

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0160		FROM 1/1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2010 TIME 11:27

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:
 FHN MEMORIAL HOSPITAL 14-0160

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	249,171	30,166	0	
5	HOSPITAL-BASED SNF	0	17,261	0	0	
100	TOTAL	0	266,432	30,166	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.

- 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).
- 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). 0

MULTI CAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.
- IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
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62.00 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). / /

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	30,378,335		30,378,335	1,213,719.00	25.03	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,679,208		1,679,208	78,599.00	21.36	
8.01 EXCLUDED AREA SALARIES	872,552	50,037	922,589	42,251.00	21.84	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	333,803		333,803	6,217.00	53.69	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	21,893		21,893	414.00	52.88	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	4,776,773		4,776,773	179,235.00	26.65	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	7,477,195		7,477,195			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	759,924		759,924			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	315,262		315,262	14,694.00	21.46	
22 ADMINISTRATIVE & GENERAL	2,122,357	-40,587	2,081,770	95,884.00	21.71	
22.01 A & G UNDER CONTRACT	32,184		32,184	131.00	245.68	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	198,187		198,187	13,773.00	14.39	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT	1,604,597		1,604,597	90,084.00	17.81	
27 DIETARY						
27.01 DIETARY UNDER CONTRACT	1,893,453		1,893,453	75,189.00	25.18	
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	756,575		756,575	19,887.00	38.04	
31 CENTRAL SERVICE AND SUPPLY	69,040		69,040	6,152.00	11.22	
32 PHARMACY	1,001,155		1,001,155	33,633.00	29.77	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	782,054		782,054	39,745.00	19.68	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	33,908,569		33,908,569	1,379,123.00	24.59	
2 EXCLUDED AREA SALARIES	2,551,760	50,037	2,601,797	120,850.00	21.53	
3 SUBTOTAL SALARIES	31,356,809	-50,037	31,306,772	1,258,273.00	24.88	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	5,132,469		5,132,469	185,866.00	27.61	
5 SUBTOTAL WAGE-RELATED COSTS	7,477,195		7,477,195		23.88	
6 TOTAL	43,966,473	-50,037	43,916,436	1,444,139.00	30.41	
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	8,774,864	-40,587	8,734,277	389,172.00	22.44	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0160
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		21				
2	RUB						
3	RUA						
3.01	RUX		21				
3.02	RUL						
4	RVC		59				
5	RVB		260				
6	RVA		61				
6.01	RVX		98				
6.02	RVL		113				
7	RHC		261				
8	RHB		329				
9	RHA		121				
9.01	RHX						
9.02	RHL						
10	RMC		71				
11	RMB		40				
12	RMA		55				
12.01	RMX		970				
12.02	RML		1,022				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		190				
16	SE2		315				
17	SE1		14				
18	SSC						
19	SSB		37				
20	SSA		78				
21	CC2						
22	CC1		9				
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		2				
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA		2				
46	TOTAL		4,149				

(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): 0.8386
 Wage Index Factor (after 10/01) : 0.8312
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9914
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0160
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8386
 Wage Index Factor (after 10/01) : 0.8312
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9914
 SNF CBSA Code : 99914

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET S-9
14-1560		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1	TITLE XIX UNDUPLICATED MEDI CAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	16,694	149		
3 INPATIENT RESPI TE CARE	29			
4 GENERAL INPATIENT CARE	33			
5 TOTAL HOSPICE DAYS	16,756	149		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	476	17,319
3 INPATIENT RESPI TE CARE	2	31
4 GENERAL INPATIENT CARE	7	40
5 TOTAL HOSPICE DAYS	485	17,390

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	288	3		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	58.18	49.67		
9 UNDUPLICATED CENSUS COUNT	288	3		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	8	299
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	60.63	58.16
9 UNDUPLICATED CENSUS COUNT	8	299

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/1/2009	5/26/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	8,555,494
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	13,343
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	8,568,837
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)	.325758
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	40,954,554
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	13,341,274
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	14,934,482
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,865,027
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	13,341,274

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-0160

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

PREPARED 5/26/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				82,725	82,725
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,188,984	4,188,984		4,188,984
5	0500 EMPLOYEE BENEFITS	315,262	5,962,320	6,277,582		6,277,582
6	0600 ADMINISTRATIVE & GENERAL	2,122,357	16,446,471	18,568,828	-62,294	18,506,534
8	0800 OPERATION OF PLANT	198,187	3,542,290	3,740,477		3,740,477
9	0900 LAUNDRY & LINEN SERVICE		397,554	397,554		397,554
10	1000 HOUSEKEEPING		1,748,169	1,748,169		1,748,169
11	1100 DIETARY		2,642,421	2,642,421	-1,246,780	1,395,641
12	1200 CAFETERIA				1,246,780	1,246,780
14	1400 NURSING ADMINISTRATION	756,575	95,373	851,948		851,948
15	1500 CENTRAL SERVICES & SUPPLY	69,040	1,463,137	1,532,177	-762,007	770,170
16	1600 PHARMACY	1,001,155	3,263,669	4,264,824	-2,838,928	1,425,896
17	1700 MEDICAL RECORDS & LIBRARY	782,054	162,041	944,095		944,095
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	8,544,900	1,526,478	10,071,378	-11,001	10,060,377
26	2600 INTENSIVE CARE UNIT	1,186,446	142,454	1,328,900		1,328,900
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY	1,679,208	223,024	1,902,232		1,902,232
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,755,928	4,186,280	5,942,208		5,942,208
37.01	3701 GI LAB	904,012	761,567	1,665,579		1,665,579
37.02	3702 AMBULATORY CARE UNIT	927,753	141,539	1,069,292		1,069,292
38	3800 RECOVERY ROOM	388,166	38,305	426,471		426,471
40	4000 ANESTHESIOLOGY		510,801	510,801		510,801
41	4100 RADIOLOGY-DIAGNOSTIC	1,673,423	4,864,161	6,537,584		6,537,584
42	4200 RADIOLOGY-THERAPEUTIC					
44	4400 LABORATORY	1,396,576	2,975,943	4,372,519		4,372,519
49	4900 RESPIRATORY THERAPY	645,966	350,644	996,610		996,610
50	5000 PHYSICAL THERAPY	1,750,293	343,434	2,093,727		2,093,727
53	5300 ELECTROCARDIOLOGY	168,554	117,242	285,796		285,796
53.01	5301 CATH LAB	499,552	1,569,693	2,069,245		2,069,245
54	5400 ELECTROENCEPHALOGRAPHY	82,809	12,034	94,843		94,843
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				762,007	762,007
56	5600 DRUGS CHARGED TO PATIENTS				2,838,928	2,838,928
59	3950 DIABETIC EDUCATION	11,063	119,235	130,298		130,298
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	2,646,504	4,639,284	7,285,788		7,285,788
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
69	6900 CORF					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE		82,725	82,725	-82,725	
93	9300 HOSPICE	846,728	1,113,768	1,960,496		1,960,496
95	SUBTOTALS	30,352,511	63,631,040	93,983,551	-73,295	93,910,256
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,824	118,676	144,500		144,500
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 JANE ADDAMS BLDG					
98.02	9802 SENIOR PROGRAM				33,239	33,239
98.03	9803 NA VOLUNTEER SERVICES				29,055	29,055
98.04	9804 SMART STEPS					
98.05	9805 RESPIRE CARE				11,001	11,001
99	9900 NONPAID WORKERS					
101	TOTAL	30,378,335	63,749,716	94,128,051	-0-	94,128,051

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0160
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-82,725	
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-19,357	4,169,627
5	0500 EMPLOYEE BENEFITS		6,277,582
6	0600 ADMINISTRATIVE & GENERAL	-204,324	18,302,210
8	0800 OPERATION OF PLANT		3,740,477
9	0900 LAUNDRY & LINEN SERVICE		397,554
10	1000 HOUSEKEEPING		1,748,169
11	1100 DIETARY	-533,480	862,161
12	1200 CAFETERIA	-11,148	1,235,632
14	1400 NURSING ADMINISTRATION		851,948
15	1500 CENTRAL SERVICES & SUPPLY	-100,000	670,170
16	1600 PHARMACY	-4,208	1,421,688
17	1700 MEDICAL RECORDS & LIBRARY	-26,759	917,336
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		10,060,377
26	2600 INTENSIVE CARE UNIT		1,328,900
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY	-2,750	1,899,482
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		5,942,208
37.01	3701 GI LAB		1,665,579
37.02	3702 AMBULATORY CARE UNIT		1,069,292
38	3800 RECOVERY ROOM		426,471
40	4000 ANESTHESIOLOGY	-323,915	186,886
41	4100 RADIOLOGY-DIAGNOSTIC	-2,149,257	4,388,327
42	4200 RADIOLOGY-THERAPEUTIC		
44	4400 LABORATORY	-477,097	3,895,422
49	4900 RESPIRATORY THERAPY	-64,970	931,640
50	5000 PHYSICAL THERAPY	-5,000	2,088,727
53	5300 ELECTROCARDIOLOGY	-86,884	198,912
53.01	5301 CATH LAB	-46,582	2,022,663
54	5400 ELECTROENCEPHALOGRAPHY		94,843
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		762,007
56	5600 DRUGS CHARGED TO PATIENTS		2,838,928
59	3950 DIABETIC EDUCATION	-3,075	127,223
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-3,906,285	3,379,503
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
69	6900 CORF		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
93	9300 HOSPICE	-9,167	1,951,329
95	SUBTOTALS	-8,056,983	85,853,273
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		144,500
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 JANE ADDAMS BLDG		
98.02	9802 SENIOR PROGRAM		33,239
98.03	9803 NA VOLUNTEER SERVICES		29,055
98.04	9804 SMART STEPS		
98.05	9805 RESPIRE CARE		11,001
99	9900 NONPAID WORKERS		
101	TOTAL	-8,056,983	86,071,068

