

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		14-0202		FROM 12/ 1/2008		--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 10:05

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:
 CONDELL MEDICAL CENTER 14-0202
 FOR THE COST REPORTING PERIOD BEGINNING 12/ 1/2008 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		
1	HOSPITAL	0	415,003	508,465	0		
100	TOTAL	0	415,003	508,465	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 AVAILBLE 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). O

MULTI CAMPUS

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

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

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 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	100,754,579		100,754,579	3,160,167.00	31.88	
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 SNF	9,837,396		9,837,396	153,535.00	64.07	
8						
8.01 EXCLUDED AREA SALARIES	450,753	148,669	599,422	29,243.00	20.50	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	3,135,590		3,135,590	38,365.16	81.73	INVOICES
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	186,617		186,617	1,159.25	160.98	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	25,264,009		25,264,009			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	113,534		113,534			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-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,980,228		1,980,228	21,110.00	93.81	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	13,864,784	101,693	13,966,477	426,422.00	32.75	
22.01						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,183,552		2,183,552	69,663.00	31.34	
25 LAUNDRY & LINEN SERVICE	68,302		68,302	4,222.00	16.18	
26 HOUSEKEEPING	1,829,768		1,829,768	124,549.00	14.69	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,762,719	-1,004,415	758,304	53,261.00	14.24	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		754,053	754,053	48,764.00	15.46	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,865,561	111,152	1,976,713	42,220.00	46.82	
31 CENTRAL SERVICE AND SUPPLY	976,271		976,271	42,220.00	23.12	
32 PHARMACY	3,197,524		3,197,524	86,551.00	36.94	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,301,896		2,301,896	94,995.00	24.23	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	90,917,183		90,917,183	3,006,632.00	30.24	
2 EXCLUDED AREA SALARIES	450,753	148,669	599,422	29,243.00	20.50	
3 SUBTOTAL SALARIES	90,466,430	-148,669	90,317,761	2,977,389.00	30.33	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,322,207		3,322,207	39,524.41	84.05	
5 SUBTOTAL WAGE-RELATED COSTS	25,264,009		25,264,009		27.97	
6 TOTAL	119,052,646	-148,669	118,903,977	3,016,913.41	39.41	
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	30,030,605	-37,517	29,993,088	1,013,977.00	29.58	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0202
HHA NO: -
COUNTY: -

PERIOD: FROM 12/1/2008 TO 12/31/2009

PREPARED 5/26/2010
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

TOTAL
5

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

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

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

WITHOUT OUTLIERS 1	FULL EPI SODES		LUPA EPI SODES 3	PEP ONLY EPI SODES 4
	WITH OUTLIERS 2			

21 SKILLED NURSING VISITS	0	0	0	0
22 SKILLED NURSING VISIT CHARGES	0	0	0	0
23 PHYSICAL THERAPY VISITS	0	0	0	0
24 PHYSICAL THERAPY VISIT CHARGES	0	0	0	0
25 OCCUPATIONAL THERAPY VISITS	0	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0	0
27 SPEECH PATHOLOGY VISITS	0	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	0	0
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	0	0
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	0	0	0	0
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0	0

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA
 HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 14-0202
 HHA NO: -
 COUNTY: -

PERIOD: FROM 12/1/2008 TO 12/31/2009

PREPARED 5/26/2010
 WORKSHEET S-4

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	0
22 SKILLED NURSING VISIT CHARGES	0	0	0
23 PHYSICAL THERAPY VISITS	0	0	0
24 PHYSICAL THERAPY VISIT CHARGES	0	0	0
25 OCCUPATIONAL THERAPY VISITS	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0
27 SPEECH PATHOLOGY VISITS	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	0
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	0
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	0
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 12/ 1/2008	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET S-9
-		

HOSPICE 1

PART I - ENROLLMENT DAYS

TITLE XVIII UNDUPLICATED MEDICARE DAYS	TITLE XIX UNDUPLICATED MEDICAID DAYS	TITLE XVIII UNDUPLICATED SNF DAYS	TITLE XIX UNDUPLICATED NF DAYS
1	2	3	4

- 1 CONTINUOUS HOME CARE
- 2 ROUTINE HOME CARE
- 3 INPATIENT RESPIRE CARE
- 4 GENERAL INPATIENT CARE
- 5 TOTAL HOSPICE DAYS

PART I - ENROLLMENT DAYS (CONTINUED)

OTHER UNDUPLICATED DAYS	TOTAL UNDUPLICATED DAYS
5	6

- 1 CONTINUOUS HOME CARE
- 2 ROUTINE HOME CARE
- 3 INPATIENT RESPIRE CARE
- 4 GENERAL INPATIENT CARE
- 5 TOTAL HOSPICE DAYS

PART II - CENSUS DATA

TITLE XVIII	TITLE XIX	TITLE XVIII SNF	TITLE XIX NF
1	2	3	4

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

PART II - CENSUS DATA (CONTINUED)

OTHER	TOTAL
5	6

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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 12/ 1/2008	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 49,556,091
17.01	GROSS MEDICAID REVENUES 30,015,304
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 79,571,395
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) .229352
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 149,122,483

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 12/ 1/2008	5/26/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	34,201,540
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	49,556,091
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	11,365,789
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	34,201,540

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 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					
1	0100 OLD CAP REL COSTS-BLDG & FIXT				-2,779,088	-2,779,088
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				-1,811,226	-1,811,226
3	0300 NEW CAP REL COSTS-BLDG & FIXT				7,829,505	7,829,505
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				10,861,622	10,861,622
5	0500 EMPLOYEE BENEFITS	1,980,228	18,535,601	20,515,829	-11,245	20,504,584
6	0600 ADMINISTRATIVE & GENERAL	13,864,784	93,664,698	107,529,482	-7,853,975	99,675,507
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	2,183,552	9,066,902	11,250,454	-133,303	11,117,151
9	0900 LAUNDRY & LINEN SERVICE	68,302	1,057,957	1,126,259	-23,571	1,102,688
10	1000 HOUSEKEEPING	1,829,768	1,259,636	3,089,404	-40,889	3,048,515
11	1100 DIETARY	1,762,719	3,178,435	4,941,154	-2,891,105	2,050,049
12	1200 CAFETERIA				2,113,718	2,113,718
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	1,865,561	513,338	2,378,899	56,177	2,435,076
15	1500 CENTRAL SERVICES & SUPPLY	976,271	744,244	1,720,515	-742,546	977,969
16	1600 PHARMACY	3,197,524	12,974,755	16,172,279	-12,618,341	3,553,938
17	1700 MEDICAL RECORDS & LIBRARY	2,301,896	298,617	2,600,513	-12,264	2,588,249
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS	259,352	192,723	452,075	-219,524	232,551
25	2500 ADULTS & PEDIATRICS	26,678,619	7,729,455	34,408,074	-5,853,312	28,554,762
26	2600 INTENSIVE CARE UNIT	4,521,620	2,431,238	6,952,858	-595,121	6,357,737
33	3300 NURSERY	1,067,987	597,427	1,665,414	781,208	2,446,622
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	7,305,878	25,528,403	32,834,281	-21,726,372	11,107,909
38	3800 RECOVERY ROOM	1,573,290	389,281	1,962,571	-217,810	1,744,761
39	3900 DELIVERY ROOM & LABOR ROOM				1,893,488	1,893,488
40	4000 ANESTHESIOLOGY		1,008,961	1,008,961	-775,815	233,146
41	4100 RADIOLOGY-DIAGNOSTIC	3,084,098	2,099,523	5,183,621	-1,683,577	3,500,044
43.01	4301 NUCLEAR MEDICINE	1,140,808	1,608,133	2,748,941	-1,223,930	1,525,011
43.02	4302 ULTRASOUND	1,398,759	324,689	1,723,448	-196,901	1,526,547
43.03	4303 MRI	482,703	177,240	659,943	-127,619	532,324
43.04	4304 CT SCAN	1,002,666	552,137	1,554,803	-439,783	1,115,020
43.05	4305 RADIOLOGY SPECIAL PROCEDURE	580,670	644,479	1,225,149	-257,733	967,416
44	4400 LABORATORY	2,181,327	5,796,120	7,977,447	-2,589,016	5,388,431
44.01	4401 REFERENCE LAB					
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
47	4700 BLOOD STORING, PROCESSING & TRANS.	256,377	1,988,708	2,245,085	-1,941,922	303,163
49	4900 RESPIRATORY THERAPY	2,285,280	774,581	3,059,861	-513,293	2,546,568
49.01	4901 STRESS TEST	414,596	93,390	507,986	-40,637	467,349
50	5000 PHYSICAL THERAPY	3,494,943	1,201,666	4,696,609	-56,866	4,639,743
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	368,955	-28,587	340,368	-20,372	319,996
53.01	5301 ECHOCARDIOGRAM	390,542	62,071	452,613	-19,615	432,998
53.03	5303 RADIOLOGY	283,225	368,609	651,834	-31,447	620,387
53.04	5304 RADIOLOGY	1,106,121	7,939,405	9,045,526	-6,906,935	2,138,591
54	5400 ELECTROENCEPHALOGRAPHY	476,651	195,566	672,217	-43,149	629,068
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				39,232,712	39,232,712
56	5600 DRUGS CHARGED TO PATIENTS				12,516,581	12,516,581
57	5700 RENAL DIALYSIS		902,346	902,346	-9,987	892,359
58.02	5802 OUTPATIENT SURGERY	14,805	1,681	16,486	-110	16,376
59	3290 ELECTROMYOGRAPHY		1,198	1,198	-1,087	111
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	590,544	172,392	762,936	-73,253	689,683
60.01	6001 ADDICTION RECOVERY CLINIC					
60.03	6003 LI THOTRI PSY					
61	6100 EMERGENCY	5,826,164	3,356,739	9,182,903	-1,058,763	8,124,140
61.20	6120 ACUTE CARE CENTER	3,746,593	2,658,401	6,404,994	-410,123	5,994,871
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
69.10	6910 CMHC					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
85.02	8520 INTESTINAL ACQUISITION					
93	9300 HOSPICE					
95	SUBTOTALS	100,563,178	210,062,158	310,625,336	-666,614	309,958,722
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	89,212	351,504	440,716	690,799	1,131,515
100	7950 FUNDRAISING					
100.01	7951 MANAGED CARE ADMINISTRATION	19,969	162,073	182,042	-17,927	164,115
100.02	7952 PHYSICIAN SUPPORT SERVICES	82,220	-42,399	39,821	-7,001	32,820
100.03	7953 HOME MEDICAL EQUIPMENT					
100.04	7954 HOME PHARMACY		3,640	3,640	743	4,383
100.05	7955 HOSPICE					
100.06	7956 NEIL MRI					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 12/ 1/2008	5/26/2010
	TO 12/31/2009	WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
101	NONREIMBURS COST CENTERS TOTAL	100,754,579	210,536,976	311,291,555	-0-	311,291,555

