

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	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0143	I	FROM 10/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 9/30/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 2/23/2010 TIME 11:36

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:
 ST. MARGARET'S HOSPITAL 14-0143
 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	-354,462	40,411	0	
3	SWING BED - SNF	0	0	0	0	
5	HOSPITAL-BASED SNF	0	347	0	0	
100	TOTAL	0	-354,115	40,411	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 600 EAST FIRST ST P.O. BOX:
 1.01 CITY: SPRING VALLEY STATE: IL ZIP CODE: 61362- COUNTY: BUREAU

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	ST. MARGARET'S HOSPITAL	14-0143	2.01	7/ 1/1966	N	P	N
04.00 SWING BED - SNF	ST. MARGARET'S HOSPITAL	14-U143		6/23/2003	N	P	N
06.00 HOSPITAL-BASED SNF	ST. MARGARET'S HOSPITAL	14-5578		8/10/1987	N	P	N
12.00 HOSP-BASED HOSPIECE	ST. MARGARET'S HOSPITAL	14-1595		7/ 7/1998			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2008 TO: 9/30/2009 1 2
 18 TYPE OF CONTROL 1

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

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

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

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

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

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

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 6/23/2003

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	100	0.0000	0.8386	
	0.00	2	9914	99914

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	158.81%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	36.00%	Y
28.06 TRAINING	1.18%	Y
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

	1	2	3
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	N	N

37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? Y 35H002
 IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS). FI/CONTRACTOR #
 40.01 NAME: SISTERS MARY OF THE PRESENTATION HC FI/CONTRACTOR NAME CAHABA GBA
 40.02 STREET: 1202 PAGE DR SW PO BOX 10007 P.O. BOX:
 40.03 CITY: FARGO STATE: ND ZIP CODE: 58106 0007
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
49.00 SNF	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 2
 53.01 MDH PERIOD: BEGINNING: 10/ 1/2008 ENDING: 9/30/2009
 53.02 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 752,591
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
 0 1 2 3 4

 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. Y 0.00 N 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N 0
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

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

MULTICAMPUS

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 1/26/2010

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0143
 I PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/23/2010
 WORKSHEET S-3
 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / TITLE 3	O/P VISITS / TITLE 4	TRIPS / TITLE 5
1 ADULTS & PEDIATRICS	53	19,345			5,360	827
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF					451	
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	53	19,345			5,811	827
6 INTENSIVE CARE UNIT	6	2,190			514	85
11 NURSERY						209
12 TOTAL	59	21,535			6,325	1,121
13 RPCH VISITS						
15 SKILLED NURSING FACILITY	27	9,855			2,746	
21 HOSPICE						
25 TOTAL	86					
26 OBSERVATION BED DAYS						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION 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			8,535				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			501				
4 ADULTS & PED-SB NF			107				
5 TOTAL ADULTS AND PEDS			9,143				
6 INTENSIVE CARE UNIT			900				
11 NURSERY			585				
12 TOTAL			10,628				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			3,065				
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS			820	314	506		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			102				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES / NET 9	FULL TIME EMPLOYEES / ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES / TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS							
2 HMO					1,516	479	2,910
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		482.79			1,516	479	2,910
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		17.58					
21 HOSPICE		6.26					
25 TOTAL		506.63					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES							
1	TOTAL SALARY	27,441,838		27,441,838	1,048,258.51	26.18	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B		6,462,527	6,462,527	35,608.25	181.49	
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF	836,180		836,180	36,569.16	22.87	
8.01	EXCLUDED AREA SALARIES	9,672,115	-8,655,219	1,016,896	49,999.18	20.34	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	335,844		335,844	5,754.71	58.36	HOSPITAL RECORDS
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						HOSPITAL RECORDS
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	668,114		668,114	4,511.88	148.08	TIME STUDIES
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	1,209,308		1,209,308	9,736.00	124.21	HOME OFFICE RECORDS
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	5,836,494		5,836,494			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	511,715		511,715			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B	214,621		214,621			CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	177,288		177,288	8,288.25	21.39	
22	ADMINISTRATIVE & GENERAL	1,924,329	-101,141	1,823,188	100,385.50	18.16	
22.01	A & G UNDER CONTRACT	259,651		259,651	1,139.92	227.78	
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	396,075		396,075	24,076.25	16.45	
25	LAUNDRY & LINEN SERVICE		30,989	30,989	3,373.50	9.19	
26	HOUSEKEEPING	348,960	-30,989	317,971	32,157.78	9.89	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	733,334	-436,187	297,147	22,195.74	13.39	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA		436,187	436,187	32,581.50	13.39	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	818,085		818,085	21,599.97	37.87	
31	CENTRAL SERVICE AND SUPPLY						
32	PHARMACY						
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,165,979	-24,700	1,141,279	54,304.72	21.02	
34	SOCIAL SERVICE		24,700	24,700	1,166.78	21.17	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	27,701,489	-6,462,527	21,238,962	1,013,790.18	20.95	
2	EXCLUDED AREA SALARIES	10,508,295	-8,655,219	1,853,076	86,568.34	21.41	
3	SUBTOTAL SALARIES	17,193,194	2,192,692	19,385,886	927,221.84	20.91	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	2,213,266		2,213,266	20,002.59	110.65	
5	SUBTOTAL WAGE-RELATED COSTS	5,836,494		5,836,494		30.11	
6	TOTAL	25,242,954	2,192,692	27,435,646	947,224.43	28.96	
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	5,823,701	-101,141	5,722,560	301,269.91	18.99	

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	SERVICES ON/AFTER 10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	4	4.01	4.03
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX		10		
6 .02	RVL				
7	RHC		13		
8	RHB		35		
9	RHA		93		
9 .01	RHX				
9 .02	RHL				
10	RMC		41		
11	RMB		100		
12	RMA		65		
12 .01	RMX		1,010		
12 .02	RML		1,088		
13	RLB				
14	RLA				
14 .01	RLX		8		
15	SE3		152		
16	SE2		60		
17	SE1				
18	SSC				
19	SSB		9		
20	SSA		62		
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		2,746		

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

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

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF DAYS	TOTAL
			RUGs	DAYS		
	1	2	4.05	4.06		5
1	RUC					
2	RUB					
3	RUA					
3	.01 RUX					
3	.02 RUL					
4	RVC					
5	RVB					
6	RVA					
6	.01 RVX					
6	.02 RVL					
7	RHC					
8	RHB					
9	RHA				9	
9	.01 RHX					
9	.02 RHL					
10	RMC					
11	RMB				2	
12	RMA				9	
12	.01 RMX				171	
12	.02 RML				114	
13	RLB					
14	RLA					
14	.01 RLX					
15	SE3				101	
16	SE2				34	
17	SE1					
18	SSC					
19	SSB					
20	SSA				11	
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				451	

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

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

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

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I WORKSHEET S-9
 I HOSPICE NO: I TO 9/30/2009 I
 I 14-1595 I

HOSPICE IDENTIFICATION DATA

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	2,841			
3 INPATIENT RESPITE CARE				
4 GENERAL INPATIENT CARE	3,598	13		
5 TOTAL HOSPICE DAYS	6,439	13		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	320	3,161
3 INPATIENT RESPITE CARE		
4 GENERAL INPATIENT CARE	71	3,682
5 TOTAL HOSPICE DAYS	391	6,843

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	85	1		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6) UNDUPLICATED CENSUS COUNT	75.75 76	13.00		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	7	93
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6) UNDUPLICATED CENSUS COUNT	55.86 5	73.58 81

HOSPITAL UNCOMPENSATED CARE DATA

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 YES
- 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	904,492
17.01	GROSS MEDICAID REVENUES	14,103,089
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	15,007,581

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)	.408379
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	14,103,089
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	5,759,405
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	904,492
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	369,376

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2010
I	14-0143	I	FROM 10/ 1/2008	I	WORKSHEET	S-10
I		I	TO 9/30/2009	I		
I		I		I		

DESCRIPTION

32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	5,759,405
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I PROVIDER NO:
I 14-0143
I

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

I PREPARED 2/23/2010
I WORKSHEET A
I

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT		158,568	158,568	-4,460	154,108
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		2,939	2,939		2,939
3	0300	NEW CAP REL COSTS-BLDG & FIXT		1,266,621	1,266,621	32,172	1,298,793
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		1,909,791	1,909,791	67,822	1,977,613
5	0500	EMPLOYEE BENEFITS	177,288	6,638,899	6,816,187		6,816,187
6	0600	ADMINISTRATIVE & GENERAL	1,924,329	8,096,429	10,020,758	-126,547	9,894,211
8	0800	OPERATION OF PLANT	396,075	1,853,128	2,249,203		2,249,203
9	0900	LAUNDRY & LINEN SERVICE		215,175	215,175	30,989	246,164
10	1000	HOUSEKEEPING	348,960	187,019	535,979	-30,989	504,990
11	1100	DIETARY	733,334	536,481	1,269,815	-755,289	514,526
12	1200	CAFETERIA				755,289	755,289
14	1400	NURSING ADMINISTRATION	818,085	20,323	838,408		838,408
17	1700	MEDICAL RECORDS & LIBRARY	1,165,979	206,990	1,372,969	-24,700	1,348,269
18	1800	SOCIAL SERVICE				24,700	24,700
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	2,693,096	208,114	2,901,210	-81,248	2,819,962
26	2600	INTENSIVE CARE UNIT	709,885	47,573	757,458		757,458
33	3300	NURSERY	81,330	91,647	172,977		172,977
34	3400	SKILLED NURSING FACILITY	836,180	29,959	866,139		866,139
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,810,827	5,278,767	7,089,594		7,089,594
39	3900	DELIVERY ROOM & LABOR ROOM	266,083	50,730	316,813	81,248	398,061
40	4000	ANESTHESIOLOGY		455,048	455,048		455,048
41	4100	RADIOLOGY-DIAGNOSTIC	670,673	1,203,979	1,874,652		1,874,652
41.01	3230	CT SCAN	148,759	410,568	559,327		559,327
41.02	3450	NUCLEAR MEDICINE	95,905	280,087	375,992		375,992
44	4400	LABORATORY	796,318	1,823,700	2,620,018		2,620,018
47	4700	BLOOD STORING, PROCESSING & TRANS.		385,470	385,470		385,470
49	4900	RESPIRATORY THERAPY	411,561	72,286	483,847		483,847
50	5000	PHYSICAL THERAPY	1,096,435	169,758	1,266,193		1,266,193
51	5100	OCCUPATIONAL THERAPY	153,182	6,973	160,155		160,155
52	5200	SPEECH PATHOLOGY	45,178	5,062	50,240		50,240
53	5300	ELECTROCARDIOLOGY	114,931	63,813	178,744		178,744
54	5400	ELECTROENCEPHALOGRAPHY	65,017	11,522	76,539		76,539
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	40,277	314,337	354,614	25,839	380,453
56	5600	DRUGS CHARGED TO PATIENTS	615,120	1,905,379	2,520,499	-25,839	2,494,660
59	3950	SONOGRAPHY	142,390	137,122	279,512		279,512
59.01	3040	AUDIOLOGY				451,415	451,415
59.02	3020	CARDIAC REHAB	145,520	20,677	166,197		166,197
59.03	3021	ECP					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	566,116	119,750	685,866	10,357,608	11,043,474
61	6100	EMERGENCY	700,890	1,241,649	1,942,539		1,942,539
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950	OTHER OUTPATIENT SERVICE COST CENTER					
		OTHER REIMBURS COST CNTRS					
65	6500	AMBULANCE SERVICES		316,894	316,894		316,894
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		412,936	412,936	-412,936	
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
93	9300	HOSPICE	297,167	262,685	559,852		559,852
95		SUBTOTALS	18,066,890	36,418,848	54,485,738	10,365,074	64,850,812
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100	7950	ER PROFESSIONAL CHARGES					
100.01	7951	CONGREGATE LIVING	25,705	2,456	28,161		28,161
100.02	7952	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	821,958	45,319	867,277	-867,277	
100.03	7953	MANAGED CARE	51,550	2,842	54,392		54,392
100.04	7954	RENTAL AREA/PPOS					
100.05	7955	SPECIALTY CLINICS	3,475	1,266	4,741		4,741
100.06	7956	LASALLE SELLETT SUITE	330,438	59,025	389,463	-389,463	
100.07	7957	LASALLE STANMAR SUITE	269,264	36,786	306,050	-306,050	
100.08	7958	ENT	1,089,741	569,447	1,659,188	-1,659,188	
100.09	7959	DURABLE MEDICAL EQUIPMENT	221,984	277,940	499,924		499,924
100.10	7960	PERU MALL	499,936	148,178	648,114	-648,114	
100.11	7961	LADD					
100.12	7962	FAMILY ORTHOPEDIC CENTER	1,693,804	202,459	1,896,263	-1,896,263	
100.13	7963	WOMEN'S HEALTH CENTER	1,122,440	162,782	1,285,222	-1,285,222	
100.14	7964	HENRY	278,571	46,249	324,820		-324,820
100.15	7965	LAMOILLE					
100.16	7966	SPRING VALLEY CLINIC	651,815	90,111	741,926	-741,926	
100.17	7967	OGLESBY MP OB	259,207	40,559	299,766	-299,766	
100.18	7968	FAMILY HEALTH CENTER	1,284,746	233,819	1,518,565	-1,518,565	
100.19	7969	GRANVILLE CLINIC	397,775	86,554	484,329	-484,329	
100.20	7970	PARATRANSIT				142,737	142,737
100.21	7971	OCCUPATIONAL HEALTH	315,874	87,612	403,486	25,280	428,766
100.22	7972	SPORTS MEDICINE CLINIC					
100.24	7974	SURGICAL ASSOCIATES	230	1,117	1,347	-1,347	
100.25	7975	HENNEPIN CLINIC	56,435	54,326	110,761	-110,761	
101		TOTAL	27,441,838	38,567,695	66,009,533	-0-	66,009,533

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0143
II PERIOD:
I FROM 10/ 1/2008
I TO 9/30/2009 II PREPARED 2/23/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		154,108
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	1,257	4,196
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-27,188	1,271,605
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	3,006	1,980,619
5	0500 EMPLOYEE BENEFITS	-1,749,844	5,066,343
6	0600 ADMINISTRATIVE & GENERAL	-3,323,192	6,571,019
8	0800 OPERATION OF PLANT	-1,800	2,247,403
9	0900 LAUNDRY & LINEN SERVICE		246,164
10	1000 HOUSEKEEPING		504,990
11	1100 DIETARY	-7,884	506,642
12	1200 CAFETERIA	-219,296	535,993
14	1400 NURSING ADMINISTRATION		838,408
17	1700 MEDICAL RECORDS & LIBRARY	-22,552	1,325,717
18	1800 SOCIAL SERVICE		24,700
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,334	2,818,628
26	2600 INTENSIVE CARE UNIT		757,458
33	3300 NURSERY	-78,000	94,977
34	3400 SKILLED NURSING FACILITY		866,139
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		7,089,594
39	3900 DELIVERY ROOM & LABOR ROOM		398,061
40	4000 ANESTHESIOLOGY	-222,455	232,593
41	4100 RADIOLOGY-DIAGNOSTIC		1,874,652
41.01	3230 CT SCAN		559,327
41.02	3450 NUCLEAR MEDICINE		375,992
44	4400 LABORATORY		2,620,018
47	4700 BLOOD STORING, PROCESSING & TRANS.		385,470
49	4900 RESPIRATORY THERAPY		483,847
50	5000 PHYSICAL THERAPY	-53,170	1,213,023
51	5100 OCCUPATIONAL THERAPY		160,155
52	5200 SPEECH PATHOLOGY		50,240
53	5300 ELECTROCARDIOLOGY	-24,359	154,385
54	5400 ELECTROENCEPHALOGRAPHY	-2,880	73,659
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		380,453
56	5600 DRUGS CHARGED TO PATIENTS	-714,786	1,779,874
59	3950 SONOGRAPHY	-66,700	212,812
59.01	3040 AUDIOLOGY		451,415
59.02	3020 CARDIAC REHAB		166,197
59.03	3021 ECP		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-6,479,063	4,564,411
61	6100 EMERGENCY	-802,789	1,139,750
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		316,894
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		559,852
95	SUBTOTALS	-13,793,029	51,057,783
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100	7950 ER PROFESSIONAL CHARGES		
100.01	7951 CONGREGATE LIVING		28,161
100.02	7952 VALLEY ORTHOPEDIC AND SPORTS MEDICIN		
100.03	7953 MANAGED CARE		54,392
100.04	7954 RENTAL AREA/PPOS		
100.05	7955 SPECIALTY CLINICS		4,741
100.06	7956 LASALLE SELLETT SUITE		
100.07	7957 LASALLE STANMAR SUITE		
100.08	7958 ENT		
100.09	7959 DURABLE MEDICAL EQUIPMENT		499,924
100.10	7960 PERU MALL		
100.11	7961 LADD		
100.12	7962 FAMILY ORTHOPEDIC CENTER		
100.13	7963 WOMEN'S HEALTH CENTER		
100.14	7964 HENRY		
100.15	7965 LAMOILLE		
100.16	7966 SPRING VALLEY CLINIC		
100.17	7967 OGLESBY MP OB		
100.18	7968 FAMILY HEALTH CENTER		
100.19	7969 GRANVILLE CLINIC		
100.20	7970 PARATRANSIT		142,737
100.21	7971 OCCUPATIONAL HEALTH		428,766
100.22	7972 SPORTS MEDICINE CLINIC		
100.24	7974 SURGICAL ASSOCIATES		
100.25	7975 HENNEPIN CLINIC		
101	TOTAL	-13,793,029	52,216,504