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	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	
37.01	GI LAB	3701	OPERATING ROOM
37.02	AMBULATORY CARE UNIT	3702	OPERATING ROOM
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	CATH LAB	5301	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	DIABETIC EDUCATION	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
69	CORF	6900	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	JANE ADDAMS BLDG	9801	PHYSICIANS' PRIVATE OFFICES
98.02	SENIOR PROGRAM	9802	PHYSICIANS' PRIVATE OFFICES
98.03	NA VOLUNTEER SERVICES	9803	PHYSICIANS' PRIVATE OFFICES
98.04	SMART STEPS	9804	PHYSICIANS' PRIVATE OFFICES
98.05	RESPIRE CARE	9805	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140160

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

PREPARED 5/26/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----					
	CODE (1)	COST CENTER 1	2	LINE NO 3	SALARY 4	OTHER 5
1 CHARGEABLE SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO PATIENTS		55		762,007
2 CHARGEABLE DRUGS	B	DRUGS CHARGED TO PATIENTS		56		2,838,928
3 SHARED DIETARY EXPENSES	C	CAFETERIA		12		1,246,780
4 SENIOR PROGRAM	D	SENIOR PROGRAM		98.02	22,626	10,613
5 RESPITE CARE	E	RESPITE CARE		98.05	9,450	1,551
6 NON PATIENT VOLUNTEER ADMIN	F	NA VOLUNTEER SERVICES		98.03	17,961	11,094
7 INTEREST	G	NEW CAP REL COSTS-BLDG & FIXT		3		82,725
36 TOTAL RECLASSIFICATIONS					50,037	4,953,698

(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:
140160

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

PREPARED 5/26/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	
1 CHARGEABLE SUPPLIES	A	CENTRAL SERVICES & SUPPLY	15		762,007
2 CHARGEABLE DRUGS	B	PHARMACY	16		2,838,928
3 SHARED DIETARY EXPENSES	C	DIETARY	11		1,246,780
4 SENIOR PROGRAM	D	ADMINISTRATIVE & GENERAL	6	22,626	10,613
5 RESPITE CARE	E	ADULTS & PEDIATRICS	25	9,450	1,551
6 NON PATIENT VOLUNTEER ADMIN	F	ADMINISTRATIVE & GENERAL	6	17,961	11,094
7 INTEREST	G	INTEREST EXPENSE	88		82,725
36 TOTAL RECLASSIFICATIONS				50,037	4,953,698

(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:
140160

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

PREPARED 5/26/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CHARGEABLE SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	762,007
TOTAL RECLASSIFICATIONS FOR CODE A			762,007

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	762,007	

RECLASS CODE: B
EXPLANATION : CHARGEABLE DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	2,838,928
TOTAL RECLASSIFICATIONS FOR CODE B			2,838,928

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	2,838,928	

RECLASS CODE: C
EXPLANATION : SHARED DIETARY EXPENSES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,246,780
TOTAL RECLASSIFICATIONS FOR CODE C			1,246,780

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,246,780	

RECLASS CODE: D
EXPLANATION : SENIOR PROGRAM

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	SENIOR PROGRAM	98.02	33,239
TOTAL RECLASSIFICATIONS FOR CODE D			33,239

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	33,239	

RECLASS CODE: E
EXPLANATION : RESPIRE CARE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RESPIRE CARE	98.05	11,001
TOTAL RECLASSIFICATIONS FOR CODE E			11,001

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	11,001	

RECLASS CODE: F
EXPLANATION : NON PATIENT VOLUNTEER ADMIN

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NA VOLUNTEER SERVICES	98.03	29,055
TOTAL RECLASSIFICATIONS FOR CODE F			29,055

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	29,055	

RECLASS CODE: G
EXPLANATION : INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	82,725
TOTAL RECLASSIFICATIONS FOR CODE G			82,725

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	82,725	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	945,058					945,058	
2 LAND IMPROVEMENTS	1,326,622					1,326,622	
3 BUILDINGS & FIXTURE	42,296,494	2,264,254		2,264,254	28,316	44,532,432	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	1,350,111	119,266		119,266	26,911	1,442,466	
6 MOVABLE EQUIPMENT	19,340,336	3,905,833		3,905,833	97,831	23,148,338	
7 SUBTOTAL	65,258,621	6,289,353		6,289,353	153,058	71,394,916	
8 RECONCILING ITEMS							
9 TOTAL	65,258,621	6,289,353		6,289,353	153,058	71,394,916	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
DESCRIPTION		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	48,246,578		48,246,578	.675770				
4	NEW CAP REL COSTS-MV	23,148,338		23,148,338	.324230				
5	TOTAL	71,394,916		71,394,916	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
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	4,169,627						4,169,627
5	TOTAL	4,169,627						4,169,627

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
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	4,188,984						4,188,984
5	TOTAL	4,188,984						4,188,984

* 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	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-82,725	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	B	-12,523	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-7,062,740			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-475,810	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-4,208	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-26,759	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-11,148	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 DIETARY REVENUE	B	-5,940	DIETARY	11	
38 PHYSICIAN BILLING COST	A	-104,720	ADMINISTRATIVE & GENERAL	6	
39 TELEPHONE CAPITAL COSTS	A	-10,831	NEW CAP REL COSTS-MVBLE E	4	9
40 TV CAPITAL COSTS	A	-8,526	NEW CAP REL COSTS-MVBLE E	4	9
41 ASSOC LOBBYING FEES	A	-29,206	ADMINISTRATIVE & GENERAL	6	
42 MEALS ON WHEELS	B	-47,984	DIETARY	11	
43 HBP - A&G	A	-85	ADMINISTRATIVE & GENERAL	6	
44 HBP - HOSPICE	A	-9,167	HOSPICE	93	
44.01 OTHER REVENUE MISC	B	-510	ADMINISTRATIVE & GENERAL	6	
45 LI FELINE RENTAL INCOME	B	-54,030	ADMINISTRATIVE & GENERAL	6	
46 SUPPLY VENDOR CREDIT	B	-100,000	CENTRAL SERVICES & SUPPLY	15	
47 OP FINANCE MISC INCOME	B	-3,250	ADMINISTRATIVE & GENERAL	6	
48 OTHER MISC DIETARY REVENUE	B	-3,746	DIETARY	11	
49 NONPATIENT DIABETIC REVENUE	B	-3,075	DIABETIC EDUCATION	59	
50 TOTAL (SUM OF LINES 1 THRU 49)		-8,056,983			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	CORPROATE ALLOCATI ON	9,036,612	9,036,612	
2						
3						
4						
5		TOTALS		9,036,612	9,036,612	

* 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	A	0.00	FREEPORT MEMORIAL HOSP	100.00	HEALTHCARE PARENT CO
2		0.00	FREEPORT HEALTH NETWORK	0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED: 5/26/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 34	SNF	2,750	2,750					
2 40	ANESTHESIOLOGY	323,915	323,915					
3 41	RADIOLOGY	2,149,257	2,149,257					
4 44	LABORATORY	477,097	477,097					
5 49	RESPIRATORY THERAPY	64,970	64,970					
6 50	PHYSICAL THERAPY	5,000	5,000					
7 53	EKG	86,884	86,884					
8 53 1	CATH LAB	46,582	46,582					
9 61	EMERGENCY	3,906,285	3,906,285					
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	7,062,740	7,062,740					

