GENERAL	6	
40 MISC ACCOUNTING REVENUE	B	-21,177	ADMINISTRATIVE & GENERAL	6	
41 OPERATION OF PLANT - OTHER REV	B	-1,945	OPERATION OF PLANT	8	
42 DIETARY - OTHER REV	B	-60,394	DIETARY	11	
43 NURSING ADMIN - OTHER REV	B	-837	NURSING ADMINISTRATION	14	
44 A&P - OTHER REV	B	-4,609	ADULTS & PEDIATRICS	25	
45 SNF - OTHER REV	B	-50	SKILLED NURSING FACILITY	34	
46 OPERATING ROOM - OTHER REV	B	-73,628	OPERATING ROOM	37	
47 ANESTHESIOLOGY - OTHER REV	B	-246,370	ANESTHESIOLOGY	40	
48 RADIOLOGY/DIAG - OTHER REV	B	-93,657	RADIOLOGY-DIAGNOSTIC	41	
49 LAB - OTHER REV	B	-5,399	LABORATORY	44	
49.01 RESIRATORY THERAPY - OTHER REV	B	-112,572	RESPIRATORY THERAPY	49	
49.02 PHYSICAL THERAPY - OTHER REV	B	-10,770	PHYSICAL THERAPY	50	
49.03 EMERGENCY - OTHER REV	B	-6,374	EMERGENCY	61	
49.04 HHA - OTHER REV	B	-24,432	HOME HEALTH AGENCY	71	
49.05 HOSPICE - OTHER REV	B	-50,926	HOSPICE	93	
49.06 SELF INSURANCE	A	-5,113,204	EMPLOYEE BENEFITS	5	
49.07 NON-ALLOWABLE DUES	A	-14,415	ADMINISTRATIVE & GENERAL	6	
49.08 NON-ALLOWABLE ADVERTISING	A	-852,317	ADMINISTRATIVE & GENERAL	6	
49.09 LOBBYING DUES	A	-29,760	ADMINISTRATIVE & GENERAL	6	
49.10 ANESTHESIA SCHOOL GRANT	B	-7,983	PARAMED ED PRGM	24	
49.11 NON-ALLOWABLE MARKETING	A	-277,322	ADMINISTRATIVE & GENERAL	6	
49.12 CRNA BENEFITS	A	-318,372	EMPLOYEE BENEFITS	5	
49.13 CRNA ACCRUALS	A	42,471	ANESTHESIOLOGY	40	
49.14 CRNA FICA	A	-272,758	ANESTHESIOLOGY	40	
50 TOTAL (SUM OF LINES 1 THRU 49)		-16,533,481			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED: 2/22/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & PEDIATRICS	35,000		35,000	136,700	566	37,198	1,860
2 25	ADULTS & PEDIATRICS	56,250		56,250	136,700	388	25,500	1,275
3 27	CORONARY CARE UNIT	62,500		62,500	154,100	260	19,263	963
4 33	NURSERY	204,333	204,333					
5 37	OPERATING ROOM	332,834	155,834	177,000	204,100	783	76,832	3,842
6 41	RADIOLOGY-DIAGNOSTIC	9,560	9,560					
7 42	RADIOLOGY-THERAPEUTIC	7,250		7,250	231,100	40	4,444	222
8 49	RESPIRATORY THERAPY	120,000		120,000	154,100	850	62,974	3,149
9 54	ELECTROENCEPHALOGRAPHY	60,096		60,096	154,100	312	23,115	1,156
10 59	RENAL DIALYSIS	50,000		50,000	136,700	353	23,200	1,160
11 61	EMERGENCY	1,193,333	1,193,333					
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,131,156	1,563,060	568,096		3,552	272,526	13,627

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0135

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

PREPARED 2/22/2010
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDIATRICS					37,198		
2 25	ADULTS & PEDIATRICS					25,500	30,750	30,750
3 27	CORONARY CARE UNIT					19,263	43,237	43,237
4 33	NURSERY							204,333
5 37	OPERATING ROOM					76,832	100,168	256,002
6 41	RADIOLOGY-DIAGNOSTIC							9,560
7 42	RADIOLOGY-THERAPEUTIC					4,444	2,806	2,806
8 49	RESPIRATORY THERAPY					62,974	57,026	57,026
9 54	ELECTROENCEPHALOGRAPHY					23,115	36,981	36,981
10 59	RENAL DIALYSIS					23,200	26,800	26,800
11 61	EMERGENCY							1,193,333
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					272,526	297,768	1,860,828

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/22/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	6	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	8	SQUARE	FEET	ENTERED
11	DIETARY	9	MEALS	SERVED	ENTERED
12	CAFETERIA	10	FTE		ENTERED
14	NURSING ADMINISTRATION	11	DIRECT	NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED	REQUIS.	ENTERED
16	PHARMACY	13	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	GROSS	CHARGES	ENTERED
20	NONPHYSICIAN ANESTHETISTS	15	ASSIGNED	TIME	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	15	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	15	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	16	ASSIGNED	TIME	ENTERED

Health Financial Systems		MCRIF32	FOR DECATUR MEMORIAL HOSPITAL		IN LIEU OF FORM CMS-2552-96(7/2009)		
COST ALLOCATION - GENERAL SERVICE COSTS			PROVIDER NO:	PERIOD:	PREPARED 2/22/2010		
			14-0135	FROM 10/ 1/2008	WORKSHEET B		
				TO 9/30/2009	PART I		
COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &	411,943	411,943				
003	OLD CAP REL COSTS-MVBLE E	22,598		22,598			
004	NEW CAP REL COSTS-BLDG &	8,560,584			8,560,584		
005	NEW CAP REL COSTS-MVBLE E	15,572,182				15,572,182	
006	EMPLOYEE BENEFITS	12,854,829	3,645		75,739	2,480	12,936,693
008	ADMINISTRATIVE & GENERAL	27,690,905	31,597	668	656,616	6,193,808	36,343,095
009	OPERATION OF PLANT	8,482,214	24,659	16,933	512,446	184,140	9,449,912
010	LAUNDRY & LINEN SERVICE	1,115,968	5,383		111,866	1,334	1,234,551
011	HOUSEKEEPING	2,460,892	49,528		1,029,248	12,614	3,837,534
012	DIETARY	789,131	2,738	111	56,893	46,365	978,732
014	CAFETERIA	1,458,395	9,299		193,241	2,816	1,959,423
015	NURSING ADMINISTRATION	740,991	1,977		41,087	57,659	969,092
016	CENTRAL SERVICES & SUPPLY	2,057,908	13,275		275,860	6,829	2,479,128
017	PHARMACY	2,560,046	2,002	1,707	41,603	69,478	2,980,975
020	MEDICAL RECORDS & LIBRARY	2,216,379	3,174		65,960	14,685	2,658,941
022	NONPHYSICIAN ANESTHETISTS						
023	I&R SERVICES-SALARY & FRI	702,978				129,241	832,219
024	I&R SERVICES-OTHER PRGM C	965,498					965,498
025	PARAMED ED PRGM	426,036				6,083	500,035
025	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS	10,153,773	57,452		1,193,883	241,140	13,310,878
027	INTENSIVE CARE UNIT	2,344,512	9,122		189,560	48,281	2,976,534
033	CORONARY CARE UNIT	2,303,365	8,887		184,689	25,895	2,902,042
034	NURSERY	90,847	1,075		22,348	13,339	134,501
036	SKILLED NURSING FACILITY	1,056,807	15,250		316,912	27,389	1,587,022
037	OTHER LONG TERM CARE	220,453	6,938	1,113	144,170	3,063	413,132
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	17,727,193	34,320		713,207	1,433,366	20,656,185
038	ORTHOMEDICAL	244,549	994		20,659	23,543	316,557
039	RECOVERY ROOM	829,910	1,668		34,669	6,543	1,012,314
040	DELIVERY ROOM & LABOR ROO	214,476	2,121		44,074	15,021	303,066
041	ANESTHESIOLOGY	574,581	1,738		36,127	155,365	803,570
042	RADIOLOGY-DIAGNOSTIC	14,173,040	22,867	977	475,199	4,173,857	19,940,136
044	RADIOLOGY-THERAPEUTIC	1,728,002	6,298		130,872	942,415	2,996,576
049	LABORATORY	7,120,626	8,896		184,867	343,120	8,248,568
050	RESPIRATORY THERAPY	959,294				30,620	1,151,647
051	PHYSICAL THERAPY	4,240,409	7,767		161,416	78,602	5,028,638
052	OCCUPATIONAL THERAPY	690,389	483		10,027	13,937	820,891
053	SPEECH PATHOLOGY	280,462	572		11,876	763	338,527
053	ELECTROCARDIOLOGY	2,202,554	9,251		192,245	402,984	3,090,427
053	CATH LAB	5,329,423	9,783		203,304	376,045	6,075,806
054	02 NEUROPSYCH REHAB						
054	ELECTROENCEPHALOGRAPHY	648,963	1,499	792	31,149	84,568	877,955
055	MEDICAL SUPPLIES CHARGED	3,428,346					3,428,346
056	DRUGS CHARGED TO PATIENTS	7,679,668					7,679,668
058	ASC (NON-DISTINCT PART)	2,050,629	4,025		83,651	120,620	2,588,272
059	RENAL DIALYSIS	503,961				14,637	582,056
060	OUTPAT SERVICE COST CNTRS						
061	CLINIC	331,719				84,568	444,228
062	EMERGENCY	2,776,996	25,666		533,372	48,066	3,802,186
062	01 OBSERVATION BEDS (NON-DIS						
062	OBSERVATION BEDS (DISTINC	237,766				36,961	274,727
071	OTHER REIMBURS COST CNTRS						
071	HOME HEALTH AGENCY	2,555,862	3,503		72,787	9,392	3,025,563
093	SPEC PURPOSE COST CENTERS						
093	HOSPICE	917,902				2,558	96,215
095	095 SUBTOTALS	182,705,954	387,452	22,301	8,051,622	15,317,988	181,015,828
096	NONREIMBURS COST CENTERS						
096	GI FT, FLOWER, COFFEE SHOP	306,866	2,984		62,013	8,352	380,910
096	01 SIU CLINIC	63,876				926	64,802
096	02 WOMEN'S CENTER	139,847				250	152,478
097	RESEARCH	808,678	1,891		39,292	13,559	969,987
098	PHYSICIANS' PRIVATE OFFIC						
098	01 NON HOSPITAL PHARMACIES	4,021,987				57,272	4,079,259
098	02 RENTAL PROPERTY	3	5,535		115,031		120,569
098	03 DECATUR DIGESTIVE CENTER	398,123				66,420	464,543
098	04 DMH MEDICAL EQUIPMENT	1,730,991		297		94,332	1,941,975
098	05 PULMONARY EXTENDED CARE	5,966	673		13,992	23	20,654
098	06 SHORE	28,063				745	28,808
098	07 PHYSICIAN RECRUITMENT	940,912				335	971,997
098	08 PHYSICIAN PRACTICES	39,924,225	12,997		270,100	30,750	40,207,322
098	09 CCOP FISCAL INTERMEDIARY	1,607,974				215	1,631,429
098	10 ELDERLY SERVICES	412,293				17,457	45,446
098	11 OPTION CARE						
098	12 CENTRAL ILLINOIS SURGERY	246,122					42,927
098	13 REAL ESTATE MANAGEMENT	366,445				713	22,851
098	14 CORPORATE HEALTH	3,960,457				88,417	367,990
098	16 CANCER CARE INSTITUTE	227,497	411		8,534	6,252	24,797
098	17 INTEGRATED CENTER	57,264				618	6,491
098	18 SIU						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL	237,953,543	411,943	22,598	8,560,584	15,572,182	237,953,543

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	15	16	17	20	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	3,674,373						
017 PHARMACY	9,435	3,683,250					
020 MEDICAL RECORDS & LIBRARY	5		3,412,257				
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI					982,238		
024 I&R SERVICES-OTHER PRGM C						1,139,543	
025 PARAMED ED PRGM							595,289
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	28,486		107,615		982,238	1,139,543	
033 INTENSIVE CARE UNIT	5,974		38,482				
034 CORONARY CARE UNIT	3,302		25,654				
036 NURSERY	7,274		2,489				
037 SKILLED NURSING FACILITY	1,224	47	4,132				
038 OTHER LONG TERM CARE			2,492				
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	1,960,932	356	586,963				
041 ORTHO MEDICAL	13,429		6,482				
042 RECOVERY ROOM	1,133		26,152				
043 DELIVERY ROOM & LABOR ROO	6,103		25,578				
044 ANESTHESIOLOGY	14,987		19,474				595,289
045 RADIOLOGY-DIAGNOSTIC	157,707	191,364	870,816				
046 RADIOLOGY-THERAPEUTIC	4,769	257	110,379				
047 LABORATORY	44,635		493,907				
048 RESPIRATORY THERAPY	5,418	1,040	46,262				
049 PHYSICAL THERAPY	4,899		108,883				
051 OCCUPATIONAL THERAPY	1,812		50,776				
052 SPEECH PATHOLOGY	474		9,019				
053 ELECTROCARDIOLOGY	4,683	176,643	170,070				
054 CATH LAB	636,867	34,356	210,523				
055 NEUROPSYCH REHAB							
056 ELECTROENCEPHALOGRAPHY	2,212		34,163				
057 MEDICAL SUPPLIES CHARGED	626,550		57,978				
058 DRUGS CHARGED TO PATIENTS		3,235,533	147,996				
059 ASC (NON-DIAGNOSTIC PART)	5,202		25,407				
060 RENAL DIALYSIS	14,637		8,014				
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	16,879		7,130				
063 EMERGENCY	18,478		212,425				
064 OBSERVATION BEDS (NON-DIS							
065 OBSERVATION BEDS (DISTINC	2,109		2,996				
066 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	5,338	29					
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE	6,361	43,625					
096 SUBTOTALS	3,611,314	3,683,250	3,412,257		982,238	1,139,543	595,289
097 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
099 SIU CLINIC							
100 WOMEN'S CENTER							
101 RESEARCH	6,705						
102 PHYSICIANS' PRIVATE OFFIC							
103 NON HOSPITAL PHARMACIES	91						
104 RENTAL PROPERTY							
105 DECATUR DIGESTIVE CENTER							
106 DMH MEDICAL EQUIPMENT	17						
107 PULMONARY EXTENDED CARE							
108 SHORE							
109 PHYSICIAN RECRUITMENT							
110 PHYSICIAN PRACTICES	49,490						
111 CCOP FISCAL INTERMEDIARY	1						
112 ELDERLY SERVICES	1,352						
113 OPTION CARE							
114 CENTRAL ILLINOIS SURGERY							
115 REAL ESTATE MANAGEMENT							
116 CORPORATE HEALTH	5,401						
117 CANCER CARE INSTITUTE							
118 INTEGRATED CENTER	2						
119 SIU							
120 CROSS FOOT ADJUSTMENT							
121 NEGATIVE COST CENTER							
122 TOTAL	3,674,373	3,683,250	3,412,257		982,238	1,139,543	595,289