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 9/30/2009 I

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	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CT SCAN	3230	CAT SCAN
41.02	NUCLEAR MEDICINE	3450	NUCLEAR MEDICINE-DIAGNOSTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	SONOGRAPHY	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	AUDIOLOGY	3040	AUDIOLOGY
59.02	CARDIAC REHAB	3020	ACUPUNCTURE
59.03	ECP	3021	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	ER PROFESSIONAL CHARGES	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	CONGREGATE LIVING	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	MANAGED CARE	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	RENTAL AREA/PPOS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	SPECIALTY CLINICS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	LASALLE SELLETT SUITE	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	LASALLE STANMAR SUITE	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	ENT	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	DURABLE MEDICAL EQUIPMENT	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	PERU MALL	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	LADD	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	FAMILY ORTHOPEDIC CENTER	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	WOMEN'S HEALTH CENTER	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	HENRY	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	LAMOILLE	7965	OTHER NONREIMBURSABLE COST CENTERS
100.16	SPRING VALLEY CLINIC	7966	OTHER NONREIMBURSABLE COST CENTERS
100.17	OGLESBY MP OB	7967	OTHER NONREIMBURSABLE COST CENTERS
100.18	FAMILY HEALTH CENTER	7968	OTHER NONREIMBURSABLE COST CENTERS
100.19	GRANVILLE CLINIC	7969	OTHER NONREIMBURSABLE COST CENTERS
100.20	PARATRANSIT	7970	OTHER NONREIMBURSABLE COST CENTERS
100.21	OCCUPATIONAL HEALTH	7971	OTHER NONREIMBURSABLE COST CENTERS
100.22	SPORTS MEDICINE CLINIC	7972	OTHER NONREIMBURSABLE COST CENTERS
100.24	SURGICAL ASSOCIATES	7974	OTHER NONREIMBURSABLE COST CENTERS
100.25	HENNEPIN CLINIC	7975	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140143

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

PREPARED 2/23/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 DIETARY	C	CAFETERIA	12	436,187	319,102
2 LAUNDRY SALARIES	D	LAUNDRY & LINEN SERVICE	9	30,989	
3 SOCIAL SERVICE SALARIES	E	SOCIAL SERVICE	18	24,700	
4 DEPRECIATION FOR "OFF CAMPUS CLINICS	G	CLINIC	60		271,147
5		OCCUPATIONAL HEALTH	100.21		25,280
6		CLINIC	60		325
7		CLINIC	60		4,460
8 AUDIOLOGY COSTS	J	AUDIOLOGY	59.01		451,415
9 INTEREST EXPENSE ON EQUIPMENT	K	NEW CAP REL COSTS-MVBLE EQUIP	4		67,822
10		ADMINISTRATIVE & GENERAL	6		16,190
11		NEW CAP REL COSTS-BLDG & FIXT	3		328,924
12 PARATRANSIT COSTS	L	PARATRANSIT	100.20	101,141	41,596
13 LABOR AND DELIVERY SALARIES	M	DELIVERY ROOM & LABOR ROOM	39	81,248	
14 PROV BASED CLINIC SALARIES	Q	CLINIC	60	8,756,360	
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28 PROVIDER BASED OTHER EXPENSES	R	CLINIC	60		1,325,316
29					
30					
31					
32					
33					
34					
35					
1 PROVIDER BASED OTHER EXPENSES	R				
2					
3					
4					
5					
6					
7 IV COSTS FROM PHARMACY	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	9,430,625	25,839
36 TOTAL RECLASSIFICATIONS					2,877,416

(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: 140143	PERIOD: FROM 10/ 1/2008 TO 9/30/2009	PREPARED 2/23/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 DIETARY	C	DIETARY	11		436,187	319,102	
2 LAUNDRY SALARIES	D	HOUSEKEEPING	10		30,989		
3 SOCIAL SERVICE SALARIES	E	MEDICAL RECORDS & LIBRARY	17		24,700		
4 DEPRECIATION FOR "OFF CAMPUS CLINICS	G	OLD CAP REL COSTS-BLDG & FIXT	1			4,460	9
5							9
6		NEW CAP REL COSTS-BLDG & FIXT	3			296,752	9
7							9
8 AUDIOLOGY COSTS	J	ENT	100.08			451,415	
9 INTEREST EXPENSE ON EQUIPMENT	K	INTEREST EXPENSE	88			412,936	11
10							11
11							11
12 PARATRANSIT COSTS	L	ADMINISTRATIVE & GENERAL	6		101,141	41,596	
13 LABOR AND DELIVERY SALARIES	M	ADULTS & PEDIATRICS	25		81,248		
14 PROV BASED CLINIC SALARIES	Q	LASALLE SELLETT SUITE	100.06		330,438		
15		LASALLE STANMAR SUITE	100.07		269,264		
16		FAMILY HEALTH CENTER	100.18		1,284,746		
17		HENRY	100.14		278,571		
18		SPRING VALLEY CLINIC	100.16		651,815		
19		OGLESBY MP OB	100.17		259,207		
20		GRANVILLE CLINIC	100.19		397,775		
21		PERU MALL	100.10		499,936		
22		FAMILY ORTHOPEDIC CENTER	100.12		1,693,804		
23		ENT	100.08		1,089,741		
24		WOMEN'S HEALTH CENTER	100.13		1,122,440		
25		HENNEPIN CLINIC	100.25		56,435		
26		VALLEY ORTHOPEDIC AND SPORTS MEDICIN	100.02		821,958		
27		SURGICAL ASSOCIATES	100.24		230		
28 PROVIDER BASED OTHER EXPENSES	R	LASALLE SELLETT SUITE	100.06			59,025	
29		LASALLE STANMAR SUITE	100.07			36,786	
30		FAMILY HEALTH CENTER	100.18			233,819	
31		HENRY	100.14			46,249	
32		SPRING VALLEY CLINIC	100.16			90,111	
33		VALLEY ORTHOPEDIC AND SPORTS MEDICIN	100.02			45,319	
34		OGLESBY MP OB	100.17			40,559	
35		GRANVILLE CLINIC	100.19			86,554	
1 PROVIDER BASED OTHER EXPENSES	R	PERU MALL	100.10			148,178	
2		SURGICAL ASSOCIATES	100.24			1,117	
3		FAMILY ORTHOPEDIC CENTER	100.12			202,459	
4		WOMEN'S HEALTH CENTER	100.13			162,782	
5		ENT	100.08			118,032	
6		HENNEPIN CLINIC	100.25			54,326	
7 IV COSTS FROM PHARMACY	A	DRUGS CHARGED TO PATIENTS	56			25,839	
36 TOTAL RECLASSIFICATIONS					9,430,625	2,877,416	

(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:
140143

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

PREPARED 2/23/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: C
EXPLANATION : DIETARY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	755,289
TOTAL RECLASSIFICATIONS FOR CODE C			755,289

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	755,289	
		755,289	

RECLASS CODE: D
EXPLANATION : LAUNDRY SALARIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	30,989
TOTAL RECLASSIFICATIONS FOR CODE D			30,989

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10	30,989	
		30,989	

RECLASS CODE: E
EXPLANATION : SOCIAL SERVICE SALARIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	SOCIAL SERVICE	18	24,700
TOTAL RECLASSIFICATIONS FOR CODE E			24,700

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL RECORDS & LIBRARY	17	24,700	
		24,700	

RECLASS CODE: G
EXPLANATION : DEPRECIATION FOR "OFF CAMPUS CLINICS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	271,147
2.00	OCCUPATIONAL HEALTH	100.21	25,280
3.00	CLINIC	60	325
4.00	CLINIC	60	4,460
TOTAL RECLASSIFICATIONS FOR CODE G			301,212

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	4,460	
		0	
NEW CAP REL COSTS-BLDG & FIXT	3	296,752	
		0	
		301,212	

RECLASS CODE: J
EXPLANATION : AUDIOLOGY COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	AUDIOLOGY	59.01	451,415
TOTAL RECLASSIFICATIONS FOR CODE J			451,415

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ENT	100.08	451,415	
		451,415	

RECLASS CODE: K
EXPLANATION : INTEREST EXPENSE ON EQUIPMENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	67,822
2.00	ADMINISTRATIVE & GENERAL	6	16,190
3.00	NEW CAP REL COSTS-BLDG & FIXT	3	328,924
TOTAL RECLASSIFICATIONS FOR CODE K			412,936

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	412,936	
		0	
		0	
		412,936	

RECLASS CODE: L
EXPLANATION : PARATRANSIT COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARATRANSIT	100.20	142,737
TOTAL RECLASSIFICATIONS FOR CODE L			142,737

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	142,737	
		142,737	

RECLASS CODE: M
EXPLANATION : LABOR AND DELIVERY SALARIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	81,248
TOTAL RECLASSIFICATIONS FOR CODE M			81,248

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	81,248	
		81,248	

RECLASS CODE: Q
EXPLANATION : PROV BASED CLINIC SALARIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	8,756,360

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
LASALLE SELLETT SUITE	100.06	330,438	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140143	FROM 10/ 1/2008	2/23/2010
	TO 9/30/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: Q
 EXPLANATION : PROV BASED CLINIC SALARIES

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
2.00			0	LASALLE STANMAR SUITE	100.07	269,264		
3.00			0	FAMILY HEALTH CENTER	100.18	1,284,746		
4.00			0	HENRY	100.14	278,571		
5.00			0	SPRING VALLEY CLINIC	100.16	651,815		
6.00			0	OGLESBY MP OB	100.17	259,207		
7.00			0	GRANVILLE CLINIC	100.19	397,775		
8.00			0	PERU MALL	100.10	499,936		
9.00			0	FAMILY ORTHOPEDIC CENTER	100.12	1,693,804		
10.00			0	ENT	100.08	1,089,741		
11.00			0	WOMEN'S HEALTH CENTER	100.13	1,122,440		
12.00			0	HENNEPIN CLINIC	100.25	56,435		
13.00			0	VALLEY ORTHOPEDIC AND SPORTS M	100.02	821,958		
14.00			0	SURGICAL ASSOCIATES	100.24	230		
TOTAL RECLASSIFICATIONS FOR CODE Q			8,756,360					8,756,360

RECLASS CODE: R
 EXPLANATION : PROVIDER BASED OTHER EXPENSES

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	CLINIC	60	1,325,316	LASALLE SELLETT SUITE	100.06	59,025		
2.00			0	LASALLE STANMAR SUITE	100.07	36,786		
3.00			0	FAMILY HEALTH CENTER	100.18	233,819		
4.00			0	HENRY	100.14	46,249		
5.00			0	SPRING VALLEY CLINIC	100.16	90,111		
6.00			0	VALLEY ORTHOPEDIC AND SPORTS M	100.02	45,319		
7.00			0	OGLESBY MP OB	100.17	40,559		
8.00			0	GRANVILLE CLINIC	100.19	86,554		
9.00			0	PERU MALL	100.10	148,178		
10.00			0	SURGICAL ASSOCIATES	100.24	1,117		
11.00			0	FAMILY ORTHOPEDIC CENTER	100.12	202,459		
12.00			0	WOMEN'S HEALTH CENTER	100.13	162,782		
13.00			0	ENT	100.08	118,032		
14.00			0	HENNEPIN CLINIC	100.25	54,326		
TOTAL RECLASSIFICATIONS FOR CODE R			1,325,316					1,325,316

RECLASS CODE: A
 EXPLANATION : IV COSTS FROM PHARMACY

INCREASE				DECREASE				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	25,839	DRUGS CHARGED TO PATIENTS	56	25,839		
TOTAL RECLASSIFICATIONS FOR CODE A			25,839					25,839

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS	1,017					1,017	
3	BUILDINGS & FIXTURE	1,082,278					1,082,278	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	13,259					13,259	
7	SUBTOTAL	1,096,554					1,096,554	
8	RECONCILING ITEMS							
9	TOTAL	1,096,554					1,096,554	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	2,309,229	244,799		244,799		2,554,028	
2	LAND IMPROVEMENTS	2,052,280	146,163		146,163	8,014	2,190,429	
3	BUILDINGS & FIXTURE	38,540,179	2,135,440		2,135,440	3,953,615	36,722,004	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	20,644,604	253,572		253,572	18,126	20,880,050	
7	SUBTOTAL	63,546,292	2,779,974		2,779,974	3,979,755	62,346,511	
8	RECONCILING ITEMS							
9	TOTAL	63,546,292	2,779,974		2,779,974	3,979,755	62,346,511	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
DESCRIPTION		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	1,083,295		1,083,295	.017791				
2	OLD CAP REL COSTS-MV	13,259		13,259	.000218				
3	NEW CAP REL COSTS-BL	38,912,433		38,912,433	.639071				
4	NEW CAP REL COSTS-MV	20,880,050		20,880,050	.342920				
5	TOTAL	60,889,037		60,889,037	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	154,108						154,108
2	OLD CAP REL COSTS-MV	4,196						4,196
3	NEW CAP REL COSTS-BL	969,869		301,736				1,271,605
4	NEW CAP REL COSTS-MV	1,912,797		67,822				1,980,619
5	TOTAL	3,040,970		369,558				3,410,528

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	158,568						158,568
2	OLD CAP REL COSTS-MV	2,939						2,939
3	NEW CAP REL COSTS-BL	1,266,621						1,266,621
4	NEW CAP REL COSTS-MV	1,909,791						1,909,791
5	TOTAL	3,337,919						3,337,919

* 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

DESCRIPTION (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	
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	B	-24,446	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-4,624	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE	A	-1,800	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-7,874,331			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-46,076			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-219,296	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-714,786	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-22,552	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-7,884	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3		**COST CENTER DELETED**	71	
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	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			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 LIFELINE	B	-1,334	ADULTS & PEDIATRICS	25	
37.01 OUTSIDE PHYSICAL THERAPY	B	-53,170	PHYSICAL THERAPY	50	
37.03 OB COMISSIONS	B	-523	ADMINISTRATIVE & GENERAL	6	
37.04 HOME OFFICE OPERATING INTEREST INCOM	B	-2,742	NEW CAP REL COSTS-BLDG &	3	11
37.05					
37.06 PATIENT PHONES	A	-36,042	ADMINISTRATIVE & GENERAL	6	
37.07 PATIENT PHONES DEPRECIATION	A	-11,372	NEW CAP REL COSTS-MVBLE E	4	9
37.10 MISC INCOME	B	-29,125	ADMINISTRATIVE & GENERAL	6	
37.11 PHYSICIAN RECRUITMENT	A	-104,341	ADMINISTRATIVE & GENERAL	6	
37.12 EMPLOYEE HEALTH	A	-1,535,223	EMPLOYEE BENEFITS	5	
37.13 PROVISION FOR BAD DEBTS	A	-3,060,284	ADMINISTRATIVE & GENERAL	6	
37.15 ADMIN COSTS FOR POB	A	-727	ADMINISTRATIVE & GENERAL	6	
37.16 PHYSICIAN RECRUITMENT	A	-16,536	CLINIC	60	
37.17 LOBBYING PORTION OF IHHA DUES	A	-25,815	ADMINISTRATIVE & GENERAL	6	
37.18					
38 OTHER ADJUSTMENTS (SPECIFY)					
39 OTHER ADJUSTMENTS (SPECIFY)					
40 OTHER ADJUSTMENTS (SPECIFY)					
41 OTHER ADJUSTMENTS (SPECIFY)					
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-13,793,029			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL MANAGEMENT FEES	1,296,509	1,352,220	-55,711	
2	6	ADMINISTRATIVE & GENERAL SISTERS SALARIES		6,000	-6,000	
3	2	OLD CAP REL COSTS-MVBLE E OLD CAPITAL COSTS	1,257		1,257	9
4	4	NEW CAP REL COSTS-MVBLE E NEW CAPITAL COSTS	14,378		14,378	9
4.01						
5		TOTALS	1,312,144	1,358,220	-46,076	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	SRS OF MARY OF THE PRES	0.00	RELIGIOUS COMMUNITY
2	G	0.00		0.00	MANAGEMENT COMPANY
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	
5.01		0.00		0.00	
5.02		0.00		0.00	
5.03		0.00		0.00	
5.04		0.00		0.00	
5.05		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 40	ANESTHESIOLOGY	249,996	208,877	41,119	167,500	342	27,541	1,377
2 61	EMERGENCY ROOM	1,088,474	570,360	518,114	142,500	4,170	285,685	14,284
3 59	SONOGRAPHY	66,700	66,700					
5 60	VALLEY ORTHO SPORTS MEDIC	687,715	687,715					
6 44	LABORATORY	35,000		35,000	208,000	520	52,000	2,600
7 54	EEG	2,880	2,880					
8 33	NURSERY	78,000	78,000					
9 60	LASALLE - SELLET	213,927	213,927					
10 60	LASALLE - STANMAR	110,122	110,122					
11 60	FAMILY HEALTH	884,725	884,725					
12 60	HENRY	154,901	154,901					
13 60	SPRING VALLEY	383,150	383,150					
14 60	OGLESBY	180,939	180,939					
15 60	GRANVILLE	280,159	280,159					
16 60	PMMC	327,140	327,140					
17								
18 60	FOC	1,341,746	1,341,746					
19 60	WOMEN'S HEALTH	895,046	895,046					
20 60	ENT	971,726	971,726					
21 5	BENEFITS FOR PROV BASED P	214,621	214,621					
22 53	EKG	24,359	24,359					
23								
24 60	HENNEPIN	31,231	31,231					
101	TOTAL	8,222,557	7,628,324	594,233		5,032	365,226	18,261

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 40	ANESTHESIOLOGY					27,541	13,578	222,455
2 61	EMERGENCY ROOM					285,685	232,429	802,789
3 59	SONOGRAPHY							66,700
5 60	VALLEY ORTHO SPORTS MEDIC							687,715
6 44	LABORATORY					52,000		
7 54	EEG							2,880
8 33	NURSERY							78,000
9 60	LASALLE - SELLET							213,927
10 60	LASALLE - STANMAR							110,122
11 60	FAMILY HEALTH							884,725
12 60	HENRY							154,901
13 60	SPRING VALLEY							383,150
14 60	OGLESBY							180,939
15 60	GRANVILLE							280,159
16 60	PMMC							327,140
17								
18 60	FOC							1,341,746
19 60	WOMEN'S HEALTH							895,046
20 60	ENT							971,726
21 5	BENEFITS FOR PROV BASED P							214,621
22 53	EKG							24,359
23								
24 60	HENNEPIN							31,231
101	TOTAL					365,226	246,007	7,874,331