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0202
PERIOD: FROM 12/1/2008 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	2,905,754	126,666
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	1,821,290	10,064
3	0300 NEW CAP REL COSTS-BLDG & FIXT	597,546	8,427,051
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,558,605	12,420,227
5	0500 EMPLOYEE BENEFITS	3,651,406	24,155,990
6	0600 ADMINISTRATIVE & GENERAL	-55,566,170	44,109,337
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-199,275	10,917,876
9	0900 LAUNDRY & LINEN SERVICE		1,102,688
10	1000 HOUSEKEEPING		3,048,515
11	1100 DIETARY	-6,975	2,043,074
12	1200 CAFETERIA	-774,099	1,339,619
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-6,672	2,428,404
15	1500 CENTRAL SERVICES & SUPPLY		977,969
16	1600 PHARMACY	-1,693	3,552,245
17	1700 MEDICAL RECORDS & LIBRARY	-100,076	2,488,173
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS	-141,007	91,544
25	2500 ADULTS & PEDIATRICS	-161,233	28,393,529
26	2600 INTENSIVE CARE UNIT	-1,296,333	5,061,404
33	3300 NURSERY	-309,586	2,137,036
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		11,107,909
38	3800 RECOVERY ROOM		1,744,761
39	3900 DELIVERY ROOM & LABOR ROOM		1,893,488
40	4000 ANESTHESIOLOGY		233,146
41	4100 RADIOLOGY-DIAGNOSTIC	-6,001	3,494,043
43.01	4301 NUCLEAR MEDICINE	45	1,525,056
43.02	3630 ULTRASOUND	-750	1,525,797
43.03	3430 MRI	-188	532,136
43.04	3230 CT SCAN	-64	1,114,956
43.05	3950 RADIOLOGY SPECIAL PROCEDURE	-21,709	945,707
44	4400 LABORATORY	-166,667	5,221,764
44.01	3390 REFERENCE LAB		
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		303,163
49	4900 RESPIRATORY THERAPY		2,546,568
49.01	3620 STRESS TEST	-219	467,130
50	5000 PHYSICAL THERAPY	-12,001	4,627,742
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		319,996
53.01	3260 ECHOCARDIOGRAM		432,998
53.03	3140 RADIOLOGY	-118,175	502,212
53.04	3120 CARDIAC CATH LAB	-12,500	2,126,091
54	5400 ELECTROENCEPHALOGRAPHY	-4,049	625,019
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		39,232,712
56	5600 DRUGS CHARGED TO PATIENTS		12,516,581
57	5700 RENAL DIALYSIS		892,359
58.02	5802 OUTPATIENT SURGERY		16,376
59	3290 ELECTROMYOGRAPHY		111
60	6000 OUTPAT SERVICE COST CNTRS CLINIC	-17,191	672,492
60.01	4950 ADDICTION RECOVERY CLINIC		
60.03	4951 LI THOTRI PSY		
61	6100 EMERGENCY	-170,425	7,953,715
61.20	4952 ACUTE CARE CENTER	-396,074	5,598,797
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC		
63.60	6320 FQHC		
	OTHER REIMBURS COST CNTRS		
69.10	6910 CMHC		
69.20	6920 OUTPATIENT PHYSICAL THERAPY		
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY		
69.40	6940 OUTPATIENT SPEECH PATHOLOGY		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
85.01	8510 PANCREAS ACQUISITION		
85.02	8520 INTESTINAL ACQUISITION		
93	9300 HOSPICE		
95	SUBTOTALS	-48,954,486	261,004,236
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-577,941	553,574
100	7950 FUNDRAISING		
100.01	7951 MANAGED CARE ADMINISTRATION	-650	163,465
100.02	7952 PHYSICIAN SUPPORT SERVICES	-32,820	
100.03	7953 HOME MEDICAL EQUIPMENT		
100.04	7954 HOME PHARMACY		4,383
100.05	7955 HOSPICE		
100.06	7956 NEIL MRI		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0202
PERIOD: FROM 12/1/2008 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
101	NONREIMBURS COST CENTERS TOTAL	-49,565,897	261,725,658

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 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		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43.01	NUCLEAR MEDICINE	4301	RADIOISOTOPE
43.02	ULTRASOUND	3630	ULTRASOUND
43.03	MRI	3430	MAGNETIC RESONANCE IMAGING (MRI)
43.04	CT SCAN	3230	CAT SCAN
43.05	RADIOLOGY SPECIAL PROCEDURE	3950	OTHER ANCILLARY SERVICE COST CENTERS
44	LABORATORY	4400	
44.01	REFERENCE LAB	3390	LABORATORY-CLINICAL
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
49.01	STRESS TEST	3620	STRESS TEST
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	ECHOCARDIOGRAM	3260	ECHOCARDIOGRAPHY
53.03	CARDIOLOGY	3140	CARDIOLOGY
53.04	CARDIAC CATH LAB	3120	CARDIAC CATHETERIZATION LABORATORY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58.02	OUTPATIENT SURGERY	5802	ASC (NON-DISTINCT PART)
59	ELECTROMYOGRAPHY	3290	ELECTROMYOGRAPHY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	ADDICTION RECOVERY CLINIC	4950	OTHER OUTPATIENT SERVICE COST CENTER
60.03	LITHOTRIPSY	4951	OTHER OUTPATIENT SERVICE COST CENTER
61	EMERGENCY	6100	
61.20	ACUTE CARE CENTER	4952	OTHER OUTPATIENT SERVICE COST CENTER
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	FUNDRAISING	7950	
100.01	MANAGED CARE ADMINISTRATION	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	PHYSICIAN SUPPORT SERVICES	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	HOME MEDICAL EQUIPMENT	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	HOME PHARMACY	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	HOSPICE	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	NEIL MRI	7956	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140202