COST ALLOCATION - GENERAL SERVICE COSTS

14-0135

FROM 10/ 1/2008

WORKSHEET B

TO 9/30/2009

PART I

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATION			
016 CENTRAL SERVICES & SUPPLY			
017 PHARMACY			
020 MEDICAL RECORDS & LIBRARY			
022 NONPHYSICIAN ANESTHETISTS			
023 I&R SERVICES-SALARY & FRI			
024 I&R SERVICES-OTHER PRGM C			
025 PARAMED ED PRGM			
025 INPAT ROUTINE SRVC CNTRS			
026 ADULTS & PEDIATRICS	23,526,478	-2,121,781	21,404,697
027 INTENSIVE CARE UNIT	4,517,717		4,517,717
033 CORONARY CARE UNIT	4,415,612		4,415,612
034 NURSERY	250,815		250,815
036 SKILLED NURSING FACILITY	3,121,646		3,121,646
036 OTHER LONG TERM CARE	896,608		896,608
037 ANCILLARY SRVC COST CNTRS			
037 01 OPERATING ROOM	29,055,491		29,055,491
038 01 ORTHO MEDICAL	458,836		458,836
039 01 RECOVERY ROOM	1,377,623		1,377,623
040 01 DELIVERY ROOM & LABOR ROO	502,707		502,707
041 01 ANESTHESIOLOGY	1,725,445		1,725,445
042 01 RADIOLOGY-DIAGNOSTIC	26,323,151		26,323,151
044 01 RADIOLOGY-THERAPEUTIC	4,045,929		4,045,929
049 01 LABORATORY	10,897,540		10,897,540
050 01 RESPIRATORY THERAPY	1,449,124		1,449,124
051 01 PHYSICAL THERAPY	6,635,070		6,635,070
052 01 OCCUPATIONAL THERAPY	1,065,807		1,065,807
053 01 SPEECH PATHOLOGY	446,212		446,212
053 01 ELECTROCARDIOLOGY	4,595,378		4,595,378
053 02 CATH LAB	8,611,534		8,611,534
054 02 NEUROPSYCH REHAB			
055 02 ELECTROENCEPHALOGRAPHY	1,189,738		1,189,738
056 02 MEDICAL SUPPLIES CHARGED	4,730,881		4,730,881
058 02 DRUGS CHARGED TO PATIENTS	12,447,565		12,447,565
059 02 ASC (NON-DISTINCT PART)	3,580,404		3,580,404
060 02 RENAL DIALYSIS	742,682		742,682
060 02 OUTPAT SERVICE COST CNTRS			
061 02 CLINIC	553,999		553,999
062 02 EMERGENCY	6,385,358		6,385,358
062 01 OBSERVATION BEDS (NON-DIS			
062 01 OBSERVATION BEDS (DISTINC	358,038		358,038
071 01 OTHER REIMBURS COST CNTRS			
071 01 HOME HEALTH AGENCY	3,835,486		3,835,486
093 01 SPEC PURPOSE COST CENTERS			
093 01 HOSPICE	1,270,180		1,270,180
095 01 SUBTOTALS	169,013,054	-2,121,781	166,891,273
096 01 NONREIMBURS COST CENTERS			
096 01 GIFT, FLOWER, COFFEE SHOP	609,028		609,028
096 02 SIU CLINIC	104,897		104,897
096 02 WOMEN'S CENTER	182,617		182,617
097 02 RESEARCH	1,277,018		1,277,018
098 02 PHYSICIANS' PRIVATE OFFIC			
098 01 NON HOSPITAL PHARMACIES	4,827,388		4,827,388
098 02 RENTAL PROPERTY	317,675		317,675
098 03 DECATUR DIGESTIVE CENTER	564,198		564,198
098 04 DMH MEDICAL EQUIPMENT	2,320,480		2,320,480
098 05 PULMONARY EXTENDED CARE	60,355		60,355
098 06 SHORE	34,001		34,001
098 07 PHYSICIAN RECRUITMENT	1,152,897		1,152,897
098 08 PHYSICIAN PRACTICES	48,447,717		48,447,717
098 09 CCOP FISCAL INTERMEDIARY	1,931,392		1,931,392
098 10 ELDERLY SERVICES	573,670		573,670
098 11 OPTION CARE			
098 12 CENTRAL ILLINOIS SURGERY	343,807		343,807
098 13 REAL ESTATE MANAGEMENT	468,461		468,461
098 14 CORPORATE HEALTH	5,303,168		5,303,168
098 16 CANCER CARE INSTITUTE	344,285		344,285
098 17 INTEGRATED CENTER	77,435		77,435
098 18 SIU			
101 01 CROSS FOOT ADJUSTMENT			
102 01 NEGATIVE COST CENTER			
103 01 TOTAL	237,953,543	-2,121,781	235,831,762

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/22/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		3,645				3,645	3,645
006 ADMINISTRATIVE & GENERAL		31,597	668			32,265	482
008 OPERATION OF PLANT		24,659	16,933			41,592	65
009 LAUNDRY & LINEN SERVICE		5,383				5,383	
010 HOUSEKEEPING		49,528				49,528	81
011 DIETARY		2,738	111			2,849	24
012 CAFETERIA		9,299				9,299	84
014 NURSING ADMINISTRATION		1,977				1,977	36
015 CENTRAL SERVICES & SUPPLY		13,275				13,275	35
016 PHARMACY		2,002	1,707			3,709	87
017 MEDICAL RECORDS & LIBRARY		3,174				3,174	102
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							37
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							19
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		57,452				57,452	471
026 INTENSIVE CARE UNIT		9,122				9,122	109
027 CORONARY CARE UNIT		8,887				8,887	107
033 NURSERY		1,075				1,075	2
034 SKILLED NURSING FACILITY		15,250				15,250	48
036 OTHER LONG TERM CARE		6,938	1,113			8,051	11
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		34,320				34,320	212
037 01 ORTHO MEDICAL		994				994	8
038 RECOVERY ROOM		1,668				1,668	39
039 DELIVERY ROOM & LABOR ROO		2,121				2,121	8
040 ANESTHESIOLOGY		1,738				1,738	10
041 RADIOLOGY-DIAGNOSTIC		22,867	977			23,844	310
042 RADIOLOGY-THERAPEUTIC		6,298				6,298	54
044 LABORATORY		8,896				8,896	167
049 RESPIRATORY THERAPY							46
050 PHYSICAL THERAPY		7,767				7,767	153
051 OCCUPATIONAL THERAPY		483				483	30
052 SPEECH PATHOLOGY		572				572	13
053 ELECTROCARDIOLOGY		9,251				9,251	80
053 01 CATH LAB		9,783				9,783	45
053 02 NEUROPSYCH REHAB							
054 ELECTROENCEPHALOGRAPHY		1,499	792			2,291	31
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)		4,025				4,025	93
059 RENAL DIALYSIS							18
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							8
061 EMERGENCY		25,666				25,666	118
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC							10
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		3,503				3,503	109
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							27
095 SUBTOTALS		387,452	22,301			409,753	3,389
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		2,984				2,984	
096 01 SIU CLINIC							
096 02 WOMEN'S CENTER							4
097 RESEARCH		1,891				1,891	30
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON HOSPITAL PHARMACIES							16
098 02 RENTAL PROPERTY		5,535				5,535	
098 03 DECATUR DIAGNOSTIC CENTER							19
098 04 DMH MEDICAL EQUIPMENT			297			297	27
098 05 PULMONARY EXTENDED CARE		673				673	
098 06 SHORE							
098 07 PHYSICIAN RECRUITMENT							9
098 08 PHYSICIAN PRACTICES		12,997				12,997	
098 09 CCOP FISCAL INTERMEDIARY							7
098 10 ELDERLY SERVICES							13
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY							12
098 13 REAL ESTATE MANAGEMENT							6
098 14 CORPORATE HEALTH							104
098 16 CANCER CARE INSTITUTE		411				411	7
098 17 INTEGRATED CENTER							2
098 18 SIU							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		411,943	22,598			434,541	3,645

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO:
14-0135

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

PREPARED 2/22/2010
WORKSHEET B
PART II

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	32,747						
009 OPERATIONAL PLANT	1,531	43,188					
010 LAUNDRY & LINEN SERVICE	200	660	6,243				
011 HOUSEKEEPING	622	6,076		56,307			
012 DIETARY	159	336	29	565	3,962		
014 CAFETERIA	317	1,141		1,853		12,694	
015 NURSING ADMINISTRATION	157	243		397		66	2,876
016 CENTRAL SERVICES & SUPPLY	402	1,629		2,666		176	
017 PHARMACY	483	246		402		219	
020 MEDICAL RECORDS & LIBRARY	431	389		637		472	
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	135						
024 I&R SERVICES-OTHER PRGM C	156						
025 PARAMEDICAL PRGM	81					23	
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	2,156	7,047	2,186	11,538	2,382	1,824	1,653
028 INTENSIVE CARE UNIT	482	1,119	461	1,832	287	376	397
029 CORONARY CARE UNIT	470	1,090	469	1,785	374	373	360
033 NURSERY	22	132	76	216		7	8
034 SKILLED NURSING FACILITY	257	1,871	365	3,063	603	212	197
036 OTHER LONG TERM CARE	67	851		1,393		49	57
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	3,346	4,210	499	6,893	7	729	
039 01 ORTHO MEDICAL	51	122	21	200		31	
040 RECOVERY ROOM	164	205	155	335		117	
041 DELIVERY ROOM & LABOR ROO	49	260		426			
042 ANESTHESIOLOGY	130	213		349		246	
043 RADIOLOGY-DIAGNOSTIC	3,230	2,805	369	4,593	19	1,104	
044 RADIOLOGY-THERAPEUTIC	485	773	106	1,265		134	
049 LABORATORY	1,336	1,091		1,787		670	
050 RESPIRATORY THERAPY	187		2			166	
051 PHYSICAL THERAPY	815	953	207	1,560		530	
052 OCCUPATIONAL THERAPY	133	59		97		84	
053 SPEECH PATHOLOGY	55	70		115		30	
054 ELECTROCARDIOLOGY	501	1,135	172	1,858		260	
055 01 CATH LAB	984	1,200		1,965	19	134	
056 02 NEUROPSYCH REHAB							
057 ELECTROENCEPHALOGRAPHY	142	184	54	301		104	
058 MEDICAL SUPPLIES CHARGED	555						
059 DRUGS CHARGED TO PATIENTS	1,244						
060 ASC (NON-DISTINCT PART)	419	494	365	808	144	310	156
061 RENAL DIALYSIS	94					55	48
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC	72					26	
064 EMERGENCY	616	3,149	622	5,155	87	473	
065 OBSERVATION BEDS (NON-DIS							
066 01 OBSERVATION BEDS (DISTINC	45		22		40	43	
067 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	490	430		703		325	
093 SPEC PURPOSE COST CENTERS							
094 HOSPICE	165		4			87	
095 SUBTOTALS	23,436	40,183	6,184	54,757	3,962	9,455	2,876
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	62	366		599			
098 01 SIU CLINIC	10		5			122	
098 02 WOMEN'S CENTER	25					12	
097 RESEARCH	157	232		380		110	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON HOSPITAL PHARMACIES	661					57	
098 02 RENTAL PROPERTY	20	679					
098 03 DECATUR DIGESTIVE CENTER	75					72	
098 04 DMH MEDICAL EQUIPMENT	315					128	
098 05 PULMONARY EXTENDED CARE	3	83		135			
098 06 SHORE	5						
098 07 PHYSICIAN RECRUITMENT	157					26	
098 08 PHYSICIAN PRACTICES	6,601	1,595		354		2,228	
098 09 CCOP FISCAL INTERMEDIARY	264					27	
098 10 ELDERLY SERVICES	77		1			51	
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY	47					12	
098 13 REAL ESTATE MANAGEMENT	63					37	
098 14 CORPORATE HEALTH	716		51			323	
098 16 CANCER CARE INSTITUTE	43	50		82		30	
098 17 INTEGRATED CENTER	10		2			4	
098 18 SIU							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	32,747	43,188	6,243	56,307	3,962	12,694	2,876

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/22/2010
 WORKSHEET B
 PART 11

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM
	15	16	17	20	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	18,183						
016 PHARMACY	47	5,193					
017 MEDICAL RECORDS & LIBRARY			5,205				
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					172		
023 I&R SERVICES-OTHER PRGM C						156	
024 PARAMED ED PRGM							123
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	141		159				
026 INTENSIVE CARE UNIT	30		57				
027 CORONARY CARE UNIT	16		38				
033 NURSERY	36		4				
034 SKILLED NURSING FACILITY	6		6				
036 OTHER LONG TERM CARE			4				
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	9,703	1	865				
037 01 ORTHO MEDICAL	66		10				
038 RECOVERY ROOM	6		39				
039 DELIVERY ROOM & LABOR ROO	30		38				
040 ANESTHESIOLOGY	74		29				
041 RADIOLOGY-DIAGNOSTIC	781	270	1,458				
042 RADIOLOGY-THERAPEUTIC	24		163				
044 LABORATORY	221		728				
049 RESPIRATORY THERAPY	27	1	68				
050 PHYSICAL THERAPY	24		160				
051 OCCUPATIONAL THERAPY	9		75				
052 SPEECH PATHOLOGY	2		13				
053 ELECTROCARDIOLOGY	23	249	251				
053 01 CATH LAB	3,153	48	310				
053 02 NEUROPSYCH REHAB							
054 ELECTROENCEPHALOGRAPHY	11		50				
055 MEDICAL SUPPLIES CHARGED	3,101		85				
056 DRUGS CHARGED TO PATIENTS		4,562	218				
058 ASC (NON-DISTINCT PART)	26		37				
059 RENAL DIALYSIS	72		12				
060 OUTPAT SERVICE COST CNTRS							
CLINIC	84		11				
061 EMERGENCY	91		313				
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	10		4				
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY	26						
093 SPEC PURPOSE COST CENTERS							
HOSPICE	31	62					
095 SUBTOTALS	17,871	5,193	5,205				
096 NONREIMBURS COST CENTERS							
GI FT, FLOWER, COFFEE SHOP							
096 01 SIU CLINIC							
096 02 WOMEN'S CENTER							
097 RESEARCH	33						
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON HOSPITAL PHARMACIES							
098 02 RENTAL PROPERTY							
098 03 DECATUR DIGESTIVE CENTER							
098 04 DMH MEDICAL EQUIPMENT							
098 05 PULMONARY EXTENDED CARE							
098 06 SHORE							
098 07 PHYSICIAN RECRUITMENT							
098 08 PHYSICIAN PRACTICES	245						
098 09 CCOP FISCAL INTERMEDIARY							
098 10 ELDERLY SERVICES	7						
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY							
098 13 REAL ESTATE MANAGEMENT							
098 14 CORPORATE HEALTH	27						
098 16 CANCER CARE INSTITUTE							
098 17 INTEGRATED CENTER							
098 18 SIU							
101 CROSS FOOT ADJUSTMENTS					172	156	123
102 NEGATIVE COST CENTER							
103 TOTAL	18,183	5,193	5,205		172	156	123