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 9/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
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	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARY	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	HOURS OF	SERVICE	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	PATIENT	CHARGES	ENTERED
18	SOCIAL SERVICE	15	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL 5a.00
	0	1	2	3	4	5	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	154,108	154,108					
003 OLD CAP REL COSTS-MVBLE E	4,196		4,196				
004 NEW CAP REL COSTS-BLDG &	1,271,605			1,271,605			
005 NEW CAP REL COSTS-MVBLE E	1,980,619				1,980,619		
006 EMPLOYEE BENEFITS	5,066,343	584		4,822		5,071,749	
008 ADMINISTRATIVE & GENERAL	6,571,019	48,285	253	398,443	411,256	444,511	7,873,767
009 OPERATION OF PLANT	2,247,403	16,212	3,481	133,774	226,156	96,567	2,723,593
010 LAUNDRY & LINEN SERVICE	246,164	420		3,462		7,555	257,601
011 HOUSEKEEPING	504,990	1,675		13,817	2,230	77,525	600,237
012 DIETARY	506,642	4,201		34,663	11,330	72,447	629,283
014 CAFETERIA	535,993	1,431		11,812		106,347	655,583
017 NURSING ADMINISTRATION	838,408	1,687	14	13,922	1,817	199,457	1,055,305
018 MEDICAL RECORDS & LIBRARY	1,325,717	1,477		12,187	13,672	278,255	1,631,308
018 SOCIAL SERVICE	24,700	740		6,104		6,022	37,566
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,818,628	12,586		103,854	93,229	636,795	3,665,092
033 INTENSIVE CARE UNIT	757,458	3,072		25,346	3,535	173,077	962,488
034 NURSERY	94,977	645		5,324	3,552	19,829	124,327
034 SKILLED NURSING FACILITY	866,139	5,585		46,082	13,611	203,869	1,135,286
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,089,594	7,952		65,611	399,322	441,498	8,003,977
039 DELIVERY ROOM & LABOR ROO	398,061	325		2,681	49,622	84,683	535,372
040 ANESTHESIOLOGY	232,593	739		6,095	57,474		296,901
041 RADIOLOGY-DIAGNOSTIC	1,874,652	2,672	251	22,045	158,151	163,517	2,221,288
041 01 CT SCAN	559,327	343		2,834	7,231	36,269	606,004
041 02 NUCLEAR MEDICINE	375,992	853		7,042	48,871	23,383	456,141
044 LABORATORY	2,620,018	2,066	23	17,044	55,221	194,150	2,888,522
047 BLOOD STORING, PROCESSING	385,470	124		1,020	1,457		388,071
049 RESPIRATORY THERAPY	483,847	619		5,106	17,870	100,343	607,785
050 PHYSICAL THERAPY	1,213,023	5,761		47,534	21,394	267,322	1,555,034
051 OCCUPATIONAL THERAPY	160,155	21		170		37,347	197,693
052 SPEECH PATHOLOGY	50,240				860	11,015	62,115
053 ELECTROCARDIOLOGY	154,385	70	106	576	16,814	28,021	199,972
054 ELECTROENCEPHALOGRAPHY	73,659	1,116		9,209	7,623	15,852	107,459
055 MEDICAL SUPPLIES CHARGED	380,453	3,987		32,897	3,575	9,820	430,732
056 DRUGS CHARGED TO PATIENTS	1,779,874	841	29	6,937	3,947	149,972	1,941,600
059 SONOGRAPHY	212,812	203		1,674	56,427	34,716	305,832
059 01 AUDIOLOGY	451,415				995		452,410
059 02 CARDIAC REHAB	166,197	788		6,501	29,289	35,479	238,254
059 03 ECP							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	4,564,411	5,560		45,877	178,936	697,294	5,492,078
061 EMERGENCY	1,139,750	2,908		23,994	50,931	170,884	1,388,467
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	316,894						316,894
065 SPEC PURPOSE COST CENTERS							
093 HOSPICE	559,852	515		4,247	1,646	72,452	638,712
095 SUBTOTALS	51,057,783	136,063	4,157	1,122,706	1,948,044	4,896,273	50,682,749
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		421		3,475			3,896
100 ER PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING	28,161	7,014		57,877		6,267	99,319
100 02 VALLEY ORTHOPEDIC AND SPO							
100 03 MANAGED CARE	54,392					12,568	66,960
100 04 RENTAL AREA/PPOS		9,078		74,903			83,981
100 05 SPECIALTY CLINICS	4,741				96	847	5,684
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT	499,924	1,532		12,644	7,424	54,122	575,646
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MP OB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT	142,737		39		23,552	24,659	190,987
100 21 OCCUPATIONAL HEALTH	428,766				1,503	77,013	507,282
100 22 SPORTS MEDICINE CLINIC							
100 24 SURGICAL ASSOCIATES							
100 25 HENNEPIN CLINIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	52,216,504	154,108	4,196	1,271,605	1,980,619	5,071,749	52,216,504

COST ALLOCATION - GENERAL SERVICE COSTS

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	7,873,767						
009 OPERATION OF PLANT	483,618	3,207,211					
010 LAUNDRY & LINEN SERVICE	45,741	15,115	318,457				
011 HOUSEKEEPING	106,582	60,328		767,147			
012 DIETARY	111,739	151,344		39,353	931,719		
014 CAFETERIA	116,409	51,571		28,055		851,618	
017 NURSING ADMINISTRATION	187,386	60,785		19,898		31,750	1,355,124
018 MEDICAL RECORDS & LIBRARY	289,665	53,208		40,924		99,991	
018 SOCIAL SERVICE	6,670	26,652		604			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	650,796	453,441	155,098	277,831	525,224	188,969	576,545
033 INTENSIVE CARE UNIT	170,905	110,662	12,738	33,734	61,624	35,451	108,566
034 NURSERY	202,076	23,244		3,222		8,197	25,104
034 SKILLED NURSING FACILITY	201,588	201,201	79,615	68,616	179,457	53,773	164,640
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,421,238	286,468	25,319	56,472	60,731	106,689	326,592
039 DELIVERY ROOM & LABOR ROO	95,064	11,708		12,789		15,844	50,591
040 ANESTHESIOLOGY	52,720	26,614		604			
041 RADIOLOGY-DIAGNOSTIC	394,425	96,251	15,855	18,347		42,425	
041 01 CT SCAN	107,606	12,374	3,184	1,269		7,463	
041 02 NUCLEAR MEDICINE	80,995	30,745		1,269		4,833	
044 LABORATORY	512,903	74,415	130	15,185		55,822	
047 BLOOD STORING, PROCESSING	68,908	4,455		1,490			
049 RESPIRATORY THERAPY	107,922	22,292	622	3,444		23,216	
050 PHYSICAL THERAPY	276,121	207,541	12,738	8,096			
051 OCCUPATIONAL THERAPY	35,104	742					
052 SPEECH PATHOLOGY	11,030			1,269			
053 ELECTROCARDIOLOGY	35,508	2,513		2,236		6,546	
054 ELECTROENCEPHALOGRAPHY	19,081	40,206		524		4,894	
055 MEDICAL SUPPLIES CHARGED	76,483	143,634		3,504		4,955	
056 DRUGS CHARGED TO PATIENTS	344,762	30,288		11,439		25,602	
059 SONOGRAPHY	54,305	7,310		1,269		6,699	
059 01 AUDIOLOGY	80,333			1,269			
059 02 CARDIAC REHAB	42,306	28,384					
059 03 ECP							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	975,206	200,307				50,806	
061 EMERGENCY	246,545	104,760	12,738	15,105		33,677	103,086
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	56,270						
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	113,414	18,542				19,148	
095 SUBTOTALS	7,601,424	2,557,100	318,037	667,817	827,036	826,750	1,355,124
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	692	15,172		1,269			
100 ER PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING	17,636	252,696			104,683	2,600	
100 02 VALLEY ORTHOPEDIC AND SPO							
100 03 MANAGED CARE	11,890					3,059	
100 04 RENTAL AREA/PPOS	14,912	327,036		98,061			
100 05 SPECIALTY CLINICS	1,009		420			459	
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT	102,215	55,207					
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MP OB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT	33,913					3,059	
100 21 OCCUPATIONAL HEALTH	90,076					15,691	
100 22 SPORTS MEDICINE CLINIC							
100 24 SURGICAL ASSOCIATES							
100 25 HENNEPIN CLINIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	7,873,767	3,207,211	318,457	767,147	931,719	851,618	1,355,124

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	18	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					
017 NURSING ADMINISTRATION					
018 MEDICAL RECORDS & LIBRARY	2,115,096				
025 SOCIAL SERVICE		71,492			
026 INPAT ROUTINE SRVC CNTRS					
033 ADULTS & PEDIATRICS	124,223	55,689	6,672,908		6,672,908
034 INTENSIVE CARE UNIT	21,586		1,517,754		1,517,754
037 NURSERY	6,135		212,305		212,305
039 SKILLED NURSING FACILITY	19,403	10,987	2,114,566		2,114,566
040 ANCILLARY SRVC COST CNTRS					
041 OPERATING ROOM	348,694		10,636,180		10,636,180
042 DELIVERY ROOM & LABOR ROO	7,605		728,973		728,973
043 ANESTHESIOLOGY	63,982		440,821		440,821
044 RADIOLOGY-DIAGNOSTIC	144,857		2,933,448		2,933,448
045 01 CT SCAN	157,447		895,347		895,347
046 02 NUCLEAR MEDICINE	29,756		603,739		603,739
047 LABORATORY	276,676		3,823,653		3,823,653
048 BLOOD STORING, PROCESSING	9,896		472,820		472,820
049 RESPIRATORY THERAPY	42,800		808,081		808,081
050 PHYSICAL THERAPY	87,191		2,146,721		2,146,721
051 OCCUPATIONAL THERAPY	9,253		242,792		242,792
052 SPEECH PATHOLOGY	973		75,387		75,387
053 ELECTROCARDIOLOGY	28,437		275,212		275,212
054 ELECTROENCEPHALOGRAPHY	9,043		181,207		181,207
055 MEDICAL SUPPLIES CHARGED	132,024		791,332		791,332
056 DRUGS CHARGED TO PATIENTS	88,058		2,441,749		2,441,749
059 01 SONOGRAPHY	47,860		423,275		423,275
059 02 AUDIOLOGY	8,295		542,307		542,307
059 03 CARDIAC REHAB	10,031		318,975		318,975
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC	54,360		6,772,757		6,772,757
062 EMERGENCY	50,455	4,816	1,959,649		1,959,649
063 OBSERVATION BEDS (NON-DIS					
065 OTHER OUTPATIENT SERVICE					
065 OTHER REIMBURS COST CNTRS					
093 AMBULANCE SERVICES	5,075		378,239		378,239
095 SPEC PURPOSE COST CENTERS					
095 HOSPICE	28,060		817,876		817,876
095 SUBTOTALS	1,812,175	71,492	49,228,073		49,228,073
096 NONREIMBURS COST CENTERS					
100 GIFT, FLOWER, COFFEE SHOP			21,029		21,029
100 ER PROFESSIONAL CHARGES	61,971		61,971		61,971
100 01 CONGREGATE LIVING			476,934		476,934
100 02 VALLEY ORTHOPEDIC AND SPO	8,977		8,977		8,977
100 03 MANAGED CARE			81,909		81,909
100 04 RENTAL AREA/PPOS			523,990		523,990
100 05 SPECIALTY CLINICS	3,233		10,805		10,805
100 06 LASALLE SELLETT SUITE	9,170		9,170		9,170
100 07 LASALLE STANMAR SUITE	6,098		6,098		6,098
100 08 ENT	33,621		33,621		33,621
100 09 DURABLE MEDICAL EQUIPMENT	10,663		743,731		743,731
100 10 PERU MALL	9,645		9,645		9,645
100 11 LADD					
100 12 FAMILY ORTHOPEDIC CENTER	52,881		52,881		52,881
100 13 WOMEN'S HEALTH CENTER	37,152		37,152		37,152
100 14 HENRY	4,363		4,363		4,363
100 15 LAMOILLE					
100 16 SPRING VALLEY CLINIC	13,233		13,233		13,233
100 17 OGLESBY MP OB	5,473		5,473		5,473
100 18 FAMILY HEALTH CENTER	33,898		33,898		33,898
100 19 GRANVILLE CLINIC	7,749		7,749		7,749
100 20 PARATRANSIT			227,959		227,959
100 21 OCCUPATIONAL HEALTH	4,177		617,226		617,226
100 22 SPORTS MEDICINE CLINIC					
100 24 SURGICAL ASSOCIATES					
100 25 HENNEPIN CLINIC	617		617		617
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	2,115,096	71,492	52,216,504		52,216,504

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 BENE FITS 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		584				584	584
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT		48,285	253			48,538	51
009 LAUNDRY & LINEN SERVICE		16,212	3,481			19,693	11
010 HOUSEKEEPING		420				420	1
011 HOUSEKEEPING		1,675				1,675	9
011 DIETARY		4,201				4,201	8
012 CAFETERIA		1,431				1,431	12
014 NURSING ADMINISTRATION		1,687	14			1,701	23
017 MEDICAL RECORDS & LIBRARY		1,477				1,477	32
018 SOCIAL SERVICE		740				740	1
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		12,586				12,586	73
026 INTENSIVE CARE UNIT		3,072				3,072	20
033 NURSERY		645				645	2
034 SKILLED NURSING FACILITY		5,585				5,585	23
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM		7,952				7,952	51
039 DELIVERY ROOM & LABOR ROO		325				325	10
040 ANESTHESIOLOGY		739				739	
041 RADIOLOGY-DIAGNOSTIC		2,672	251			2,923	19
041 01 CT SCAN		343				343	4
041 02 NUCLEAR MEDICINE		853				853	3
044 LABORATORY		2,066	23			2,089	22
047 BLOOD STORING, PROCESSING		124				124	
049 RESPIRATORY THERAPY		619				619	12
050 PHYSICAL THERAPY		5,761				5,761	31
051 OCCUPATIONAL THERAPY		21				21	4
052 SPEECH PATHOLOGY							1
053 ELECTROCARDIOLOGY		70	106			176	3
054 ELECTROENCEPHALOGRAPHY		1,116				1,116	2
055 MEDICAL SUPPLIES CHARGED		3,987				3,987	1
056 DRUGS CHARGED TO PATIENTS		841	29			870	17
059 SONOGRAPHY		203				203	4
059 01 AUDIOLOGY							
059 02 CARDIAC REHAB		788				788	4
059 03 ECP							
060 OUTPAT SERVICE COST CNTRS CLINIC		5,560				5,560	82
061 EMERGENCY		2,908				2,908	20
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS AMBULANCE SERVICES							
093 SPEC PURPOSE COST CENTERS HOSPICE		515				515	8
095 SUBTOTALS		136,063	4,157			140,220	564
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP		421				421	
100 ER PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING		7,014				7,014	1
100 02 VALLEY ORTHOPEDIC AND SPO							
100 03 MANAGED CARE							1
100 04 RENTAL AREA/PPOS		9,078				9,078	
100 05 SPECIALTY CLINICS							
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT		1,532				1,532	6
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MP OB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT			39			39	3
100 21 OCCUPATIONAL HEALTH							9
100 22 SPORTS MEDICINE CLINIC							
100 24 SURGICAL ASSOCIATES							
100 25 HENNEPIN CLINIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		154,108	4,196			158,304	584

ALLOCATION OF OLD CAPITAL RELATED COSTS

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	48,589						
009 OPERATION OF PLANT	2,985	22,689					
010 LAUNDRY & LINEN SERVICE	282	107	810				
011 HOUSEKEEPING	658	427		2,769			
012 DIETARY	690	1,071		142	6,112		
014 CAFETERIA	719	365		101		2,628	
017 NURSING ADMINISTRATION	1,157	430		72		98	3,481
018 MEDICAL RECORDS & LIBRARY	1,788	376		148		309	
025 SOCIAL SERVICE	41	189		2			
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	4,017	3,207	397	1,000	3,446	585	1,481
033 INTENSIVE CARE UNIT	1,055	783	32	122	404	109	279
034 NURSERY	136	164		12		25	64
034 SKILLED NURSING FACILITY	1,244	1,423	202	248	1,177	166	423
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,763	2,027	64	204	398	329	839
039 DELIVERY ROOM & LABOR ROO	587	83		46		49	130
040 ANESTHESIOLOGY	325	188		2			
041 RADIOLOGY-DIAGNOSTIC	2,435	681	40	66		131	
041 01 CT SCAN	664	88	8	5		23	
041 02 NUCLEAR MEDICINE	500	217		5		15	
044 LABORATORY	3,166	526		55		172	
047 BLOOD STORING, PROCESSING	425	32		5			
049 RESPIRATORY THERAPY	666	158	2	12		72	
050 PHYSICAL THERAPY	1,704	1,468	32	29			
051 OCCUPATIONAL THERAPY	217	5					
052 SPEECH PATHOLOGY	68			5			
053 ELECTROCARDIOLOGY	219	18		8		20	
054 ELECTROENCEPHALOGRAPHY	118	284		2		15	
055 MEDICAL SUPPLIES CHARGED	472	1,016		13		15	
056 DRUGS CHARGED TO PATIENTS	2,128	214		41		79	
059 SONOGRAPHY	335	52		5		21	
059 01 AUDIOLOGY	496			5			
059 02 CARDIAC REHAB	261	201					
059 03 ECP							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	6,019	1,417				157	
061 EMERGENCY	1,522	741	32	55		104	265
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	347						
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	700	131				59	
095 SUBTOTALS	46,909	18,089	809	2,410	5,425	2,553	3,481
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	4	107		5			
100 ER PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING	109	1,788			687	8	
100 02 VALLEY ORTHOPEDIC AND SPO							
100 03 MANAGED CARE	73					9	
100 04 RENTAL AREA/PPOS	92	2,314		354			
100 05 SPECIALTY CLINICS	6		1			1	
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT	631	391					
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MP OB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT	209					9	
100 21 OCCUPATIONAL HEALTH	556					48	
100 22 SPORTS MEDICINE CLINIC							
100 24 SURGICAL ASSOCIATES							
100 25 HENNEPIN CLINIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	48,589	22,689	810	2,769	6,112	2,628	3,481