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
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 SALARIES	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	DIRECT NRSG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENEFITS 5	SUBTOTAL 5a.00	ADMINISTRATIVE OPERATIONS & GENERAL PLANT 6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E	4,169,627		4,169,627				
006 EMPLOYEE BENEFITS	6,277,582		1,281	6,278,863			
008 ADMINISTRATIVE & GENERAL	18,302,210		510,576	434,790	19,247,576	19,247,576	
009 OPERATION OF PLANT	3,740,477		80,011	41,393	3,861,881	1,112,361	4,974,242
010 LAUNDRY & LINEN SERVICE	397,554				397,554	114,510	52,721
011 HOUSEKEEPING	1,748,169		9,462		1,757,631	506,261	115,669
012 DIETARY	862,161		64,320		926,481	266,860	260,360
014 CAFETERIA	1,235,632				1,235,632	355,906	222,208
015 NURSING ADMINISTRATION	851,948		183,940	158,015	1,193,903	343,887	8,405
016 CENTRAL SERVICES & SUPPLY	670,170		1,636	14,419	686,225	197,658	20,103
017 PHARMACY	1,421,688		84,975	209,097	1,715,760	494,201	54,659
025 MEDICAL RECORDS & LIBRARY	917,336		15,459	163,337	1,096,132	315,725	98,507
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	10,060,377		302,001	1,782,691	12,145,069	3,498,224	1,282,464
033 INTENSIVE CARE UNIT	1,328,900		119,146	247,796	1,695,842	488,464	97,177
034 NURSERY							
037 SKILLED NURSING FACILITY	1,899,482		17,515	350,713	2,267,710	653,182	328,747
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,942,208		572,303	366,736	6,881,247	1,982,047	487,120
037 01 GI LAB	1,665,579		97,392	188,808	1,951,779	562,183	157,136
037 02 AMBULATORY CARE UNIT	1,069,292		32,202	193,767	1,295,261	373,082	211,141
038 RECOVERY ROOM	426,471		882	81,071	508,424	146,444	37,568
040 ANESTHESIOLOGY	186,886		55,785		242,671	69,898	19,379
041 RADIOLOGY-DIAGNOSTIC	4,388,327		1,125,729	349,504	5,863,560	1,688,916	394,007
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY	3,895,422		247,492	291,683	4,434,597	1,277,324	199,560
049 RESPIRATORY THERAPY	931,640		128,547	134,914	1,195,101	344,232	163,953
050 PHYSICAL THERAPY	2,088,727		78,096	365,559	2,532,382	729,417	351,419
053 ELECTROCARDIOLOGY	198,912		77,390	35,204	311,506	89,725	14,756
053 01 CATH LAB	2,022,663		138,961	104,334	2,265,958	652,677	14,009
054 ELECTROENCEPHALOGRAPHY	94,843		25,217	17,295	137,355	39,563	27,341
055 MEDICAL SUPPLIES CHARGED	762,007				762,007	219,485	
056 DRUGS CHARGED TO PATIENTS	2,838,928				2,838,928	817,713	
059 DIABETIC EDUCATION	127,223			2,311	129,534	37,310	9,480
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	3,379,503		191,557	552,738	4,123,798	1,187,802	308,528
062 OBSERVATION BEDS (NON-DIS							
069 OTHER REIMBURS COST CNTRS							
071 CORF							
071 HOME HEALTH AGENCY							
086 SPEC PURPOSE COST CENTERS							
093 OTHER ORGAN ACQUISITION							
093 HOSPICE	1,951,329		5,936	176,844	2,134,109	614,700	19,963
095 SUBTOTALS	85,853,273		4,167,811	6,263,019	85,835,613	19,179,757	4,956,380
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	144,500		1,816	5,393	151,709	43,698	17,862
098 PHYSICIANS' PRIVATE OFFIC							
098 01 JANE ADDAMS BLDG							
098 02 SENIOR PROGRAM	33,239			4,726	37,965	10,935	
098 03 NA VOLUNTEER SERVICES	29,055			3,751	32,806	9,449	
098 04 SMART STEPS							
098 05 RESPIRE CARE	11,001			1,974	12,975	3,737	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	86,071,068		4,169,627	6,278,863	86,071,068	19,247,576	4,974,242

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
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	564,785						
011 HOUSEKEEPING		2,379,561					
012 DIETARY		76,457	1,530,158				
014 CAFETERIA		65,281		1,879,027			
015 NURSING ADMINISTRATION				34,511	1,580,706		
016 CENTRAL SERVICES & SUPPLY				10,785		914,771	
017 PHARMACY		37,206		58,237			2,360,063
025 MEDICAL RECORDS & LIBRARY				68,662			
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	230,715	1,063,102	1,144,465	565,467	957,300	65,719	8,754
034 INTENSIVE CARE UNIT	19,330	89,676	59,205	59,315	103,587	7,932	526
037 NURSERY							
037 01 SKILLED NURSING FACILITY	40,900	222,011	326,488	135,885	236,552	8,219	212
037 02 ANCILLARY SRVC COST CNTRS							
037 03 OPERATING ROOM	22,148	141,738		129,774		13,806	38,448
037 04 GI LAB	30,737			60,393		1,890	1,242
037 05 AMBULATORY CARE UNIT	43,837	159,455		57,518		616	4,667
038 RECOVERY ROOM	14,232			16,177		346	193
040 ANESTHESIOLOGY						4,179	36,985
041 RADIOLOGY-DIAGNOSTIC	55,816	182,692		135,526		1,989	51,143
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY				116,473		121	
049 RESPIRATORY THERAPY				44,936		9	16,244
050 PHYSICAL THERAPY	4,998	44,293		110,362		108	28,427
053 ELECTROCARDIOLOGY				7,909			378
053 01 CATH LAB				28,759		18,277	
054 ELECTROENCEPHALOGRAPHY				6,111			
055 MEDICAL SUPPLIES CHARGED						751,378	406
056 DRUGS CHARGED TO PATIENTS						554	1,948,189
059 DIABETIC EDUCATION				719		87	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	102,072	297,650		162,487	283,267	33,583	6,159
069 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
086 CORF							
093 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
096 OTHER ORGAN ACQUISITION							
093 HOSPICE				65,426		5,958	218,090
095 SUBTOTALS	564,785	2,379,561	1,530,158	1,875,432	1,580,706	914,771	2,360,063
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP				3,595			
098 PHYSICIANS' PRIVATE OFFIC							
098 01 JANE ADDAMS BLDG							
098 02 SENIOR PROGRAM							
098 03 NA VOLUNTEER SERVICES							
098 04 SMART STEPS							
098 05 RESPIRE CARE							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	564,785	2,379,561	1,530,158	1,879,027	1,580,706	914,771	2,360,063

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	1,579,026			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	1,004,103	21,965,382		21,965,382
033 INTENSIVE CARE UNIT	43,265	2,664,319		2,664,319
034 NURSERY				
034 SKILLED NURSING FACILITY	132,322	4,352,228		4,352,228
037 ANCILLARY SRVC COST CNTRS				
037 01 OPERATING ROOM	287,383	9,983,711		9,983,711
037 01 GI LAB		2,765,360		2,765,360
037 02 AMBULATORY CARE UNIT		2,145,577		2,145,577
038 RECOVERY ROOM		723,384		723,384
040 ANESTHESIOLOGY		373,112		373,112
041 RADIOLOGY-DIAGNOSTIC		8,373,649		8,373,649
042 RADIOLOGY-THERAPEUTIC				
044 LABORATORY		6,028,075		6,028,075
049 RESPIRATORY THERAPY		1,764,475		1,764,475
050 PHYSICAL THERAPY		3,801,406		3,801,406
053 ELECTROCARDIOLOGY		424,274		424,274
053 01 CATH LAB		2,979,680		2,979,680
054 ELECTROENCEPHALOGRAPHY		210,370		210,370
055 MEDICAL SUPPLIES CHARGED		1,733,276		1,733,276
056 DRUGS CHARGED TO PATIENTS		5,605,384		5,605,384
059 DIABETIC EDUCATION		177,130		177,130
061 OUTPAT SERVICE COST CNTRS				
062 EMERGENCY	111,953	6,617,299		6,617,299
069 OBSERVATION BEDS (NON-DIS				
071 OTHER REIMBURS COST CNTRS				
071 CORF				
071 HOME HEALTH AGENCY				
086 SPEC PURPOSE COST CENTERS				
093 OTHER ORGAN ACQUISITION				
093 HOSPICE		3,058,246		3,058,246
095 SUBTOTALS	1,579,026	85,746,337		85,746,337
096 NONREIMBURS COST CENTERS				
098 GIFT, FLOWER, COFFEE SHOP		216,864		216,864
098 PHYSICIANS' PRIVATE OFFIC				
098 01 JANE ADDAMS BLDG				
098 02 SENIOR PROGRAM		48,900		48,900
098 03 NA VOLUNTEER SERVICES		42,255		42,255
098 04 SMART STEPS				
098 05 RESPIRE CARE		16,712		16,712
099 NONPAID WORKERS				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	1,579,026	86,071,068		86,071,068

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS			1,281	1,281	1,281		
006 ADMINISTRATIVE & GENERAL			510,576	510,576	90	510,666	
008 OPERATION OF PLANT			80,011	80,011	9	29,512	109,532
009 LAUNDRY & LINEN SERVICE						3,038	1,161
010 HOUSEKEEPING			9,462	9,462		13,432	2,547
011 DIETARY			64,320	64,320		7,080	5,733
012 CAFETERIA						9,443	4,893
014 NURSING ADMINISTRATION			183,940	183,940	33	9,124	185
015 CENTRAL SERVICES & SUPPLY			1,636	1,636	3	5,244	443
016 PHARMACY			84,975	84,975	43	13,112	1,204
017 MEDICAL RECORDS & LIBRARY			15,459	15,459	34	8,377	2,169
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			302,001	302,001	354	92,816	28,240
026 INTENSIVE CARE UNIT			119,146	119,146	51	12,960	2,140
033 NURSERY							
034 SKILLED NURSING FACILITY			17,515	17,515	72	17,330	7,239
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			572,303	572,303	76	52,586	10,726
037 01 GI LAB			97,392	97,392	39	14,915	3,460
037 02 AMBULATORY CARE UNIT			32,202	32,202	40	9,898	4,649
038 RECOVERY ROOM			882	882	17	3,885	827
040 ANESTHESIOLOGY			55,785	55,785		1,854	427
041 RADIOLOGY-DIAGNOSTIC			1,125,729	1,125,729	72	44,809	8,676
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY			247,492	247,492	60	33,889	4,394
049 RESPIRATORY THERAPY			128,547	128,547	28	9,133	3,610
050 PHYSICAL THERAPY			78,096	78,096	75	19,352	7,738
053 ELECTROCARDIOLOGY			77,390	77,390	7	2,381	325
053 01 CATH LAB			138,961	138,961	21	17,316	308
054 ELECTROENCEPHALOGRAPHY			25,217	25,217	4	1,050	602
055 MEDICAL SUPPLIES CHARGED						5,823	
056 DRUGS CHARGED TO PATIENTS						21,695	
059 DIABETIC EDUCATION						990	209
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY			191,557	191,557	114	31,514	6,794
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
069 CORF							
071 HOME HEALTH AGENCY							
086 SPEC PURPOSE COST CENTERS							
086 OTHER ORGAN ACQUISITION							
093 HOSPICE			5,936	5,936	36	16,309	440
095 SUBTOTALS			4,167,811	4,167,811	1,278	508,867	109,139
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			1,816	1,816	1	1,159	393
098 PHYSICIANS' PRIVATE OFFIC							
098 01 JANE ADDAMS BLDG							
098 02 SENIOR PROGRAM					1	290	
098 03 NA VOLUNTEER SERVICES					1	251	
098 04 SMART STEPS							
098 05 RESPIRE CARE						99	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL			4,169,627	4,169,627	1,281	510,666	109,532