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATION			
016 CENTRAL SERVICES & SUPPLY			
017 PHARMACY			
020 MEDICAL RECORDS & LIBRARY			
022 NONPHYSICIAN ANESTHETISTS			
023 I&R SERVICES-SALARY & FRI			
024 I&R SERVICES-OTHER PRGM C			
025 PARAMED ED PRGM			
025 INPAT ROUTINE SRVC CNTRS			
026 ADULTS & PEDIATRICS	87,009		87,009
027 INTENSIVE CARE UNIT	14,272		14,272
027 CORONARY CARE UNIT	13,969		13,969
033 NURSERY	1,578		1,578
034 SKILLED NURSING FACILITY	21,878		21,878
036 OTHER LONG TERM CARE	10,483		10,483
037 ANCILLARY SRVC COST CNTRS			
037 01 OPERATING ROOM	60,785		60,785
038 01 ORTHO MEDICAL	1,503		1,503
039 01 RECOVERY ROOM	2,728		2,728
040 01 DELIVERY ROOM & LABOR ROO	2,932		2,932
041 01 ANESTHESIOLOGY	2,789		2,789
042 01 RADIOLOGY-DIAGNOSTIC	38,783		38,783
044 01 RADIOLOGY-THERAPEUTIC	9,302		9,302
049 01 LABORATORY	14,896		14,896
050 01 RESPIRATORY THERAPY	497		497
051 01 PHYSICAL THERAPY	12,169		12,169
052 01 OCCUPATIONAL THERAPY	970		970
053 01 SPEECH PATHOLOGY	870		870
053 01 ELECTROCARDIOLOGY	13,780		13,780
053 02 CATH LAB	17,641		17,641
054 02 NEUROPSYCH REHAB			
055 02 ELECTROENCEPHALOGRAPHY	3,168		3,168
056 02 MEDICAL SUPPLIES CHARGED	3,741		3,741
058 02 DRUGS CHARGED TO PATIENTS	6,024		6,024
059 02 ASC (NON-DISTINCT PART)	6,877		6,877
060 02 RENAL DIALYSIS	299		299
060 02 OUTPAT SERVICE COST CNTRS			
061 02 CLINIC	201		201
062 02 EMERGENCY	36,290		36,290
062 01 OBSERVATION BEDS (NON-DIS			
062 01 OBSERVATION BEDS (DISTINC	174		174
071 01 OTHER REIMBURS COST CNTRS			
071 01 HOME HEALTH AGENCY	5,586		5,586
093 01 SPEC PURPOSE COST CENTERS			
093 01 HOSPICE	376		376
095 01 SUBTOTALS	391,570		391,570
096 01 NONREIMBURS COST CENTERS			
096 01 GI FT, FLOWER, COFFEE SHOP	4,011		4,011
096 02 SIU CLINIC	137		137
096 02 WOMEN'S CENTER	41		41
097 02 RESEARCH	2,833		2,833
098 02 PHYSICIANS' PRIVATE OFFIC			
098 01 NON HOSPITAL PHARMACIES	734		734
098 02 RENTAL PROPERTY	6,234		6,234
098 03 DECATUR DIGESTIVE CENTER	166		166
098 04 DMH MEDICAL EQUIPMENT	767		767
098 05 PULMONARY EXTENDED CARE	894		894
098 06 SHORE	5		5
098 07 PHYSICIAN RECRUITMENT	192		192
098 08 PHYSICIAN PRACTICES	24,020		24,020
098 09 CCOP FISCAL INTERMEDIARY	298		298
098 10 ELDERLY SERVICES	149		149
098 11 OPTION CARE			
098 12 CENTRAL ILLINOIS SURGERY	71		71
098 13 REAL ESTATE MANAGEMENT	106		106
098 14 CORPORATE HEALTH	1,221		1,221
098 16 CANCER CARE INSTITUTE	623		623
098 17 INTEGRATED CENTER	18		18
098 18 SIU			
101 01 CROSS FOOT ADJUSTMENTS	451		451
102 01 NEGATIVE COST CENTER			
103 01 TOTAL	434,541		434,541

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/22/2010
 WORKSHEET B PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				75,739	2,480	78,219	78,219
008 ADMINISTRATIVE & GENERAL				656,616	6,193,808	6,850,424	10,674
009 OPERATION OF PLANT				512,446	184,140	696,586	1,388
010 LAUNDRY & LINEN SERVICE				111,866	1,334	113,200	
011 HOUSEKEEPING				1,029,248	12,614	1,041,862	1,725
012 DIETARY				56,893	46,365	103,258	505
014 CAFETERIA				193,241	2,816	196,057	1,788
015 NURSING ADMINISTRATION				41,087	57,659	98,746	770
016 CENTRAL SERVICES & SUPPLY				275,860	6,829	282,689	758
017 PHARMACY				41,603	69,478	111,081	1,852
020 MEDICAL RECORDS & LIBRARY				65,960	14,685	80,645	2,170
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI							782
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM					6,083	6,083	411
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS				1,193,883	241,140	1,435,023	10,068
033 INTENSIVE CARE UNIT				189,560	48,281	237,841	2,329
034 CORONARY CARE UNIT				184,689	25,895	210,584	2,294
036 NURSERY				22,348	13,339	35,687	42
037 SKILLED NURSING FACILITY				316,912	27,389	344,301	1,032
038 OTHER LONG TERM CARE				144,170	3,063	147,233	226
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM				713,207	1,433,366	2,146,573	4,525
041 01 ORTHO MEDICAL				20,659	23,543	44,202	162
042 RECOVERY ROOM				34,669	6,543	41,212	844
043 DELIVERY ROOM & LABOR ROO				44,074	15,021	59,095	166
044 ANESTHESIOLOGY				36,127	155,365	191,492	216
045 RADIOLOGY-DIAGNOSTIC				475,199	4,173,857	4,649,056	6,618
046 RADIOLOGY-THERAPEUTIC				130,872	942,415	1,073,287	1,143
049 LABORATORY				184,867	343,120	527,987	3,575
050 RESPIRATORY THERAPY					30,620	30,620	978
051 PHYSICAL THERAPY				161,416	78,602	240,018	3,269
052 OCCUPATIONAL THERAPY				10,027	13,937	23,964	641
053 SPEECH PATHOLOGY				11,876	763	12,639	271
054 ELECTROCARDIOLOGY				192,245	402,984	595,229	1,714
055 01 CATH LAB				203,304	376,045	579,349	951
056 02 NEUROPSYCH REHAB							
057 ELECTROENCEPHALOGRAPHY				31,149	84,568	115,717	671
058 MEDICAL SUPPLIES CHARGED							
059 DRUGS CHARGED TO PATIENTS							
060 ASC (NON-DISTINCT PART)				83,651	120,620	204,271	1,992
061 RENAL DIALYSIS					14,637	14,637	384
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC					84,568	84,568	169
064 EMERGENCY				533,372	48,066	581,438	2,529
065 OBSERVATION BEDS (NON-DIS							
066 01 OBSERVATION BEDS (DISTINC							224
067 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY				72,787	9,392	82,179	2,323
093 SPEC PURPOSE COST CENTERS							
094 HOSPICE					2,558	2,558	582
095 SUBTOTALS				8,051,622	15,317,988	23,369,610	72,761
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP				62,013	8,352	70,365	4
098 01 SIU CLINIC					926	926	
099 02 WOMEN'S CENTER					250	250	75
100 RESEARCH				39,292	13,559	52,851	645
101 PHYSICIANS' PRIVATE OFFIC							
102 01 NON HOSPITAL PHARMACIES							346
103 02 RENTAL PROPERTY				115,031		115,031	
104 03 DECATUR DIGESTIVE CENTER							402
105 04 DMH MEDICAL EQUIPMENT					116,355	116,355	571
106 05 PULMONARY EXTENDED CARE				13,992		13,992	
107 06 SHORE					745	745	
108 07 PHYSICIAN RECRUITMENT					335	335	186
109 08 PHYSICIAN PRACTICES				270,100		270,100	
110 09 CCOP FISCAL INTERMEDIARY					215	215	141
111 10 ELDERLY SERVICES					17,457	17,457	275
112 11 OPTION CARE							
113 12 CENTRAL ILLINOIS SURGERY					713	713	260
114 13 REAL ESTATE MANAGEMENT							138
115 14 CORPORATE HEALTH					88,417	88,417	2,226
116 16 CANCER CARE INSTITUTE				8,534	6,252	14,786	150
117 17 INTEGRATED CENTER					618	618	39
118 18 SIU							
119 CROSS FOOT ADJUSTMENTS							
120 NEGATIVE COST CENTER							
121 TOTAL				8,560,584	15,572,182	24,132,766	78,219

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0135

FROM 10/ 1/2008

WORKSHEET B

TO 9/30/2009

PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	6,861,098						
009 OPERATION OF PLANT		1,019,564					
010 LAUNDRY & LINEN SERVICE	42,013	15,590	170,803				
011 HOUSEKEEPING	130,595	143,441		1,317,623			
012 DIETARY	33,307	7,929	781	13,212	158,992		
014 CAFETERIA	66,681	26,931		43,356		334,813	
015 NURSING ADMINISTRATION	32,979	5,726		9,292		1,740	149,253
016 CENTRAL SERVICES & SUPPLY	84,367	38,445		62,387		4,654	
017 PHARMACY	101,446	5,798		9,409		5,784	
020 MEDICAL RECORDS & LIBRARY	90,486	9,193		14,917		12,448	
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	28,321						
024 I&R SERVICES-OTHER PRGM C	32,857						
025 PARAMED PRGM	17,017					610	
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	452,982	166,389	59,843	270,002	95,584	48,121	85,812
028 INTENSIVE CARE UNIT	101,294	26,418	12,603	42,870	11,519	9,918	20,608
029 CORONARY CARE UNIT	98,759	25,739	12,831	41,768	14,995	9,850	18,669
033 NURSERY	4,577	3,115	2,085	5,054		181	408
034 SKILLED NURSING FACILITY	54,008	44,166	9,997	71,671	24,183	5,603	10,235
036 OTHER LONG TERM CARE	14,059	20,092		32,605		1,288	2,953
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	702,951	99,396	13,660	161,295	269	19,226	
038 01 ORTHO MEDICAL	10,773	2,879	563	4,672		813	
039 RECOVERY ROOM	34,450	4,832	4,244	7,841		3,095	
040 DELIVERY ROOM & LABOR ROO	10,314	6,142		9,968			
041 ANESTHESIOLOGY	27,346	5,035		8,170		6,484	
042 RADIOLOGY-DIAGNOSTIC	678,583	66,226	10,100	107,468	763	29,121	
044 RADIOLOGY-THERAPEUTIC	101,976	18,239	2,908	29,597		3,524	
049 LABORATORY	280,707	25,764		41,808		17,667	
050 RESPIRATORY THERAPY	39,192		42			4,383	
051 PHYSICAL THERAPY	171,130	22,496	5,666	36,505		13,966	
052 OCCUPATIONAL THERAPY	27,936	1,397		2,268		2,214	
053 SPEECH PATHOLOGY	11,520	1,655		2,686		791	
053 01 ELECTROCARDIOLOGY	105,170	26,792	4,694	43,477		6,845	
053 02 CATH LAB	206,766	28,333		45,978	779	3,524	
054 02 NEUROPSYCH REHAB							
054 ELECTROENCEPHALOGRAPHY	29,878	4,341	1,475	7,044	8	2,734	
055 MEDICAL SUPPLIES CHARGED	116,670						
056 DRUGS CHARGED TO PATIENTS	261,347						
058 ASC (NON-DISTINCT PART)	88,081	11,658	9,982	18,918	5,772	8,178	8,097
059 RENAL DIALYSIS	19,808					1,446	2,471
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	15,118					678	
062 EMERGENCY	129,392	74,333	17,001	120,624	3,497	12,471	
062 01 OBSERVATION BEDS (NON-DIS	9,349		612		1,623	1,130	
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	102,963	10,144		16,461		8,585	
093 SPEC PURPOSE COST CENTERS							
096 HOSPICE	34,598		97			2,304	
095 SUBTOTALS	4,923,356	948,634	169,184	1,281,323	158,992	249,376	149,253
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	12,963	8,642		14,025			
096 02 SIU CLINIC	2,205		139			3,231	
097 02 WOMEN'S CENTER	5,189					316	
097 RESEARCH	33,010	5,476		8,886		2,914	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON HOSPITAL PHARMACIES	138,821					1,514	
098 02 RENTAL PROPERTY	4,103	16,031					
098 03 DECATUR DIGESTIVE CENTER	15,809					1,898	
098 04 DMH MEDICAL EQUIPMENT	66,087					3,389	
098 05 PULMONARY EXTENDED CARE	703	1,950		3,164			
098 06 SHORE	980						
098 07 PHYSICIAN RECRUITMENT	33,078					678	
098 08 PHYSICIAN PRACTICES	1,368,391	37,642		8,295		58,761	
098 09 CCOP FISCAL INTERMEDIARY	55,519					700	
098 10 ELDERLY SERVICES	16,171		30			1,333	
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY	9,837					316	
098 13 REAL ESTATE MANAGEMENT	13,272					971	
098 14 CORPORATE HEALTH	150,310		1,393			8,517	
098 16 CANCER CARE INSTITUTE	9,103	1,189		1,930		791	
098 17 INTEGRATED CENTER	2,191		57			108	
098 18 SIU							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,861,098	1,019,564	170,803	1,317,623	158,992	334,813	149,253