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	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					
014 NURSING ADMINISTRATION					
017 MEDICAL RECORDS & LIBRARY	4,130				
018 SOCIAL SERVICE		973			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	244	757	27,793		27,793
026 INTENSIVE CARE UNIT	42		5,918		5,918
033 NURSERY	12		1,060		1,060
034 SKILLED NURSING FACILITY	38	150	10,679		10,679
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	663		21,290		21,290
039 DELIVERY ROOM & LABOR ROO	15		1,245		1,245
040 ANESTHESIOLOGY	126		1,380		1,380
041 RADIOLOGY-DIAGNOSTIC	284		6,579		6,579
041 01 CT SCAN	309		1,444		1,444
041 02 NUCLEAR MEDICINE	58		1,651		1,651
044 LABORATORY	543		6,573		6,573
047 BLOOD STORING, PROCESSING	19		605		605
049 RESPIRATORY THERAPY	84		1,625		1,625
050 PHYSICAL THERAPY	171		9,196		9,196
051 OCCUPATIONAL THERAPY	18		265		265
052 SPEECH PATHOLOGY	2		76		76
053 ELECTROCARDIOLOGY	56		500		500
054 ELECTROENCEPHALOGRAPHY	18		1,555		1,555
055 MEDICAL SUPPLIES CHARGED	259		5,763		5,763
056 DRUGS CHARGED TO PATIENTS	173		3,522		3,522
059 SONOGRAPHY	94		714		714
059 01 AUDIOLOGY	16		517		517
059 02 CARDIAC REHAB	20		1,274		1,274
059 03 ECP					
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC	107		13,342		13,342
061 EMERGENCY	99	66	5,812		5,812
062 OBSERVATION BEDS (NON-DIS					
063 OTHER OUTPATIENT SERVICE					
065 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES	10		357		357
093 SPEC PURPOSE COST CENTERS					
093 HOSPICE	55		1,468		1,468
095 SUBTOTALS	3,535	973	132,203		132,203
096 NONREIMBURS COST CENTERS					
100 GIFT, FLOWER, COFFEE SHOP			537		537
100 ER PROFESSIONAL CHARGES	122		122		122
100 01 CONGREGATE LIVING			9,607		9,607
100 02 VALLEY ORTHOPEDIC AND SPO	18		18		18
100 03 MANAGED CARE			83		83
100 04 RENTAL AREA/PPOS			11,838		11,838
100 05 SPECIALTY CLINICS	6		14		14
100 06 LASALLE SELLETT SUITE	18		18		18
100 07 LASALLE STANMAR SUITE	12		12		12
100 08 ENT	66		66		66
100 09 DURABLE MEDICAL EQUIPMENT	21		2,581		2,581
100 10 PERU MALL	19		19		19
100 11 LADD					
100 12 FAMILY ORTHOPEDIC CENTER	104		104		104
100 13 WOMEN'S HEALTH CENTER	73		73		73
100 14 HENRY	9		9		9
100 15 LAMOILLE					
100 16 SPRING VALLEY CLINIC	26		26		26
100 17 OGLESBY MP OB	11		11		11
100 18 FAMILY HEALTH CENTER	66		66		66
100 19 GRANVILLE CLINIC	15		15		15
100 20 PARATRANSIT			260		260
100 21 OCCUPATIONAL HEALTH	8		621		621
100 22 SPORTS MEDICINE CLINIC					
100 24 SURGICAL ASSOCIATES					
100 25 HENNEPIN CLINIC	1		1		1
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	4,130	973	158,304		158,304

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-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				4,822		4,822	4,822
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT	436,510			398,443	411,256	1,246,209	423
009 LAUNDRY & LINEN SERVICE	4,966			133,774	226,156	364,896	92
010 HOUSEKEEPING				3,462		3,462	7
011 HOUSEKEEPING	3,380			13,817	2,230	19,427	74
012 DIETARY				34,663	11,330	45,993	69
014 CAFETERIA				11,812		11,812	101
017 NURSING ADMINISTRATION				13,922	1,817	15,739	190
018 MEDICAL RECORDS & LIBRARY SOCIAL SERVICE				12,187	13,672	25,859	265
025 INPAT ROUTINE SRVC CNTRS				6,104		6,104	6
026 ADULTS & PEDIATRICS	9,257			103,854	93,229	206,340	606
033 INTENSIVE CARE UNIT	13,436			25,346	3,535	42,317	165
034 NURSERY				5,324	3,552	8,876	19
037 SKILLED NURSING FACILITY				46,082	13,611	59,693	194
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	126,530			65,611	399,322	591,463	420
041 DELIVERY ROOM & LABOR ROO				2,681	49,622	52,303	81
041 ANESTHESIOLOGY	57,493			6,095	57,474	121,062	
041 RADIOLOGY-DIAGNOSTIC	13,862			22,045	158,151	194,058	156
041 01 CT SCAN	323,073			2,834	7,231	333,138	35
041 02 NUCLEAR MEDICINE				7,042	48,871	55,913	22
044 LABORATORY				17,044	55,221	72,265	185
047 BLOOD STORING, PROCESSING				1,020	1,457	2,477	
049 RESPIRATORY THERAPY	4,500			5,106	17,870	27,476	95
050 PHYSICAL THERAPY	12,383			47,534	21,394	81,311	254
051 OCCUPATIONAL THERAPY				170		170	36
052 SPEECH PATHOLOGY					860	860	10
053 ELECTROCARDIOLOGY	23,154			576	16,814	40,544	27
054 ELECTROENCEPHALOGRAPHY				9,209	7,623	16,832	15
055 MEDICAL SUPPLIES CHARGED				32,897	3,575	36,472	9
056 DRUGS CHARGED TO PATIENTS	6,324			6,937	3,947	17,208	143
059 SONOGRAPHY				1,674	56,427	58,101	33
059 01 AUDIOLOGY					995	995	
059 02 CARDIAC REHAB				6,501	29,289	35,790	34
059 03 ECP							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	33,297			45,877	178,936	258,110	657
062 EMERGENCY	8,829			23,994	50,931	83,754	163
063 OBSERVATION BEDS (NON-DIS OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE	27,095			4,247	1,646	32,988	69
095 SUBTOTALS	1,104,089			1,122,706	1,948,044	4,174,839	4,655
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP				3,475		3,475	
100 ER PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING				57,877		57,877	6
100 02 VALLEY ORTHOPEDIC AND SPO							
100 03 MANAGED CARE							12
100 04 RENTAL AREA/PPOS				74,903		74,903	
100 05 SPECIALTY CLINICS					96	96	1
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT				12,644	7,424	20,068	52
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MP OB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT					23,552	23,552	23
100 21 OCCUPATIONAL HEALTH					1,503	1,503	73
100 22 SPORTS MEDICINE CLINIC							
100 24 SURGICAL ASSOCIATES							
100 25 HENNEPIN CLINIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,104,089			1,271,605	1,980,619	4,356,313	4,822

ALLOCATION OF NEW CAPITAL RELATED COSTS

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	1,246,632						
009 OPERATION OF PLANT	76,571	441,559					
010 LAUNDRY & LINEN SERVICE	7,242	2,081	12,792				
011 HOUSEKEEPING	16,875	8,306		44,682			
012 DIETARY	17,692	20,837		2,292	86,883		
014 CAFETERIA	18,431	7,100		1,634		39,078	
017 NURSING ADMINISTRATION	29,669	8,369		1,159		1,457	56,583
018 MEDICAL RECORDS & LIBRARY	45,863	7,326		2,384		4,588	
018 SOCIAL SERVICE	1,056	3,669		35			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	103,040	62,427	6,229	16,181	48,978	8,673	24,074
033 INTENSIVE CARE UNIT	27,059	15,236	512	1,965	5,746	1,627	4,533
034 NURSERY	3,495	3,200		188		376	1,048
034 SKILLED NURSING FACILITY	31,917	27,701	3,198	3,997	16,734	2,467	6,875
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	225,007	39,440	1,017	3,289	5,663	4,896	13,637
040 DELIVERY ROOM & LABOR ROO	15,051	1,612		745		727	2,112
041 ANESTHESIOLOGY	8,347	3,664		35			
041 RADIOLOGY-DIAGNOSTIC	62,449	13,252	637	1,069		1,947	
041 01 CT SCAN	17,037	1,704	128	74		342	
041 02 NUCLEAR MEDICINE	12,824	4,233		74		222	
044 LABORATORY	81,208	10,245	5	884		2,562	
047 BLOOD STORING, PROCESSING	10,910	613		87			
049 RESPIRATORY THERAPY	17,087	3,069	25	201		1,065	
050 PHYSICAL THERAPY	43,718	28,574	512	472			
051 OCCUPATIONAL THERAPY	5,558	102					
052 SPEECH PATHOLOGY	1,746			74			
053 ELECTROCARDIOLOGY	5,622	346		130		300	
054 ELECTROENCEPHALOGRAPHY	3,021	5,535		30		225	
055 MEDICAL SUPPLIES CHARGED	12,110	19,775		204		227	
056 DRUGS CHARGED TO PATIENTS	54,586	4,170		666		1,175	
059 SONOGRAPHY	8,598	1,006		74		307	
059 01 AUDIOLOGY	12,719			74			
059 02 CARDIAC REHAB	6,698	3,908					
059 03 ECP							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	154,404	27,578				2,331	
062 EMERGENCY	39,035	14,423	512	880		1,545	4,304
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	8,909						
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE	17,957	2,553				879	
095 SUBTOTALS	1,203,511	352,054	12,775	38,897	77,121	37,938	56,583
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	110	2,089		74			
100 ER PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING	2,792	34,790			9,762	119	
100 02 VALLEY ORTHOPEDIC AND SPO							
100 03 MANAGED CARE	1,883					140	
100 04 RENTAL AREA/PPOS	2,361	45,025		5,711			
100 05 SPECIALTY CLINICS	160		17			21	
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT	16,184	7,601					
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MP OB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT	5,369					140	
100 21 OCCUPATIONAL HEALTH	14,262					720	
100 22 SPORTS MEDICINE CLINIC							
100 24 SURGICAL ASSOCIATES							
100 25 HENNEPIN CLINIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,246,632	441,559	12,792	44,682	86,883	39,078	56,583

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		17	18	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					
014	NURSING ADMINISTRATION					
017	MEDICAL RECORDS & LIBRARY	86,285				
018	SOCIAL SERVICE		10,870			
	INPAT ROUTINE SRVC CNTRS					
025	ADULTS & PEDIATRICS	5,067	8,467	490,082		490,082
026	INTENSIVE CARE UNIT	881		100,041		100,041
033	NURSERY	250		17,452		17,452
034	SKILLED NURSING FACILITY	791	1,671	155,238		155,238
	ANCILLARY SRVC COST CNTRS					
037	OPERATING ROOM	14,234		899,066		899,066
039	DELIVERY ROOM & LABOR ROO	310		72,941		72,941
040	ANESTHESIOLOGY	2,610		135,718		135,718
041	RADIOLOGY-DIAGNOSTIC	5,909		279,477		279,477
041 01	CT SCAN	6,422		358,880		358,880
041 02	NUCLEAR MEDICINE	1,214		74,502		74,502
044	LABORATORY	11,286		178,640		178,640
047	BLOOD STORING, PROCESSING	404		14,491		14,491
049	RESPIRATORY THERAPY	1,746		50,764		50,764
050	PHYSICAL THERAPY	3,557		158,398		158,398
051	OCCUPATIONAL THERAPY	377		6,243		6,243
052	SPEECH PATHOLOGY	40		2,730		2,730
053	ELECTROCARDIOLOGY	1,160		48,129		48,129
054	ELECTROENCEPHALOGRAPHY	369		26,027		26,027
055	MEDICAL SUPPLIES CHARGED	5,385		74,182		74,182
056	DRUGS CHARGED TO PATIENTS	3,592		81,540		81,540
059	SONOGRAPHY	1,952		70,071		70,071
059 01	AUDIOLOGY	338		14,126		14,126
059 02	CARDIAC REHAB	409		46,839		46,839
059 03	ECP					
	OUTPAT SERVICE COST CNTRS					
060	CLINIC	2,217		445,297		445,297
061	EMERGENCY	2,058	732	147,406		147,406
062	OBSERVATION BEDS (NON-DIS					
063	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
065	AMBULANCE SERVICES	207		9,116		9,116
	SPEC PURPOSE COST CENTERS					
093	HOSPICE	1,145		55,591		55,591
095	SUBTOTALS	73,930	10,870	4,012,987		4,012,987
	NONREIMBURS COST CENTERS					
096	GIFT, FLOWER, COFFEE SHOP			5,748		5,748
100	ER PROFESSIONAL CHARGES	2,528		2,528		2,528
100 01	CONGREGATE LIVING			105,346		105,346
100 02	VALLEY ORTHOPEDIC AND SPO	366		366		366
100 03	MANAGED CARE			2,035		2,035
100 04	RENTAL AREA/PPOS			128,000		128,000
100 05	SPECIALTY CLINICS	132		427		427
100 06	LASALLE SELLETT SUITE	374		374		374
100 07	LASALLE STANMAR SUITE	249		249		249
100 08	ENT	1,371		1,371		1,371
100 09	DURABLE MEDICAL EQUIPMENT	435		44,340		44,340
100 10	PERU MALL	393		393		393
100 11	LADD					
100 12	FAMILY ORTHOPEDIC CENTER	2,157		2,157		2,157
100 13	WOMEN'S HEALTH CENTER	1,515		1,515		1,515
100 14	HENRY	178		178		178
100 15	LAMOILLE					
100 16	SPRING VALLEY CLINIC	540		540		540
100 17	OGLESBY MP OB	223		223		223
100 18	FAMILY HEALTH CENTER	1,383		1,383		1,383
100 19	GRANVILLE CLINIC	316		316		316
100 20	PARATRANSIT			29,084		29,084
100 21	OCCUPATIONAL HEALTH	170		16,728		16,728
100 22	SPORTS MEDICINE CLINIC					
100 24	SURGICAL ASSOCIATES					
100 25	HENNEPIN CLINIC	25		25		25
101	CROSS FOOT ADJUSTMENTS					
102	NEGATIVE COST CENTER					
103	TOTAL	86,285	10,870	4,356,313		4,356,313

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OLD CAP REL	C	OLD CAP REL	C	NEW CAP REL	C	NEW CAP REL	C	EMPLOYEE BENE	SA RECONCILIATION
		OSTS-BLDG &		OSTS-MVBLE	E	OSTS-BLDG &		OSTS-MVBLE	E	FITS	
		(SQUARE FEET		(DOLLAR) VALUE		(SQUARE) FEET		(DOLLAR) VALUE		(GROSS)LARY	
		1		2		3		4		5	6a.00
	GENERAL SERVICE COST										
001	OLD CAP REL COSTS-BLD	291,643									
002	OLD CAP REL COSTS-MVB			2,938							
003	NEW CAP REL COSTS-BLD					291,643					
004	NEW CAP REL COSTS-MVB							1,917,233			
005	EMPLOYEE BENEFITS	1,106				1,106				20,802,023	
006	ADMINISTRATIVE & GENE	91,383		177		91,383		398,095		1,823,188	-7,873,767
008	OPERATION OF PLANT	30,681		2,438		30,681		218,918		396,075	
009	LAUNDRY & LINEN SERVI					794				30,989	
010	HOUSEKEEPING	3,169				3,169		2,159		317,971	
011	DIETARY	7,950				7,950		10,967		297,147	
012	CAFETERIA	2,709				2,709				436,187	
014	NURSING ADMINISTRATIO	3,193		10		3,193		1,759		818,085	
017	MEDICAL RECORDS & LIB	2,795				2,795		13,234		1,141,279	
018	SOCIAL SERVICE	1,400				1,400				24,700	
	INPAT ROUTINE SRVC CN										
025	ADULTS & PEDIATRICS	23,819				23,819		90,245		2,611,848	
026	INTENSIVE CARE UNIT	5,813				5,813		3,422		709,885	
033	NURSERY	1,221				1,221		3,438		81,330	
034	SKILLED NURSING FACIL	10,569				10,569		13,175		836,180	
	ANCILLARY SRVC COST C										
037	OPERATING ROOM	15,048				15,048		386,543		1,810,827	
039	DELIVERY ROOM & LABOR					615		48,034		347,331	
040	ANESTHESIOLOGY	1,398				1,398		55,635			
041	RADIOLOGY-DIAGNOSTIC	5,056		176		5,056		153,090		670,673	
041	01 CT SCAN					650		7,000		148,759	
041	02 NUCLEAR MEDICINE					1,615		47,307		95,905	
044	LABORATORY	3,909		16		3,909		53,454		796,318	
047	BLOOD STORING, PROCES					234				1,410	
049	RESPIRATORY THERAPY	1,171				1,171		17,298		411,561	
050	PHYSICAL THERAPY	10,902				10,902		20,709		1,096,435	
051	OCCUPATIONAL THERAPY					39				153,182	
052	SPEECH PATHOLOGY							832		45,178	
053	ELECTROCARDIOLOGY			74		132		16,276		114,931	
054	ELECTROENCEPHALOGRAPH	2,112				2,112		7,379		65,017	
055	MEDICAL SUPPLIES CHAR	7,545				7,545		3,461		40,277	
056	DRUGS CHARGED TO PATI	1,591		20		1,591		3,821		615,120	
059	SONOGRAPHY					384		54,621		142,390	
059	01 AUDIOLOGY							963			
059	02 CARDIAC REHAB	1,491				1,491		28,352		145,520	
059	03 ECP										
	OUTPAT SERVICE COST C										
060	CLINIC	10,522				10,522		173,210		2,859,949	
061	EMERGENCY	5,503				5,503		49,301		700,890	
062	OBSERVATION BEDS (NON										
063	OTHER OUTPATIENT SERV										
	OTHER REIMBURS COST C										
065	AMBULANCE SERVICES										
	SPEC PURPOSE COST CEN										
093	HOSPICE					974		1,593		297,167	
095	SUBTOTALS	257,493		2,911		257,493		1,885,701		20,082,294	-7,873,767
	NONREIMBURS COST CENT										
096	GIFT, FLOWER, COFFEE					797					
100	ER PROFESSIONAL CHARG										
100	01 CONGREGATE LIVING	13,274				13,274				25,705	
100	02 VALLEY ORTHOPEDIC AND										
100	03 MANAGED CARE									51,550	
100	04 RENTAL AREA/PPOS	17,179				17,179					
100	05 SPECIALTY CLINICS							93		3,475	
100	06 LASALLE SELLETT SUITE										
100	07 LASALLE STANMAR SUITE										
100	08 ENT										
100	09 DURABLE MEDICAL EQUIP	2,900				2,900		7,186		221,984	
100	10 PERU MALL										
100	11 LADD										
100	12 FAMILY ORTHOPEDIC CEN										
100	13 WOMEN'S HEALTH CENTER										
100	14 HENRY										
100	15 LAMOILLE										
100	16 SPRING VALLEY CLINIC										
100	17 OGLESBY MP OB										
100	18 FAMILY HEALTH CENTER										
100	19 GRANVILLE CLINIC										
100	20 PARATRANSIT			27				22,798		101,141	
100	21 OCCUPATIONAL HEALTH							1,455		315,874	
100	22 SPORTS MEDICINE CLINI										
100	24 SURGICAL ASSOCIATES										
100	25 HENNEPIN CLINIC										
101	CROSS FOOT ADJUSTMENT										
102	NEGATIVE COST CENTER										
103	COST TO BE ALLOCATED	154,108		4,196		1,271,605		1,980,619		5,071,749	
	(WRKSHT B, PART I)										
104	UNIT COST MULTIPLIER	.528413				4.360142				.243810	
	(WRKSHT B, PT I)			1.428182				1.033061			