PERIOD:
FROM 12/1/2008
TO 12/31/2009

PREPARED 5/26/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 DEPRECIATION RECLASS	A	ADMINISTRATIVE & GENERAL	6		6,107,751
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1 DEPRECIATION RECLASS	A				
2					
3					
4					
5					
6 DRUGS CHARGED	B	DRUGS CHARGED TO PATIENTS	56		12,516,581
7 MEDICAL SUPPLY RECLASS	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		39,232,712
8					
9					
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RECLASSIFICATIONS

PROVIDER NO:
140202

PERIOD:
FROM 12/1/2008
TO 12/31/2009

PREPARED 5/26/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 MEDICAL SUPPLY RECLASS	C				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13		HOME PHARMACY	100.04		743
14 DELIVERY ROOM/NURSERY	D	NURSERY	33	630,520	238,371
15		DELIVERY ROOM & LABOR ROOM	39	1,374,029	519,459
16 NURSING FLOAT	E	NURSING ADMINISTRATION	14	111,152	8,167
17 CAFETERIA/GIFT SHOP	F	CAFETERIA	12	754,053	1,359,665
18		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96	250,362	451,438
19 HOSPITAL MANAGED CARE	G	ADMINISTRATIVE & GENERAL	6	998	8,104
20 SPLIT OF CAPITAL	H	OLD CAP REL COSTS-BLDG & FIXT	1		5,050,417
21		OLD CAP REL COSTS-MVBLE EQUIP	2		9,050,396
22		NEW CAP REL COSTS-BLDG & FIXT	3		7,829,505
23		NEW CAP REL COSTS-MVBLE EQUIP	4		10,861,622
24 EMS CONTINUING EDUCATION	I	ADMINISTRATIVE & GENERAL	6	100,695	30,739
36 TOTAL RECLASSIFICATIONS				3,221,809	93,265,670

(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:
140202

PERIOD:
FROM 12/ 1/2008
TO 12/31/2009

PREPARED 5/26/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 DEPRECIATION RECLASS	A	EMPLOYEE BENEFITS	5			9,574	
2		OPERATION OF PLANT	8			105,029	
3		LAUNDRY & LINEN SERVICE	9			1,307	
4		HOUSEKEEPING	10			21,282	
5		DIETARY	11			63,173	
6		NURSING ADMINISTRATION	14			56,488	
7		CENTRAL SERVICES & SUPPLY	15			366,815	
8		PHARMACY	16			19,903	
9		MEDICAL RECORDS & LIBRARY	17			12,262	
10		PARAMED ED PRGM-(SPECIFY)	24			5,478	
11		ADULTS & PEDIATRICS	25			510,968	
12		INTENSIVE CARE UNIT	26			156,937	
13		NURSERY	33			22,516	
14		OPERATING ROOM	37			1,494,252	
15		RECOVERY ROOM	38			134,710	
16		ANESTHESIOLOGY	40			144,936	
17		RADIOLOGY-DIAGNOSTIC	41			659,537	
18		NUCLEAR MEDICINE	43.01			600,161	
19		ULTRASOUND	43.02			89,425	
20		MRI	43.03			30,952	
21		CT SCAN	43.04			17,094	
22		RADIOLOGY SPECIAL PROCEDURE	43.05			192,763	
23		LABORATORY	44			138,969	
24		BLOOD STORING, PROCESSING & TRANS.	47			10,100	
25		RESPIRATORY THERAPY	49			78,362	
26		STRESS TEST	49.01			7,126	
27		PHYSICAL THERAPY	50			22,074	
28		ELECTROCARDIOLOGY	53			2,645	
29		ECHOCARDIOGRAM	53.01			17,720	
30		CARDIOLOGY	53.03			17,189	
31		CARDIAC CATH LAB	53.04			602,335	
32		ELECTROENCEPHALOGRAPHY	54			26,995	
33		OUTPATIENT SURGERY	58.02			110	
34		ELECTROMYOGRAPHY	59			1,057	
35		CLINIC	60			10,792	
1 DEPRECIATION RECLASS	A	EMERGENCY	61			377,461	
2		ACUTE CARE CENTER	61.20			57,610	
3		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96			7,000	
4		MANAGED CARE ADMINISTRATION	100.01			8,803	
5		PHYSICIAN SUPPORT SERVICES	100.02			5,841	
6 DRUGS CHARGED	B	PHARMACY	16			12,516,581	
7 MEDICAL SUPPLY RECLASS	C	EMPLOYEE BENEFITS	5			1,671	
8		ADMINISTRATIVE & GENERAL	6			1,449	
9		OPERATION OF PLANT	8			28,274	
10		LAUNDRY & LINEN SERVICE	9			22,264	
11		HOUSEKEEPING	10			19,607	
12		DIETARY	11			12,414	
13		NURSING ADMINISTRATION	14			6,654	
14		CENTRAL SERVICES & SUPPLY	15			375,731	
15		PHARMACY	16			81,857	
16		MEDICAL RECORDS & LIBRARY	17			2	
17		PARAMED ED PRGM-(SPECIFY)	24			82,612	
18		ADULTS & PEDIATRICS	25			2,460,646	
19		INTENSIVE CARE UNIT	26			438,184	
20		NURSERY	33			65,167	
21		OPERATING ROOM	37			20,232,120	
22		RECOVERY ROOM	38			83,100	
23		ANESTHESIOLOGY	40			630,879	
24		RADIOLOGY-DIAGNOSTIC	41			1,024,040	
25		NUCLEAR MEDICINE	43.01			623,769	
26		ULTRASOUND	43.02			107,476	
27		MRI	43.03			96,667	
28		CT SCAN	43.04			422,689	
29		RADIOLOGY SPECIAL PROCEDURE	43.05			64,970	
30		LABORATORY	44			2,450,047	
31		BLOOD STORING, PROCESSING & TRANS.	47			1,931,822	
32		RESPIRATORY THERAPY	49			434,931	
33		STRESS TEST	49.01			33,511	
34		PHYSICAL THERAPY	50			34,792	
35		ELECTROCARDIOLOGY	53			17,727	

RECLASSIFICATIONS

PROVIDER NO:
140202

PERIOD:
FROM 12/1/2008
TO 12/31/2009

PREPARED 5/26/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 MEDICAL SUPPLY RECLASS	C	ECHOCARDIOGRAM	53.01		1,895	
2		CARDIOLOGY	53.03		14,258	
3		CARDIAC CATH LAB	53.04		6,304,600	
4		ELECTROENCEPHALOGRAPHY	54		16,154	
5		RENAL DIALYSIS	57		9,987	
6		ELECTROMYOGRAPHY	59		30	
7		CLINIC	60		62,461	
8		EMERGENCY	61		681,302	
9		ACUTE CARE CENTER	61.20		352,513	
10		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		4,001	
11		MANAGED CARE ADMINISTRATION	100.01		22	
12		PHYSICIAN SUPPORT SERVICES	100.02		1,160	
13						
14 DELIVERY ROOM/NURSERY	D	ADULTS & PEDIATRICS	25	2,004,549	757,830	
15						
16 NURSING FLOAT	E	ADULTS & PEDIATRICS	25	111,152	8,167	
17 CAFETERIA/GIFT SHOP	F	DIETARY	11	1,004,415	1,811,103	
18						
19 HOSPITAL MANAGED CARE	G	MANAGED CARE ADMINISTRATION	100.01	998	8,104	
20 SPLIT OF CAPITAL	H	ADMINISTRATIVE & GENERAL	6		14,100,813	9
21						9
22		OLD CAP REL COSTS-BLDG & FIXT	1		7,829,505	9
23		OLD CAP REL COSTS-MVBLE EQUIP	2		10,861,622	9
24 EMS CONTINUING EDUCATION	I	PARAMED ED PRGM-(SPECIFY)	24	100,695	30,739	
36 TOTAL RECLASSIFICATIONS				3,221,809	93,265,670	