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/22/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED PRGM
	15	16	17	20	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	473,300						
016 PHARMACY	1,215	236,585					
017 MEDICAL RECORDS & LIBRARY	1		209,860				
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					29,103		
023 I&R SERVICES-OTHER PRGM C						32,857	
024 PARAMED PRGM							24,121
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,669		6,614				
026 INTENSIVE CARE UNIT	769		2,365				
027 CORONARY CARE UNIT	425		1,577				
033 NURSERY	937		153				
034 SKILLED NURSING FACILITY	158	3	254				
036 OTHER LONG TERM CARE			153				
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	252,587	23	36,075				
037 01 ORTHO MEDICAL	1,730		398				
038 RECOVERY ROOM	146		1,607				
039 DELIVERY ROOM & LABOR ROO	786		1,572				
040 ANESTHESIOLOGY	1,931		1,197				
041 RADIOLOGY-DIAGNOSTIC	20,315	12,292	53,661				
042 RADIOLOGY-THERAPEUTIC	614	17	6,784				
044 LABORATORY	5,750		30,356				
049 RESPIRATORY THERAPY	698	67	2,843				
050 PHYSICAL THERAPY	631		6,692				
051 OCCUPATIONAL THERAPY	233		3,121				
052 SPEECH PATHOLOGY	61		554				
053 ELECTROCARDIOLOGY	603	11,346	10,453				
053 01 CATH LAB	82,037	2,207	12,939				
053 02 NEUROPSYCH REHAB							
054 ELECTROENCEPHALOGRAPHY	285		2,100				
055 MEDICAL SUPPLIES CHARGED	80,708		3,563				
056 DRUGS CHARGED TO PATIENTS		207,826	9,096				
058 ASC (NON-DIAGNOSTIC PART)	670		1,562				
059 RENAL DIALYSIS	1,885		493				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,174		438				
061 EMERGENCY	2,380		13,056				
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	272		184				
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	688	2					
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	819	2,802					
095 SUBTOTALS	465,177	236,585	209,860				
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 SIU CLINIC							
096 02 WOMEN'S CENTER							
097 RESEARCH	864						
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON HOSPITAL PHARMACIES	12						
098 02 RENTAL PROPERTY							
098 03 DECATUR DIGESTIVE CENTER							
098 04 DMH MEDICAL EQUIPMENT	2						
098 05 PULMONARY EXTENDED CARE							
098 06 SHORE							
098 07 PHYSICIAN RECRUITMENT							
098 08 PHYSICIAN PRACTICES	6,375						
098 09 CCOP FISCAL INTERMEDIARY							
098 10 ELDERLY SERVICES	174						
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY							
098 13 REAL ESTATE MANAGEMENT							
098 14 CORPORATE HEALTH	696						
098 16 CANCER CARE INSTITUTE							
098 17 INTEGRATED CENTER							
098 18 SIU							
101 CROSS FOOT ADJUSTMENTS					29,103	32,857	24,121
102 NEGATIVE COST CENTER							
103 TOTAL	473,300	236,585	209,860		29,103	32,857	24,121

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0135

FROM 10/ 1/2008

WORKSHEET B

TO 9/30/2009

PART III

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATION			
016 CENTRAL SERVICES & SUPPLY			
017 PHARMACY			
020 MEDICAL RECORDS & LIBRARY			
022 NONPHYSICIAN ANESTHETISTS			
023 I&R SERVICES-SALARY & FRI			
024 I&R SERVICES-OTHER PRGM C			
025 PARAMED ED PRGM			
025 INPAT ROUTINE SRVC CNTRS			
026 ADULTS & PEDIATRICS	2,634,107		2,634,107
027 INTENSIVE CARE UNIT	468,534		468,534
033 CORONARY CARE UNIT	437,491		437,491
034 NURSERY	52,239		52,239
036 SKILLED NURSING FACILITY	565,611		565,611
037 OTHER LONG TERM CARE	218,609		218,609
037 ANCILLARY SRVC COST CNTRS			
037 01 OPERATING ROOM	3,436,580		3,436,580
038 01 ORTHO MEDICAL	66,192		66,192
039 01 RECOVERY ROOM	98,271		98,271
040 01 DELIVERY ROOM & LABOR ROO	88,043		88,043
041 01 ANESTHESIOLOGY	241,871		241,871
042 01 RADIOLOGY-DIAGNOSTIC	5,634,203		5,634,203
044 01 RADIOLOGY-THERAPEUTIC	1,238,089		1,238,089
049 01 LABORATORY	933,614		933,614
050 01 RESPIRATORY THERAPY	78,823		78,823
051 01 PHYSICAL THERAPY	500,373		500,373
052 01 OCCUPATIONAL THERAPY	61,774		61,774
053 01 SPEECH PATHOLOGY	30,177		30,177
053 01 ELECTROCARDIOLOGY	806,323		806,323
053 02 CATH LAB	962,863		962,863
054 02 NEUROPSYCH REHAB			
055 02 ELECTROENCEPHALOGRAPHY	164,253		164,253
056 02 MEDICAL SUPPLIES CHARGED	200,941		200,941
058 02 DRUGS CHARGED TO PATIENTS	478,269		478,269
059 02 ASC (NON-DISTINCT PART)	359,181		359,181
060 02 RENAL DIALYSIS	41,124		41,124
060 02 OUTPAT SERVICE COST CNTRS			
061 02 CLINIC	103,145		103,145
062 02 EMERGENCY	956,721		956,721
062 01 OBSERVATION BEDS (NON-DIS			
062 01 OBSERVATION BEDS (DISTINC	13,394		13,394
071 01 OTHER REIMBURS COST CNTRS			
071 01 HOME HEALTH AGENCY	223,345		223,345
093 01 SPEC PURPOSE COST CENTERS			
093 01 HOSPICE	43,760		43,760
095 01 SUBTOTALS	21,137,920		21,137,920
096 01 NONREIMBURS COST CENTERS			
096 01 GIFT, FLOWER, COFFEE SHOP	105,999		105,999
096 02 SIU CLINIC	6,501		6,501
096 02 WOMEN'S CENTER	5,830		5,830
097 02 RESEARCH	104,646		104,646
098 02 PHYSICIANS' PRIVATE OFFIC			
098 01 NON HOSPITAL PHARMACIES	140,693		140,693
098 02 RENTAL PROPERTY	135,165		135,165
098 03 DECATUR DIGESTIVE CENTER	18,109		18,109
098 04 DMH MEDICAL EQUIPMENT	186,404		186,404
098 05 PULMONARY EXTENDED CARE	19,809		19,809
098 06 SHORE	1,725		1,725
098 07 PHYSICIAN RECRUITMENT	34,277		34,277
098 08 PHYSICIAN PRACTICES	1,749,564		1,749,564
098 09 CCOP FISCAL INTERMEDIARY	56,575		56,575
098 10 ELDERLY SERVICES	35,440		35,440
098 11 OPTION CARE			
098 12 CENTRAL ILLINOIS SURGERY	10,413		10,413
098 13 REAL ESTATE MANAGEMENT	15,094		15,094
098 14 CORPORATE HEALTH	251,559		251,559
098 16 CANCER CARE INSTITUTE	27,949		27,949
098 17 INTEGRATED CENTER	3,013		3,013
098 18 SIU			
101 01 CROSS FOOT ADJUSTMENTS	86,081		86,081
102 01 NEGATIVE COST CENTER			
103 01 TOTAL	24,132,766		24,132,766

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (DOLLAR VALUE)	(GROSS SALARIES)	()
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	481,498					
002 OLD CAP REL COSTS-MVB		1,827				
003 NEW CAP REL COSTS-BLD			481,498			
004 NEW CAP REL COSTS-MVB				15,434,636		
005 EMPLOYEE BENEFITS	4,260		4,260	2,458	70,427,898	
006 ADMINISTRATIVE & GENE	36,932	54	36,932	6,139,105	9,633,210	-36,343,095
008 OPERATION OF PLANT	28,823	1,369	28,823	182,513	1,249,519	
009 LAUNDRY & LINEN SERVI	6,292		6,292	1,322		
010 HOUSEKEEPING	57,891		57,891	12,503	1,552,925	
011 DIETARY	3,200	9	3,200	45,955	454,546	
012 CAFETERIA	10,869		10,869	2,791	1,609,650	
014 NURSING ADMINISTRATION	2,311		2,311	57,150	693,450	
015 CENTRAL SERVICES & SU	15,516		15,516	6,769	681,897	
016 PHARMACY	2,340	138	2,340	68,864	1,666,636	
017 MEDICAL RECORDS & LIB	3,710		3,710	14,555	1,953,010	
020 NONPHYSICIAN ANESTHET						
022 I&R SERVICES-SALARY &					703,596	
023 I&R SERVICES-OTHER PR						
024 PARAMEDICAL PRGM				6,029	369,737	
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	67,151		67,151	239,010	9,062,320	
027 INTENSIVE CARE UNIT	10,662		10,662	47,855	2,096,279	
027 CORONARY CARE UNIT	10,388		10,388	25,666	2,064,415	
033 NURSERY	1,257		1,257	13,221	37,519	
034 SKILLED NURSING FACIL	17,825		17,825	27,147	929,102	
036 OTHER LONG TERM CARE	8,109	90	8,109	3,036	203,581	
037 ANCILLARY SRVC COST C						
037 01 OPERATING ROOM	40,115		40,115	1,420,705	4,072,681	
037 01 ORTHO MEDICAL	1,162		1,162	23,335	145,964	
038 RECOVERY ROOM	1,950		1,950	6,485	759,575	
039 DELIVERY ROOM & LABOR	2,479		2,479	14,888	149,025	
040 ANESTHESIOLOGY	2,032		2,032	153,993	194,675	
041 RADIOLOGY-DIAGNOSTIC	26,728	79	26,728	4,136,988	5,956,848	
042 RADIOLOGY-THERAPEUTIC	7,361		7,361	934,090	1,028,866	
044 LABORATORY	10,398		10,398	340,089	3,217,753	
049 RESPIRATORY THERAPY				30,350	880,483	
050 PHYSICAL THERAPY	9,079		9,079	77,908	2,942,203	
051 OCCUPATIONAL THERAPY	564		564	13,814	577,368	
052 SPEECH PATHOLOGY	668		668	756	244,188	
053 ELECTROCARDIOLOGY	10,813		10,813	399,424	1,542,803	
053 01 CATH LAB	11,435		11,435	372,723	856,083	
053 02 NEUROPSYCH REHAB						
054 ELECTROENCEPHALOGRAPH	1,752	64	1,752	83,821	604,203	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
058 ASC (NON-DISTINCT PAR	4,705		4,705	119,555	1,792,977	
059 RENAL DIALYSIS				14,508	345,466	
060 OUTPAT SERVICE COST C						
060 01 CLINIC				83,821	152,112	
061 EMERGENCY	30,000		30,000	47,641	2,276,079	
062 01 OBSERVATION BEDS (NON					201,219	
062 01 OBSERVATION BEDS (DIS						
071 OTHER REIMBURS COST C						
071 01 HOME HEALTH AGENCY	4,094		4,094	9,309	2,090,614	
071 01 SPEC PURPOSE COST CEN						
093 HOSPICE				2,535	523,797	
095 SUBTOTALS	452,871	1,803	452,871	15,182,687	65,516,374	-36,343,095
096 NONREIMBURS COST CENT						
096 01 GIFT, FLOWER, COFFEE	3,488		3,488	8,278	3,785	
096 01 SIU CLINIC				918		
096 02 WOMEN'S CENTER				248	67,404	
097 RESEARCH	2,210		2,210	13,439	580,154	
098 PHYSICIANS' PRIVATE O						
098 01 NON HOSPITAL PHARMACI					311,792	
098 02 RENTAL PROPERTY	6,470		6,470			
098 03 DECATUR DIGESTIVE CEN					361,595	
098 04 DMH MEDICAL EQUIPMENT		24		115,327	513,547	
098 05 PULMONARY EXTENDED CA	787		787		124	
098 06 SHORE				738		
098 07 PHYSICIAN RECRUITMENT				332	167,406	
098 08 PHYSICIAN PRACTICES	15,192		15,192			
098 09 CCOP FISCAL INTERMEDI				213	126,521	
098 10 ELDERLY SERVICES				17,303	247,409	
098 11 OPTION CARE						
098 12 CENTRAL ILLINOIS SURG					233,696	
098 13 REAL ESTATE MANAGEMEN				707	124,403	
098 14 CORPORATE HEALTH				87,636	2,003,353	
098 16 CANCER CARE INSTITUTE	480		480	6,197	134,997	
098 17 INTEGRATED CENTER				613	35,338	
098 18 SIU						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
101 NONREIMBURS COST CENT						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	411,943	22,598	8,560,584	15,572,182	12,936,693	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.855545		17.779065		.183687	
(WRKSHT B, PT I)		12.368911		1.008912		
105 COST TO BE ALLOCATED					3,645	
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000052	
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					78,219	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001111	
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

14-0135

FROM 10/ 1/2008

WORKSHEET B-1

TO 9/30/2009

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	201,610,448						
009 OPERATION OF PLANT	9,449,912	411,483					
010 LAUNDRY & LINEN SERVICE	1,234,551	6,292	2,005,136				
011 HOUSEKEEPING	3,837,534	57,891		327,701			
012 DIETARY	978,732	3,200	9,169	3,286	178,924		
014 CAFETERIA	1,959,423	10,869		10,783		148,200	
015 NURSING ADMINISTRATION	969,092	2,311		2,311		770	600,386
016 CENTRAL SERVICES & SUPPLY	2,479,128	15,516		15,516		2,060	
017 PHARMACY	2,980,975	2,340		2,340		2,560	
018 MEDICAL RECORDS & LIBRARY	2,658,941	3,710		3,710		5,510	
020 NONPHYSICIAN ANESTHESIOLOGIST							
022 I&R SERVICES-SALARY & BENEFITS	832,219						
023 I&R SERVICES-OTHER PERSONNEL	965,498						
024 PARAMEDICAL PROGRAM	500,035					270	
025 INPATIENT ROUTINE SERVICE CENTER							
026 ADULTS & PEDIATRICS	13,310,878	67,151	702,556	67,151	107,565	21,300	345,182
027 INTENSIVE CARE UNIT	2,976,534	10,662	147,952	10,662	12,963	4,390	82,899
028 CORONARY CARE UNIT	2,902,042	10,388	150,632	10,388	16,875	4,360	75,100
033 SURSERY	134,501	1,257	24,473	1,257		80	1,643
034 SKILLED NURSING FACILITY	1,587,022	17,825	117,360	17,825	27,215	2,480	41,172
036 OTHER LONG TERM CARE	413,132	8,109		8,109		570	11,878
037 ANCILLARY SERVICE COST CENTER							
037 01 OPERATING ROOM	20,656,185	40,115	160,357	40,115	303	8,510	
038 ORTHO MEDICAL	316,557	1,162	6,605	1,162		360	
038 RECOVERY ROOM	1,012,314	1,950	49,818	1,950		1,370	
039 DELIVERY ROOM & LABOR	303,066	2,479		2,479			
040 ANESTHESIOLOGY	803,570	2,032		2,032		2,870	
041 RADIOLOGY-DIAGNOSTIC	19,940,136	26,728	118,570	26,728	859	12,890	
042 RADIOLOGY-THERAPEUTIC	2,996,576	7,361	34,133	7,361		1,560	
044 LABORATORY	8,248,568	10,398		10,398		7,820	
049 RESPIRATORY THERAPY	1,151,647		493			1,940	
050 PHYSICAL THERAPY	5,028,638	9,079	66,513	9,079		6,182	
051 OCCUPATIONAL THERAPY	820,891	564		564		980	
052 SPEECH PATHOLOGY	338,527	668		668		350	
053 ELECTROCARDIOLOGY	3,090,427	10,813	55,110	10,813		3,030	
053 01 CATH LAB	6,075,806	11,435		11,435	877	1,560	
053 02 NEUROPSYCH REHAB							
054 ELECTROENCEPHALOGRAPH	877,955	1,752	17,320	1,752	9	1,210	
055 MEDICAL SUPPLIES CHARGED TO PATIENT	3,428,346						
056 DRUGS CHARGED TO PATIENT	7,679,668						
058 ASC (NON-DIAGNOSTIC) PAR	2,588,272	4,705	117,178	4,705	6,496	3,620	32,573
059 RENAL DIALYSIS	582,056					640	9,939
060 OUTPAT SERVICE COST CENTER							
061 CLINIC	444,228					300	
061 EMERGENCY	3,802,186	30,000	199,583	30,000	3,935	5,520	
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
062 01 OBSERVATION BEDS (DISCOUNTED)	274,727		7,180		1,827	500	
062 OTHER REIMBURSABLE COST CENTER							
071 HOME HEALTH AGENCY	3,025,563	4,094		4,094		3,800	
071 SPEC PURPOSE COST CENTER							
093 HOSPICE	1,016,675		1,137			1,020	
095 SUBTOTALS	144,672,733	382,856	1,986,139	318,673	178,924	110,382	600,386
096 NONREIMBURSABLE COST CENTER							
096 01 GIFT, FLOWER, COFFEE	380,910	3,488		3,488			
096 02 SIU CLINIC	64,802		1,626			1,430	
096 02 WOMEN'S CENTER	152,478					140	
097 RESEARCH	969,987	2,210		2,210		1,290	
098 PHYSICIANS' PRIVATE OFFICE							
098 01 NON HOSPITAL PHARMACY	4,079,259					670	
098 02 RENTAL PROPERTY	120,569	6,470					
098 03 DECATUR DIGESTIVE CENTER	464,543					840	
098 04 DMH MEDICAL EQUIPMENT	1,941,975					1,500	
098 05 PULMONARY EXTENDED CARE	20,654	787		787			
098 06 SHORE	28,808						
098 07 PHYSICIAN RECRUITMENT	971,997					300	
098 08 PHYSICIAN PRACTICES	40,207,322	15,192		2,063		26,010	
098 09 CCOP FISCAL INTERMEDIARY	1,631,429					310	
098 10 ELDERLY SERVICES	475,196		347			590	
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGICAL	289,049					140	
098 13 REAL ESTATE MANAGEMENT	390,009					430	
098 14 CORPORATE HEALTH	4,416,864		16,350			3,770	
098 16 CANCER CARE INSTITUTE	267,491	480		480		350	
098 17 INTEGRATED CENTER	64,373		674			48	
098 18 SIU							