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I WORKSHEET B-1
 I I TO 9/30/2009 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	SA RECONCIL-) IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR) VALUE	(SQUARE) FEET	(DOLLAR) VALUE	(GROSS)LARY	
	1	2	3	4	5	6a.00
105 COST TO BE ALLOCATED (WRKSHT B, PART II)					584	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000028	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					4,822	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000232	

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(HOURS OF SERVICE)
		6	8	9	10	11	12	14
	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 & GENE	44,342,737						
008	OPERATION OF PLANT	2,723,593	168,473					
009	LAUNDRY & LINEN SERVI	257,601	794	403,546				
010	HOUSEKEEPING	600,237	3,169		38,091			
011	DIETARY	629,283	7,950		1,954	49,032		
012	CAFETERIA	655,583	2,709		1,393		27,842	
014	NURSING ADMINISTRATIO	1,055,305	3,193		988		1,038	300,993
017	MEDICAL RECORDS & LIB	1,631,308	2,795		2,032		3,269	
018	SOCIAL SERVICE	37,566	1,400		30			
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	3,665,092	23,819	196,538	13,795	27,640	6,178	128,059
026	INTENSIVE CARE UNIT	962,488	5,813	16,142	1,675	3,243	1,159	24,114
033	NURSERY	124,327	1,221		160		268	5,576
034	SKILLED NURSING FACIL	1,135,286	10,569	100,887	3,407	9,444	1,758	36,569
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	8,003,977	15,048	32,084	2,804	3,196	3,488	72,541
039	DELIVERY ROOM & LABOR	535,372	615		635		518	11,237
040	ANESTHESIOLOGY	296,901	1,398		30			
041	RADIOLOGY-DIAGNOSTIC	2,221,288	5,056	20,091	911		1,387	
041 01	CT SCAN	606,004	650	4,035	63		244	
041 02	NUCLEAR MEDICINE	456,141	1,615		63		158	
044	LABORATORY	2,888,522	3,909	165	754		1,825	
047	BLOOD STORING, PROCES	388,071	234		74			
049	RESPIRATORY THERAPY	607,785	1,171	788	171		759	
050	PHYSICAL THERAPY	1,555,034	10,902	16,142	402			
051	OCCUPATIONAL THERAPY	197,693	39					
052	SPEECH PATHOLOGY	62,115			63			
053	ELECTROCARDIOLOGY	199,972	132		111		214	
054	ELECTROENCEPHALOGRAPH	107,459	2,112		26		160	
055	MEDICAL SUPPLIES CHAR	430,732	7,545		174		162	
056	DRUGS CHARGED TO PATI	1,941,600	1,591		568		837	
059	SONOGRAPHY	305,832	384		63		219	
059 01	AUDIOLOGY	452,410			63			
059 02	CARDIAC REHAB	238,254	1,491					
059 03	ECP							
	OUTPAT SERVICE COST C							
060	CLINIC	5,492,078	10,522				1,661	
061	EMERGENCY	1,388,467	5,503	16,142	750		1,101	22,897
062	OBSERVATION BEDS (NON							
063	OTHER OUTPATIENT SERV							
	OTHER REIMBURS COST C							
065	AMBULANCE SERVICES	316,894						
	SPEC PURPOSE COST CEN							
093	HOSPICE	638,712	974				626	
095	SUBTOTALS	42,808,982	134,323	403,014	33,159	43,523	27,029	300,993
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	3,896	797		63			
100	ER PROFESSIONAL CHARG							
100 01	CONGREGATE LIVING	99,319	13,274			5,509	85	
100 02	VALLEY ORTHOPEDIC AND							
100 03	MANAGED CARE	66,960					100	
100 04	RENTAL AREA/PPOS	83,981	17,179		4,869			
100 05	SPECIALTY CLINICS	5,684		532			15	
100 06	LASALLE SELLETT SUITE							
100 07	LASALLE STANMAR SUITE							
100 08	ENT							
100 09	DURABLE MEDICAL EQUIP	575,646	2,900					
100 10	PERU MALL							
100 11	LADD							
100 12	FAMILY ORTHOPEDIC CEN							
100 13	WOMEN'S HEALTH CENTER							
100 14	HENRY							
100 15	LAMOILLE							
100 16	SPRING VALLEY CLINIC							
100 17	OGLESBY MP OB							
100 18	FAMILY HEALTH CENTER							
100 19	GRANVILLE CLINIC							
100 20	PARATRANSIT	190,987					100	
100 21	OCCUPATIONAL HEALTH	507,282					513	
100 22	SPORTS MEDICINE CLINI							
100 24	SURGICAL ASSOCIATES							
100 25	HENNEPIN CLINIC							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	7,873,767	3,207,211	318,457	767,147	931,719	851,618	1,355,124
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.177566	19.036944	.789147	20.139849	19.002264	30.587530	4.502178

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I WORKSHEET B-1
 I I TO 9/30/2009 I

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(HOURS OF SERVICE)
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	6 48,589	8 22,689	9 810	10 2,769	11 6,112	12 2,628	14 3,481
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)		.134674		.072694		.094390	
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	.001096 1,246,632	441,559	.002007 12,792	44,682	.124653 86,883	39,078	.011565 56,583
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.028114	2.620948	.031699	1.173033	1.771965	1.403563	.187988

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECOR SOCIAL SERVIC DS & LIBRARY E	
	(PATIENT HARGES	C(TIME)SPENT)
	17	18
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 & GENE		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
017 MEDICAL RECORDS & LIB	143,079,288	
018 SOCIAL SERVICE		475
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS	8,403,093	370
026 INTENSIVE CARE UNIT	1,460,221	
033 NURSERY	415,020	
034 SKILLED NURSING FACIL	1,312,534	73
ANCILLARY SRVC COST C		
037 OPERATING ROOM	23,590,380	
039 DELIVERY ROOM & LABOR	514,453	
040 ANESTHESIOLOGY	4,328,061	
041 RADIOLOGY-DIAGNOSTIC	9,798,917	
041 01 CT SCAN	10,650,577	
041 02 NUCLEAR MEDICINE	2,012,826	
044 LABORATORY	18,715,843	
047 BLOOD STORING, PROCES	669,421	
049 RESPIRATORY THERAPY	2,895,188	
050 PHYSICAL THERAPY	5,898,031	
051 OCCUPATIONAL THERAPY	625,938	
052 SPEECH PATHOLOGY	65,843	
053 ELECTROCARDIOLOGY	1,923,613	
054 ELECTROENCEPHALOGRAPH	611,716	
055 MEDICAL SUPPLIES CHAR	8,930,780	
056 DRUGS CHARGED TO PATI	5,956,698	
059 SONOGRAPHY	3,237,531	
059 01 AUDIOLOGY	561,131	
059 02 CARDIAC REHAB	678,530	
059 03 ECP		
OUTPAT SERVICE COST C		
060 CLINIC	3,677,191	
061 EMERGENCY	3,413,037	32
062 OBSERVATION BEDS (NON		
063 OTHER OUTPATIENT SERV		
OTHER REIMBURS COST C		
065 AMBULANCE SERVICES	343,304	
SPEC PURPOSE COST CEN		
093 HOSPICE	1,898,150	
095 SUBTOTALS	122,588,027	475
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
100 ER PROFESSIONAL CHARG	4,192,041	
100 01 CONGREGATE LIVING		
100 02 VALLEY ORTHOPEDIC AND	607,259	
100 03 MANAGED CARE		
100 04 RENTAL AREA/PPOS		
100 05 SPECIALTY CLINICS	218,725	
100 06 LASALLE SELLETT SUITE	620,329	
100 07 LASALLE STANMAR SUITE	412,471	
100 08 ENT	2,274,334	
100 09 DURABLE MEDICAL EQUIP	721,287	
100 10 PERU MALL	652,449	
100 11 LADD		
100 12 FAMILY ORTHOPEDIC CEN	3,577,138	
100 13 WOMEN'S HEALTH CENTER	2,513,159	
100 14 HENRY	295,139	
100 15 LAMOILLE		
100 16 SPRING VALLEY CLINIC	895,128	
100 17 OGLESBY MP OB	370,238	
100 18 FAMILY HEALTH CENTER	2,293,067	
100 19 GRANVILLE CLINIC	524,194	
100 20 PARATRANSIT		
100 21 OCCUPATIONAL HEALTH	282,554	
100 22 SPORTS MEDICINE CLINI		
100 24 SURGICAL ASSOCIATES		
100 25 HENNEPIN CLINIC	41,749	
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	2,115,096	71,492
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		150.509474
(WRKSHT B, PT I)	.014783	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I WORKSHEET B-1
 I I TO 9/30/2009 I

	COST CENTER DESCRIPTION	MEDICAL RECOR SOCIAL SERVIC DS & LIBRARY E	
		(PATIENT HARGES	C(TIME)SPENT)
105	COST TO BE ALLOCATED (PER WRKSHT B, PART	17 4,130	18 973
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)		2.048421
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	.000029 86,285	10,870
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000603	22.884211

POST STEP DOWN ADJUSTMENTS

I PROVIDER NO:
I 14-0143
I

I PERIOD:
I FROM 10/ 1/2008 I
I TO 9/30/2009 I PREPARED 2/23/2010
I WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	6,672,908		6,672,908		6,672,908
26	INTENSIVE CARE UNIT	1,517,754		1,517,754		1,517,754
33	NURSERY	212,305		212,305		212,305
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,114,566		2,114,566		2,114,566
37	OPERATING ROOM	10,636,180		10,636,180		10,636,180
39	DELIVERY ROOM & LABOR ROO	728,973		728,973		728,973
40	ANESTHESIOLOGY	440,821		440,821	13,578	454,399
41	RADIOLOGY-DIAGNOSTIC	2,933,448		2,933,448		2,933,448
41 01	CT SCAN	895,347		895,347		895,347
41 02	NUCLEAR MEDICINE	603,739		603,739		603,739
44	LABORATORY	3,823,653		3,823,653		3,823,653
47	BLOOD STORING, PROCESSING	472,820		472,820		472,820
49	RESPIRATORY THERAPY	808,081		808,081		808,081
50	PHYSICAL THERAPY	2,146,721		2,146,721		2,146,721
51	OCCUPATIONAL THERAPY	242,792		242,792		242,792
52	SPEECH PATHOLOGY	75,387		75,387		75,387
53	ELECTROCARDIOLOGY	275,212		275,212		275,212
54	ELECTROENCEPHALOGRAPHY	181,207		181,207		181,207
55	MEDICAL SUPPLIES CHARGED	791,332		791,332		791,332
56	DRUGS CHARGED TO PATIENTS	2,441,749		2,441,749		2,441,749
59	SONOGRAPHY	423,275		423,275		423,275
59 01	AUDIOLOGY	542,307		542,307		542,307
59 02	CARDIAC REHAB	318,975		318,975		318,975
59 03	ECP					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	6,772,757		6,772,757		6,772,757
61	EMERGENCY	1,959,649		1,959,649	232,429	2,192,078
62	OBSERVATION BEDS (NON-DIS	577,042		577,042		577,042
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	378,239		378,239		378,239
101	SUBTOTAL	48,987,239		48,987,239	246,007	49,233,246
102	LESS OBSERVATION BEDS	577,042		577,042		577,042
103	TOTAL	48,410,197		48,410,197	246,007	48,656,204

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I WORKSHEET C
 I I TO 9/30/2009 I PART I

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	7,636,930		7,636,930			
26	INTENSIVE CARE UNIT	1,446,996		1,446,996			
33	NURSERY	404,718		404,718			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,310,445		1,310,445			
37	OPERATING ROOM	8,652,605	14,490,265	23,142,870	.459588	.459588	.459588
39	DELIVERY ROOM & LABOR ROO	435,015	66,908	501,923	1.452360	1.452360	1.452360
40	ANESTHESIOLOGY	1,556,463	2,682,408	4,238,871	.103995	.103995	.107198
41	RADIOLOGY-DIAGNOSTIC	1,521,338	8,106,944	9,628,282	.304670	.304670	.304670
41 01	CT SCAN	2,640,101	7,816,701	10,456,802	.085623	.085623	.085623
41 02	NUCLEAR MEDICINE	379,842	1,593,839	1,973,681	.305895	.305895	.305895
44	LABORATORY	6,520,085	11,918,362	18,438,447	.207374	.207374	.207374
47	BLOOD STORING, PROCESSING	490,153	175,647	665,800	.710153	.710153	.710153
49	RESPIRATORY THERAPY	2,549,102	328,032	2,877,134	.280863	.280863	.280863
50	PHYSICAL THERAPY	968,609	4,872,069	5,840,678	.367547	.367547	.367547
51	OCCUPATIONAL THERAPY	233,955	388,253	622,208	.390210	.390210	.390210
52	SPEECH PATHOLOGY	22,905	42,273	65,178	1.156633	1.156633	1.156633
53	ELECTROCARDIOLOGY	1,138,328	739,810	1,878,138	.146534	.146534	.146534
54	ELECTROENCEPHALOGRAPHY	14,773	575,263	590,036	.307112	.307112	.307112
55	MEDICAL SUPPLIES CHARGED	7,211,498	1,651,370	8,862,868	.089286	.089286	.089286
56	DRUGS CHARGED TO PATIENTS	3,719,053	2,149,566	5,868,619	.416069	.416069	.416069
59	SONOGRAPHY	1,006,193	2,111,108	3,117,301	.135783	.135783	.135783
59 01	AUDIOLOGY	1,000	560,131	561,131	.966453	.966453	.966453
59 02	CARDIAC REHAB	70,434	596,694	667,128	.478132	.478132	.478132
59 03	ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	33,000	3,316,794	3,349,794	2.021843	2.021843	2.021843
61	EMERGENCY	1,160,936	2,204,633	3,365,569	.582264	.582264	.651325
62	OBSERVATION BEDS (NON-DIS	87,630	603,826	691,456	.834532	.834532	.834532
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		339,448	339,448	1.114277	1.114277	1.114277
101	SUBTOTAL	51,212,107	67,330,344	118,542,451			
102	LESS OBSERVATION BEDS						
103	TOTAL	51,212,107	67,330,344	118,542,451			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	14-0143	I	FROM 10/ 1/2008	I	2/23/2010
I		I	TO 9/30/2009	I	WORKSHEET C
				I	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	6,672,908		6,672,908		6,672,908
26	INTENSIVE CARE UNIT	1,517,754		1,517,754		1,517,754
33	NURSERY	212,305		212,305		212,305
34	SKILLED NURSING FACILITY	2,114,566		2,114,566		2,114,566
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,636,180		10,636,180		10,636,180
39	DELIVERY ROOM & LABOR ROO	728,973		728,973		728,973
40	ANESTHESIOLOGY	440,821		440,821	13,578	454,399
41	RADIOLOGY-DIAGNOSTIC	2,933,448		2,933,448		2,933,448
41 01	CT SCAN	895,347		895,347		895,347
41 02	NUCLEAR MEDICINE	603,739		603,739		603,739
44	LABORATORY	3,823,653		3,823,653		3,823,653
47	BLOOD STORING, PROCESSING	472,820		472,820		472,820
49	RESPIRATORY THERAPY	808,081		808,081		808,081
50	PHYSICAL THERAPY	2,146,721		2,146,721		2,146,721
51	OCCUPATIONAL THERAPY	242,792		242,792		242,792
52	SPEECH PATHOLOGY	75,387		75,387		75,387
53	ELECTROCARDIOLOGY	275,212		275,212		275,212
54	ELECTROENCEPHALOGRAPHY	181,207		181,207		181,207
55	MEDICAL SUPPLIES CHARGED	791,332		791,332		791,332
56	DRUGS CHARGED TO PATIENTS	2,441,749		2,441,749		2,441,749
59	SONOGRAPHY	423,275		423,275		423,275
59 01	AUDIOLOGY	542,307		542,307		542,307
59 02	CARDIAC REHAB	318,975		318,975		318,975
59 03	ECP					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	6,772,757		6,772,757		6,772,757
61	EMERGENCY	1,959,649		1,959,649	232,429	2,192,078
62	OBSERVATION BEDS (NON-DIS	577,042		577,042		577,042
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	378,239		378,239		378,239
101	SUBTOTAL	48,987,239		48,987,239	246,007	49,233,246
102	LESS OBSERVATION BEDS	577,042		577,042		577,042
103	TOTAL	48,410,197		48,410,197	246,007	48,656,204