(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:
140202

PERIOD:
FROM 12/1/2008
TO 12/31/2009

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

RECLASS CODE: A
EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	6,107,751	EMPLOYEE BENEFITS	5	9,574	
3.00			0	OPERATION OF PLANT	8	105,029	
4.00			0	LAUNDRY & LINEN SERVICE	9	1,307	
5.00			0	HOUSEKEEPING	10	21,282	
6.00			0	DIETARY	11	63,173	
7.00			0	NURSING ADMINISTRATION	14	56,488	
8.00			0	CENTRAL SERVICES & SUPPLY	15	366,815	
9.00			0	PHARMACY	16	19,903	
10.00			0	MEDICAL RECORDS & LIBRARY	17	12,262	
11.00			0	PARAMED PRGM-(SPECIFY)	24	5,478	
12.00			0	ADULTS & PEDIATRICS	25	510,968	
13.00			0	INTENSIVE CARE UNIT	26	156,937	
14.00			0	NURSERY	33	22,516	
15.00			0	OPERATING ROOM	37	1,494,252	
16.00			0	RECOVERY ROOM	38	134,710	
17.00			0	ANESTHESIOLOGY	40	144,936	
18.00			0	RADIOLOGY-DIAGNOSTIC	41	659,537	
19.00			0	NUCLEAR MEDICINE	43.01	600,161	
20.00			0	ULTRASOUND	43.02	89,425	
21.00			0	MRI	43.03	30,952	
22.00			0	CT SCAN	43.04	17,094	
23.00			0	RADIOLOGY SPECIAL PROCEDURE	43.05	192,763	
24.00			0	LABORATORY	44	138,969	
25.00			0	BLOOD STORING, PROCESSING & TR	47	10,100	
26.00			0	RESPIRATORY THERAPY	49	78,362	
27.00			0	STRESS TEST	49.01	7,126	
28.00			0	PHYSICAL THERAPY	50	22,074	
29.00			0	ELECTROCARDIOLOGY	53	2,645	
30.00			0	ECHOCARDIOGRAM	53.01	17,720	
31.00			0	CARDIOLOGY	53.03	17,189	
32.00			0	CARDIAC CATH LAB	53.04	602,335	
33.00			0	ELECTROENCEPHALOGRAPHY	54	26,995	
34.00			0	OUTPATIENT SURGERY	58.02	110	
35.00			0	ELECTROMYOGRAPHY	59	1,057	
36.00			0	CLINIC	60	10,792	
37.00			0	EMERGENCY	61	377,461	
38.00			0	ACUTE CARE CENTER	61.20	57,610	
39.00			0	GI FT, FLOWER, COFFEE SHOP & CA	96	7,000	
40.00			0	MANAGED CARE ADMINISTRATION	100.01	8,803	
41.00			0	PHYSICIAN SUPPORT SERVICES	100.02	5,841	
TOTAL RECLASSIFICATIONS FOR CODE A			6,107,751	6,107,751			

RECLASS CODE: B
EXPLANATION : DRUGS CHARGED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	12,516,581	PHARMACY	16	12,516,581	
TOTAL RECLASSIFICATIONS FOR CODE B			12,516,581	12,516,581			

RECLASS CODE: C
EXPLANATION : MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	39,232,712	EMPLOYEE BENEFITS	5	1,671	
2.00			0	ADMINISTRATIVE & GENERAL	6	1,449	
3.00			0	OPERATION OF PLANT	8	28,274	
4.00			0	LAUNDRY & LINEN SERVICE	9	22,264	
5.00			0	HOUSEKEEPING	10	19,607	
6.00			0	DIETARY	11	12,414	
7.00			0	NURSING ADMINISTRATION	14	6,654	
8.00			0	CENTRAL SERVICES & SUPPLY	15	375,731	
9.00			0	PHARMACY	16	81,857	
10.00			0	MEDICAL RECORDS & LIBRARY	17	2	
11.00			0	PARAMED PRGM-(SPECIFY)	24	82,612	
12.00			0	ADULTS & PEDIATRICS	25	2,460,646	
13.00			0	INTENSIVE CARE UNIT	26	438,184	
14.00			0	NURSERY	33	65,167	
15.00			0	OPERATING ROOM	37	20,232,120	
16.00			0	RECOVERY ROOM	38	83,100	
17.00			0	ANESTHESIOLOGY	40	630,879	
18.00			0	RADIOLOGY-DIAGNOSTIC	41	1,024,040	

RECLASSIFICATIONS

PROVIDER NO:
140202

PERIOD:
FROM 12/1/2008
TO 12/31/2009

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

RECLASS CODE: C
EXPLANATION: MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
19.00			0	NUCLEAR MEDICINE	43.01	623,769		
20.00			0	ULTRASOUND	43.02	107,476		
21.00			0	MRI	43.03	96,667		
22.00			0	CT SCAN	43.04	422,689		
23.00			0	RADIOLOGY SPECIAL PROCEDURE	43.05	64,970		
24.00			0	LABORATORY	44	2,450,047		
25.00			0	BLOOD STORING, PROCESSING & TR	47	1,931,822		
26.00			0	RESPIRATORY THERAPY	49	434,931		
27.00			0	STRESS TEST	49.01	33,511		
28.00			0	PHYSICAL THERAPY	50	34,792		
29.00			0	ELECTROCARDIOLOGY	53	17,727		
30.00			0	ECHOCARDIOGRAM	53.01	1,895		
31.00			0	CARDIOLOGY	53.03	14,258		
32.00			0	CARDIAC CATH LAB	53.04	6,304,600		
33.00			0	ELECTROENCEPHALOGRAPHY	54	16,154		
34.00			0	RENAL DIALYSIS	57	9,987		
35.00			0	ELECTROMYOGRAPHY	59	30		
36.00			0	CLINIC	60	62,461		
37.00			0	EMERGENCY	61	681,302		
38.00			0	ACUTE CARE CENTER	61.20	352,513		
39.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	4,001		
40.00			0	MANAGED CARE ADMINISTRATION	100.01	22		
41.00			0	PHYSICIAN SUPPORT SERVICES	100.02	1,160		
42.00	HOME PHARMACY	100.04	743			0		
TOTAL RECLASSIFICATIONS FOR CODE C			39,233,455				39,233,455	

RECLASS CODE: D
EXPLANATION: DELIVERY ROOM/NURSERY

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	NURSERY	33	868,891	ADULTS & PEDIATRICS	25	2,762,379		
2.00	DELIVERY ROOM & LABOR ROOM	39	1,893,488			0		
TOTAL RECLASSIFICATIONS FOR CODE D			2,762,379				2,762,379	

RECLASS CODE: E
EXPLANATION: NURSING FLOAT

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	NURSING ADMINISTRATION	14	119,319	ADULTS & PEDIATRICS	25	119,319		
TOTAL RECLASSIFICATIONS FOR CODE E			119,319				119,319	

RECLASS CODE: F
EXPLANATION: CAFETERIA/GIFT SHOP

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	CAFETERIA	12	2,113,718	DIETARY	11	2,815,518		
2.00	GIFT, FLOWER, COFFEE SHOP & CA	96	701,800			0		
TOTAL RECLASSIFICATIONS FOR CODE F			2,815,518				2,815,518	

RECLASS CODE: G
EXPLANATION: HOSPITAL MANAGED CARE

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	ADMINISTRATIVE & GENERAL	6	9,102	MANAGED CARE ADMINISTRATION	100.01	9,102		
TOTAL RECLASSIFICATIONS FOR CODE G			9,102				9,102	

RECLASS CODE: H
EXPLANATION: SPLIT OF CAPITAL

----- INCREASE -----				----- DECREASE -----				
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT		
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	5,050,417	ADMINISTRATIVE & GENERAL	6	14,100,813		
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	9,050,396			0		
4.00	NEW CAP REL COSTS-BLDG & FIXT	3	7,829,505	OLD CAP REL COSTS-BLDG & FIXT	1	7,829,505		
5.00	NEW CAP REL COSTS-MVBLE EQUIP	4	10,861,622	OLD CAP REL COSTS-MVBLE EQUIP	2	10,861,622		
TOTAL RECLASSIFICATIONS FOR CODE H			32,791,940				32,791,940	

RECLASSIFICATIONS

PROVIDER NO:
140202

PERIOD:
FROM 12/ 1/2008
TO 12/31/2009

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

RECLASS CODE: I
EXPLANATION : EMS CONTINUING EDUCATION

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	131,434	6	PARAMED ED PRGM-(SPECIFY)	131,434
TOTAL RECLASSIFICATIONS FOR CODE I		131,434	24		131,434

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND							
2	LAND IMPROVEMENTS	2,262,621					2,262,621	2,257,281
3	BUILDINGS & FIXTURE	20,930,550					20,930,550	15,421,216
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	231,613					231,613	231,613
6	MOVABLE EQUIPMENT							
7	SUBTOTAL	23,424,784					23,424,784	17,910,110
8	RECONCILING ITEMS							
9	TOTAL	23,424,784					23,424,784	17,910,110