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
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	4,199						
011 HOUSEKEEPING		25,441					
012 DIETARY		817	77,950				
014 CAFETERIA		698		15,034			
015 NURSING ADMINISTRATION				276	193,558		
016 CENTRAL SERVICES & SUPPLY				86		7,412	
017 PHARMACY		398		466			100,198
025 MEDICAL RECORDS & LIBRARY				549			
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	1,714	11,366	58,302	4,526	117,222	533	372
034 INTENSIVE CARE UNIT	144	959	3,016	475	12,684	64	22
037 NURSERY							
037 01 SKILLED NURSING FACILITY	304	2,374	16,632	1,087	28,966	67	9
037 02 ANCILLARY SRVC COST CNTRS							
037 03 OPERATING ROOM	165	1,515		1,038		112	1,632
037 04 GI LAB	229			483		15	53
037 05 AMBULATORY CARE UNIT	326	1,705		460		5	198
038 RECOVERY ROOM	106			129		3	8
040 ANESTHESIOLOGY						34	1,570
041 RADIOLOGY-DIAGNOSTIC	415	1,953		1,084		16	2,171
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY				932		1	
049 RESPIRATORY THERAPY				360			690
050 PHYSICAL THERAPY	37	474		883		1	1,207
053 ELECTROCARDIOLOGY				63			16
053 01 CATH LAB				230		148	
054 ELECTROENCEPHALOGRAPHY				49			
055 MEDICAL SUPPLIES CHARGED						6,088	17
056 DRUGS CHARGED TO PATIENTS						4	82,713
059 DIABETIC EDUCATION				6		1	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	759	3,182		1,300	34,686	272	261
069 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
086 CORF							
093 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
096 OTHER ORGAN ACQUISITION							
098 HOSPICE				523		48	9,259
098 01 SUBTOTALS	4,199	25,441	77,950	15,005	193,558	7,412	100,198
098 02 NONREIMBURS COST CENTERS							
098 03 GIFT, FLOWER, COFFEE SHOP				29			
098 04 PHYSICIANS' PRIVATE OFFIC							
098 05 JANE ADDAMS BLDG							
101 SENIOR PROGRAM							
102 NA VOLUNTEER SERVICES							
103 SMART STEPS							
103 01 RESPIRE CARE							
103 02 NONPAID WORKERS							
103 03 CROSS FOOT ADJUSTMENTS							
103 04 NEGATIVE COST CENTER							
103 05 TOTAL	4,199	25,441	77,950	15,034	193,558	7,412	100,198

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	26,588			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	16,907	634,353		634,353
033 INTENSIVE CARE UNIT	729	152,390		152,390
034 NURSERY				
034 SKILLED NURSING FACILITY	2,228	93,823		93,823
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	4,839	644,992		644,992
037 01 GI LAB		116,586		116,586
037 02 AMBULATORY CARE UNIT		49,483		49,483
038 RECOVERY ROOM		5,857		5,857
040 ANESTHESIOLOGY		59,670		59,670
041 RADIOLOGY-DIAGNOSTIC		1,184,925		1,184,925
042 RADIOLOGY-THERAPEUTIC				
044 LABORATORY		286,768		286,768
049 RESPIRATORY THERAPY		142,368		142,368
050 PHYSICAL THERAPY		107,863		107,863
053 ELECTROCARDIOLOGY		80,182		80,182
053 01 CATH LAB		156,984		156,984
054 ELECTROENCEPHALOGRAPHY		26,922		26,922
055 MEDICAL SUPPLIES CHARGED		11,928		11,928
056 DRUGS CHARGED TO PATIENTS		104,412		104,412
059 DIABETIC EDUCATION		1,206		1,206
061 OUTPAT SERVICE COST CNTRS				
062 EMERGENCY	1,885	272,324		272,324
069 OBSERVATION BEDS (NON-DIS				
071 OTHER REIMBURS COST CNTRS				
071 CORF				
071 HOME HEALTH AGENCY				
086 SPEC PURPOSE COST CENTERS				
093 OTHER ORGAN ACQUISITION				
093 HOSPICE		32,551		32,551
095 SUBTOTALS	26,588	4,165,587		4,165,587
096 NONREIMBURS COST CENTERS				
098 GIFT, FLOWER, COFFEE SHOP		3,398		3,398
098 PHYSICIANS' PRIVATE OFFIC				
098 01 JANE ADDAMS BLDG				
098 02 SENIOR PROGRAM		291		291
098 03 NA VOLUNTEER SERVICES		252		252
098 04 SMART STEPS				
098 05 RESPIRE CARE		99		99
099 NONPAID WORKERS				
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	26,588	4,169,627		4,169,627

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	S RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	298,273					
005 NEW CAP REL COSTS-MVB		2,457,231				
006 EMPLOYEE BENEFITS	1,876	755	30,063,073			
008 ADMINISTRATIVE & GENERAL	49,653	300,891	2,081,770	-19,247,576	66,823,492	
009 OPERATION OF PLANT	33,701	47,152	198,187		3,861,881	213,043
010 LAUNDRY & LINEN SERVICE	2,258				397,554	2,258
011 HOUSEKEEPING	4,954	5,576			1,757,631	4,954
012 DIETARY	11,151	37,905			926,481	11,151
014 CAFETERIA	9,517				1,235,632	9,517
015 NURSING ADMINISTRATION	360	108,399	756,575		1,193,903	360
016 CENTRAL SERVICES & SUPPLY	861	964	69,040		686,225	861
017 PHARMACY	2,341	50,077	1,001,155		1,715,760	2,341
025 MEDICAL RECORDS & LIBRARY	4,219	9,110	782,054		1,096,132	4,219
026 INPATIENT ROUTINE SERVICE CENTER						
033 ADULTS & PEDIATRICS	54,927	177,974	8,535,450		12,145,069	54,927
034 INTENSIVE CARE UNIT	4,162	70,215	1,186,446		1,695,842	4,162
037 NURSERY						
037 01 SKILLED NURSING FACILITY	14,080	10,322	1,679,208		2,267,710	14,080
037 02 ANCILLARY SERVICE CENTER						
037 03 OPERATING ROOM	20,863	337,268	1,755,928		6,881,247	20,863
037 04 GI LAB	6,730	57,395	904,012		1,951,779	6,730
037 05 AMBULATORY CARE UNIT	9,043	18,977	927,753		1,295,261	9,043
038 RECOVERY ROOM	1,609	520	388,166		508,424	1,609
040 ANESTHESIOLOGY	830	32,875			242,671	830
041 RADIOLOGY-DIAGNOSTIC	16,875	663,411	1,673,423		5,863,560	16,875
042 RADIOLOGY-THERAPEUTIC						
044 LABORATORY	8,547	145,851	1,396,576		4,434,597	8,547
049 RESPIRATORY THERAPY	7,022	75,755	645,966		1,195,101	7,022
050 PHYSICAL THERAPY	15,051	46,023	1,750,293		2,532,382	15,051
053 ELECTROCARDIOLOGY	632	45,607	168,554		311,506	632
054 01 CATH LAB	600	81,892	499,552		2,265,958	600
055 ELECTROENCEPHALOGRAPH	1,171	14,861	82,809		137,355	1,171
056 MEDICAL SUPPLIES CHARACTERIZED					762,007	
059 DRUGS CHARGED TO PATIENTS					2,838,928	
061 DIABETIC EDUCATION	406		11,063		129,534	406
062 OUTPATIENT SERVICE COST CENTER						
062 EMERGENCY	13,214	112,888	2,646,504		4,123,798	13,214
069 OBSERVATION BEDS (NON-CORF)						
071 OTHER REIMBURSED COST CENTER						
071 HOME HEALTH AGENCY						
086 SPECIFIC PURPOSE COST CENTER						
093 OTHER ORGAN ACQUISITION						
093 HOSPICE	855	3,498	846,728		2,134,109	855
095 SUBTOTALS	297,508	2,456,161	29,987,212	-19,247,576	66,588,037	212,278
096 NONREIMBURSED COST CENTER						
098 GIFT, FLOWER, COFFEE	765	1,070	25,824		151,709	765
098 PHYSICIANS' PRIVATE OFFICE						
098 01 JANE ADDAMS BLDG						
098 02 SENIOR PROGRAM			22,626		37,965	
098 03 NA VOLUNTEER SERVICES			17,961		32,806	
098 04 SMART STEPS						
098 05 RESPIRE CARE			9,450		12,975	
101 NONPAID WORKERS						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		4,169,627	6,278,863		19,247,576	4,974,242
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)				.208856	.288036	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		1.696880				23.348535
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			1,281		510,666	109,532
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)				.000043	.007642	.514131