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	14-0143	I	FROM 10/ 1/2008	I	2/23/2010
I		I	TO 9/30/2009	I	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	7,636,930		7,636,930			
26	INTENSIVE CARE UNIT	1,446,996		1,446,996			
33	NURSERY	404,718		404,718			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,310,445		1,310,445			
37	OPERATING ROOM	8,652,605	14,490,265	23,142,870	.459588	.459588	.459588
39	DELIVERY ROOM & LABOR ROO	435,015	66,908	501,923	1.452360	1.452360	1.452360
40	ANESTHESIOLOGY	1,556,463	2,682,408	4,238,871	.103995	.103995	.107198
41	RADIOLOGY-DIAGNOSTIC	1,521,338	8,106,944	9,628,282	.304670	.304670	.304670
41 01	CT SCAN	2,640,101	7,816,701	10,456,802	.085623	.085623	.085623
41 02	NUCLEAR MEDICINE	379,842	1,593,839	1,973,681	.305895	.305895	.305895
44	LABORATORY	6,520,085	11,918,362	18,438,447	.207374	.207374	.207374
47	BLOOD STORING, PROCESSING	490,153	175,647	665,800	.710153	.710153	.710153
49	RESPIRATORY THERAPY	2,549,102	328,032	2,877,134	.280863	.280863	.280863
50	PHYSICAL THERAPY	968,609	4,872,069	5,840,678	.367547	.367547	.367547
51	OCCUPATIONAL THERAPY	233,955	388,253	622,208	.390210	.390210	.390210
52	SPEECH PATHOLOGY	22,905	42,273	65,178	1.156633	1.156633	1.156633
53	ELECTROCARDIOLOGY	1,138,328	739,810	1,878,138	.146534	.146534	.146534
54	ELECTROENCEPHALOGRAPHY	14,773	575,263	590,036	.307112	.307112	.307112
55	MEDICAL SUPPLIES CHARGED	7,211,498	1,651,370	8,862,868	.089286	.089286	.089286
56	DRUGS CHARGED TO PATIENTS	3,719,053	2,149,566	5,868,619	.416069	.416069	.416069
59	SONOGRAPHY	1,006,193	2,111,108	3,117,301	.135783	.135783	.135783
59 01	AUDIOLOGY	1,000	560,131	561,131	.966453	.966453	.966453
59 02	CARDIAC REHAB	70,434	596,694	667,128	.478132	.478132	.478132
59 03	ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	33,000	3,316,794	3,349,794	2.021843	2.021843	2.021843
61	EMERGENCY	1,160,936	2,204,633	3,365,569	.582264	.582264	.651325
62	OBSERVATION BEDS (NON-DIS	87,630	603,826	691,456	.834532	.834532	.834532
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		339,448	339,448	1.114277	1.114277	1.114277
101	SUBTOTAL	51,212,107	67,330,344	118,542,451			
102	LESS OBSERVATION BEDS						
103	TOTAL	51,212,107	67,330,344	118,542,451			

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	10,636,180	920,356	9,715,824			10,636,180
39	DELIVERY ROOM & LABOR ROO	728,973	74,186	654,787			728,973
40	ANESTHESIOLOGY	440,821	137,098	303,723			440,821
41	RADIOLOGY-DIAGNOSTIC	2,933,448	286,056	2,647,392			2,933,448
41 01	CT SCAN	895,347	360,324	535,023			895,347
41 02	NUCLEAR MEDICINE	603,739	76,153	527,586			603,739
44	LABORATORY	3,823,653	185,213	3,638,440			3,823,653
47	BLOOD STORING, PROCESSING	472,820	15,096	457,724			472,820
49	RESPIRATORY THERAPY	808,081	52,389	755,692			808,081
50	PHYSICAL THERAPY	2,146,721	167,594	1,979,127			2,146,721
51	OCCUPATIONAL THERAPY	242,792	6,508	236,284			242,792
52	SPEECH PATHOLOGY	75,387	2,806	72,581			75,387
53	ELECTROCARDIOLOGY	275,212	48,629	226,583			275,212
54	ELECTROENCEPHALOGRAPHY	181,207	27,582	153,625			181,207
55	MEDICAL SUPPLIES CHARGED	791,332	79,945	711,387			791,332
56	DRUGS CHARGED TO PATIENTS	2,441,749	85,062	2,356,687			2,441,749
59	SONOGRAPHY	423,275	70,785	352,490			423,275
59 01	AUDIOLOGY	542,307	14,643	527,664			542,307
59 02	CARDIAC REHAB	318,975	48,113	270,862			318,975
59 03	ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,772,757	458,639	6,314,118			6,772,757
61	EMERGENCY	1,959,649	153,218	1,806,431			1,959,649
62	OBSERVATION BEDS (NON-DIS	577,042	45,394	531,648			577,042
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	378,239	9,473	368,766			378,239
101	SUBTOTAL	38,469,706	3,325,262	35,144,444			38,469,706
102	LESS OBSERVATION BEDS	577,042	45,394	531,648			577,042
103	TOTAL	37,892,664	3,279,868	34,612,796			37,892,664

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	23,142,870	.459588	.459588
39	DELIVERY ROOM & LABOR ROO	501,923	1.452360	1.452360
40	ANESTHESIOLOGY	4,238,871	.103995	.103995
41	RADIOLOGY-DIAGNOSTIC	9,628,282	.304670	.304670
41 01	CT SCAN	10,456,802	.085623	.085623
41 02	NUCLEAR MEDICINE	1,973,681	.305895	.305895
44	LABORATORY	18,438,447	.207374	.207374
47	BLOOD STORING, PROCESSING	665,800	.710153	.710153
49	RESPIRATORY THERAPY	2,877,134	.280863	.280863
50	PHYSICAL THERAPY	5,840,678	.367547	.367547
51	OCCUPATIONAL THERAPY	622,208	.390210	.390210
52	SPEECH PATHOLOGY	65,178	1.156633	1.156633
53	ELECTROCARDIOLOGY	1,878,138	.146534	.146534
54	ELECTROENCEPHALOGRAPHY	590,036	.307112	.307112
55	MEDICAL SUPPLIES CHARGED	8,862,868	.089286	.089286
56	DRUGS CHARGED TO PATIENTS	5,868,619	.416069	.416069
59	SONOGRAPHY	3,117,301	.135783	.135783
59 01	AUDIOLOGY	561,131	.966453	.966453
59 02	CARDIAC REHAB	667,128	.478132	.478132
59 03	ECP			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,349,794	2.021843	2.021843
61	EMERGENCY	3,365,569	.582264	.582264
62	OBSERVATION BEDS (NON-DIS	691,456	.834532	.834532
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	339,448	1.114277	1.114277
101	SUBTOTAL	107,743,362		
102	LESS OBSERVATION BEDS	691,456		
103	TOTAL	107,051,906		

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	10,636,180	920,356	9,715,824	92,036	563,518	9,980,626
39	DELIVERY ROOM & LABOR ROO	728,973	74,186	654,787	7,419	37,978	683,576
40	ANESTHESIOLOGY	440,821	137,098	303,723	13,710	17,616	409,495
41	RADIOLOGY-DIAGNOSTIC	2,933,448	286,056	2,647,392	28,606	153,549	2,751,293
41 01	CT SCAN	895,347	360,324	535,023	36,032	31,031	828,284
41 02	NUCLEAR MEDICINE	603,739	76,153	527,586	7,615	30,600	565,524
44	LABORATORY	3,823,653	185,213	3,638,440	18,521	211,030	3,594,102
47	BLOOD STORING, PROCESSING	472,820	15,096	457,724	1,510	26,548	444,762
49	RESPIRATORY THERAPY	808,081	52,389	755,692	5,239	43,830	759,012
50	PHYSICAL THERAPY	2,146,721	167,594	1,979,127	16,759	114,789	2,015,173
51	OCCUPATIONAL THERAPY	242,792	6,508	236,284	651	13,704	228,437
52	SPEECH PATHOLOGY	75,387	2,806	72,581	281	4,210	70,896
53	ELECTROCARDIOLOGY	275,212	48,629	226,583	4,863	13,142	257,207
54	ELECTROENCEPHALOGRAPHY	181,207	27,582	153,625	2,758	8,910	169,539
55	MEDICAL SUPPLIES CHARGED	791,332	79,945	711,387	7,995	41,260	742,077
56	DRUGS CHARGED TO PATIENTS	2,441,749	85,062	2,356,687	8,506	136,688	2,296,555
59	SONOGRAPHY	423,275	70,785	352,490	7,079	20,444	395,752
59 01	AUDIOLOGY	542,307	14,643	527,664	1,464	30,605	510,238
59 02	CARDIAC REHAB	318,975	48,113	270,862	4,811	15,710	298,454
59 03	ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,772,757	458,639	6,314,118	45,864	366,219	6,360,674
61	EMERGENCY	1,959,649	153,218	1,806,431	15,322	104,773	1,839,554
62	OBSERVATION BEDS (NON-DIS	577,042	45,394	531,648	4,539	30,836	541,667
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	378,239	9,473	368,766	947	21,388	355,904
101	SUBTOTAL	38,469,706	3,325,262	35,144,444	332,527	2,038,378	36,098,801
102	LESS OBSERVATION BEDS	577,042	45,394	531,648	4,539	30,836	541,667
103	TOTAL	37,892,664	3,279,868	34,612,796	327,988	2,007,542	35,557,134

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	23,142,870	.431261	.455611
39	DELIVERY ROOM & LABOR ROO	501,923	1.361914	1.437579
40	ANESTHESIOLOGY	4,238,871	.096605	.100761
41	RADIOLOGY-DIAGNOSTIC	9,628,282	.285751	.301699
41 01	CT SCAN	10,456,802	.079210	.082178
41 02	NUCLEAR MEDICINE	1,973,681	.286533	.302037
44	LABORATORY	18,438,447	.194924	.206369
47	BLOOD STORING, PROCESSING	665,800	.668011	.707885
49	RESPIRATORY THERAPY	2,877,134	.263808	.279042
50	PHYSICAL THERAPY	5,840,678	.345024	.364677
51	OCCUPATIONAL THERAPY	622,208	.367139	.389164
52	SPEECH PATHOLOGY	65,178	1.087729	1.152321
53	ELECTROCARDIOLOGY	1,878,138	.136948	.143945
54	ELECTROENCEPHALOGRAPHY	590,036	.287337	.302437
55	MEDICAL SUPPLIES CHARGED	8,862,868	.083729	.088384
56	DRUGS CHARGED TO PATIENTS	5,868,619	.391328	.414619
59	SONOGRAPHY	3,117,301	.126953	.133512
59 01	AUDIOLOGY	561,131	.909303	.963844
59 02	CARDIAC REHAB	667,128	.447371	.470920
59 03	ECP			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,349,794	1.898825	2.008151
61	EMERGENCY	3,365,569	.546580	.577711
62	OBSERVATION BEDS (NON-DIS	691,456	.783372	.827967
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	339,448	1.048479	1.111487
101	SUBTOTAL	107,743,362		
102	LESS OBSERVATION BEDS	691,456		
103	TOTAL	107,051,906		

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	27,793	374	27,419	490,082	6,591	483,491
26	INTENSIVE CARE UNIT	5,918		5,918	100,041		100,041
33	NURSERY	1,060		1,060	17,452		17,452
101	TOTAL	34,771		34,397	607,575		600,984

TITLE XVIII, PART A

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	9,355	5,360	2.93	15,705	51.68	277,005
26	INTENSIVE CARE UNIT	900	514	6.58	3,382	111.16	57,136
33	NURSERY	585		1.81		29.83	
101	TOTAL	10,840	5,874		19,087		334,141

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	21,290	899,066	23,142,870	4,188,919	.000920	3,854
39	DELIVERY ROOM & LABOR ROO	1,245	72,941	501,923	6,970	.002480	17
40	ANESTHESIOLOGY	1,380	135,718	4,238,871	640,812	.000326	209
41	RADIOLOGY-DIAGNOSTIC	6,579	279,477	9,628,282	958,435	.000683	655
41 01	CT SCAN	1,444	358,880	10,456,802	1,384,919	.000138	191
41 02	NUCLEAR MEDICINE	1,651	74,502	1,973,681	233,095	.000837	195
44	LABORATORY	6,573	178,640	18,438,447	3,810,496	.000356	1,357
47	BLOOD STORING, PROCESSING	605	14,491	665,800	326,207	.000909	297
49	RESPIRATORY THERAPY	1,625	50,764	2,877,134	1,309,782	.000565	740
50	PHYSICAL THERAPY	9,196	158,398	5,840,678	255,921	.001574	403
51	OCCUPATIONAL THERAPY	265	6,243	622,208	50,144	.000426	21
52	SPEECH PATHOLOGY	76	2,730	65,178	11,394	.001166	13
53	ELECTROCARDIOLOGY	500	48,129	1,878,138	804,836	.000266	214
54	ELECTROENCEPHALOGRAPHY	1,555	26,027	590,036	5,178	.002635	14
55	MEDICAL SUPPLIES CHARGED	5,763	74,182	8,862,868	3,654,812	.000650	2,376
56	DRUGS CHARGED TO PATIENTS	3,522	81,540	5,868,619	1,934,696	.000600	1,161
59	SONOGRAPHY	714	70,071	3,117,301	679,319	.000229	156
59 01	AUDIOLOGY	517	14,126	561,131	284	.000921	
59 02	CARDIAC REHAB	1,274	46,839	667,128		.001910	
59 03	ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	13,342	445,297	3,349,794	27,945	.003983	111
61	EMERGENCY	5,812	147,406	3,365,569	992,894	.001727	1,715
62	OBSERVATION BEDS (NON-DIS	2,436	42,958	691,456	27,986	.003523	99
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	87,364	3,228,425	107,403,914	21,305,044		13,798

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2009 I PART II
 I 14-0143 I PPS I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.038849	162,735
39	DELIVERY ROOM & LABOR ROO	.145323	1,013
40	ANESTHESIOLOGY	.032017	20,517
41	RADIOLOGY-DIAGNOSTIC	.029027	27,820
41 01	CT SCAN	.034320	47,530
41 02	NUCLEAR MEDICINE	.037748	8,799
44	LABORATORY	.009688	36,916
47	BLOOD STORING, PROCESSING	.021765	7,100
49	RESPIRATORY THERAPY	.017644	23,110
50	PHYSICAL THERAPY	.027120	6,941
51	OCCUPATIONAL THERAPY	.010034	503
52	SPEECH PATHOLOGY	.041885	477
53	ELECTROCARDIOLOGY	.025626	20,625
54	ELECTROENCEPHALOGRAPHY	.044111	228
55	MEDICAL SUPPLIES CHARGED	.008370	30,591
56	DRUGS CHARGED TO PATIENTS	.013894	26,881
59	SONOGRAPHY	.022478	15,270
59 01	AUDIOLOGY	.025174	7
59 02	CARDIAC REHAB	.070210	
59 03	ECP		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.132933	3,715
61	EMERGENCY	.043798	43,487
62	OBSERVATION BEDS (NON-DIS	.062127	1,739
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		486,004

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

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					9,355	
26	INTENSIVE CARE UNIT					900	
33	NURSERY					585	
34	SKILLED NURSING FACILITY					3,065	
101	TOTAL					13,905	

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2010
I	14-0143	I	FROM 10/ 1/2008	I	WORKSHEET D	
I		I	TO 9/30/2009	I	PART III	

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

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	5,360	
26	INTENSIVE CARE UNIT	514	
33	NURSERY		
34	SKILLED NURSING FACILITY	2,746	
101	TOTAL	8,620	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2		2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC							
41	01 CT SCAN							
41	02 NUCLEAR MEDICINE							
44	LABORATORY							
47	BLOOD STORING, PROCESSING							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
59	SONOGRAPHY							
59	01 AUDIOLOGY							
59	02 CARDIAC REHAB							
59	03 ECP							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL							

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			23,142,870			4,188,919	
39	DELIVERY ROOM & LABOR ROO			501,923			6,970	
40	ANESTHESIOLOGY			4,238,871			640,812	
41	RADIOLOGY-DIAGNOSTIC			9,628,282			958,435	
41 01	CT SCAN			10,456,802			1,384,919	
41 02	NUCLEAR MEDICINE			1,973,681			233,095	
44	LABORATORY			18,438,447			3,810,496	
47	BLOOD STORING, PROCESSING			665,800			326,207	
49	RESPIRATORY THERAPY			2,877,134			1,309,782	
50	PHYSICAL THERAPY			5,840,678			255,921	
51	OCCUPATIONAL THERAPY			622,208			50,144	
52	SPEECH PATHOLOGY			65,178			11,394	
53	ELECTROCARDIOLOGY			1,878,138			804,836	
54	ELECTROENCEPHALOGRAPHY			590,036			5,178	
55	MEDICAL SUPPLIES CHARGED			8,862,868			3,654,812	
56	DRUGS CHARGED TO PATIENTS			5,868,619			1,934,696	
59	SONOGRAPHY			3,117,301			679,319	
59 01	AUDIOLOGY			561,131			284	
59 02	CARDIAC REHAB			667,128				
59 03	ECP							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,349,794			27,945	
61	EMERGENCY			3,365,569			992,894	
62	OBSERVATION BEDS (NON-DIS			691,456			27,986	
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			107,403,914			21,305,044	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,473,596					
39	DELIVERY ROOM & LABOR ROO	114					
40	ANESTHESIOLOGY	732,826					
41	RADIOLOGY-DIAGNOSTIC	2,915,259					
41 01	CT SCAN	2,579,184					
41 02	NUCLEAR MEDICINE	722,239					
44	LABORATORY	172,669					
47	BLOOD STORING, PROCESSING	100,529					
49	RESPIRATORY THERAPY	285,351					
50	PHYSICAL THERAPY	35,355					
51	OCCUPATIONAL THERAPY	1,942					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	341,889					
54	ELECTROENCEPHALOGRAPHY	2,589					
55	MEDICAL SUPPLIES CHARGED	813,148					
56	DRUGS CHARGED TO PATIENTS	1,265,900					
59	SONOGRAPHY	538,073					
59 01	AUDIOLOGY	74,874					
59 02	CARDIAC REHAB	67,800					
59 03	ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	891,147					
61	EMERGENCY	1,555,803					
62	OBSERVATION BEDS (NON-DIS	150,636					
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	16,720,923					