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	18,892,558	27,707,442		27,707,442		46,600,000	
2	LAND IMPROVEMENTS	5,799,670	18,370		18,370		5,818,040	
3	BUILDINGS & FIXTURE	164,502,788	47,840,942		47,840,942	25,356	212,318,374	4,232,147
4	BUILDING IMPROVEMEN		43,185		43,185		43,185	1,193,078
5	FIXED EQUIPMENT	130,655,821				30,468,860	100,186,961	36,480,133
6	MOVABLE EQUIPMENT		161,239		161,239	44,745	116,494	94,994
7	SUBTOTAL	319,850,837	75,771,178		75,771,178	30,538,961	365,083,054	42,000,352
8	RECONCILING ITEMS		25,733,107		25,733,107		25,733,107	
9	TOTAL	319,850,837	50,038,071		50,038,071	30,538,961	339,349,947	42,000,352

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	184,816		-58,150				126,666
2	OLD CAP REL COSTS-MV	10,064						10,064
3	NEW CAP REL COSTS-BL	8,427,051						8,427,051
4	NEW CAP REL COSTS-MV	12,420,227						12,420,227
5	TOTAL	21,042,158		-58,150				20,984,008

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	WKST. A-7 REF.
	BASIS/CODE	AMOUNT			
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES	B	2,935,626	OLD CAP REL COSTS-BLDG &	1	9
2 INVESTMENT INCOME-OLD MOVABLE EQUIP		1,811,227	OLD CAP REL COSTS-MVBLE E	2	9
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-1,693	PHARMACY	16	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-12,943	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-5,236	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,567,070			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	2,673,807			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-774,099	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	11
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISC INCOME	B	-1,223,905	ADMINISTRATIVE & GENERAL	6	
38 MISC INCOME	B	-100,076	MEDICAL RECORDS & LIBRARY	17	
39 MISC INCOME	B	-29,842	PHYSICIAN SUPPORT SERVICE	100.02	
40 MISC INCOME	B	-5,111	DIETARY	11	
41 MISC INCOME	B	-194,039	OPERATION OF PLANT	8	
41.01 MISC INCOME	B	-31,826	ADULTS & PEDIATRICS	25	
41.50 RE TAXES	A	-503,428	ADMINISTRATIVE & GENERAL	6	
42 INTERCOMPANY INTEREST	A	-8,733,224	ADMINISTRATIVE & GENERAL	6	
43 REMOVE ILLINOIS PROVIDER TAX	A	-14,383,961	ADMINISTRATIVE & GENERAL	6	
44 REMOVE BAD DEBTS	A	-25,157,216	ADMINISTRATIVE & GENERAL	6	
45 ADJ AHA LOBBYING EXPENSE	A	-36,404	ADMINISTRATIVE & GENERAL	6	
45.01 PHYSICIAN COST	A	-43	EMPLOYEE BENEFITS	5	
45.02 PHYSICIAN COST	A	-158,335	ADMINISTRATIVE & GENERAL	6	
45.03 PHYSICIAN COST	A	-6,000	NURSING ADMINISTRATION	14	
46 ADJ USEFUL LIFE 1986 SURGERY AD	A	-58,150	OLD CAP REL COSTS-BLDG &	1	11
47 OFFSET EMS REVENUE	B	-141,007	PARAMED PRGM-(SPECIFY)	24	
48 MISC INCOME	B	-566,737	GIFT, FLOWER, COFFEE SHOP	96	
49 MISC INCOME	B	-52,201	EMERGENCY	61	
49.01 MISC INCOME	B	-7,008	CLINIC	60	
49.02 MISC INCOME	B	-43	EMPLOYEE BENEFITS	5	
49.03 MISC INCOME	B	-255	NURSERY	33	
49.04 MISC INCOME	B	-5,934	RADIOLOGY-DIAGNOSTIC	41	
49.05 MISC INCOME	B	-11,976	PHYSICAL THERAPY	50	
49.06 LOSS ON SALE OF ASSETS	A	357,916	NEW CAP REL COSTS-BLDG &	3	9
49.10 NON ALLOWABLE	A	-113	EMPLOYEE BENEFITS	5	
49.11 NON ALLOWABLE	A	-2,542,380	ADMINISTRATIVE & GENERAL	6	
49.12 NON ALLOWABLE	A	-1,864	DIETARY	11	
49.13 NON ALLOWABLE	A	-672	NURSING ADMINISTRATION	14	
49.14 NON ALLOWABLE	A	-67	RADIOLOGY-DIAGNOSTIC	41	
49.15 NON ALLOWABLE	A	45	NUCLEAR MEDICINE	43.01	
49.16 NON ALLOWABLE	A	-750	ULTRASOUND	43.02	
49.17 NON ALLOWABLE	A	-19	MRI	43.03	
49.18 NON ALLOWABLE	A	-5,460	RADIOLOGY SPECIAL PROCEDU	43.05	
49.19 NON ALLOWABLE	A	-25	PHYSICAL THERAPY	50	
49.20 NON ALLOWABLE	A	-1,299	ELECTROENCEPHALOGRAPHY	54	
49.21 NON ALLOWABLE	A	908	EMERGENCY	61	
49.22 NON ALLOWABLE	A	-10,183	CLINIC	60	
49.23 NON ALLOWABLE	A	-650	MANAGED CARE ADMINISTRATION	100.01	
49.24 NON ALLOWABLE	A	-2,978	PHYSICIAN SUPPORT SERVICE	100.02	
49.25 NON ALLOWABLE	A	-11,204	GIFT, FLOWER, COFFEE SHOP	96	
50 TOTAL (SUM OF LINES 1 THRU 49)		-49,565,897			

(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	5	EMPLOYEE BENEFITS	BENEFITS	3,651,605		3,651,605	
2	1	OLD CAP REL COSTS-BLDG &	OLD CAPITAL BUILDING	28,278		28,278	9
3	2	OLD CAP REL COSTS-MVBLE E	OLD CAPITAL EQUIPMENT	10,063		10,063	9
4	3	NEW CAP REL COSTS-BLDG &	NEW CAPITAL BUILDING	239,630		239,630	9
4.01	4	NEW CAP REL COSTS-MVBLE E	NEW CAPITAL EQUIPMENT	1,558,605		1,558,605	9
4.02	6	ADMINISTRATIVE & GENERAL	NON CAPTIAL	10,930,690	13,745,064	-2,814,374	
5		TOTALS		16,418,871	13,745,064	2,673,807	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	ADVOCATE HEALTH CARE	100.00	HEALTH CARE
2	B	0.00	ADVOCATE HEALTH CARE	100.00	HEALTHCARE
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.
FINANCIAL

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 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 25	ROUTINE	129,407	129,407					
2 26	ICU	1,296,333	1,296,333					
3 33	NURSERY	309,331	309,331					
4 43	3 MRI	169	169					
5								
6 43	4 CAT SCAN	64	64					
7 43	5 SPEC PROC	16,249	16,249					
8 44	LAB	166,667	166,667					
9								
10								
11								
12 49	1 STRESS TESTING	219	219					
13 53	EKG							
14								
15 53	3 CARDIOLOGY	118,175	118,175					
16 53	4 CARDIAC CATH LAB	12,500	12,500					
17 54	EEG	2,750	2,750					
18								
19 61	TRAUMA	119,132	119,132					
20 61	20 OUTPATIENT	396,074	396,074					
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,567,070	2,567,070					