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	R
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	S(FTE'S)	(DIRECT SING HRS)	NR(COSTED)EQUI S.	R(COSTED)EQUI S.	
GENERAL SERVICE COST	9	10	11	12	14	15	16	
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENERAL								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	472,146							
010 HOUSEKEEPING		34,920						
011 DIETARY		1,122	90,510					
012 CAFETERIA		958		52,270				
014 NURSING ADMINISTRATION				960	525,221			
015 CENTRAL SERVICES & SUPPLY				300		295,705		
016 PHARMACY		546		1,620			3,176,037	
017 MEDICAL RECORDS & LIBRARY				1,910				
025 ADULTS & PEDIATRICS	192,872	15,601	67,696	15,730	318,082	21,244	11,781	
026 INTENSIVE CARE UNIT	16,159	1,316	3,502	1,650	34,419	2,564	708	
033 NURSERY								
034 SKILLED NURSING FACILITY	34,191	3,258	19,312	3,780	78,599	2,657	285	
037 ANCILLARY SRVC COST CENTER								
037 01 OPERATING ROOM	18,515	2,080		3,610		4,463	51,741	
037 02 GI LAB	25,695			1,680		611	1,672	
037 02 AMBULATORY CARE UNIT	36,647	2,340		1,600		199	6,280	
038 RECOVERY ROOM	11,898			450		112	260	
040 ANESTHESIOLOGY						1,351	49,772	
041 RADIOLOGY-DIAGNOSTIC	46,661	2,681		3,770		643	68,826	
042 RADIOLOGY-THERAPEUTIC								
044 LABORATORY				3,240		39		
049 RESPIRATORY THERAPY				1,250		3	21,860	
050 PHYSICAL THERAPY	4,178	650		3,070		35	38,255	
053 ELECTROCARDIOLOGY				220			509	
053 01 CATH LAB				800		5,908		
054 ELECTROENCEPHALOGRAPHY				170				
055 MEDICAL SUPPLIES CHARGED TO PATIENTS						242,887	546	
056 DRUGS CHARGED TO PATIENTS						179	2,621,761	
059 DIABETIC EDUCATION				20		28		
061 OUTPAT SERVICE COST CENTER								
062 EMERGENCY	85,330	4,368		4,520	94,121	10,856	8,288	
069 OBSERVATION BEDS (NON-CORF)								
071 HOME HEALTH AGENCY								
086 SPEC PURPOSE COST CENTER								
093 OTHER ORGAN ACQUISITION								
095 HOSPICE				1,820		1,926	293,493	
096 SUBTOTALS	472,146	34,920	90,510	52,170	525,221	295,705	3,176,037	
096 NONREIMBURS COST CENTER								
098 GIFT, FLOWER, COFFEE				100				
098 PHYSICIANS' PRIVATE OFFICE								
098 01 JANE ADDAMS BLDG								
098 02 SENIOR PROGRAM								
098 03 NA VOLUNTEER SERVICES								
098 04 SMART STEPS								
098 05 RESPITE CARE								
101 NONPAID WORKERS								
102 CROSS FOOT ADJUSTMENT								
103 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	564,785	2,379,561	1,530,158	1,879,027	1,580,706	914,771	2,360,063	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		68.143213		35.948479		3.093526		
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	1.196208		16.905955		3.009602		.743084	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	4,199	25,441	77,950	15,034	193,558	7,412	100,198	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.008893	.728551	.861231	.287622	.368527	.025066	.031548	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY (TIME SPENT)
	17
003 GENERAL SERVICE COST	
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
008 ADMINISTRATIVE & GENE	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVI	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
015 NURSING ADMINISTRATION	
016 CENTRAL SERVICES & SU	
017 PHARMACY	
025 MEDICAL RECORDS & LIB	10,000
026 INPAT ROUTINE SRVC CN	
033 ADULTS & PEDIATRICS	6,359
034 INTENSIVE CARE UNIT	274
037 NURSERY	
037 01 SKILLED NURSING FACIL	838
037 02 ANCILLARY SRVC COST C	
040 OPERATING ROOM	1,820
041 GI LAB	
042 01 AMBULATORY CARE UNIT	
044 RECOVERY ROOM	
049 ANESTHESIOLOGY	
050 RADIOLOGY-DIAGNOSTIC	
053 RADIOLOGY-THERAPEUTIC	
054 LABORATORY	
055 RESPIRATORY THERAPY	
056 PHYSICAL THERAPY	
059 ELECTROCARDIOLOGY	
061 01 CATH LAB	
062 ELECTROENCEPHALOGRAPH	
069 MEDICAL SUPPLIES CHAR	
071 DRUGS CHARGED TO PATI	
086 DIABETIC EDUCATION	
093 OUTPAT SERVICE COST C	
095 EMERGENCY	709
096 OBSERVATION BEDS (NON	
098 OTHER REIMBURS COST C	
099 CORF	
101 HOME HEALTH AGENCY	
102 SPEC PURPOSE COST CEN	
103 OTHER ORGAN ACQUISITI	
104 HOSPICE	
105 SUBTOTALS	10,000
106 NONREIMBURS COST CENT	
107 GIFT, FLOWER, COFFEE	
108 PHYSICIANS' PRIVATE O	
109 01 JANE ADDAMS BLDG	
110 02 SENIOR PROGRAM	
111 03 NA VOLUNTEER SERVICES	
112 04 SMART STEPS	
113 05 RESPIRE CARE	
114 NONPAID WORKERS	
115 CROSS FOOT ADJUSTMENT	
116 NEGATIVE COST CENTER	
117 COST TO BE ALLOCATED	1,579,026
118 (PER WRKSHT B, PART	
119 UNIT COST MULTIPLIER	
120 (WRKSHT B, PT I)	157.902600
121 COST TO BE ALLOCATED	
122 (PER WRKSHT B, PART	
123 UNIT COST MULTIPLIER	
124 (WRKSHT B, PT II)	
125 COST TO BE ALLOCATED	26,588
126 (PER WRKSHT B, PART	
127 UNIT COST MULTIPLIER	
128 (WRKSHT B, PT III)	2.658800

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	21,965,382		21,965,382		21,965,382
26	INTENSIVE CARE UNIT	2,664,319		2,664,319		2,664,319
33	NURSERY					
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	4,352,228		4,352,228		4,352,228
37	OPERATING ROOM	9,983,711		9,983,711		9,983,711
37 01	GI LAB	2,765,360		2,765,360		2,765,360
37 02	AMBULATORY CARE UNIT	2,145,577		2,145,577		2,145,577
38	RECOVERY ROOM	723,384		723,384		723,384
40	ANESTHESIOLOGY	373,112		373,112		373,112
41	RADIOLOGY-DIAGNOSTIC	8,373,649		8,373,649		8,373,649
42	RADIOLOGY-THERAPEUTIC					
44	LABORATORY	6,028,075		6,028,075		6,028,075
49	RESPIRATORY THERAPY	1,764,475		1,764,475		1,764,475
50	PHYSICAL THERAPY	3,801,406		3,801,406		3,801,406
53	ELECTROCARDIOLOGY	424,274		424,274		424,274
53 01	CATH LAB	2,979,680		2,979,680		2,979,680
54	ELECTROENCEPHALOGRAPHY	210,370		210,370		210,370
55	MEDICAL SUPPLIES CHARGED	1,733,276		1,733,276		1,733,276
56	DRUGS CHARGED TO PATIENTS	5,605,384		5,605,384		5,605,384
59	DIABETIC EDUCATION	177,130		177,130		177,130
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	6,617,299		6,617,299		6,617,299
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,562,065		2,562,065		2,562,065
101	SUBTOTAL	85,250,156		85,250,156		85,250,156
102	LESS OBSERVATION BEDS	2,562,065		2,562,065		2,562,065
103	TOTAL	82,688,091		82,688,091		82,688,091