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	.459588	.459588			
39 DELIVERY ROOM & LABOR ROOM	1.452360	1.452360			
40 ANESTHESIOLOGY	.103995	.103995			
41 RADIOLOGY-DIAGNOSTIC	.304670	.304670			
41 01 CT SCAN	.085623	.085623			
41 02 NUCLEAR MEDICINE	.305895	.305895			
44 LABORATORY	.207374	.207374			
47 BLOOD STORING, PROCESSING & TRANS.	.710153	.710153			
49 RESPIRATORY THERAPY	.280863	.280863			
50 PHYSICAL THERAPY	.367547	.367547			
51 OCCUPATIONAL THERAPY	.390210	.390210			
52 SPEECH PATHOLOGY	1.156633	1.156633			
53 ELECTROCARDIOLOGY	.146534	.146534			
54 ELECTROENCEPHALOGRAPHY	.307112	.307112			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.089286	.089286			
56 DRUGS CHARGED TO PATIENTS	.416069	.416069			
59 SONOGRAPHY	.135783	.135783			
59 01 AUDIOLOGY	.966453	.966453			
59 02 CARDIAC REHAB	.478132	.478132			
59 03 ECP					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC	2.021843	2.021843			
61 EMERGENCY	.582264	.582264			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.834532	.834532			
63 OTHER OUTPATIENT SERVICE COST CENTER					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	1.114277	1.114277			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B		HOSPITAL				
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		3,473,596			
39	DELIVERY ROOM & LABOR ROOM		114			
40	ANESTHESIOLOGY		732,826			
41	RADIOLOGY-DIAGNOSTIC		2,915,259			
41 01	CT SCAN		2,579,184			
41 02	NUCLEAR MEDICINE		722,239			
44	LABORATORY		172,669			
47	BLOOD STORING, PROCESSING & TRANS.		100,529			
49	RESPIRATORY THERAPY		285,351			
50	PHYSICAL THERAPY		35,355			
51	OCCUPATIONAL THERAPY		1,942			
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		341,889			
54	ELECTROENCEPHALOGRAPHY		2,589			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		813,148			
56	DRUGS CHARGED TO PATIENTS		1,265,900			
59	SONOGRAPHY		538,073			
59 01	AUDIOLOGY		74,874			
59 02	CARDIAC REHAB		67,800			
59 03	ECP					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		891,147			
61	EMERGENCY		1,555,803			
62	OBSERVATION BEDS (NON-DISTINCT PART)		150,636			
63	OTHER OUTPATIENT SERVICE COST CENTER					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		16,720,923			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		16,720,923			

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	7 Outpatient Radiology	8 Other Outpatient Diagnostic	9 All Other	9.01 PPS Services FYB to 12/31	9.02 Non-PPS Services
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,596,423	
39 DELIVERY ROOM & LABOR ROOM				166	
40 ANESTHESIOLOGY				76,210	
41 RADIOLOGY-DIAGNOSTIC				888,192	
41 01 CT SCAN				220,837	
41 02 NUCLEAR MEDICINE				220,929	
44 LABORATORY				35,807	
47 BLOOD STORING, PROCESSING & TRANS.				71,391	
49 RESPIRATORY THERAPY				80,145	
50 PHYSICAL THERAPY				12,995	
51 OCCUPATIONAL THERAPY				758	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				50,098	
54 ELECTROENCEPHALOGRAPHY				795	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				72,603	
56 DRUGS CHARGED TO PATIENTS				526,702	
59 SONOGRAPHY				73,061	
59 01 AUDIOLOGY				72,362	
59 02 CARDIAC REHAB				32,417	
59 03 ECP					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC				1,801,759	
62 EMERGENCY				905,888	
63 OBSERVATION BEDS (NON-DISTINCT PART)				125,711	
65 OTHER OUTPATIENT SERVICE COST CENTER					
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
101 SUBTOTAL				6,865,249	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				6,865,249	

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 CT SCAN
- 41 02 NUCLEAR MEDICINE
- 44 LABORATORY
- 47 BLOOD STORING, PROCESSING & TRANS.
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 59 SONOGRAPHY
- 59 01 AUDIOLOGY
- 59 02 CARDIAC REHAB
- 59 03 ECP
- 60 OUTPAT SERVICE COST CNTRS
- 61 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 63 OTHER OUTPATIENT SERVICE COST CENTER
- 65 OTHER REIMBURS COST CNTRS
- 65 AMBULANCE SERVICES
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES
- 104 NET CHARGES

Health Financial Systems MCRIF32 FOR ST. MARGARET'S HOSPITAL IN LIEU OF FORM CMS-2552-96(08/2000) CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2010
APPORIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	I	14-0143	I	FROM 10/ 1/2008	I	WORKSHEET D	
	I	COMPONENT NO:	I	TO 9/30/2009	I	PART VI	
	I	14-0143	I		I		

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.416069
2	PROGRAM VACCINE CHARGES		30,215
3	PROGRAM COSTS		12,572

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CT SCAN						
41 02	NUCLEAR MEDICINE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	SONOGRAPHY						
59 01	AUDIOLOGY						
59 02	CARDIAC REHAB						
59 03	ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2009 I PART II
 I 14-5578 I I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41 01	CT SCAN		
41 02	NUCLEAR MEDICINE		
44	LABORATORY		
47	BLOOD STORING, PROCESSING		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
59	SONOGRAPHY		
59 01	AUDIOLOGY		
59 02	CARDIAC REHAB		
59 03	ECP		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01		2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC							
41	01 CT SCAN							
41	02 NUCLEAR MEDICINE							
44	LABORATORY							
47	BLOOD STORING, PROCESSING							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
59	SONOGRAPHY							
59	01 AUDIOLOGY							
59	02 CARDIAC REHAB							
59	03 ECP							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL							

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			23,142,870			104,072	
39	DELIVERY ROOM & LABOR ROO			501,923			30	
40	ANESTHESIOLOGY			4,238,871				
41	RADIOLOGY-DIAGNOSTIC			9,628,282			71,298	
41 01	CT SCAN			10,456,802				
41 02	NUCLEAR MEDICINE			1,973,681			10,797	
44	LABORATORY			18,438,447			371,795	
47	BLOOD STORING, PROCESSING			665,800			24,255	
49	RESPIRATORY THERAPY			2,877,134			149,471	
50	PHYSICAL THERAPY			5,840,678			479,086	
51	OCCUPATIONAL THERAPY			622,208			140,986	
52	SPEECH PATHOLOGY			65,178			6,295	
53	ELECTROCARDIOLOGY			1,878,138			7,068	
54	ELECTROENCEPHALOGRAPHY			590,036				
55	MEDICAL SUPPLIES CHARGED			8,862,868			639,566	
56	DRUGS CHARGED TO PATIENTS			5,868,619			487,915	
59	SONOGRAPHY			3,117,301			26,426	
59 01	AUDIOLOGY			561,131				
59 02	CARDIAC REHAB			667,128				
59 03	ECP							
60	OUTPAT SERVICE COST CNTRS CLINIC			3,349,794			4,691	
61	EMERGENCY			3,365,569				
62	OBSERVATION BEDS (NON-DIS			691,456				
63	OTHER OUTPATIENT SERVICE							
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES							
101	TOTAL			107,403,914			2,523,751	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	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
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CT SCAN						
41 02	NUCLEAR MEDICINE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	SONOGRAPHY						
59 01	AUDIOLOGY						
59 02	CARDIAC REHAB						
59 03	ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	9,963
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	9,355
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,438
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,917
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	125
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	376
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	27
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	80
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,360
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	113
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	338
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	174.94
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	180.51
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6,672,908
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	21,868
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	67,872
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	89,740
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,583,168

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,116,455
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,803,755
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,312,700
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.811089
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,150.02
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	768.06
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	381.96
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	309.80
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	755,292
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5,827,876

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					703.71
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,771,886
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,771,886

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	1,517,754	900	1,686.39	514	866,804
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				

48	PROGRAM INPATIENT ANCILLARY SERVICE COST					1 6,072,300
49	TOTAL PROGRAM INPATIENT COSTS					10,710,990

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					353,228
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					499,802
52	TOTAL PROGRAM EXCLUDABLE COST					853,030
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					9,857,960

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	19,768
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	61,012
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	80,780
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	820
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	703.71
85	OBSERVATION BED COST	577,042

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	27,793	.004222	577,042	2,436
87	NEW CAPITAL-RELATED COST	490,082	.074445	577,042	42,958
88	NON PHYSICIAN ANESTHETIST			577,042	
89	MEDICAL EDUCATION			577,042	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,065
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,065
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	16
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,049
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,746
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,114,566
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,114,566

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,312,534
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,800
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,305,734
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.611056
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	425.00
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	428.25
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,114,566

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	2,114,566
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	689.91	
68	PROGRAM ROUTINE SERVICE COST	1,894,493	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,894,493	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	165,917	
72	PER DIEM CAPITAL-RELATED COSTS	54.13	
73	PROGRAM CAPITAL-RELATED COSTS	148,641	
74	INPATIENT ROUTINE SERVICE COST	1,745,852	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,745,852	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,894,493	
80	PROGRAM INPATIENT ANCILLARY SERVICES	721,806	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,616,299	

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

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		4,557,510	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		826,892	
37	OPERATING ROOM	.459588	4,188,919	1,925,177
39	DELIVERY ROOM & LABOR ROOM	1.452360	6,970	10,123
40	ANESTHESIOLOGY	.107198	640,812	68,694
41	RADIOLOGY-DIAGNOSTIC	.304670	958,435	292,006
41 01	CT SCAN	.085623	1,384,919	118,581
41 02	NUCLEAR MEDICINE	.305895	233,095	71,303
44	LABORATORY	.207374	3,810,496	790,198
47	BLOOD STORING, PROCESSING & TRANS.	.710153	326,207	231,657
49	RESPIRATORY THERAPY	.280863	1,309,782	367,869
50	PHYSICAL THERAPY	.367547	255,921	94,063
51	OCCUPATIONAL THERAPY	.390210	50,144	19,567
52	SPEECH PATHOLOGY	1.156633	11,394	13,179
53	ELECTROCARDIOLOGY	.146534	804,836	117,936
54	ELECTROENCEPHALOGRAPHY	.307112	5,178	1,590
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.089286	3,654,812	326,324
56	DRUGS CHARGED TO PATIENTS	.416069	1,934,696	804,967
59	SONOGRAPHY	.135783	679,319	92,240
59 01	AUDIOLOGY	.966453	284	274
59 02	CARDIAC REHAB	.478132		
59 03	ECP			
60	OUTPAT SERVICE COST CNTRS CLINIC	2.021843	27,945	56,500
61	EMERGENCY	.651325	992,894	646,697
62	OBSERVATION BEDS (NON-DISTINCT PART)	.834532	27,986	23,355
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		21,305,044	6,072,300
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		21,305,044	

TITLE XVIII, PART A SWING BED SNF 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 ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.459588	26,315	12,094
39	DELIVERY ROOM & LABOR ROOM	1.452360	8	12
40	ANESTHESIOLOGY	.103995		
41	RADIOLOGY-DIAGNOSTIC	.304670	16,818	5,124
41 01	CT SCAN	.085623	8,641	740
41 02	NUCLEAR MEDICINE	.305895		
44	LABORATORY	.207374	90,094	18,683
47	BLOOD STORING, PROCESSING & TRANS.	.710153	4,372	3,105
49	RESPIRATORY THERAPY	.280863	40,779	11,453
50	PHYSICAL THERAPY	.367547	50,621	18,606
51	OCCUPATIONAL THERAPY	.390210	6,427	2,508
52	SPEECH PATHOLOGY	1.156633	702	812
53	ELECTROCARDIOLOGY	.146534	3,162	463
54	ELECTROENCEPHALOGRAPHY	.307112		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.089286	140,664	12,559
56	DRUGS CHARGED TO PATIENTS	.416069	102,572	42,677
59	SONOGRAPHY	.135783	7,566	1,027
59 01	AUDIOLOGY	.966453		
59 02	CARDIAC REHAB	.478132		
59 03	ECP			
60	OUTPAT SERVICE COST CNTRS CLINIC	2.021843	7	14
61	EMERGENCY	.582264		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.834532		
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		498,748	129,877
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		498,748	

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 ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.459588	104,072	47,830
39	DELIVERY ROOM & LABOR ROOM	1.452360	30	44
40	ANESTHESIOLOGY	.103995		
41	RADIOLOGY-DIAGNOSTIC	.304670	71,298	21,722
41 01	CT SCAN	.085623		
41 02	NUCLEAR MEDICINE	.305895	10,797	3,303
44	LABORATORY	.207374	371,795	77,101
47	BLOOD STORING, PROCESSING & TRANS.	.710153	24,255	17,225
49	RESPIRATORY THERAPY	.280863	149,471	41,981
50	PHYSICAL THERAPY	.367547	479,086	176,087
51	OCCUPATIONAL THERAPY	.390210	140,986	55,014
52	SPEECH PATHOLOGY	1.156633	6,295	7,281
53	ELECTROCARDIOLOGY	.146534	7,068	1,036
54	ELECTROENCEPHALOGRAPHY	.307112		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.089286	639,566	57,104
56	DRUGS CHARGED TO PATIENTS	.416069	487,915	203,006
59	SONOGRAPHY	.135783	26,426	3,588
59 01	AUDIOLOGY	.966453		
59 02	CARDIAC REHAB	.478132		
59 03	ECP			
60	OUTPAT SERVICE COST CNTRS CLINIC	2.021843	4,691	9,484
61	EMERGENCY	.582264		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.834532		
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		2,523,751	721,806
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,523,751	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I WORKSHEET E
 I COMPONENT NO: I TO 9/30/2009 I PART A
 I 14-0143 I I

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		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	8,499,015	
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)	56,370	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		55.95
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.		
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)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
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)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
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		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
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)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I WORKSHEET E
 I COMPONENT NO: I TO 9/30/2009 I PART A
 I 14-0143 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
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 INSTRU	335.00	335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	8,555,385	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	9,102,535	
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)	8,965,748	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	706,909	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	9,672,657	
17 PRIMARY PAYER PAYMENTS	2,323	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	9,670,334	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,055,404	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	3,672	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	157,235	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	110,065	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	8,721,323	
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	8,721,323	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	9,075,785	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-354,462	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I WORKSHEET E
 I COMPONENT NO: I TO 9/30/2009 I PART B
 I 14-0143 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	12,572	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	6,865,249	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	5,825,278	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.799	.799
1.04	LINE 1.01 TIMES LINE 1.03.	5,485,334	
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)	12,572	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	30,215	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	30,215	
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)	30,215	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	17,643	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	12,572	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	5,825,278	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)		
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,432,121	
19	SUBTOTAL (SEE INSTRUCTIONS)	4,405,729	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	4,405,729	
24	PRIMARY PAYER PAYMENTS	675	
25	SUBTOTAL	4,405,054	
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	191,109	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	133,776	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
28	SUBTOTAL	4,538,830	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	4,538,830	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	4,498,419	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	40,411	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2		
TO BE COMPLETED BY CONTRACTOR			
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
54	TOTAL (SUM OF LINES 51 AND 53)		

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		8,359,268		4,404,496
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		93,923
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01 5/ 8/2009	226,787		
ADJUSTMENTS TO PROVIDER	.02 9/25/2009	489,730		
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	716,517		NONE
4 TOTAL INTERIM PAYMENTS		9,075,785		4,498,419
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		354,462		40,411
7 TOTAL MEDICARE PROGRAM LIABILITY		8,721,323		4,538,830

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 9/30/2009 I
 I 14-5578 I

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		978,976		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			978,976	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01	347	
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			979,323	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 9/30/2009 I
 I 14-U143 I I

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		144,184		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			144,184	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			144,184	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I
 I COMPONENT NO: I TO 9/30/2009 I WORKSHEET E-2
 I 14-U143 I I

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	163,199	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	451	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	163,199	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	163,199	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	163,199	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	19,015	
14	80% OF PART B COSTS		
15	SUBTOTAL	144,184	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	144,184	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	144,184	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM		
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I WORKSHEET E-3
 I COMPONENT NO: I TO 9/30/2009 I PART III
 I 14-5578 I I

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			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
34	SUBTOTAL			
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			
42	COINSURANCE			
43	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
44	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
46	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
47	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
49	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
50	UTILIZATION REVIEW			
51	SUBTOTAL (SEE INSTRUCTIONS)			
52	INPATIENT ROUTINE SERVICE COST			
53	MEDICARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	NET PRIMARY PAYOR PYMTS UNDER MSP			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67	SUBTOTAL			
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
76	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