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE	FEET	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	MEALS	SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSI GNE D	TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSI GNE D	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSI GNE D	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSI GNE D	TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	22	ASSI GNE D	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL 5a.00
	0	1	2	3	4	5	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	126,666	126,666					
003 OLD CAP REL COSTS-MVBLE E	10,064		10,064				
004 NEW CAP REL COSTS-BLDG &	8,427,051			8,427,051			
005 NEW CAP REL COSTS-MVBLE E	12,420,227				12,420,227		
006 EMPLOYEE BENEFITS	24,155,990	558	13	37,150	15,895	24,209,606	
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	44,109,337	22,972	3,966	1,528,309	4,891,544	3,423,184	53,979,312
008 OPERATION OF PLANT	10,917,876	20,097	141	1,337,067	174,372	535,189	12,984,742
009 LAUNDRY & LINEN SERVICE	1,102,688	338	2	22,471	2,170	16,741	1,144,410
010 HOUSEKEEPING	3,048,515	2,517	29	167,423	35,333	448,476	3,702,293
011 DIETARY	2,043,074	2,036	85	135,456	104,881	185,860	2,471,392
012 CAFETERIA	1,339,619	2,782		185,086		184,818	1,712,305
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,428,404	1,246	76	82,910	93,783	484,492	3,090,911
015 CENTRAL SERVICES & SUPPLY	977,969	1,876	493	124,783	608,995	239,284	1,953,400
016 PHARMACY	3,552,245	1,099	27	73,107	33,043	783,713	4,443,234
017 MEDICAL RECORDS & LIBRARY	2,488,173	808	16	53,756	20,358	564,195	3,127,306
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS	91,544	162	7	10,792	9,095	38,887	150,487
025 ADULTS & PEDIATRICS	28,393,529	27,269	687	1,814,178	848,321	6,020,384	37,104,368
026 INTENSIVE CARE UNIT	5,061,404	3,144	211	209,143	260,550	1,108,249	6,642,701
033 NURSERY	2,137,036	200	30	13,332	37,382	416,304	2,604,284
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	11,107,909	7,734	322	514,511	397,358	1,790,671	13,818,505
039 RECOVERY ROOM	1,744,761	466	154	30,995	190,333	385,613	2,352,322
040 DELIVERY ROOM & LABOR ROOM	1,893,488					336,775	2,230,263
041 ANESTHESIOLOGY	233,146	31	195	2,046	240,626		476,044
042 RADIOLOGY-DIAGNOSTIC	3,494,043	3,324	887	221,145	1,094,978	755,912	5,570,289
043 01 NUCLEAR MEDICINE	1,525,056	233	807	15,532	996,401	279,612	2,817,641
043 02 ULTRASOUND	1,525,797	91	120	6,052	148,465	342,836	2,023,361
043 03 MRI	532,136	914	42	60,780	51,387	118,311	763,570
043 04 CT SCAN	1,114,956	1,637	23	108,927	28,380	245,753	1,499,676
043 05 RADIOLOGY SPECIAL PROCEDURE LABORATORY	945,707					142,322	1,088,029
044 01 REFERENCE LAB	5,221,764	1,940	45	129,045	55,953	534,643	5,943,390
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORAGE, PROCESSING	303,163	347	14	23,119	16,768	62,838	406,249
049 RESPIRATORY THERAPY	2,546,568	954	105	63,440	130,098	560,122	3,301,287
049 01 STRESS TEST	467,130	203	10	13,537	11,831	101,617	594,328
050 PHYSICAL THERAPY	4,627,742	1,188	30	79,057	36,648	856,611	5,601,276
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	319,996	1,470	4	97,828	4,391	90,431	514,120
053 01 ECHOCARDIOGRAM	432,998	31	24	2,046	29,419	95,722	560,240
053 03 RADIOLOGY	502,212	277	23	18,413	28,538	69,418	618,881
053 04 CARDIAC CATH LAB	2,126,091	5,749	810	382,482	1,000,010	271,110	3,786,252
054 ELECTROENCEPHALOGRAPHY	625,019	597	36	39,725	44,818	116,827	827,022
055 MEDICAL SUPPLIES CHARGED	39,232,712						39,232,712
056 DRUGS CHARGED TO PATIENTS	12,516,581						12,516,581
057 RENAL DIALYSIS	892,359	838		55,785			948,982
058 02 OUTPATIENT SURGERY	16,376	32		2,097	183	3,629	22,317
059 ELECTROMYOGRAPHY	111	33	1	2,216	1,755		4,116
060 OUTPAT SERVICE COST CNTRS CLINIC	672,492	976	15	64,906	17,917	144,742	901,048
060 01 ADDICTION RECOVERY CLINIC							
060 03 LITHOTRIpsy							
061 EMERGENCY	7,953,715	9,365	508	623,081	626,669	1,427,993	10,641,331
061 20 ACUTE CARE CENTER	5,598,797		77		95,645	918,290	6,612,809
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
093 HOSPICE							
095 SUBTOTALS	261,004,236	125,534	10,035	8,351,728	12,384,293	24,101,574	260,783,786
096 NONREIMBURS COST CENTERS							
100 GI FT, FLOWER, COFFEE SHOP	553,574	580	9	38,565	11,622	83,230	687,580
100 FUNDRAISING							
100 01 MANAGED CARE ADMINISTRATION	163,465	524	12	34,866	14,615	4,650	218,132
100 02 PHYSICIAN SUPPORT SERVICE		28	8	1,892	9,697	20,152	31,777
100 03 HOME MEDICAL EQUIPMENT							
100 04 HOME PHARMACY	4,383						4,383
100 05 HOSPICE							

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	53,979,312						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	3,373,864		16,358,606				
010 LAUNDRY & LINEN SERVICE	297,355		66,538	1,508,303			
011 HOUSEKEEPING	961,978		495,755		5,160,026		
012 DIETARY	642,149		401,097			3,514,638	
013 CAFETERIA	444,913		548,057				2,705,275
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	803,121		245,505		77,114		60,050
016 CENTRAL SERVICES & SUPPLY	507,558		369,494	1,195			61,317
017 PHARMACY	1,154,499		216,476		116,187		92,228
018 MEDICAL RECORDS & LIBRARY	812,577		159,177		50,635		113,005
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMEDICAL PRGM-(SPECIFY)	39,101		31,957				
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	9,640,939		5,371,927	866,149	1,250,702	3,225,203	766,456
028 INTENSIVE CARE UNIT	1,725,993		619,290	91,558	192,682	289,435	128,714
029 NURSERY	676,679		39,479	1,713	432,437		210,554
030 ANCILLARY SRVC COST CNTRS							
031 OPERATING ROOM	3,590,504		1,523,513	73,851	204,811		243,239
032 RECOVERY ROOM	611,211		91,780	29,059			52,702
033 DELIVERY ROOM & LABOR ROO	579,496						
034 ANESTHESIOLOGY	123,692		6,058				
035 RADIOLOGY-DIAGNOSTIC	1,447,345		654,831	28,532	551,772		98,816
036 01 NUCLEAR MEDICINE	732,116		45,991	7,332	330,444		28,631
037 02 ULTRASOUND	525,736		17,922	6,287	33,292		28,631
038 03 MRI	198,401		179,976	2,174	62,249		1,267
039 04 CT SCAN	389,665		322,544	6,121	34,892		32,685
040 05 RADIOLOGY SPECIAL PROCEDU	282,706			6,230			19,510
041 LABORATORY	1,544,289		382,115		157,944		151,518
042 01 REFERENCE LAB							
043 30 BLOOD CLOTTING FACTORS AD							
044 BLOOD STORING, PROCESSING	105,557		68,457		20,543		
045 RESPIRATORY THERAPY	857,783		187,852	1,298	59,306		78,039
046 01 STRESS TEST	154,426		40,084	3,067	186,591		12,415
047 PHYSICAL THERAPY	1,455,396		234,095	108,478	161,557		10,895
048 OCCUPATIONAL THERAPY							
049 SPEECH PATHOLOGY							
050 ELECTROCARDIOLOGY	133,585		289,678		79,488		27,111
051 01 ECHOCARDIOGRAM	145,569		6,058	3,067			11,655
052 03 CARDIOLOGY	160,806		54,523				5,321
053 04 CARDIAC CATH LAB	983,793		1,132,563	18,163	117,581		41,300
054 ELECTROENCEPHALOGRAPHY	214,888		117,628	2,985	15,691		15,963
055 MEDICAL SUPPLIES CHARGED	10,193,909						
056 DRUGS CHARGED TO PATIENTS	3,252,221						
057 RENAL DIALYSIS	246,577		165,184		32,415		
058 02 OUTPATIENT SURGERY	5,799		6,210				
059 ELECTROMYOGRAPHY	1,069		6,563		7,742		
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	234,122		192,193				18,243
062 01 ADDICTION RECOVERY CLINIC							
063 03 LITHOTRIpsy							
064 EMERGENCY	2,764,969		1,844,997	251,044	983,951		195,858
065 20 ACUTE CARE CENTER	1,718,226						148,731
066 OBSERVATION BEDS (NON-DIS							
067 50 RHC							
068 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
070 10 CMHC							
071 20 OUTPATIENT PHYSICAL THERA							
072 30 OUTPATIENT OCCUPATIONAL T							
073 40 OUTPATIENT SPEECH PATHOLO							
074 HOME HEALTH AGENCY							
075 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
093 HOSPICE							
095 SUBTOTALS	53,734,582		16,135,567	1,508,303	5,160,026	3,514,638	2,654,854
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	178,656		114,195				11,655
101 FUNDRAISING							
102 01 MANAGED CARE ADMINISTRATI	56,678		103,240				
103 02 PHYSICIAN SUPPORT SERVICE	8,257		5,604				25,084
104 03 HOME MEDICAL EQUIPMENT							
105 04 HOME PHARMACY	1,139						13,682
106 05 HOSPICE							