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF) LAUNDRY	(SQUARE FEET)	(MEALS SERVED)	(FTE)	(DIRECT) NRSING HRS)
		6	8	9	10	11	12	14
101	NONREIMBURS COST CENT							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	36,343,095	11,153,391	1,627,643	6,098,459	1,310,494	2,807,914	1,264,020
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.180264	27.105351	.811737	18.609827	7.324305	18.946788	2.105346
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	32,747	43,188	6,243	56,307	3,962	12,694	2,876
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000162	.104957	.003114	.171824	.022143	.085655	.004790
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	6,861,098	1,019,564	170,803	1,317,623	158,992	334,813	149,253
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.034031	2.477779	.085183	4.020809	.888601	2.259197	.248595

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/22/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)
	15	16	17	20	22	23	24
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	22,678,759						
016 PHARMACY	58,235	8,742,343					
017 MEDICAL RECORDS & LIBRARY	30		718,293,005				
020 NONPHYSICIAN ANESTHETISTS				100			
022 I&R SERVICES-SALARY & FRI					100		
023 I&R SERVICES-OTHER PRGM						100	
024 PARAMED PRGM							100
025 INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS	175,822		22,651,068	100	100	100	
026 INTENSIVE CARE UNIT	36,870		8,099,831				
027 CORONARY CARE UNIT	20,383		5,399,684				
033 NURSERY	44,896		523,856				
034 SKILLED NURSING FACILITY	7,555	111	869,740				
036 OTHER LONG TERM CARE			524,584				
037 ANCILLARY SRVC COST CENTER OPERATING ROOM	12,103,149	845	123,545,084				
037 01 ORTHO MEDICAL	82,883		1,364,300				
038 RECOVERY ROOM	6,993		5,504,548				
039 DELIVERY ROOM & LABOR	37,667		5,383,643				
040 ANESTHESIOLOGY	92,505		4,098,842				100
041 RADIOLOGY-DIAGNOSTIC	973,392	454,210	183,365,636				
042 RADIOLOGY-THERAPEUTIC	29,438	611	23,232,762				
044 LABORATORY	275,497		103,958,471				
049 RESPIRATORY THERAPY	33,441	2,468	9,737,333				
050 PHYSICAL THERAPY	30,238		22,917,842				
051 OCCUPATIONAL THERAPY	11,181		10,687,371				
052 SPEECH PATHOLOGY	2,928		1,898,317				
053 ELECTROCARDIOLOGY	28,902	419,270	35,796,736				
053 01 CATH LAB	3,930,841	81,546	44,311,311				
053 02 NEUROPSYCH REHAB							
054 ELECTROENCEPHALOGRAPH	13,653		7,190,743				
055 MEDICAL SUPPLIES CHAR	3,867,165		12,203,397				
056 DRUGS CHARGED TO PATIENT		7,679,668	31,150,535				
058 ASC (NON-DIAGNOSTIC PAR)	32,107		5,347,705				
059 RENAL DIALYSIS	90,339		1,686,733				
060 OUTPAT SERVICE COST CENTER CLINIC	104,182		1,500,752				
061 EMERGENCY	114,049		44,711,640				
062 OBSERVATION BEDS (NON)							
062 01 OBSERVATION BEDS (DIS)	13,014		630,541				
062 OTHER REIMBURS COST CENTER							
071 HOME HEALTH AGENCY	32,944	69					
071 SPEC PURPOSE COST CENTER							
093 HOSPICE	39,260	103,545					
095 SUBTOTALS	22,289,559	8,742,343	718,293,005	100	100	100	100
096 NONREIMBURS COST CENTER							
096 01 GIFT, FLOWER, COFFEE							
096 02 SIU CLINIC							
096 02 WOMEN'S CENTER							
097 RESEARCH	41,383						
098 PHYSICIANS' PRIVATE OFFICE							
098 01 NON HOSPITAL PHARMACY	559						
098 02 RENTAL PROPERTY							
098 03 DECATUR DIGESTIVE CENTER							
098 04 DMH MEDICAL EQUIPMENT	103						
098 05 PULMONARY EXTENDED CARE							
098 06 SHORE							
098 07 PHYSICIAN RECRUITMENT							
098 08 PHYSICIAN PRACTICES	305,457						
098 09 CCOP FISCAL INTERMEDIARY	6						
098 10 ELDERLY SERVICES	8,344						
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGICAL							
098 13 REAL ESTATE MANAGEMENT							
098 14 CORPORATE HEALTH	33,333						
098 16 CANCER CARE INSTITUTE							
098 17 INTEGRATED CENTER	15						
098 18 SIU							

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
		(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS CHARGES)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
		15	16	17	20	22	23	24
101	NONREIMBURS COST CENT							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	3,674,373	3,683,250	3,412,257		982,238	1,139,543	595,289
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.162018	.421312	.004751		9,822.380000	11,395.430000	5,952.890000
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	18,183	5,193	5,205		172	156	123
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000802	.000594	.000007		1.720000	1.560000	1.230000
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	473,300	236,585	209,860		29,103	32,857	24,121
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.020870	.027062	.000292		291.030000	328.570000	241.210000

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:

PERIOD:

PREPARED 2/22/2010

14-0135

FROM 10/1/2008

WORKSHEET C

TO 9/30/2009

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	21,404,697		21,404,697	30,750	21,435,447
26	INTENSIVE CARE UNIT	4,517,717		4,517,717		4,517,717
27	CORONARY CARE UNIT	4,415,612		4,415,612	43,237	4,458,849
33	NURSERY	250,815		250,815		250,815
34	SKILLED NURSING FACILITY	3,121,646		3,121,646		3,121,646
36	OTHER LONG TERM CARE	896,608		896,608		896,608
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	29,055,491		29,055,491	100,168	29,155,659
37	01 ORTHO MEDICAL	458,836		458,836		458,836
38	RECOVERY ROOM	1,377,623		1,377,623		1,377,623
39	DELIVERY ROOM & LABOR ROO	502,707		502,707		502,707
40	ANESTHESIOLOGY	1,725,445		1,725,445		1,725,445
41	RADIOLOGY-DIAGNOSTIC	26,323,151		26,323,151		26,323,151
42	RADIOLOGY-THERAPEUTIC	4,045,929		4,045,929	2,806	4,048,735
44	LABORATORY	10,897,540		10,897,540		10,897,540
49	RESPIRATORY THERAPY	1,449,124		1,449,124	57,026	1,506,150
50	PHYSICAL THERAPY	6,635,070		6,635,070		6,635,070
51	OCCUPATIONAL THERAPY	1,065,807		1,065,807		1,065,807
52	SPEECH PATHOLOGY	446,212		446,212		446,212
53	ELECTROCARDIOLOGY	4,595,378		4,595,378		4,595,378
53	01 CATH LAB	8,611,534		8,611,534		8,611,534
53	02 NEUROPSYCH REHAB					
54	ELECTROENCEPHALOGRAPHY	1,189,738		1,189,738	36,981	1,226,719
55	MEDICAL SUPPLIES CHARGED	4,730,881		4,730,881		4,730,881
56	DRUGS CHARGED TO PATIENTS	12,447,565		12,447,565		12,447,565
58	ASC (NON-DISTINCT PART)	3,580,404		3,580,404		3,580,404
59	RENAL DIALYSIS	742,682		742,682	26,800	769,482
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	553,999		553,999		553,999
61	EMERGENCY	6,385,358		6,385,358		6,385,358
62	OBSERVATION BEDS (NON-DIS	1,700,230		1,700,230		1,700,230
62	01 OBSERVATION BEDS (DISTINC	358,038		358,038		358,038
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	163,485,837		163,485,837	297,768	163,783,605
102	LESS OBSERVATION BEDS	1,700,230		1,700,230		1,700,230
103	TOTAL	161,785,607		161,785,607	297,768	162,083,375

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	20,563,201		20,563,201			
26	INTENSIVE CARE UNIT	8,099,831		8,099,831			
27	CORONARY CARE UNIT	5,399,684		5,399,684			
33	NURSERY	523,856		523,856			
34	SKILLED NURSING FACILITY	869,740		869,740			
36	OTHER LONG TERM CARE	524,584		524,584			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	57,431,938	66,113,146	123,545,084	.235181	.235181	.235992
37	01 ORTHO MEDICAL	100,043	1,264,257	1,364,300	.336316	.336316	.336316
38	RECOVERY ROOM	2,205,433	3,299,115	5,504,548	.250270	.250270	.250270
39	DELIVERY ROOM & LABOR ROO	4,049,661	1,333,982	5,383,643	.093377	.093377	.093377
40	ANESTHESIOLOGY	1,864,345	2,234,497	4,098,842	.420959	.420959	.420959
41	RADIOLOGY-DIAGNOSTIC	39,602,851	143,762,785	183,365,636	.143556	.143556	.143556
42	RADIOLOGY-THERAPEUTIC	913,816	22,318,946	23,232,762	.174148	.174148	.174268
44	LABORATORY	39,223,350	64,735,121	103,958,471	.104826	.104826	.104826
49	RESPIRATORY THERAPY	9,197,726	539,607	9,737,333	.148821	.148821	.154678
50	PHYSICAL THERAPY	6,103,156	16,814,686	22,917,842	.289515	.289515	.289515
51	OCCUPATIONAL THERAPY	3,344,076	7,343,295	10,687,371	.099726	.099726	.099726
52	SPEECH PATHOLOGY	483,945	1,414,372	1,898,317	.235057	.235057	.235057
53	ELECTROCARDIOLOGY	9,992,732	25,804,004	35,796,736	.128374	.128374	.128374
53	01 CATH LAB	26,932,119	17,379,192	44,311,311	.194342	.194342	.194342
53	02 NEUROPSYCH REHAB						
54	ELECTROENCEPHALOGRAPHY	674,397	6,516,346	7,190,743	.165454	.165454	.170597
55	MEDICAL SUPPLIES CHARGED	7,121,982	5,081,415	12,203,397	.387669	.387669	.387669
56	DRUGS CHARGED TO PATIENTS	18,412,084	12,738,451	31,150,535	.399594	.399594	.399594
58	ASC (NON-DISTINCT PART)	56,012	5,291,693	5,347,705	.669522	.669522	.669522
59	RENAL DIALYSIS	1,335,908	350,825	1,686,733	.440308	.440308	.456197
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	102,689	1,398,063	1,500,752	.369148	.369148	.369148
61	EMERGENCY	12,807,158	31,904,482	44,711,640	.142812	.142812	.142812
62	OBSERVATION BEDS (NON-DIS		2,087,867	2,087,867	.814338	.814338	.814338
62	01 OBSERVATION BEDS (DISTINC		630,541	630,541	.567827	.567827	.567827
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	277,936,317	440,356,688	718,293,005			
102	LESS OBSERVATION BEDS						
103	TOTAL	277,936,317	440,356,688	718,293,005			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0135

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

PREPARED 2/22/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	20,563,201		20,563,201			
26	INTENSIVE CARE UNIT	8,099,831		8,099,831			
27	CORONARY CARE UNIT	5,399,684		5,399,684			
33	NURSERY	523,856		523,856			
34	SKILLED NURSING FACILITY	869,740		869,740			
36	OTHER LONG TERM CARE	524,584		524,584			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	57,431,938	66,113,146	123,545,084	.235181	.235181	.235992
37	01 ORTHO MEDICAL	100,043	1,264,257	1,364,300	.336316	.336316	.336316
38	RECOVERY ROOM	2,205,433	3,299,115	5,504,548	.250270	.250270	.250270
39	DELIVERY ROOM & LABOR ROO	4,049,661	1,333,982	5,383,643	.093377	.093377	.093377
40	ANESTHESIOLOGY	1,864,345	2,234,497	4,098,842	.420959	.420959	.420959
41	RADIOLOGY-DIAGNOSTIC	39,602,851	143,762,785	183,365,636	.143556	.143556	.143556
42	RADIOLOGY-THERAPEUTIC	913,816	22,318,946	23,232,762	.174148	.174148	.174268
44	LABORATORY	39,223,350	64,735,121	103,958,471	.104826	.104826	.104826
49	RESPIRATORY THERAPY	9,197,726	539,607	9,737,333	.148821	.148821	.154678
50	PHYSICAL THERAPY	6,103,156	16,814,686	22,917,842	.289515	.289515	.289515
51	OCCUPATIONAL THERAPY	3,344,076	7,343,295	10,687,371	.099726	.099726	.099726
52	SPEECH PATHOLOGY	483,945	1,414,372	1,898,317	.235057	.235057	.235057
53	ELECTROCARDIOLOGY	9,992,732	25,804,004	35,796,736	.128374	.128374	.128374
53	01 CATH LAB	26,932,119	17,379,192	44,311,311	.194342	.194342	.194342
53	02 NEUROPSYCH REHAB						
54	ELECTROENCEPHALOGRAPHY	674,397	6,516,346	7,190,743	.165454	.165454	.170597
55	MEDICAL SUPPLIES CHARGED	7,121,982	5,081,415	12,203,397	.387669	.387669	.387669
56	DRUGS CHARGED TO PATIENTS	18,412,084	12,738,451	31,150,535	.399594	.399594	.399594
58	ASC (NON-DISTINCT PART)	56,012	5,291,693	5,347,705	.669522	.669522	.669522
59	RENAL DIALYSIS	1,335,908	350,825	1,686,733	.440308	.440308	.456197
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	102,689	1,398,063	1,500,752	.369148	.369148	.369148
61	EMERGENCY	12,807,158	31,904,482	44,711,640	.142812	.142812	.142812
62	OBSERVATION BEDS (NON-DIS		2,087,867	2,087,867	.814338	.814338	.814338
62	01 OBSERVATION BEDS (DISTINC		630,541	630,541	.567827	.567827	.567827
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	277,936,317	440,356,688	718,293,005			
102	LESS OBSERVATION BEDS						
103	TOTAL	277,936,317	440,356,688	718,293,005			