BALANCE SHEET

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1,246,750			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	21,581,674			
5 OTHER RECEIVABLES	944,696			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-13,183,000			
7 INVENTORY	1,299,769			
8 PREPAID EXPENSES	581,936			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	12,471,825			
FIXED ASSETS				
12 LAND	2,554,028			
12.01 LAND IMPROVEMENTS	2,191,446			
13.01 LESS ACCUMULATED DEPRECIATION	-1,193,050			
14 BUILDINGS	37,804,282			
14.01 LESS ACCUMULATED DEPRECIATION	-23,633,607			
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	20,893,309			
18.01 LESS ACCUMULATED DEPRECIATION	-16,864,934			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	21,751,474			
OTHER ASSETS				
22 INVESTMENTS	16,836,442			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	1,782,248			
26 TOTAL OTHER ASSETS	18,618,690			
27 TOTAL ASSETS	52,841,989			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	3,679,076			
29 SALARIES, WAGES & FEES PAYABLE	2,432,633			
30 PAYROLL TAXES PAYABLE	175,478			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	718,760			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	159,174			
36 TOTAL CURRENT LIABILITIES	7,165,121			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	6,903,531			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	264,784			
42 TOTAL LONG-TERM LIABILITIES	7,168,315			
43 TOTAL LIABILITIES	14,333,436			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	38,508,553			
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	38,508,553			
52 TOTAL LIABILITIES AND FUND BALANCES	52,841,989			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		42,367,391		
2 OF PERIOD				
2 NET INCOME (LOSS)		-3,154,921		
3 TOTAL		39,212,470		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4 CONTRIBUTIONS	46,322			
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS		46,322		
11 SUBTOTAL		39,258,792		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12 DEDUCTIONS (DEBIT ADJUSTM				
13 EQUITY TRANSFER	680,000			
14 CHANGE IN FOUNDATION INTE	70,239			
15				
16				
17				
18 TOTAL DEDUCTIONS		750,239		
19 FUND BALANCE AT END OF		38,508,553		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4 CONTRIBUTIONS				
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12 DEDUCTIONS (DEBIT ADJUSTM				
13 EQUITY TRANSFER				
14 CHANGE IN FOUNDATION INTE				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF				
PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	8,116,455		8,116,455
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	1,312,534		1,312,534
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	9,428,989		9,428,989
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,918,033		1,918,033
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,918,033		1,918,033
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	11,347,022		11,347,022
17 00 ANCILLARY SERVICES	40,735,211	69,236,731	109,971,942
18 00 OUTPATIENT SERVICES		17,309,241	17,309,241
20 00 AMBULANCE SERVICES		343,304	343,304
23 00 HOSPICE		1,898,150	1,898,150
24 00			
25 00 TOTAL PATIENT REVENUES	52,082,233	88,787,426	140,869,659

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		66,009,533	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		66,009,533	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	140,869,659
2	LESS: ALLOWANCES AND DISCOUNTS ON	76,030,404
3	NET PATIENT REVENUES	64,839,255
4	LESS: TOTAL OPERATING EXPENSES	66,009,533
5	NET INCOME FROM SERVICE TO PATIENT	-1,170,278
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	547
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	219,296
15	REVENUE FROM RENTAL OF LIVING QU	145,682
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	714,786
18	REVENUE FROM SALE OF MEDICAL REC	22,552
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	105,916
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	43,595
24.01	PARA TRANSIT	147,556
24.02	NET RENTAL INCOME	22,992
24.03	OUTSIDE REHABILITATION SERVICES	53,170
24.04	CHANGE IN EQUITY IN GAINS AND LOSSES	506
24.05	INVESTMENT INCOME	469,342
25	TOTAL OTHER INCOME	1,945,940
26	TOTAL	775,662
	OTHER EXPENSES	
27	LOSS ON DISPOSAL OF EQUIPMENT	2,233
28	EXTRAORDINARY LOSS	3,928,350
29		
30	TOTAL OTHER EXPENSES	3,930,583
31	NET INCOME (OR LOSS) FOR THE PERIO	-3,154,921

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	14-0143	I	FROM 10/ 1/2008	I	2/23/2010
I	HOSPICE NO:	I	TO 9/30/2009	I	WORKSHEET K
I	14-1595	I		I	

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				
2				
3				
4				
5				
6	4,937			
7				
8				
9				
10				
10.20	223,641		11,842	
11				
12				
13				
14	38,182		3,047	
15				
16				
17				
18	30,407		4,420	
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				153,653
30				
31				
32				
33				
34	297,167		19,309	153,653

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
I 14-0143 I FROM 10/ 1/2008 I WORKSHEET K
I HOSPICE NO: I TO 9/30/2009 I
I 14-1595 I

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	8,163	13,100		13,100
7 INPATIENT CARE SERVICE				
8 INPATIENT - GENERAL CARE				
9 INPATIENT - RESPITE CARE				
10 VISITING SERVICES				
11 PHYSICIAN SERVICES	12,000	12,000		12,000
12 NURSING CARE		235,483		235,483
13 NURSING CARE-CONTINUOUS HOME CARE				
14 PHYSICAL THERAPY				
15 OCCUPATIONAL THERAPY				
16 SPEECH/LANGUAGE PATHOLOGY				
17 MEDICAL SOCIAL SERVICES		41,229		41,229
18 SPIRITUAL COUNSELING				
19 DIETARY COUNSELING				
20 COUNSELING - OTHER				
21 HOME HEALTH AIDE AND HOMEMAKER		34,827		34,827
22 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
23 OTHER				
24 DRUGS BIOLOGICAL AND INFUSION THERAPY	33,183	33,183		33,183
25 ANALGESICS				
26 SEDATIVES / HYPNOTICS				
27 OTHER - SPECIFY				
28 DURABLE MEDICAL EQUIPMENT/OXYGEN				
29 PATIENT TRANSPORTATION				
30 IMAGING SERVICES				
31 LABS AND DIAGNOSTICS				
32 MEDICAL SUPPLIES	9,282	9,282		9,282
33 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
34 RADIATION THERAPY				
35 CHEMOTHERAPY				
36 OTHER	27,095	180,748		180,748
37 BEREAVEMENT PROGRAM COSTS				
38 VOLUNTEER PROGRAM COSTS				
39 FUNDRAISING				
40 OTHER PROGRAM COSTS				
41 TOTAL (SUM OF LINES 1 THRU 33)	89,723	559,852		559,852

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2010
I	14-0143	I	FROM 10/ 1/2008	I	WORKSHEET	K
I	HOSPICE NO:	I	TO 9/30/2009	I		
I	14-1595	I		I		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		13,100
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPITE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		12,000
10 NURSING CARE		235,483
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		41,229
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		34,827
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		33,183
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		9,282
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		180,748
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		559,852

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2010
I	14-0143	I	FROM 10/ 1/2008	I	WORKSHEET	K-1
I	HOSPICE NO:	I	TO 9/30/2009	I		
I	14-1595	I		I		

HOSPICE 1

	ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
	1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPITE CARE			
10.20	VISITING SERVICES			
11	PHYSICIAN SERVICES			
12	NURSING CARE			49,254
13	NURSING CARE-CONTINUOUS HOME CARE			
14	PHYSICAL THERAPY			
15	OCCUPATIONAL THERAPY			
16	SPEECH/LANGUAGE PATHOLOGY			
17	MEDICAL SOCIAL SERVICES		38,182	
18	SPIRITUAL COUNSELING			
19	DIETARY COUNSELING			
20	COUNSELING - OTHER			
21	HOME HEALTH AIDE AND HOME MAKER			
22	HH AIDE & HOME MAKER-CONT. HOME CARE			
23	OTHER HOSPICE SERVICE COSTS			
24	OTHER			
25	DRUGS BIOLOGICAL AND INFUSION THERAPY			
26	ANALGESICS			
27	SEDATIVES / HYPNOTICS			
28	OTHER - SPECIFY			
29	DURABLE MEDICAL EQUIPMENT/OXYGEN			
30	PATIENT TRANSPORTATION			
31	IMAGING SERVICES			
32	LABS AND DIAGNOSTICS			
33	MEDICAL SUPPLIES			
34	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35	RADIATION THERAPY			
36	CHEMOTHERAPY			
37	OTHER			
38	BEREAVEMENT PROGRAM COSTS			
39	VOLUNTEER PROGRAM COSTS			
40	FUNDRAISING			
41	OTHER PROGRAM COSTS			
42	TOTAL (SUM OF LINES 1 THRU 33)		38,182	49,254

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
I 14-0143 I FROM 10/ 1/2008 I WORKSHEET K-1
I HOSPICE NO: I TO 9/30/2009 I
I 14-1595 I

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				4,937
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	174,387			
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			30,407	
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)	174,387		30,407	4,937

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2010
I	14-0143	I	FROM 10/ 1/2008	I	WORKSHEET	K-1
I	HOSPICE NO:	I	TO 9/30/2009	I		
I	14-1595	I		I		

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	4,937
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	223,641
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	38,182
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	30,407
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)	297,167

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2010
I	14-0143	I	FROM 10/ 1/2008	I	WORKSHEET	K-3
I	HOSPICE NO:	I	TO 9/30/2009	I		
I	14-1595	I		I		

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 - RESPITE 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

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2010
I	14-0143	I	FROM 10/ 1/2008	I	WORKSHEET	K-3
I	HOSPICE NO:	I	TO 9/30/2009	I		
I	14-1595	I		I		

HOSPICE 1

	NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER
	5	6	7	8

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPITE 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 HOME MAKER			
23	HH AIDE & HOME MAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			153,653
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)			153,653

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2010
I	14-0143	I	FROM 10/ 1/2008	I	WORKSHEET	K-3
I	HOSPICE NO:	I	TO 9/30/2009	I		
I	14-1595	I		I		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPITE 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	153,653
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	153,653

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2010
I	14-0143	I	FROM 10/ 1/2008	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO 9/30/2009	I	PART I	
I	14-1595	I		I		

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL	13,100		
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPITE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES	12,000		
13	NURSING CARE	235,483		
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES	41,229		
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER	34,827		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	33,183		
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	9,282		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER	180,748		
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	559,852		

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
I 14-0143 I FROM 10/ 1/2008 I WORKSHEET K-4
I HOSPICE NO: I TO 9/30/2009 I PART I
I 14-1595 I I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			13,100	13,100
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			12,000	288
13 NURSING CARE			235,483	5,642
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			41,229	988
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			34,827	834
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			33,183	795
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			9,282	222
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER			180,748	4,331
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			546,752	13,100

COST ALLOCATION -
 HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2010
I	14-0143	I	FROM 10/ 1/2008	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO 9/30/2009	I	PART I	
I	14-1595	I		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	
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	12,288
13	NURSING CARE	241,125
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	42,217
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	35,661
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	33,978
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	9,504
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	185,079
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	559,852

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I WORKSHEET K-4
 I HOSPICE NO: I TO 9/30/2009 I PART II
 I 14-1595 I I

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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
10.20				
11				
12				
13				
14				
15				
16				
17				
18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
GENERAL SERVICE COST CENTERS				
CAPITAL RELATED COSTS-BLDG AND FIXT.				
CAPITAL RELATED COSTS-MOVABLE EQUIP.				
PLANT OPERATION AND MAINTENANCE				
TRANSPORTATION - STAFF				
VOLUNTEER SERVICE COORDINATION				
ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
INPATIENT - GENERAL CARE				
INPATIENT - RESPITE CARE				
VISITING SERVICES				
PHYSICIAN SERVICES				
NURSING CARE				
NURSING CARE-CONTINUOUS HOME CARE				
PHYSICAL THERAPY				
OCCUPATIONAL THERAPY				
SPEECH/LANGUAGE PATHOLOGY				
MEDICAL SOCIAL SERVICES				
SPIRITUAL COUNSELING				
DIETARY COUNSELING				
COUNSELING - OTHER				
HOME HEALTH AIDE AND HOMEMAKER				
HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
OTHER				
DRUGS BIOLOGICAL AND INFUSION THERAPY				
ANALGESICS				
SEDATIVES / HYPNOTICS				
OTHER - SPECIFY				
DURABLE MEDICAL EQUIPMENT/OXYGEN				
PATIENT TRANSPORTATION				
IMAGING SERVICES				
LABS AND DIAGNOSTICS				
MEDICAL SUPPLIES				
OUTPATIENT SERVICES (INCL. E/R DEPT.)				
RADIATION THERAPY				
CHEMOTHERAPY				
OTHER				
FUNDRAISING				
OTHER PROGRAM COSTS				
COST TO BE ALLOCATED (PER WKST K-4, PART I)				
UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2010
I	14-0143	I	FROM 10/ 1/2008	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO 9/30/2009	I	PART II	
I	14-1595	I		I		

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL	-13,100	546,752
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPITE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		12,000
13	NURSING CARE		235,483
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES		41,229
19	SPIRITUAL COUNSELING		
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOMEMAKER		34,827
23	HH AIDE & HOMEMAKER-CONT. HOME CARE		
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY		33,183
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		9,282
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36	RADIATION THERAPY		
37	CHEMOTHERAPY		
38	OTHER		180,748
39	FUNDRAISING		
40	OTHER PROGRAM COSTS		
41	COST TO BE ALLOCATED (PER WKST K-4, PART I)		13,100
42	UNIT COST MULTIPLIER	.000000	.023960

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
		0	1	2	3
1.00 ADMINISTRATIVE AND GENERAL	6		515		4,247
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9	12,288			
5.00 NURSING CARE	10	241,125			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	42,217			
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	35,661			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	33,978			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	9,504			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29	185,079			
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		559,852	515		4,247
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1.00 ADMINISTRATIVE AND GENERAL	1,646	1,204	7,612	1,352
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES			12,288	2,182
5.00 NURSING CARE		54,525	295,650	52,497
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		9,309	51,526	9,149
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		7,414	43,075	7,649
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			33,978	6,033
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES			9,504	1,688
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00			185,079	32,864
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)	1,646	72,452	638,712	113,414
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	8	9	10	11
1.00 ADMINISTRATIVE AND GENERAL	18,542			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	18,542			
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	12	14	17	18
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	336		28,060	
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	12,358			
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	3,059			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	3,395			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	19,148		28,060	
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	55,902		55,902	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES	14,470		14,470	1,062
5.00 NURSING CARE	360,505		360,505	26,449
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	63,734		63,734	4,676
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	54,119		54,119	3,970
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	40,011		40,011	2,935
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES	11,192		11,192	821
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	217,943		217,943	15,989
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)	817,876		817,876	
30.00 UNIT COST MULTIPLIER				.073365

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	SUBTOTAL
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	
3.00 INPATIENT - RESPITE CARE	
4.00 PHYSICIAN SERVICES	15,532
5.00 NURSING CARE	386,954
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	68,410
10.00 SPIRITUAL COUNSELING	
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	58,089
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	42,946
15.30 ANALGESICS	
15.31 SEDATIVES / HYPNOTICS	
15.32 OTHER	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	
17.00 PATIENT TRANSPORTATION	
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	
20.00 MEDICAL SUPPLIES	12,013
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00	233,932
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)	817,876
30.00 UNIT COST MULTIPLIER	

(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	OLD CAP REL	NEW CAP REL	NEW CAP REL
	COSTS-BLDG & FIXT	COSTS-MVBLE EQUIP	COSTS-BLDG & FIXT	COSTS-MVBLE EQUIP
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)
	1	2	3	4
1.00 ADMINISTRATIVE AND GENERAL	974		974	1,593
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	974		974	1,593
30.00 TOTAL COST TO BE ALLOCATED	515		4,247	1,646
31.00 UNIT COST MULTIPLIER	.528747	.000000	4.360370	1.033271

HOSPICE COST CENTER	EMPLOYEE	RECONCILIATION	ADMINISTRATIVE	OPERATION OF
	BENEFITS		& GENERAL	PLANT
	(GROSS SALARY)		(ACCUMULATED COST)	(SQUARE FEET)
	5	6A	6	8
1.00 ADMINISTRATIVE AND GENERAL	4,937		7,612	974
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES			12,288	
5.00 NURSING CARE	223,641		295,650	
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	38,182		51,526	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	30,407		43,075	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			33,978	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES			9,504	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00			185,079	
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)	297,167		638,712	974
30.00 TOTAL COST TO BE ALLOCATED	72,452		113,414	18,542
31.00 UNIT COST MULTIPLIER	.243809		.177567	19.036961

HOSPICE 1

	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
HOSPICE COST CENTER	5	6A	6	8
	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
HOSPICE COST CENTER	(POUNDS OF LAUNDRY) 9	(HOURS OF SERVICE) 10	(MEALS SERVED) 11	(FTE'S) 12
1.00 ADMINISTRATIVE AND GENERAL				11
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				404
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				100
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				111
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				626
30.00 TOTAL COST TO BE ALLOCATED				19,148
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	30.587859

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(HOURS OF SERVICE) 14	(PATIENT CHARGES) 17	(TIME SPENT) 18
1.00 ADMINISTRATIVE AND GENERAL		1,898,150	
2.00 INPATIENT - GENERAL CARE			
3.00 INPATIENT - RESPITE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,898,150	
30.00 TOTAL COST TO BE ALLOCATED		28,060	
31.00 UNIT COST MULTIPLIER	.000000	.014783	.000000

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

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I WORKSHEET K-5
 I HOSPICE NO: I TO 9/30/2009 I PART III
 I 14-1595 I I

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	.367547	
2	OCCUPATIONAL THERAPY	51	.390210	
3	SPEECH PATHOLOGY	52	1.156633	
4	DRUGS CHARGED TO PATIENTS	56	.416069	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.207374	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.089286	
8	EMERGENCY	61	.582264	
9	RADIOLOGY-DIAGNOSTIC	41	.304670	
9.01	CT SCAN	41.01	.085623	
9.02	NUCLEAR MEDICINE	41.02	.305895	
10	SONOGRAPHY	59	.135783	
10.01	AUDIOLOGY	59.01	.966453	
10.02	CARDIAC REHAB	59.02	.478132	
10.03	ECP	59.03		
11	TOTAL (SUM OF LINES 1-10)			

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2010
 I 14-0143 I FROM 10/ 1/2008 I WORKSHEET K-6
 I HOSPICE NO: I TO 9/30/2009 I
 I 14-1595 I

CALCULATION OF PER DIEM COST

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)				817,876
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				6,843
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				119.52
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	6,439			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	769,589			
6 UNDUPLICATED MEDICAID DAYS		13		
7 AGGREGATE MEDICAID COST		1,554		
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)			391	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			46,732	

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

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	702,692
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	4,217
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	26.13
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	706,909
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)	