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	19,716,024		19,716,024			
26	INTENSIVE CARE UNIT	2,950,201		2,950,201			
33	NURSERY						
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,254,066		2,254,066			
37	OPERATING ROOM	14,954,210	20,264,428	35,218,638	.283478	.283478	.283478
37 01	GI LAB	3,320,665	13,704,086	17,024,751	.162432	.162432	.162432
37 02	AMBULATORY CARE UNIT	69,066	644,200	713,266	3.008102	3.008102	3.008102
38	RECOVERY ROOM	635,220	904,425	1,539,645	.469838	.469838	.469838
40	ANESTHESIOLOGY	1,794,188	3,398,856	5,193,044	.071848	.071848	.071848
41	RADIOLOGY-DIAGNOSTIC	7,746,976	34,689,250	42,436,226	.197323	.197323	.197323
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	8,568,012	25,309,554	33,877,566	.177937	.177937	.177937
49	RESPIRATORY THERAPY	8,117,875	1,886,548	10,004,423	.176369	.176369	.176369
50	PHYSICAL THERAPY	2,569,260	4,795,036	7,364,296	.516194	.516194	.516194
53	ELECTROCARDIOLOGY	1,373,456	2,145,471	3,518,927	.120569	.120569	.120569
53 01	CATH LAB	5,747,285	6,855,764	12,603,049	.236425	.236425	.236425
54	ELECTROENCEPHALOGRAPHY	41,953	1,005,122	1,047,075	.200912	.200912	.200912
55	MEDICAL SUPPLIES CHARGED	10,289,815	2,752,293	13,042,108	.132898	.132898	.132898
56	DRUGS CHARGED TO PATIENTS	16,661,079	7,789,612	24,450,691	.229253	.229253	.229253
59	DIABETIC EDUCATION	220	98,984	99,204	1.785513	1.785513	1.785513
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,873,683	14,140,111	18,013,794	.367346	.367346	.367346
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	100,244	2,666,029	2,766,273	.926179	.926179	.926179
101	SUBTOTAL	110,783,498	143,049,769	253,833,267			
102	LESS OBSERVATION BEDS						
103	TOTAL	110,783,498	143,049,769	253,833,267			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0160
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	19,716,024		19,716,024			
26	INTENSIVE CARE UNIT	2,950,201		2,950,201			
33	NURSERY						
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,254,066		2,254,066			
37	OPERATING ROOM	14,954,210	20,264,428	35,218,638	.283478	.283478	.283478
37 01	GI LAB	3,320,665	13,704,086	17,024,751	.162432	.162432	.162432
37 02	AMBULATORY CARE UNIT	69,066	644,200	713,266	3.008102	3.008102	3.008102
38	RECOVERY ROOM	635,220	904,425	1,539,645	.469838	.469838	.469838
40	ANESTHESIOLOGY	1,794,188	3,398,856	5,193,044	.071848	.071848	.071848
41	RADIOLOGY-DIAGNOSTIC	7,746,976	34,689,250	42,436,226	.197323	.197323	.197323
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	8,568,012	25,309,554	33,877,566	.177937	.177937	.177937
49	RESPIRATORY THERAPY	8,117,875	1,886,548	10,004,423	.176369	.176369	.176369
50	PHYSICAL THERAPY	2,569,260	4,795,036	7,364,296	.516194	.516194	.516194
53	ELECTROCARDIOLOGY	1,373,456	2,145,471	3,518,927	.120569	.120569	.120569
53 01	CATH LAB	5,747,285	6,855,764	12,603,049	.236425	.236425	.236425
54	ELECTROENCEPHALOGRAPHY	41,953	1,005,122	1,047,075	.200912	.200912	.200912
55	MEDICAL SUPPLIES CHARGED	10,289,815	2,752,293	13,042,108	.132898	.132898	.132898
56	DRUGS CHARGED TO PATIENTS	16,661,079	7,789,612	24,450,691	.229253	.229253	.229253
59	DIABETIC EDUCATION	220	98,984	99,204	1.785513	1.785513	1.785513
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,873,683	14,140,111	18,013,794	.367346	.367346	.367346
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	100,244	2,666,029	2,766,273	.926179	.926179	.926179
101	SUBTOTAL	110,783,498	143,049,769	253,833,267			
102	LESS OBSERVATION BEDS						
103	TOTAL	110,783,498	143,049,769	253,833,267			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	35,218,638	.283478	.283478
37 01	GI LAB	17,024,751	.162432	.162432
37 02	AMBULATORY CARE UNIT	713,266	3.008102	3.008102
38	RECOVERY ROOM	1,539,645	.469838	.469838
40	ANESTHESIOLOGY	5,193,044	.071848	.071848
41	RADIOLOGY-DIAGNOSTIC	42,436,226	.197323	.197323
42	RADIOLOGY-THERAPEUTIC			
44	LABORATORY	33,877,566	.177937	.177937
49	RESPIRATORY THERAPY	10,004,423	.176369	.176369
50	PHYSICAL THERAPY	7,364,296	.516194	.516194
53	ELECTROCARDIOLOGY	3,518,927	.120569	.120569
53 01	CATH LAB	12,603,049	.236425	.236425
54	ELECTROENCEPHALOGRAPHY	1,047,075	.200912	.200912
55	MEDICAL SUPPLIES CHARGED	13,042,108	.132898	.132898
56	DRUGS CHARGED TO PATIENTS	24,450,691	.229253	.229253
59	DIABETIC EDUCATION	99,204	1.785513	1.785513
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	18,013,794	.367346	.367346
62	OBSERVATION BEDS (NON-DIS)	2,766,273	.926179	.926179
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	228,912,976		
102	LESS OBSERVATION BEDS	2,766,273		
103	TOTAL	226,146,703		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & III, COL. 27	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	9,983,711	644,992	9,338,719	64,499	541,646	9,377,566
37 01	GI LAB	2,765,360	116,586	2,648,774	11,659	153,629	2,600,072
37 02	AMBULATORY CARE UNIT	2,145,577	49,483	2,096,094	4,948	121,573	2,019,056
38	RECOVERY ROOM	723,384	5,857	717,527	586	41,617	681,181
40	ANESTHESIOLOGY	373,112	59,670	313,442	5,967	18,180	348,965
41	RADIOLOGY-DIAGNOSTIC	8,373,649	1,184,925	7,188,724	118,493	416,946	7,838,210
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	6,028,075	286,768	5,741,307	28,677	332,996	5,666,402
49	RESPIRATORY THERAPY	1,764,475	142,368	1,622,107	14,237	94,082	1,656,156
50	PHYSICAL THERAPY	3,801,406	107,863	3,693,543	10,786	214,225	3,576,395
53	ELECTROCARDIOLOGY	424,274	80,182	344,092	8,018	19,957	396,299
53 01	CATH LAB	2,979,680	156,984	2,822,696	15,698	163,716	2,800,266
54	ELECTROENCEPHALOGRAPHY	210,370	26,922	183,448	2,692	10,640	197,038
55	MEDICAL SUPPLIES CHARGED	1,733,276	11,928	1,721,348	1,193	99,838	1,632,245
56	DRUGS CHARGED TO PATIENTS	5,605,384	104,412	5,500,972	10,441	319,056	5,275,887
59	DIABETIC EDUCATION	177,130	1,206	175,924	121	10,204	166,805
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	6,617,299	272,324	6,344,975	27,232	368,009	6,222,058
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,562,065	73,992	2,488,073	7,399	144,308	2,410,358
101	SUBTOTAL	56,268,227	3,326,462	52,941,765	332,646	3,070,622	52,864,959
102	LESS OBSERVATION BEDS	2,562,065	73,992	2,488,073	7,399	144,308	2,410,358
103	TOTAL	53,706,162	3,252,470	50,453,692	325,247	2,926,314	50,454,601

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	35,218,638	.266267	.281647
37 01	GI LAB	17,024,751	.152723	.161747
37 02	AMBULATORY CARE UNIT	713,266	2.830720	3.001165
38	RECOVERY ROOM	1,539,645	.442427	.469458
40	ANESTHESIOLOGY	5,193,044	.067199	.070699
41	RADIOLOGY-DIAGNOSTIC	42,436,226	.184706	.194531
42	RADIOLOGY-THERAPEUTIC			
44	LABORATORY	33,877,566	.167261	.177091
49	RESPIRATORY THERAPY	10,004,423	.165542	.174946
50	PHYSICAL THERAPY	7,364,296	.485640	.514729
53	ELECTROCARDIOLOGY	3,518,927	.112619	.118291
53 01	CATH LAB	12,603,049	.222190	.235180
54	ELECTROENCEPHALOGRAPHY	1,047,075	.188179	.198341
55	MEDICAL SUPPLIES CHARGED	13,042,108	.125152	.132807
56	DRUGS CHARGED TO PATIENTS	24,450,691	.215777	.228826
59	DIABETIC EDUCATION	99,204	1.681434	1.784293
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	18,013,794	.345405	.365834
62	OBSERVATION BEDS (NON-DIS)	2,766,273	.871338	.923505
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	228,912,976		
102	LESS OBSERVATION BEDS	2,766,273		
103	TOTAL	226,146,703		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0160 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/26/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				634,353		634,353
26	INTENSIVE CARE UNIT				152,390		152,390
33	NURSERY						
101	TOTAL				786,743		786,743

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS
 TITLE XVIII, PART A

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D
 PART I

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	20,516	9,083			30.92	280,846
26	INTENSIVE CARE UNIT	1,527	928			99.80	92,614
33	NURSERY	1,096					
101	TOTAL	23,139	10,011				373,460

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0160
 COMPONENT NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D
 PART II

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		644,992	35,218,638	6,297,762		
37 01	GI LAB		116,586	17,024,751	1,896,931		
37 02	AMBULATORY CARE UNIT		49,483	713,266	54,865		
38	RECOVERY ROOM		5,857	1,539,645	208,483		
40	ANESTHESIOLOGY		59,670	5,193,044	644,368		
41	RADIOLOGY-DIAGNOSTIC		1,184,925	42,436,226	4,287,872		
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY		286,768	33,877,566	4,528,237		
49	RESPIRATORY THERAPY		142,368	10,004,423	4,245,726		
50	PHYSICAL THERAPY		107,863	7,364,296	781,372		
53	ELECTROCARDIOLOGY		80,182	3,518,927	826,806		
53 01	CATH LAB		156,984	12,603,049	3,297,901		
54	ELECTROENCEPHALOGRAPHY		26,922	1,047,075	22,523		
55	MEDICAL SUPPLIES CHARGED		11,928	13,042,108	4,793,473		
56	DRUGS CHARGED TO PATIENTS		104,412	24,450,691	7,647,361		
59	DIABETIC EDUCATION		1,206	99,204	220		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		272,324	18,013,794	2,024,416		
62	OBSERVATION BEDS (NON-DIS)		73,992	2,766,273	64,903		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		3,326,462	228,912,976	41,623,219		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
14-0160	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART II
14-0160		

PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.018314	115,337
37 01	GI LAB	.006848	12,990
37 02	AMBULATORY CARE UNIT	.069375	3,806
38	RECOVERY ROOM	.003804	793
40	ANESTHESIOLOGY	.011490	7,404
41	RADIOLOGY-DIAGNOSTIC	.027922	119,726
42	RADIOLOGY-THERAPEUTIC		
44	LABORATORY	.008465	38,332
49	RESPIRATORY THERAPY	.014231	60,421
50	PHYSICAL THERAPY	.014647	11,445
53	ELECTROCARDIOLOGY	.022786	18,840
53 01	CATH LAB	.012456	41,079
54	ELECTROENCEPHALOGRAPHY	.025712	579
55	MEDICAL SUPPLIES CHARGED	.000915	4,386
56	DRUGS CHARGED TO PATIENTS	.004270	32,654
59	DIABETIC EDUCATION	.012157	3
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.015118	30,605
62	OBSERVATION BEDS (NON-DIS)	.026748	1,736
	OTHER REIMBURS COST CNTRS		
101	TOTAL		500,136