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	123,545,084	.235181	.235181
37 01	ORTHO MEDICAL	1,364,300	.336316	.336316
38	RECOVERY ROOM	5,504,548	.250270	.250270
39	DELIVERY ROOM & LABOR ROO	5,383,643	.093377	.093377
40	ANESTHESIOLOGY	4,098,842	.420959	.420959
41	RADIOLOGY-DIAGNOSTIC	183,365,636	.143556	.143556
42	RADIOLOGY-THERAPEUTIC	23,232,762	.174148	.174148
44	LABORATORY	103,958,471	.104826	.104826
49	RESPIRATORY THERAPY	9,737,333	.148821	.148821
50	PHYSICAL THERAPY	22,917,842	.289515	.289515
51	OCCUPATIONAL THERAPY	10,687,371	.099726	.099726
52	SPEECH PATHOLOGY	1,898,317	.235057	.235057
53	ELECTROCARDIOLOGY	35,796,736	.128374	.128374
53 01	CATH LAB	44,311,311	.194342	.194342
53 02	NEUROPSYCH REHAB			
54	ELECTROENCEPHALOGRAPHY	7,190,743	.165454	.165454
55	MEDICAL SUPPLIES CHARGED	12,203,397	.387669	.387669
56	DRUGS CHARGED TO PATIENTS	31,150,535	.399594	.399594
58	ASC (NON-DISTINCT PART)	5,347,705	.669522	.669522
59	RENAL DIALYSIS	1,686,733	.440308	.440308
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,500,752	.369148	.369148
61	EMERGENCY	44,711,640	.142812	.142812
62	OBSERVATION BEDS (NON-DIS	2,087,867	.814338	.814338
62 01	OBSERVATION BEDS (DISTINC	630,541	.567827	.567827
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	682,312,109		
102	LESS OBSERVATION BEDS	2,087,867		
103	TOTAL	680,224,242		

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	29,055,491	3,497,365	25,558,126	349,737	1,482,371	27,223,383
37	01 ORTHO MEDICAL	458,836	67,695	391,141	6,770	22,686	429,380
38	RECOVERY ROOM	1,377,623	100,999	1,276,624	10,100	74,044	1,293,479
39	DELIVERY ROOM & LABOR ROO	502,707	90,975	411,732	9,098	23,880	469,729
40	ANESTHESIOLOGY	1,725,445	244,660	1,480,785	24,466	85,886	1,615,093
41	RADIOLOGY-DIAGNOSTIC	26,323,151	5,672,986	20,650,165	567,299	1,197,710	24,558,142
42	RADIOLOGY-THERAPEUTIC	4,045,929	1,247,391	2,798,538	124,739	162,315	3,758,875
44	LABORATORY	10,897,540	948,510	9,949,030	94,851	577,044	10,225,645
49	RESPIRATORY THERAPY	1,449,124	79,320	1,369,804	7,932	79,449	1,361,743
50	PHYSICAL THERAPY	6,635,070	512,542	6,122,528	51,254	355,107	6,228,709
51	OCCUPATIONAL THERAPY	1,065,807	62,744	1,003,063	6,274	58,178	1,001,355
52	SPEECH PATHOLOGY	446,212	31,047	415,165	3,105	24,080	419,027
53	ELECTROCARDIOLOGY	4,595,378	820,103	3,775,275	82,010	218,966	4,294,402
53	01 CATH LAB	8,611,534	980,504	7,631,030	98,050	442,600	8,070,884
53	02 NEUROPSYCH REHAB						
54	ELECTROENCEPHALOGRAPHY	1,189,738	167,421	1,022,317	16,742	59,294	1,113,702
55	MEDICAL SUPPLIES CHARGED	4,730,881	204,682	4,526,199	20,468	262,520	4,447,893
56	DRUGS CHARGED TO PATIENTS	12,447,565	484,293	11,963,272	48,429	693,870	11,705,266
58	ASC (NON-DISTINCT PART)	3,580,404	366,058	3,214,346	36,606	186,432	3,357,366
59	RENAL DIALYSIS	742,682	41,423	701,259	4,142	40,673	697,867
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	553,999	103,346	450,653	10,335	26,138	517,526
61	EMERGENCY	6,385,358	993,011	5,392,347	99,301	312,756	5,973,301
62	OBSERVATION BEDS (NON-DIS	1,700,230	215,835	1,484,395	21,584	86,095	1,592,551
62	01 OBSERVATION BEDS (DISTINC	358,038	13,568	344,470	1,357	19,979	336,702
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	128,878,742	16,946,478	111,932,264	1,694,649	6,492,073	120,692,020
102	LESS OBSERVATION BEDS	1,700,230	215,835	1,484,395	21,584	86,095	1,592,551
103	TOTAL	127,178,512	16,730,643	110,447,869	1,673,065	6,405,978	119,099,469

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	123,545,084	.220352	.232350
37 01	ORTHO MEDICAL	1,364,300	.314726	.331354
38	RECOVERY ROOM	5,504,548	.234984	.248435
39	DELIVERY ROOM & LABOR ROO	5,383,643	.087251	.091687
40	ANESTHESIOLOGY	4,098,842	.394036	.414990
41	RADIOLOGY-DIAGNOSTIC	183,365,636	.133930	.140462
42	RADIOLOGY-THERAPEUTIC	23,232,762	.161792	.168778
44	LABORATORY	103,958,471	.098363	.103914
49	RESPIRATORY THERAPY	9,737,333	.139848	.148007
50	PHYSICAL THERAPY	22,917,842	.271784	.287279
51	OCCUPATIONAL THERAPY	10,687,371	.093695	.099139
52	SPEECH PATHOLOGY	1,898,317	.220736	.233421
53	ELECTROCARDIOLOGY	35,796,736	.119966	.126083
53 01	CATH LAB	44,311,311	.182140	.192129
53 02	NEUROPSYCH REHAB			
54	ELECTROENCEPHALOGRAPHY	7,190,743	.154880	.163126
55	MEDICAL SUPPLIES CHARGED	12,203,397	.364480	.385992
56	DRUGS CHARGED TO PATIENTS	31,150,535	.375765	.398039
58	ASC (NON-DISTINCT PART)	5,347,705	.627814	.662676
59	RENAL DIALYSIS	1,686,733	.413739	.437852
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,500,752	.344844	.362261
61	EMERGENCY	44,711,640	.133596	.140591
62	OBSERVATION BEDS (NON-DIS	2,087,867	.762765	.804000
62 01	OBSERVATION BEDS (DISTINC	630,541	.533989	.565675
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	682,312,109		
102	LESS OBSERVATION BEDS	2,087,867		
103	TOTAL	680,224,242		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO:
14-0135

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

PREPARED 2/22/2010
WORKSHEET D
PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	87,009		87,009	2,634,107		2,634,107
26	INTENSIVE CARE UNIT	14,272		14,272	468,534		468,534
27	CORONARY CARE UNIT	13,969		13,969	437,491		437,491
33	NURSERY	1,578		1,578	52,239		52,239
101	TOTAL	116,828		116,828	3,592,371		3,592,371

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	36,801	19,902	2.36	46,969	71.58	1,424,585
26	INTENSIVE CARE UNIT	4,930	3,056	2.89	8,832	95.04	290,442
27	CORONARY CARE UNIT	4,893	2,994	2.85	8,533	89.41	267,694
33	NURSERY	2,540		.62		20.57	
101	TOTAL	49,164	25,952		64,334		1,982,721

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 COMPONENT NO: 14-0135
 PREPARED 2/22/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.027816	899,615
37 01	ORTHO MEDICAL	.048517	2,671
38	RECOVERY ROOM	.017853	18,703
39	DELIVERY ROOM & LABOR ROO	.016354	2,095
40	ANESTHESIOLOGY	.059010	50,361
41	RADIOLOGY-DIAGNOSTIC	.030727	751,348
42	RADIOLOGY-THERAPEUTIC	.053291	32,105
44	LABORATORY	.008981	210,638
49	RESPIRATORY THERAPY	.008095	48,393
50	PHYSICAL THERAPY	.021833	63,520
51	OCCUPATIONAL THERAPY	.005780	9,562
52	SPEECH PATHOLOGY	.015897	3,823
53	ELECTROCARDIOLOGY	.022525	177,687
53 01	CATH LAB	.021730	322,272
53 02	NEUROPSYCH REHAB		
54	ELECTROENCEPHALOGRAPHY	.022842	8,412
55	MEDICAL SUPPLIES CHARGED	.016466	99,525
56	DRUGS CHARGED TO PATIENTS	.015353	156,049
58	ASC (NON-DISTINCT PART)	.067165	3,494
59	RENAL DIALYSIS	.024381	22,479
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.068729	2,886
61	EMERGENCY	.021398	168,316
62	OBSERVATION BEDS (NON-DIS	.100071	
62 01	OBSERVATION BEDS (DISTINC	.021242	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		3,053,954

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

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/22/2010
 WORKSHEET D
 PART III

PPS

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

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

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
	TO 9/30/2009	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	36,801		19,902	
26	INTENSIVE CARE UNIT	4,930		3,056	
27	CORONARY CARE UNIT	4,893		2,994	
33	NURSERY	2,540			
34	SKILLED NURSING FACILITY	4,952		4,468	
101	TOTAL	54,116		30,420	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
37 01	ORTHO MEDICAL										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY					595,289					
41	RADIOLOGY-DIAGNOSTIC										
42	RADIOLOGY-THERAPEUTIC										
44	LABORATORY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53 01	CATH LAB										
53 02	NEUROPSYCH REHAB										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
58	ASC (NON-DISTINCT PART)										
59	RENAL DIALYSIS										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
62 01	OBSERVATION BEDS (DISTINC										
	OTHER REIMBURS COST CNTRS										
101	TOTAL					595,289					

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			123,545,084			32,341,620	
37 01	ORTHO MEDICAL			1,364,300			55,054	
38	RECOVERY ROOM			5,504,548			1,047,639	
39	DELIVERY ROOM & LABOR ROO			5,383,643			128,105	
40	ANESTHESIOLOGY	595,289	595,289	4,098,842	.145233	.145233	853,431	123,946
41	RADIOLOGY-DIAGNOSTIC			183,365,636			24,452,370	
42	RADIOLOGY-THERAPEUTIC			23,232,762			602,439	
44	LABORATORY			103,958,471			23,453,695	
49	RESPIRATORY THERAPY			9,737,333			5,978,080	
50	PHYSICAL THERAPY			22,917,842			2,909,363	
51	OCCUPATIONAL THERAPY			10,687,371			1,654,359	
52	SPEECH PATHOLOGY			1,898,317			240,470	
53	ELECTROCARDIOLOGY			35,796,736			7,888,441	
53 01	CATH LAB			44,311,311			14,830,763	
53 02	NEUROPSYCH REHAB							
54	ELECTROENCEPHALOGRAPHY			7,190,743			368,253	
55	MEDICAL SUPPLIES CHARGED			12,203,397			6,044,301	
56	DRUGS CHARGED TO PATIENTS			31,150,535			10,164,095	
58	ASC (NON-DISTINCT PART)			5,347,705			52,017	
59	RENAL DIALYSIS			1,686,733			922,000	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,500,752			41,995	
61	EMERGENCY			44,711,640			7,865,960	
62	OBSERVATION BEDS (NON-DIS			2,087,867				
62 01	OBSERVATION BEDS (DISTINC			630,541				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	595,289	595,289	682,312,109			141,894,450	123,946

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	17,536,383					
37 01	ORTHO MEDICAL	160,017					
38	RECOVERY ROOM	695,606					
39	DELIVERY ROOM & LABOR ROO	48,667					
40	ANESTHESIOLOGY	498,966			72,466		
41	RADIOLOGY-DIAGNOSTIC	54,811,649					
42	RADIOLOGY-THERAPEUTIC	13,568,813					
44	LABORATORY	1,811,506					
49	RESPIRATORY THERAPY	168,187					
50	PHYSICAL THERAPY	345,267					
51	OCCUPATIONAL THERAPY	16,624					
52	SPEECH PATHOLOGY	28,272					
53	ELECTROCARDIOLOGY	10,655,184					
53 01	CATH LAB	8,576,347					
53 02	NEUROPSYCH REHAB						
54	ELECTROENCEPHALOGRAPHY	1,813,644					
55	MEDICAL SUPPLIES CHARGED	2,060,932					
56	DRUGS CHARGED TO PATIENTS	5,289,077					
58	ASC (NON-DISTINCT PART)	1,296,909					
59	RENAL DIALYSIS	233,822					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	175,711					
61	EMERGENCY	6,201,333					
62	OBSERVATION BEDS (NON-DIS	506,621					
62 01	OBSERVATION BEDS (DISTINC	153,001					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	126,652,538			72,466		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.235181	.235181			
37 01 ORTHO MEDICAL	.336316	.336316			
38 RECOVERY ROOM	.250270	.250270			
39 DELIVERY ROOM & LABOR ROOM	.093377	.093377			
40 ANESTHESIOLOGY	.420959	.420959			
41 RADIOLOGY-DIAGNOSTIC	.143556	.143556			
42 RADIOLOGY-THERAPEUTIC	.174148	.174148			
44 LABORATORY	.104826	.104826			
49 RESPIRATORY THERAPY	.148821	.148821			
50 PHYSICAL THERAPY	.289515	.289515			
51 OCCUPATIONAL THERAPY	.099726	.099726			
52 SPEECH PATHOLOGY	.235057	.235057			
53 ELECTROCARDIOLOGY	.128374	.128374			
53 01 CATH LAB	.194342	.194342			
53 02 NEUROPSYCH REHAB					
54 ELECTROENCEPHALOGRAPHY	.165454	.165454			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.387669	.387669			
56 DRUGS CHARGED TO PATIENTS	.399594	.399594			
58 ASC (NON-DISTINCT PART)	.669522	.669522			
59 RENAL DIALYSIS	.440308	.440308			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.369148	.369148			
61 EMERGENCY	.142812	.142812			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.814338	.814338			
62 01 OBSERVATION BEDS (DISTINCT PART)	.567827	.567827			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				4,124,224	284
37 01 ORTHO MEDICAL				53,816	27
38 RECOVERY ROOM				174,089	
39 DELIVERY ROOM & LABOR ROOM				4,544	
40 ANESTHESIOLOGY				210,044	
41 RADIOLOGY-DIAGNOSTIC				7,868,541	
42 RADIOLOGY-THERAPEUTIC				2,362,982	
44 LABORATORY				189,893	
49 RESPIRATORY THERAPY				25,030	
50 PHYSICAL THERAPY				99,960	
51 OCCUPATIONAL THERAPY				1,658	
52 SPEECH PATHOLOGY				6,646	
53 ELECTROCARDIOLOGY				1,367,849	
53 01 CATH LAB				1,666,744	
53 02 NEUROPSYCH REHAB					
54 ELECTROENCEPHALOGRAPHY				300,075	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				798,959	
56 DRUGS CHARGED TO PATIENTS				2,113,483	
58 ASC (NON-DISTINCT PART)				868,309	
59 RENAL DIALYSIS				102,954	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				64,863	
61 EMERGENCY				885,625	149
62 OBSERVATION BEDS (NON-DISTINCT PART)				412,561	
62 01 OBSERVATION BEDS (DISTINCT PART)				86,878	
101 SUBTOTAL				23,789,727	460
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				23,789,727	460