COST ALLOCATION - GENERAL SERVICE COSTS		PROVIDER NO:		PERIOD:		PREPARED	5/26/2010
		14-0202		FROM 12/ 1/2008		WORKSHEET B	
				TO 12/31/2009		PART I	

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
100	NONREIMBURS COST CENTERS							
06	NEIL MRI							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	53,979,312		16,358,606	1,508,303	5,160,026	3,514,638	2,705,275

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B PART I

COST CENTER DESCRIPTION	MAINTENANCE	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		4,276,701					
016 CENTRAL SERVICES & SUPPLY		15	2,892,979				
017 PHARMACY		1,528	6,122	6,030,274			
018 MEDICAL RECORDS & LIBRARY					4,262,700		
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS		2,362,153	184,044	1,343,597	573,983		
037 INTENSIVE CARE UNIT		398,016	32,774	386,102	100,571		
038 NURSERY		164,017	4,874	32,470	65,964		
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		516,231	1,513,260	717,949	593,883		
041 RECOVERY ROOM		134,457	6,215	113,916	75,058		
042 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY			47,187	1,069,691	59,402		
044 RADIOLOGY-DIAGNOSTIC		36,772	76,593	52,299	152,103		
045 01 NUCLEAR MEDICINE			46,655	45,356	103,760		
046 02 ULTRASOUND			8,039	40,303	57,426		
047 03 MRI			7,230	17,849	92,679		
048 04 CT SCAN			31,615	50,233	285,648		
049 05 RADIOLOGY SPECIAL PROCEDU			4,859	659	529,564		
050 LABORATORY			183,251	5,324	545,452		
051 01 REFERENCE LAB							
052 30 BLOOD CLOTTING FACTORS AD							
053 BLOOD STORING, PROCESSING			144,491	71,717	40,253		
054 RESPIRATORY THERAPY			32,531	134,520	200,761		
055 01 STRESS TEST		28,040	2,506	40,710	12,240		
056 PHYSICAL THERAPY			2,602	8,512	64,192		
057 OCCUPATIONAL THERAPY							
058 SPEECH PATHOLOGY							
059 ELECTROCARDIOLOGY		23	1,326		34,585		
060 01 ECHOCARDIOGRAM			142		62,873		
061 03 RADIOLOGY		16,467	1,066		5,044		
062 04 CARDIAC CATH LAB		62,525	471,553	79,475	223,039		
063 ELECTROENCEPHALOGRAPHY			1,208		12,820		
064 MEDICAL SUPPLIES CHARGED							
065 DRUGS CHARGED TO PATIENTS							
066 RENAL DIALYSIS			747	17,467	13,217		
067 02 OUTPATIENT SURGERY		1,085		4,103	453		
068 ELECTROMYOGRAPHY			2		2,919		
069 OUTPAT SERVICE COST CNTRS							
070 CLINIC		57,983	4,672	163,591	17,941		
071 01 ADDICTION RECOVERY CLINIC							
072 03 LITHOTRIpsy							
073 EMERGENCY		497,389	50,958	1,155,767	257,966		
074 20 ACUTE CARE CENTER			26,366	478,664	72,078		
075 OBSERVATION BEDS (NON-DIS							
076 50 RHC							
077 60 FOHC							
078 OTHER REIMBURS COST CNTRS							
079 10 CMHC							
080 20 OUTPATIENT PHYSICAL THERA							
081 30 OUTPATIENT OCCUPATIONAL T							
082 40 OUTPATIENT SPEECH PATHOLO							
083 HOME HEALTH AGENCY							
084 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
086 02 INTESITINAL ACQUISITION							
087 HOSPICE							
088 SUBTOTALS		4,276,701	2,892,888	6,030,274	4,255,874		
089 NONREIMBURS COST CENTERS							
090 GIFT, FLOWER, COFFEE SHOP				2			
091 FUNDRAISING							
092 01 MANAGED CARE ADMINISTRATION				2			
093 02 PHYSICIAN SUPPORT SERVICE				87			
094 03 HOME MEDICAL EQUIPMENT							
095 04 HOME PHARMACY					6,826		
096 05 HOSPICE							

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)				221,545			
026 INPAT ROUTINE SRVC CNTRS					62,689,521		62,689,521
033 ADULTS & PEDIATRICS					10,607,836		10,607,836
037 NURSERY					4,232,471		4,232,471
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM					22,795,746		22,795,746
040 RECOVERY ROOM					3,466,720		3,466,720
041 DELIVERY ROOM & LABOR ROO					2,809,759		2,809,759
042 ANESTHESIOLOGY					1,782,074		1,782,074
043 RADIOLOGY-DIAGNOSTIC					8,669,352		8,669,352
043 01 NUCLEAR MEDICINE					4,157,926		4,157,926
043 02 ULTRASOUND					2,740,997		2,740,997
043 03 MRI					1,325,395		1,325,395
043 04 CT SCAN					2,653,079		2,653,079
043 05 RADIOLOGY SPECIAL PROCEDU					1,931,557		1,931,557
044 LABORATORY					8,913,283		8,913,283
044 01 REFERENCE LAB							
046 30 BLOOD CLOTTING FACTORS AD						857,267	857,267
047 BLOOD STORING, PROCESSING						4,853,377	4,853,377
049 RESPIRATORY THERAPY						1,074,407	1,074,407
049 01 STRESS TEST						7,647,003	7,647,003
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					1,079,916		1,079,916
053 01 ECHOCARDIOGRAM					789,604		789,604
053 03 CARDIOLOGY					862,108		862,108
053 04 CARDIAC CATH LAB					6,916,244		6,916,244
054 ELECTROENCEPHALOGRAPHY					1,208,205		1,208,205
055 MEDICAL SUPPLIES CHARGED					49,426,621		49,426,621
056 DRUGS CHARGED TO PATIENTS					15,768,802		15,768,802
057 RENAL DIALYSIS					1,424,589		1,424,589
058 02 OUTPATIENT SURGERY					39,967		39,967
059 ELECTROMYOGRAPHY					22,411		22,411
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC					1,589,793		1,589,793
060 03 ADDICTION RECOVERY CLINIC							
061 LITHOTRIpsy							
061 EMERGENCY				221,545	18,865,775		18,865,775
061 20 ACUTE CARE CENTER					9,056,874		9,056,874
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
093 HOSPICE							
095 SUBTOTALS				221,545	260,258,679		260,258,679
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP					992,088		992,088
100 FUNDRAISING							
100 01 MANAGED CARE ADMINSTRATI					378,052		378,052
100 02 PHYSICIAN SUPPORT SERVICE					70,809		70,809
100 03 HOME MEDICAL EQUIPMENT							
100 04 HOME PHARMACY					26,030		26,030
100 05 HOSPICE							

COST ALLOCATION - GENERAL SERVICE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/26/2010
 | 14-0202 | FROM 12/ 1/2008 | WORKSHEET B
 | | TO 12/31/2009 | PART I

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
NONREIMBURS COST CENTERS							
100 06 NE IL MRI							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL				221,545	261,725,658		261,725,658