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

PROVIDER NO: 14-0160
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					20,516	
26	INTENSIVE CARE UNIT					1,527	
33	NURSERY					1,096	
34	SKILLED NURSING FACILITY					6,207	
101	TOTAL					29,346	

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D
 PART III

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	9,083	
26	INTENSIVE CARE UNIT	928	
33	NURSERY		
34	SKILLED NURSING FACILITY	4,149	
101	TOTAL	14,160	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37 01	GI LAB						
37 02	AMBULATORY CARE UNIT						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53 01	CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	DIABETIC EDUCATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			35,218,638			6,297,762	
37 01	GI LAB			17,024,751			1,896,931	
37 02	AMBULATORY CARE UNIT			713,266			54,865	
38	RECOVERY ROOM			1,539,645			208,483	
40	ANESTHESIOLOGY			5,193,044			644,368	
41	RADIOLOGY-DIAGNOSTIC			42,436,226			4,287,872	
42	RADIOLOGY-THERAPEUTIC							
44	LABORATORY			33,877,566			4,528,237	
49	RESPIRATORY THERAPY			10,004,423			4,245,726	
50	PHYSICAL THERAPY			7,364,296			781,372	
53	ELECTROCARDIOLOGY			3,518,927			826,806	
53 01	CATH LAB			12,603,049			3,297,901	
54	ELECTROENCEPHALOGRAPHY			1,047,075			22,523	
55	MEDICAL SUPPLIES CHARGED			13,042,108			4,793,473	
56	DRUGS CHARGED TO PATIENTS			24,450,691			7,647,361	
59	DIABETIC EDUCATION			99,204			220	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			18,013,794			2,024,416	
62	OBSERVATION BEDS (NON-DIS)			2,766,273			64,903	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			228,912,976			41,623,219	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,372,116					
37 01	GI LAB	4,521,012					
37 02	AMBULATORY CARE UNIT	322,551					
38	RECOVERY ROOM	164,992					
40	ANESTHESIOLOGY	955,576					
41	RADIOLOGY-DIAGNOSTIC	9,068,927					
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	377,411					
49	RESPIRATORY THERAPY	732,904					
50	PHYSICAL THERAPY	471,339					
53	ELECTROCARDIOLOGY	816,820					
53 01	CATH LAB	3,061,867					
54	ELECTROENCEPHALOGRAPHY	270,400					
55	MEDICAL SUPPLIES CHARGED	928,450					
56	DRUGS CHARGED TO PATIENTS	2,365,782					
59	DIABETIC EDUCATION	854					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,781,196					
62	OBSERVATION BEDS (NON-DIS)	1,429,002					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	34,641,199					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0160
 COMPONENT NO: 14-5531
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D
 PART II

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	CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37	01 GI LAB						
37	02 AMBULATORY CARE UNIT						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	DIABETIC EDUCATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS)						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0160
 COMPONENT NO: 14-5531
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
37 01	GI LAB		
37 02	AMBULATORY CARE UNIT		
38	RECOVERY ROOM		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
42	RADIOLOGY-THERAPEUTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
53 01	CATH LAB		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
59	DIABETIC EDUCATION		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS)		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37 01	GI LAB					
37 02	AMBULATORY CARE UNIT					
38	RECOVERY ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
42	RADIOLOGY-THERAPEUTIC					
44	LABORATORY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
53 01	CATH LAB					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
59	DIABETIC EDUCATION					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL	1.01	2	2.01	2.02	2.03

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			35,218,638				618
37 01	GI LAB			17,024,751				393
37 02	AMBULATORY CARE UNIT			713,266				593
38	RECOVERY ROOM			1,539,645				
40	ANESTHESIOLOGY			5,193,044				
41	RADIOLOGY-DIAGNOSTIC			42,436,226				27,989
42	RADIOLOGY-THERAPEUTIC							
44	LABORATORY			33,877,566				221,668
49	RESPIRATORY THERAPY			10,004,423				1,059,938
50	PHYSICAL THERAPY			7,364,296				916,531
53	ELECTROCARDIOLOGY			3,518,927				2,407
53 01	CATH LAB			12,603,049				
54	ELECTROENCEPHALOGRAPHY			1,047,075				6,413
55	MEDICAL SUPPLIES CHARGED			13,042,108				621,849
56	DRUGS CHARGED TO PATIENTS			24,450,691				1,453,592
59	DIABETIC EDUCATION			99,204				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			18,013,794				
62	OBSERVATION BEDS (NON-DIS)			2,766,273				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			228,912,976				4,311,991

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER	DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03	OUTPAT PROG D, V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM						
37	01	GI LAB						
37	02	AMBULATORY CARE UNIT						
38		RECOVERY ROOM						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
42		RADIOLOGY-THERAPEUTIC						
44		LABORATORY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
53		ELECTROCARDIOLOGY						
53	01	CATH LAB						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
59		DIABETIC EDUCATION						
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D-1
14-0160		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,393
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,070.65
85	OBSERVATION BED COST	2,562,065

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	21,965,382		2,562,065	
87	NEW CAPITAL-RELATED COST	634,353	.028880	2,562,065	73,992
88	NON PHYSICIAN ANESTHETIST	21,965,382		2,562,065	
89	MEDICAL EDUCATION	21,965,382		2,562,065	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	4,352,228
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	701.18
68	PROGRAM ROUTINE SERVICE COST	2,909,196
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,909,196
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	93,823
72	PER DIEM CAPITAL-RELATED COSTS	15.12
73	PROGRAM CAPITAL-RELATED COSTS	62,733
74	INPATIENT ROUTINE SERVICE COST	2,846,463
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	2,846,463
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,909,196
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,124,497
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	4,033,693

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		9,084,488	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		1,818,566	
37	OPERATING ROOM	.283478	6,297,762	1,785,277
37 01	GI LAB	.162432	1,896,931	308,122
37 02	AMBULATORY CARE UNIT	3.008102	54,865	165,040
38	RECOVERY ROOM	.469838	208,483	97,953
40	ANESTHESIOLOGY	.071848	644,368	46,297
41	RADIOLOGY-DIAGNOSTIC	.197323	4,287,872	846,096
42	RADIOLOGY-THERAPEUTIC			
44	LABORATORY	.177937	4,528,237	805,741
49	RESPIRATORY THERAPY	.176369	4,245,726	748,814
50	PHYSICAL THERAPY	.516194	781,372	403,340
53	ELECTROCARDIOLOGY	.120569	826,806	99,687
53 01	CATH LAB	.236425	3,297,901	779,706
54	ELECTROENCEPHALOGRAPHY	.200912	22,523	4,525
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.132898	4,793,473	637,043
56	DRUGS CHARGED TO PATIENTS	.229253	7,647,361	1,753,180
59	DIABETIC EDUCATION	1.785513	220	393
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.367346	2,024,416	743,661
62	OBSERVATION BEDS (NON-DISTINCT PART)	.926179	64,903	60,112
	OTHER REIMBURS COST CNTRS			
101	TOTAL		41,623,219	9,284,987
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		41,623,219	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0160
 COMPONENT NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	11,327,475	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3,432,719	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
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)	299,029	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	127.66	
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 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		3.86
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		19.01
4.02 SUM OF LINES 4 AND 4.01		22.87
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		8.08
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		1,192,624
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-0160		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	16,251,847	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	16,251,847	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,220,146	
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	17,471,993	
17 PRIMARY PAYER PAYMENTS	5,348	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	17,466,645	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,745,124	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	4,272	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	484,427	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	339,099	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	411,203	
22 SUBTOTAL	16,056,348	
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	16,056,348	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	15,807,177	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	249,171	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-0160		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6,497
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	9,775,543
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	7,863,680
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	6,497

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	28,342
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	28,342

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)	28,342
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	21,845
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	6,497
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	7,863,680

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	1,985,452
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	5,884,725
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	5,884,725
24	PRIMARY PAYER PAYMENTS	785
25	SUBTOTAL	5,883,940

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	514,396
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	360,077
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	461,458
28	SUBTOTAL	6,244,017
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	6,244,017
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	6,213,851
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	30,166
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-5531		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

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

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

- 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
- 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
- 19 SUBTOTAL (SEE INSTRUCTIONS)
- 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
- 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 22 ESRD DIRECT MEDICAL EDUCATION COSTS
- 23 SUBTOTAL
- 24 PRIMARY PAYER PAYMENTS
- 25 SUBTOTAL
- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2
- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0160
 COMPONENT NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		15,653,130		6,157,546
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	7/31/2009	69,904	10/23/2009	222,865
ADJUSTMENTS TO PROVIDER .02	10/23/2009	231,672		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	12/4/2009	147,529	7/31/2009	4,789
ADJUSTMENTS TO PROGRAM .51			12/4/2009	161,771
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		154,047		56,305
4 TOTAL INTERIM PAYMENTS		15,807,177		6,213,851
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)		249,171		30,166
7 TOTAL MEDICARE PROGRAM LIABILITY		16,056,348		6,244,017

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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0160
 COMPONENT NO: 14-5531
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET E-1

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,371,551		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		1,371,551		
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		17,261		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,388,812		