TITLE XVIII, PART B HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
37 01 ORTHO MEDICAL			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
42 RADIOLOGY-THERAPEUTIC			
44 LABORATORY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
53 01 CATH LAB			
53 02 NEUROPSYCH REHAB			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
58 ASC (NON-DISTINCT PART)			
59 RENAL DIALYSIS			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
62 01 OBSERVATION BEDS (DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES			

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 ORTHO MEDICAL						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
53	02 NEUROPSYCH REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0135
 COMPONENT NO: 14-5543
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/22/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER	DESCRIPTION	NEW CAPITAL
LINE NO.			CST/CHRG RATIO COSTS
			7 8
		ANCILLARY SRVC COST CNTRS	
37		OPERATING ROOM	
37	01	ORTHO MEDICAL	
38		RECOVERY ROOM	
39		DELIVERY ROOM & LABOR ROO	
40		ANESTHESIOLOGY	
41		RADIOLOGY-DIAGNOSTIC	
42		RADIOLOGY-THERAPEUTIC	
44		LABORATORY	
49		RESPIRATORY THERAPY	
50		PHYSICAL THERAPY	
51		OCCUPATIONAL THERAPY	
52		SPEECH PATHOLOGY	
53		ELECTROCARDIOLOGY	
53	01	CATH LAB	
53	02	NEUROPSYCH REHAB	
54		ELECTROENCEPHALOGRAPHY	
55		MEDICAL SUPPLIES CHARGED	
56		DRUGS CHARGED TO PATIENTS	
58		ASC (NON-DISTINCT PART)	
59		RENAL DIALYSIS	
		OUTPAT SERVICE COST CNTRS	
60		CLINIC	
61		EMERGENCY	
62		OBSERVATION BEDS (NON-DIS	
62	01	OBSERVATION BEDS (DISTINC	
		OTHER REIMBURS COST CNTRS	
101		TOTAL	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
37 01	ORTHO MEDICAL										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY					595,289					
41	RADIOLOGY-DIAGNOSTIC										
42	RADIOLOGY-THERAPEUTIC										
44	LABORATORY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53 01	CATH LAB										
53 02	NEUROPSYCH REHAB										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
58	ASC (NON-DISTINCT PART)										
59	RENAL DIALYSIS										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
62 01	OBSERVATION BEDS (DISTINC										
	OTHER REIMBURS COST CNTRS										
101	TOTAL					595,289					

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			123,545,084				
37	01 OPERATING ROOM			1,364,300			3,048	
38	RECOVERY ROOM			5,504,548				
39	DELIVERY ROOM & LABOR ROO			5,383,643				
40	ANESTHESIOLOGY	595,289	595,289	4,098,842	.145233	.145233		
41	RADIOLOGY-DIAGNOSTIC			183,365,636			105,246	
42	RADIOLOGY-THERAPEUTIC			23,232,762			1,407	
44	LABORATORY			103,958,471			562,511	
49	RESPIRATORY THERAPY			9,737,333			314,982	
50	PHYSICAL THERAPY			22,917,842			1,931,283	
51	OCCUPATIONAL THERAPY			10,687,371			1,058,823	
52	SPEECH PATHOLOGY			1,898,317			144,196	
53	ELECTROCARDIOLOGY			35,796,736			113,236	
53	01 CATH LAB			44,311,311				
53	02 NEUROPSYCH REHAB							
54	ELECTROENCEPHALOGRAPHY			7,190,743			27,594	
55	MEDICAL SUPPLIES CHARGED			12,203,397			65,138	
56	DRUGS CHARGED TO PATIENTS			31,150,535			502,338	
58	ASC (NON-DISTINCT PART)			5,347,705				
59	RENAL DIALYSIS			1,686,733				
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,500,752				
61	EMERGENCY			44,711,640				
62	OBSERVATION BEDS (NON-DIS			2,087,867				
62	01 OBSERVATION BEDS (DISTINC			630,541				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL	595,289	595,289	682,312,109			4,829,802	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER	DESCRIPTION	OUTPAT PROG CHARGES	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						
37	01	ORTHO MEDICAL						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
42		RADIOLOGY-THERAPEUTIC						
44		LABORATORY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
53	01	CATH LAB						
53	02	NEUROPSYCH REHAB						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
58		ASC (NON-DISTINCT PART)						
59		RENAL DIALYSIS						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
62	01	OBSERVATION BEDS (DISTINC						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0135
 COMPONENT NO: 14-0135
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/22/2010
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		9,809,850	
26	INTENSIVE CARE UNIT		3,823,536	
27	CORONARY CARE UNIT ANCILLARY SRVC COST CNTRS		3,500,344	
37	OPERATING ROOM	.235992	32,341,620	7,632,364
37 01	ORTHO MEDICAL	.336316	55,054	18,516
38	RECOVERY ROOM	.250270	1,047,639	262,193
39	DELIVERY ROOM & LABOR ROOM	.093377	128,105	11,962
40	ANESTHESIOLOGY	.420959	853,431	359,259
41	RADIOLOGY-DIAGNOSTIC	.143556	24,452,370	3,510,284
42	RADIOLOGY-THERAPEUTIC	.174268	602,439	104,986
44	LABORATORY	.104826	23,453,695	2,458,557
49	RESPIRATORY THERAPY	.154678	5,978,080	924,677
50	PHYSICAL THERAPY	.289515	2,909,363	842,304
51	OCCUPATIONAL THERAPY	.099726	1,654,359	164,983
52	SPEECH PATHOLOGY	.235057	240,470	56,524
53	ELECTROCARDIOLOGY	.128374	7,888,441	1,012,671
53 01	CATH LAB	.194342	14,830,763	2,882,240
53 02	NEUROPSYCH REHAB			
54	ELECTROENCEPHALOGRAPHY	.170597	368,253	62,823
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.387669	6,044,301	2,343,188
56	DRUGS CHARGED TO PATIENTS	.399594	10,164,095	4,061,511
58	ASC (NON-DISTINCT PART)	.669522	52,017	34,827
59	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	.456197	922,000	420,614
60	CLINIC	.369148	41,995	15,502
61	EMERGENCY	.142812	7,865,960	1,123,353
62	OBSERVATION BEDS (NON-DISTINCT PART)	.814338		
62 01	OBSERVATION BEDS (DISTINCT PART) OTHER REIMBURS COST CNTRS	.567827		
101	TOTAL		141,894,450	28,303,338
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		141,894,450	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.235181		
37 01	ORTHO MEDICAL	.336316	3,048	1,025
38	RECOVERY ROOM	.250270		
39	DELIVERY ROOM & LABOR ROOM	.093377		
40	ANESTHESIOLOGY	.420959		
41	RADIOLOGY-DIAGNOSTIC	.143556	105,246	15,109
42	RADIOLOGY-THERAPEUTIC	.174148	1,407	245
44	LABORATORY	.104826	562,511	58,966
49	RESPIRATORY THERAPY	.148821	314,982	46,876
50	PHYSICAL THERAPY	.289515	1,931,283	559,135
51	OCCUPATIONAL THERAPY	.099726	1,058,823	105,592
52	SPEECH PATHOLOGY	.235057	144,196	33,894
53	ELECTROCARDIOLOGY	.128374	113,236	14,537
53 01	CATH LAB	.194342		
53 02	NEUROPSYCH REHAB			
54	ELECTROENCEPHALOGRAPHY	.165454	27,594	4,566
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.387669	65,138	25,252
56	DRUGS CHARGED TO PATIENTS	.399594	502,338	200,731
58	ASC (NON-DISTINCT PART)	.669522		
59	RENAL DIALYSIS	.440308		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.369148		
61	EMERGENCY	.142812		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.814338		
62 01	OBSERVATION BEDS (DISTINCT PART)	.567827		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4,829,802	1,065,928
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,829,802	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10,032,756	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	30,098,269	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	320,766	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	271.32	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	5.81	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	5.81	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	12.50	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	5.81	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	5.81	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	5.81	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	5.81	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.021414	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.021138	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)	.021138	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	115,236	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	345,709	
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	460,945	262,577
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		5.21
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		16.25
4.02 SUM OF LINES 4 AND 4.01		21.46
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTR)		6.92
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		2,777,067
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E
14-0135		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
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)	43,952,380	
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)	43,952,380	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,615,933	
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)	402,295	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	123,946	
16 TOTAL	48,094,554	
17 PRIMARY PAYER PAYMENTS	172,407	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	47,922,147	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,586,496	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	85,875	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	649,299	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	454,509	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	649,299	
22 SUBTOTAL	43,704,285	
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	43,704,285	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	43,191,010	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	513,275	
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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	460
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	23,717,261
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	21,742,132
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.803
1.04	LINE 1.01 TIMES LINE 1.03.	19,044,961
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	72,466
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	460
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	2,334
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	2,334
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	2,334
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,874
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	460
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	21,814,598
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	5,406,736
19	SUBTOTAL (SEE INSTRUCTIONS)	16,408,322
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	199,039
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	16,607,361
24	PRIMARY PAYER PAYMENTS	7,782
25	SUBTOTAL	16,599,579
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	841,229
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	588,860
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	841,229
28	SUBTOTAL	17,188,439
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	17,188,439
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	17,109,955
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	78,484
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

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

- COMPUTATION OF LESSER OF COST OR CHARGES

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

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

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E-3
14-5543		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		7.19
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		7.19
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		12.50
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		7.19
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.		12.46
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		12.46
3.10	SEE INSTRUCTIONS		7.17
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		75,610.28
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		7.19
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		7.16
3.21	SEE INSTRUCTIONS	RES INIT YEARS	7.17
3.22	SEE INSTRUCTIONS		7.17
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		75,610.28
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		542,126
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		542,126

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		25,952
5	TOTAL INPATIENT DAYS		43,705
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.593799
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	321,914 279,420	601,334
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		43,705
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.		
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

TITLE XVIII

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 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)	48,240,963
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	172,407
16	TOTAL PART A REASONABLE COST	48,068,556

PART B REASONABLE COST

17	REASONABLE COST	23,790,187
18	PRIMARY PAYER PAYMENTS	7,782
19	TOTAL PART B REASONABLE COST	23,782,405
20	TOTAL REASONABLE COST	71,850,961
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.669004
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.330996

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)	601,334
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	402,295
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	199,039

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)		
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	5.82	
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	5.31	
7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	5.29	
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	88,953.27	
9 MULTIPLY LINE 7 TIMES LINE 8	470,563	
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.593799	
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	279,420	
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])		

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)		
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)		
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP		

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	7.22	
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6.69	
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	6.69	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.024657	
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.006543	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	40,131,025	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	262,577	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	23,377,437			
2 TEMPORARY INVESTMENTS	16,000,000			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	44,907,585			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-7,879,000			
7 INVENTORY	3,692,177			
8 PREPAID EXPENSES	2,917,982			
9 OTHER CURRENT ASSETS	61,986			
10 DUE FROM OTHER FUNDS	30,276			
11 TOTAL CURRENT ASSETS	83,108,443			
FIXED ASSETS				
12 LAND	112,963,833			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS				
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	112,963,833			
OTHER ASSETS				
22 INVESTMENTS	118,436,407			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	44,212,449			
26 TOTAL OTHER ASSETS	162,648,856			
27 TOTAL ASSETS	358,721,132			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	7,995,844			
29 SALARIES, WAGES & FEES PAYABLE	14,129,176			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,940,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	13,666,832			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	37,731,852			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	60,134,062			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	9,094,989			
42 TOTAL LONG-TERM LIABILITIES	69,229,051			
43 TOTAL LIABILITIES	106,960,903			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	251,760,229			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	251,760,229			
52 TOTAL LIABILITIES AND FUND BALANCES	358,721,132			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		213,439,701		
2	NET INCOME (LOSS)		17,294,514		
3	TOTAL		230,734,215		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM	21,026,014			
6					
7					
8					
9					
10	TOTAL ADDITIONS		21,026,014		
11	SUBTOTAL		251,760,229		
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		251,760,229		

		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	22,431,786		22,431,786
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	870,790		870,790
8 00 OTHER LONG TERM CARE	524,584		524,584
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	23,827,160		23,827,160
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	8,200,910		8,200,910
11 00 CORONARY CARE UNIT	6,004,710		6,004,710
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	14,205,620		14,205,620
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	38,032,780		38,032,780
17 00 ANCILLARY SERVICES	232,098,644	412,668,343	644,766,987
18 00 OUTPATIENT SERVICES	13,027,532	34,371,899	47,399,431
19 00 HOME HEALTH AGENCY		3,523,744	3,523,744
23 00 HOSPICE		1,286,448	1,286,448
24 00 NON-REIMBURSABLE COST CENTERS	6,195,566	59,691,644	65,887,210
25 00 TOTAL PATIENT REVENUES	289,354,522	511,542,078	800,896,600

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		254,487,024	
ADD (SPECIFY)			
27 00 BAD DEBTS	18,537,957		
28 00 NET ASSETS RELEASED	156,420		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		18,694,377	
DEDUCT (SPECIFY)			
34 00 RESTRICTED DISBURSEMENTS	19,818		
35 00 LOSS ON EQUIPMENT	13,730		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		33,548	
40 00 TOTAL OPERATING EXPENSES		273,147,853	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/22/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	800,896,600
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	527,674,139
3	NET PATIENT REVENUES	273,222,461
4	LESS: TOTAL OPERATING EXPENSES	273,147,853
5	NET INCOME FROM SERVICE TO PATIENTS	74,608
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,278,115
7	INCOME FROM INVESTMENTS	7,865,880
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	240,307
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	2
11	REBATES AND REFUNDS OF EXPENSES	438,819
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	1,755
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,571,395
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	88,029
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	119,868
21	RENTAL OF VENDING MACHINES	41,658
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER MISC REVENUE	4,667,080
24.01	TRUST DISTRIBUTIONS	750,578
24.02	NET ASSETS RELEASED	156,420
25	TOTAL OTHER INCOME	17,219,906
26	TOTAL	17,294,514
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	17,294,514