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

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 COMPONENT NO: 14-5531
 PREPARED 5/26/2010
 WORKSHEET E-3
 PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-5531		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	18,942,868			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	84,224,700			
5 OTHER RECEIVABLES	730,398			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-63,478,406			
7 INVENTORY	1,446,712			
8 PREPAID EXPENSES	1,911,621			
9 OTHER CURRENT ASSETS	218,130			
10 DUE FROM OTHER FUNDS	1,006,361			
11 TOTAL CURRENT ASSETS	45,002,384			
FIXED ASSETS				
12 LAND	945,058			
12.01 LAND IMPROVEMENTS	1,326,622			
13.01 LESS ACCUMULATED DEPRECIATION	-984,410			
14 BUILDINGS	43,760,159			
14.01 LESS ACCUMULATED DEPRECIATION	-28,449,366			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	1,442,466			
16.01 LESS ACCUMULATED DEPRECIATION	-942,526			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	23,148,338			
18.01 LESS ACCUMULATED DEPRECIATION	-13,987,190			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	26,259,151			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS				
27 TOTAL ASSETS	71,261,535			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,851,563			
29 SALARIES, WAGES & FEES PAYABLE	10,594,033			
30 PAYROLL TAXES PAYABLE	2,413,249			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,065,044			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	5,188,507			
36 TOTAL CURRENT LIABILITIES	24,112,396			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
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				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	24,112,396			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	47,149,139			
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	47,149,139			
52 TOTAL LIABILITIES AND FUND BALANCES	71,261,535			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		27,837,954		
2	NET INCOME (LOSS)		19,311,176		
3	TOTAL		47,149,130		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	ROUNDING	9			
7					
8					
9					
10	TOTAL ADDITIONS		9		
11	SUBTOTAL		47,149,139		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		47,149,139		

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

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0160
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	285,929,736
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	178,891,639
3	NET PATIENT REVENUES	107,038,097
4	LESS: TOTAL OPERATING EXPENSES	94,128,051
5	NET INCOME FROM SERVICE TO PATIENTS	12,910,046
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	129,769
7	INCOME FROM INVESTMENTS	489,677
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	12,523
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	533,480
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	4,208
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	26,759
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	152,857
21	RENTAL OF VENDING MACHINES	11,148
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MEDICAID ASSESSMENT REVENUE	4,854,073
24.01	FEDERAL GRANT REVENUE	13,343
24.02	GAIN ON DISPOSAL OF ASSET	12,428
24.03	VOLUNTEER SERVICES INCOME	54,030
24.04	OTHER NONOPERATING REVENUE	106,835
25	TOTAL OTHER INCOME	6,401,130
26	TOTAL	19,311,176
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	19,311,176

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K
14-1560		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	846,728	64,106	32,285	581,988
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY			64	
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			6,239	
15 SPIRITUAL COUNSELING			1,628	
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			17,578	
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)	846,728	64,106	57,794	581,988

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K
14-1560		

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				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	400,713	1,925,820		1,925,820
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		64		64
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		6,239		6,239
15 SPIRITUAL COUNSELING		1,628		1,628
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		17,578		17,578
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)	400,713	1,951,329		1,951,329

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K
14-1560		

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		
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		1,925,820
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		64
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		6,239
15 SPIRITUAL COUNSELING		1,628
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		17,578
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)		1,951,329

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-1
14-1560		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		
14	NURSING CARE-CONTINUOUS HOME CARE	102, 127	
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES		
19	SPIRITUAL COUNSELING		
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOMEMAKER		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE		
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY		
27	ANALGESICS		
28	SEDATIVES / HYPNOTICS		
29	OTHER - SPECIFY		
30	DURABLE MEDICAL EQUIPMENT/OXYGEN		
31	PATIENT TRANSPORTATION		
32	IMAGING SERVICES		
33	LABS AND DIAGNOSTICS		
34	MEDICAL SUPPLIES		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36	RADIATION THERAPY		
37	CHEMOTHERAPY		
38	OTHER		
39	BEREAVEMENT PROGRAM COSTS		
40	VOLUNTEER PROGRAM COSTS		
41	FUNDRAISING		
42	OTHER PROGRAM COSTS		
43	TOTAL (SUM OF LINES 1 THRU 33)	102, 127	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-1
14-1560		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	467,203		133,234	144,164
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	467,203		133,234	144,164

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-1
14-1560		

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 - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	846,728
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	846,728

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-2
14-1560		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
10.20	VISITING SERVICES		
11	PHYSICIAN SERVICES		
12	NURSING CARE		
13	NURSING CARE-CONTINUOUS HOME CARE	7,732	
14	PHYSICAL THERAPY		
15	OCCUPATIONAL THERAPY		
16	SPEECH/LANGUAGE PATHOLOGY		
17	MEDICAL SOCIAL SERVICES		
18	SPIRITUAL COUNSELING		
19	DIETARY COUNSELING		
20	COUNSELING - OTHER		
20.30	HOME HEALTH AIDE AND HOMEMAKER		
21	HH AIDE & HOMEMAKER-CONT. HOME CARE		
22	OTHER HOSPICE SERVICE COSTS		
23	OTHER		
24	DRUGS BIOLOGICAL AND INFUSION THERAPY		
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		
33	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
34	RADIATION THERAPY		
	CHEMOTHERAPY		
	OTHER		
	BEREAVEMENT PROGRAM COSTS		
	VOLUNTEER PROGRAM COSTS		
	FUNDRAISING		
	OTHER PROGRAM COSTS		
	TOTAL (SUM OF LINES 1 THRU 33)	7,732	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-2
14-1560		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	35,374		10,086	10,914
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	35,374		10,086	10,914

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-2
14-1560		

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 - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	64,106
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	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	64,106

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-3
14-1560		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-3
14-1560		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	581,988			
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)	581,988			

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-3
14-1560		

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 - RESPI TE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	581,988
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	581,988

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1560		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUI LDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	1,925,820			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	64			
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	6,239			
15 SPIRITUAL COUNSELING	1,628			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	17,578			
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)	1,951,329			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1560		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE			1,925,820	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY			64	
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			6,239	
15 SPIRITUAL COUNSELING			1,628	
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			17,578	
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)			1,951,329	

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	WORKSHEET K-4
HOSPICE NO:	TO 12/31/2009	PART I
14-1560		

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	1,925,820
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	64
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	6,239
19	SPIRITUAL COUNSELING	1,628
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	17,578
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	1,951,329

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1560		PART II

HOSPICE 1

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

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6			5,936	
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	1,925,820			97,577
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	64			
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	6,239			21,330
10.00 SPIRITUAL COUNSELING	15	1,628			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	17,578			27,827
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				30,110
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				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,951,329		5,936	176,844
30.00 UNIT COST MULTIPLIER					

SUBTOTAL ADMINISTRATIVE & GENERAL OPERATION OF PLANT LAUNDRY & LINEN SERVICE

HOSPICE COST CENTER	5A	6	8	9
1.00 ADMINISTRATIVE AND GENERAL	5,936	1,710	19,963	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	2,023,397	582,811		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	64	18		
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	27,569	7,941		
10.00 SPIRITUAL COUNSELING	1,628	469		
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	45,405	13,078		
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	30,110	8,673		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	2,134,109	614,700	19,963	
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
14-1560		PART I

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL		317,083		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		2,606,208	301,472	2,907,680
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		82	9	91
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		35,510	4,108	39,618
10.00 SPIRITUAL COUNSELING		2,097	243	2,340
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		58,483	6,765	65,248
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		38,783	4,486	43,269
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)		3,058,246	.115675	3,058,246
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.

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

PROVIDER NO: 14-0160
HOSPICE NO: 14-1560
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-5
PART 11

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A
1.00 ADMINISTRATIVE AND GENERAL	855	3,498		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			467,203	
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			102,127	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			133,234	
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			144,164	
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)	855	3,498	846,728	
30.00 TOTAL COST TO BE ALLOCATED		5,936	176,844	
31.00 UNIT COST MULTIPLIER	.000000	1.696970	.208856	

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10
1.00 ADMINISTRATIVE AND GENERAL	5,936	855		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	2,023,397			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	64			
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	27,569			
10.00 SPIRITUAL COUNSELING	1,628			
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	45,405			
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	30,110			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

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

PROVIDER NO: 14-0160
 HOSPICE NO: 14-1560
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET K-5
 PART II

HOSPICE 1

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6	8	9	10
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,134,109	855		
30.00 TOTAL COST TO BE ALLOCATED	614,700	19,963		
31.00 UNIT COST MULTIPLIER	.288036	23.348538	.000000	.000000

HOSPICE COST CENTER	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUI S.)
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL		1,820		1,926
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,820		1,926
30.00 TOTAL COST TO BE ALLOCATED		65,426		5,958
31.00 UNIT COST MULTIPLIER	.000000	35.948352	.000000	3.093458

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

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
14-1560		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCI LLARY COSTS 3
1	PHYSICAL THERAPY	50	. 516194	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	. 229253	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	. 177937	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	. 132898	
8	EMERGENCY	61	. 367346	
9	RADIOLOGY-DIAGNOSTIC	41	. 197323	
10	DIABETIC EDUCATION	59	1. 785513	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-6
14-1560		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				3,058,246
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				17,390
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				175.86
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)				
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	16,756			
6 UNDUPLICATED MEDICAID DAYS	2,946,710			
7 AGGREGATE MEDICAID COST		149		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)		26,203		
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)			485	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			85,292	

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0160	FROM 1/ 1/2009	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET L
14-0160		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,217,205
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	2,941
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	53.84
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,220,146
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)	