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1					5,892	5,892
2					9,309	9,309
3					87,041	87,041
4			130,452			130,452
5	612,721	155,493		14,858	68,823	851,895
HHA REIMBURSABLE SERVICES						
6	930,072					930,072
7	336,913					336,913
8	80,324					80,324
9	8,763					8,763
10	83,839					83,839
11	37,982					37,982
12					32,944	32,944
13					69	69
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,090,614	155,493	130,452	14,858	204,078	2,595,495

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1	-5,892			
2	-9,309			
3		87,041		87,041
4		130,452		130,452
5		851,895	-24,432	827,463
HHA REIMBURSABLE SERVICES				
6		930,072		930,072
7		336,913		336,913
8		80,324		80,324
9		8,763		8,763
10		83,839		83,839
11		37,982		37,982
12		32,944		32,944
13		69		69
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-15,201	2,580,294	-24,432	2,555,862

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 (5A)	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT		87,041			
4	TRANSPORTATION			130,452		
5	ADMINISTRATIVE & GENERAL		87,041	130,452	-1,044,956	1,510,906
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					930,072
7	PHYSICAL THERAPY					336,913
8	OCCUPATIONAL THERAPY					80,324
9	SPEECH PATHOLOGY					8,763
10	MEDICAL SOCIAL SERVICES					83,839
11	HOME HEALTH AIDE					37,982
12	SUPPLIES					32,944
13	DRUGS					69
13. 20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23. 50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)		87,041	130,452	-1,044,956	1,510,906
25	COST TO BE ALLOCATED		87,041	130,452		1,044,956
26	UNIT COST MULTIPLIER		1.000000	1.000000		.691609

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL			3,503	72,787	9,392	384,019
2 SKILLED NURSING CARE	1,573,317					
3 PHYSICAL THERAPY	569,925					
4 OCCUPATIONAL THERAPY	135,877					
5 SPEECH PATHOLOGY	14,824					
6 MEDICAL SOCIAL SERVICES	141,823					
7 HOME HEALTH AIDE	64,251					
8 SUPPLIES	55,728					
9 DRUGS	117					
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)	2,555,862	3,503		72,787	9,392	384,019
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	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	469,701	84,670	110,969		76,189	
2 SKILLED NURSING CARE	1,573,317	283,612				
3 PHYSICAL THERAPY	569,925	102,737				
4 OCCUPATIONAL THERAPY	135,877	24,494				
5 SPEECH PATHOLOGY	14,824	2,672				
6 MEDICAL SOCIAL SERVICES	141,823	25,566				
7 HOME HEALTH AIDE	64,251	11,582				
8 SUPPLIES	55,728	10,046				
9 DRUGS	117	21				
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,025,563	545,400	110,969		76,189	
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	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NONPHYSICIAN ANESTHETIST 20
1 ADMIN & GENERAL	71,998		5,338	29		
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)	71,998		5,338	29		
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	PARAMED ED PRGM 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL				818,894		818,894
2 SKILLED NURSING CARE				1,856,929		1,856,929
3 PHYSICAL THERAPY				672,662		672,662
4 OCCUPATIONAL THERAPY				160,371		160,371
5 SPEECH PATHOLOGY				17,496		17,496
6 MEDICAL SOCIAL SERVICES				167,389		167,389
7 HOME HEALTH AIDE				75,833		75,833
8 SUPPLIES				65,774		65,774
9 DRUGS				138		138
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)				3,835,486		3,835,486
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	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	504,088	2,361,017
3 PHYSICAL THERAPY	182,603	855,265
4 OCCUPATIONAL THERAPY	43,535	203,906
5 SPEECH PATHOLOGY	4,750	22,246
6 MEDICAL SOCIAL SERVICES	45,440	212,829
7 HOME HEALTH AIDE	20,586	96,419
8 SUPPLIES	17,855	83,629
9 DRUGS	37	175
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)	818,894	3,835,486
21 UNIT COST MULTIPLIER	0.271463	

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

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6A
1 ADMIN & GENERAL	4,094		4,094	9,309	2,090,614	
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)	4,094		4,094	9,309	2,090,614	
21 COST TO BE ALLOCATED	3,503		72,787	9,392	384,019	
22 UNIT COST MULTIPLIER	0.855642		17.778945	1.008916	0.183687	

HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)
	6	8	9	10	11	12
1 ADMIN & GENERAL	469,701	4,094		4,094		3,800
2 SKILLED NURSING CARE	1,573,317					
3 PHYSICAL THERAPY	569,925					
4 OCCUPATIONAL THERAPY	135,877					
5 SPEECH PATHOLOGY	14,824					
6 MEDICAL SOCIAL SERVICES	141,823					
7 HOME HEALTH AIDE	64,251					
8 SUPPLIES	55,728					
9 DRUGS	117					
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)	3,025,563	4,094		4,094		3,800
21 COST TO BE ALLOCATED	545,400	110,969		76,189		71,998
22 UNIT COST MULTIPLIER	0.180264	27.105276		18.609917		18.946842

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 14	CENTRAL SERVICES & SUPPLIES (COSTED) REQUIS. 15	PHARMACY (COSTED) REQUIS. 16	MEDICAL RECORDS & LIBRARIES (GROSS) CHARGES 17	NONPHYSICIAN ANESTHETIST (ASSIGNED) TIME 20	I & R SERVICES -SALARY & FR (ASSIGNED) TIME 22
1 ADMIN & GENERAL		32,944	69			
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)		32,944	69			
21 COST TO BE ALLOCATED		5,338	29			
22 UNIT COST MULTIPLIER		0.162033	0.420290			

HHA COST CENTER	I & R SERVICES -OTHER PRGM (ASSIGNED) TIME 23	PARAMEDIC RGM (ASSIGNED) TIME 24
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	2,361,017		2,361,017	13,474	175.23	4,848
2 PHYSICAL THERAPY	3	855,265	51,778	907,043	6,045	150.05	3,500
3 OCCUPATIONAL THERAPY	4	203,906	3,377	207,283	1,648	125.78	829
4 SPEECH PATHOLOGY	5	22,246	585	22,831	119	191.86	38
5 MEDICAL SOCIAL SERVICES	6	212,829		212,829	324	656.88	41
6 HOME HEALTH AIDE SERVICE	7	96,419		96,419	1,447	66.63	643
7 TOTAL		3,751,682	55,740	3,807,422	23,057		9,899

PATIENT SERVICES	-----PROGRAM VISITS----- -----PART B-----		-----COST OF SERVICES----- -----PART B-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	2,832	849,515	496,251	1,345,766
2 PHYSICAL THERAPY		878	525,175	131,744	656,919
3 OCCUPATIONAL THERAPY		511	104,272	64,274	168,546
4 SPEECH PATHOLOGY		60	7,291	11,512	18,803
5 MEDICAL SOCIAL SERVICES		28	26,932	18,393	45,325
6 HOME HEALTH AIDE SERVICES		676	42,843	45,042	87,885
7 TOTAL		4,985	1,556,028	767,216	2,323,244

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

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

PROVIDER NO: 14-0135
 HHA NO: 14-7206
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/22/2010
 WORKSHEET H-6
 PARTS I II & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	83,629	9,095	92,724	55,914	1.658332	18,240
16 COST OF DRUGS	9.00	175		175			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		37,674	30,248	62,476
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.289515	178,845	51,778	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.099726	33,860	3,377	COL 2, LN 3
3 SPEECH PATHOLOGY	52	.235057	2,490	585	COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.387669	23,460	9,095	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.399594			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 3	PROGRAM VISITS 1/1/1998 TO 12/31/1998 4	PRIOR 1/1/1998 3	1/1/1998 TO 12/31/1998 4	
1 PHYSICAL THERAPY		150.05	2.01	3	3.01		
2 OCCUPATIONAL THERAPY		125.78					
3 SPEECH PATHOLOGY		191.86					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HHA NO:	TO 9/30/2009	WORKSHEET H-7
14-7206		PARTS I & II

TITLE XVII I

HHA 1

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

PART A

PART B
NOT SUBJECT TO
DED & COINS
2

PART B
SUBJECT TO
DED & COINS
3

1

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A
SERVICES
1

PART B
SERVICES
2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	1,500,485	686,569
10.02	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	9,993	9,520
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	22,164	10,804
10.04	TOTAL PPS REIMBURSEMENT-PEP EPIISODES	4,952	3,140
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	5,162	6,435
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	1,542,756	716,468
13	EXCESS REASONABLE COST		
14	SUBTOTAL	1,542,756	716,468
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	1,542,756	716,468
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,542,756	716,468
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	1,542,756	716,468
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	1,542,756	716,468
25	INTERIM PAYMENTS	1,542,756	716,468
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 14-0135
HOSPICE NO: 14-1517
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/22/2010
WORKSHEET K

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			39,787	
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	91,870	38,678		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	115,180			137,230
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	316,748			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	523,798	38,678	39,787	137,230

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K
14-1517		

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.	92	92	-92	
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.	2,567	2,567	-2,567	
3 PLANT OPERATION AND MAINTENANCE	9,611	9,611		9,611
4 TRANSPORTATION - STAFF		39,787		39,787
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	76,919	207,467		207,467
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		252,410		252,410
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		316,748		316,748
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	103,545	103,545		103,545
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	39,260	39,260		39,260
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)	231,994	971,487	-2,659	968,828

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

	PROVIDER NO:		PERIOD:		PREPARED 2/22/2010
	14-0135		FROM 10/ 1/2008		WORKSHEET K
	HOSPICE NO:		TO 9/30/2009		
	14-1517				

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		9,611
4 TRANSPORTATION - STAFF		39,787
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL	-50,926	156,541
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		252,410
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		316,748
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		103,545
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		39,260
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)	-50,926	917,902

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-1
14-1517		

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			
6	ADMINISTRATIVE AND GENERAL			60,013
	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)			60,013

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	14-0135	PERIOD:	FROM 10/1/2008	PREPARED	2/22/2010
HOSPICE NO:	14-1517	TO	9/30/2009	WORKSHEET	K-1

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				31,857
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				115,180
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	297,371		19,377	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	297,371		19,377	147,037

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-1
14-1517		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	91,870
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	115,180
8	INPATIENT - RESPIRE CARE	
9	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	316,748
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	
19	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	523,798

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-2
14-1517		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-2
14-1517		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				38,678
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)				38,678

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-2
14-1517		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	38,678
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	38,678

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-3
14-1517		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-3
14-1517		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				137,230
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)				137,230

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-3
14-1517		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	137,230
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	137,230

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
14-1517		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUI LDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF	9,611			9,611
5 VOLUNTEER SERVICE COORDINATION	39,787			
6 ADMINISTRATIVE AND GENERAL	156,541			9,611
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	252,410			
8 INPATIENT - RESPI TE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	316,748			
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	103,545			
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	39,260			
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)	917,902			9,611

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
14-1517		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF	39,787			
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	39,787		205,939	205,939
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			252,410	73,011
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			316,748	91,621
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			103,545	29,951
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			39,260	11,356
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)	39,787		711,963	205,939

COST ALLOCATION -
 HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
14-1517		PART I

HOSPICE 1

TOTAL
 (COL. 5A
 + COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	325,421
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	408,369
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	133,496
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	50,616
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)	917,902

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
14-1517		PART 11

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE			9,611	
5 TRANSPORTATION - STAFF				39,787
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			9,611	39,787
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)			9,611	39,787
45 UNIT COST MULTIPLIER	.000000	.000000	1.000000	1.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
14-1517		PART II

HOSPICE 1

VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
5	6A	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		
6	ADMINISTRATIVE AND GENERAL	-205,939	711,963
7	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		252,410
8	INPATIENT - RESPIRE CARE		
	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		316,748
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		103,545
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		39,260
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30			
31			
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)		205,939
35	UNIT COST MULTIPLIER	.000000	.289255

HOSPICE 1

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE	66,230	450,313
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE	83,113	565,096
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	27,169	184,730
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES	10,301	70,041
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)		1,270,180
30.00 UNIT COST MULTIPLIER	.172437	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.
(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)
	1	2	3	4
1.00 ADMINISTRATIVE AND GENERAL				2,626
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				
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)				2,626
30.00 TOTAL COST TO BE ALLOCATED				2,558
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.974105

HOSPICE COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET) 8
1.00 ADMINISTRATIVE AND GENERAL	523,797		98,773	
2.00 INPATIENT - GENERAL CARE			325,421	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			408,369	
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			133,496	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES			50,616	
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				

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	5	6A	6	8
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	523,797		1,016,675	
30.00 TOTAL COST TO BE ALLOCATED	96,215		183,270	
31.00 UNIT COST MULTIPLIER	.183688		.180264	.000000

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE)
	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL	1,137			1,020
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				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	1,137			1,020
30.00 TOTAL COST TO BE ALLOCATED	923			19,326
31.00 UNIT COST MULTIPLIER	.811785	.000000	.000000	18.947059

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	14	15	16	17
1.00 ADMINISTRATIVE AND GENERAL		39,260	103,545	
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				
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)		39,260	103,545	
30.00 TOTAL COST TO BE ALLOCATED		6,361	43,625	
31.00 UNIT COST MULTIPLIER	.000000	.162022	.421314	.000000

HOSPICE COST CENTER	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	I&R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM COSTS APPRVD (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)
	20	22	23	24
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32				
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				

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

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-5
14-1517		PART 11

HOSPICE 1

HOSPICE COST CENTER	NONPHYSICIAN ANESTHETISTS	I & R SERVICES-SALARY & FRINGES APPRVD	I & R SERVICES-OTHER PRGM COSTS APPRVD	PARAMED ED PRGM
	20	22	23	24
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

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

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-5
14-1517		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.289515	
2	OCCUPATIONAL THERAPY	51	.099726	
3	SPEECH PATHOLOGY	52	.235057	
4	DRUGS CHARGED TO PATIENTS	56	.399594	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.104826	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.387669	
8	EMERGENCY	61	.142812	
9	RADIOLOGY-DIAGNOSTIC	41	.143556	
10	RENAL DIALYSIS	59	.440308	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-6
14-1517		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				1,270,180
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				8,500
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				149.43
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	7,649			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,142,990			
6 UNDUPLICATED MEDICAID DAYS		836		
7 AGGREGATE MEDICAID COST		124,923		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			15	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			2,241	

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2008	2/22/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET L
14-0135		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,287,067
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	85,952
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	121.19
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	12.50
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	2.95
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	96,968
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	5.21
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	16.25
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	21.46
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.44
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	145,946
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,615,933
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)	