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		558	13			571	571
007 ADMINISTRATIVE & GENERAL		22,972	3,966			26,938	84
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT		20,097	141			20,238	13
010 LAUNDRY & LINEN SERVICE		338	2			340	
011 HOUSEKEEPING		2,517	29			2,546	11
012 DIETARY		2,036	85			2,121	5
013 CAFETERIA		2,782				2,782	5
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		1,246	76			1,322	12
016 CENTRAL SERVICES & SUPPLY		1,876	493			2,369	6
017 PHARMACY		1,099	27			1,126	19
018 MEDICAL RECORDS & LIBRARY		808	16			824	14
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)		162	7			169	1
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		27,269	687			27,956	126
033 INTENSIVE CARE UNIT		3,144	211			3,355	27
037 NURSERY		200	30			230	10
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		7,734	322			8,056	44
040 RECOVERY ROOM		466	154			620	9
041 DELIVERY ROOM & LABOR ROO							8
043 ANESTHESIOLOGY		31	195			226	
043 01 RADIOLOGY-DIAGNOSTIC		3,324	887			4,211	19
043 02 NUCLEAR MEDICINE		233	807			1,040	7
043 03 ULTRASOUND		91	120			211	8
043 04 MRI		914	42			956	3
043 05 CT SCAN		1,637	23			1,660	6
044 01 RADIOLOGY SPECIAL PROCEDU							3
044 30 LABORATORY		1,940	45			1,985	13
046 01 REFERENCE LAB							
047 30 BLOOD CLOTTING FACTORS AD							
049 BLOOD STORING, PROCESSING		347	14			361	2
049 01 RESPIRATORY THERAPY		954	105			1,059	14
050 STRESS TEST		203	10			213	2
051 PHYSICAL THERAPY		1,188	30			1,218	21
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
053 01 ELECTROCARDIOLOGY		1,470	4			1,474	2
053 03 ECHOCARDIOGRAM		31	24			55	2
053 04 RADIOLOGY		277	23			300	2
054 01 CARDIAC CATH LAB		5,749	810			6,559	7
054 30 ELECTROENCEPHALOGRAPHY		597	36			633	3
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		838				838	
058 02 OUTPATIENT SURGERY		32				32	
059 ELECTROMYOGRAPHY		33	1			34	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC		976	15			991	4
060 03 ADDICTION RECOVERY CLINIC							
061 LITHOTRIpsy							
061 20 EMERGENCY		9,365	508			9,873	35
062 ACUTE CARE CENTER			77			77	22
063 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
093 HOSPICE							
095 SUBTOTALS		125,534	10,035			135,569	569
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		580	9			589	2
100 FUNDRAISING							
100 01 MANAGED CARE ADMINISTRATION		524	12			536	
100 02 PHYSICIAN SUPPORT SERVICE		28	8			36	
100 03 HOME MEDICAL EQUIPMENT							
100 04 HOME PHARMACY							
100 05 HOSPICE							

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0202 PERIOD: FROM 12/1/2008 TO 12/31/2009 PREPARED 5/26/2010 WORKSHEET B PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
NONREIMBURS COST CENTERS							
100 06 NE IL MRI							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		126,666	10,064			136,730	571

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	27,022						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,688		21,939				
010 LAUNDRY & LINEN SERVICE	149		89	578			
011 HOUSEKEEPING	481		665		3,703		
012 DIETARY	321		538			2,985	
013 CAFETERIA	223		735				3,745
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	402		329		55		83
016 CENTRAL SERVICES & SUPPLY	254		496				85
017 PHARMACY	578		290		83		128
018 MEDICAL RECORDS & LIBRARY	407		213		36		156
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)	20		43				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	4,824		7,205	334	899	2,739	1,061
033 INTENSIVE CARE UNIT	864		831	35	138	246	178
ANCILLARY SRVC COST CNTRS	339		53	1	310		291
037 OPERATING ROOM	1,796		2,043	28	147		337
038 RECOVERY ROOM	306		123	11			73
039 DELIVERY ROOM & LABOR ROO	290						
040 ANESTHESIOLOGY	62		8				
041 RADIOLOGY-DIAGNOSTIC	724		878	11	396		137
043 01 NUCLEAR MEDICINE	366		62	3	237		40
043 02 ULTRASOUND	263		24	2	24		40
043 03 MRI	99		241	1	45		2
043 04 CT SCAN	195		433	2	25		45
043 05 RADIOLOGY SPECIAL PROCEDU	141			2			27
044 LABORATORY	773		512		113		210
044 01 REFERENCE LAB							
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING	53		92		15		
049 RESPIRATORY THERAPY	429		252		43		108
049 01 STRESS TEST	77		54	1	134		17
050 PHYSICAL THERAPY	728		314	42	116		15
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	67		388		57		38
053 01 ECHOCARDIOGRAM	73		8	1			16
053 03 CARDIOLOGY	80		73				7
053 04 CARDIAC CATH LAB	492		1,519	7	84		57
054 ELECTROENCEPHALOGRAPHY	108		158	1	11		22
055 MEDICAL SUPPLIES CHARGED	5,114						
056 DRUGS CHARGED TO PATIENTS	1,627						
057 RENAL DIALYSIS	123		222		23		
058 02 OUTPATIENT SURGERY	3		8				
059 ELECTROMYOGRAPHY	1		9		6		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	117		258				25
060 01 ADDICTION RECOVERY CLINIC							
060 03 LITHOTRIPSY							
061 EMERGENCY	1,383		2,474	96	706		271
061 20 ACUTE CARE CENTER	860						206
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
093 HOSPICE							
095 SUBTOTALS	26,900		21,640	578	3,703	2,985	3,675
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	89		153				16
100 FUNDRAISING							
100 01 MANAGED CARE ADMINSTRATI	28		138				
100 02 PHYSICIAN SUPPORT SERVICE	4		8				35
100 03 HOME MEDICAL EQUIPMENT							
100 04 HOME PHARMACY	1						19
100 05 HOSPICE							

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0202 PERIOD: FROM 12/1/2008 TO 12/31/2009 PREPARED 5/26/2010 WORKSHEET B PART II

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
100	NONREIMBURS COST CENTERS							
06	NEIL MRI							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	27,022		21,939	578	3,703	2,985	3,745

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENERAL								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA								
013 MAINTENANCE OF PERSONNEL								
014 NURSING ADMINISTRATION		2,203						
015 CENTRAL SERVICES & SUPPLY			3,210					
016 PHARMACY		1	7	2,232				
017 MEDICAL RECORDS & LIBRARY					1,650			
018 SOCIAL SERVICE								
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI								
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM-(SPECIFY)								
025 ADULTS & PEDIATRICS		1,217	204	496	222			
026 INTENSIVE CARE UNIT		205	36	143	39			
033 NURSERY		85	5	12	26			
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM		266	1,682	266	229			
038 RECOVERY ROOM		69	7	42	29			
039 DELIVERY ROOM & LABOR ROO								
040 ANESTHESIOLOGY			52	396	23			
041 RADIOLOGY-DIAGNOSTIC		19	85	19	59			
043 01 NUCLEAR MEDICINE			52	17	40			
043 02 ULTRASOUND			9	15	22			
043 03 MRI			8	7	36			
043 04 CT SCAN			35	19	111			
043 05 RADIOLOGY SPECIAL PROCEDU			5		205			
044 LABORATORY			203	2	211			
044 01 REFERENCE LAB								
046 30 BLOOD CLOTTING FACTORS AD								
047 BLOOD STORING, PROCESSING			160	27	16			
049 RESPIRATORY THERAPY			36	50	78			
049 01 STRESS TEST		14	3	15	5			
050 PHYSICAL THERAPY			3	3	25			
051 OCCUPATIONAL THERAPY								
052 SPEECH PATHOLOGY								
053 ELECTROCARDIOLOGY			1		13			
053 01 ECHOCARDIOGRAM					24			
053 03 CARDIOLOGY		8	1		2			
053 04 CARDIAC CATH LAB		32	523	29	86			
054 ELECTROENCEPHALOGRAPHY			1		5			
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS								
057 RENAL DIALYSIS			1	6	5			
058 02 OUTPATIENT SURGERY		1		2				
059 ELECTROMYOGRAPHY					1			
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC		30	5	61	7			
060 01 ADDICTION RECOVERY CLINIC								
060 03 LITHOTRIPSY								
061 EMERGENCY		256	57	428	100			
061 20 ACUTE CARE CENTER			29	177	28			
062 OBSERVATION BEDS (NON-DIS								
063 50 RHC								
063 60 FOHC								
069 OTHER REIMBURS COST CNTRS								
069 10 CMHC								
069 20 OUTPATIENT PHYSICAL THERA								
069 30 OUTPATIENT OCCUPATIONAL T								
069 40 OUTPATIENT SPEECH PATHOLO								
071 HOME HEALTH AGENCY								
085 SPEC PURPOSE COST CENTERS								
085 01 PANCREAS ACQUISITION								
085 02 INTESITINAL ACQUISITION								
093 HOSPICE								
095 SUBTOTALS		2,203	3,210	2,232	1,647			
096 NONREIMBURS COST CENTERS								
100 GIFT, FLOWER, COFFEE SHOP								
100 FUNDRAISING								
100 01 MANAGED CARE ADMINISTRATION								
100 02 PHYSICIAN SUPPORT SERVICE								
100 03 HOME MEDICAL EQUIPMENT								
100 04 HOME PHARMACY								
100 05 HOSPICE								

ALLOCATION OF OLD CAPITAL RELATED COSTS	PROVIDER NO:	PERIOD:	PREPARED
	14-0202	FROM 12/ 1/2008	5/26/2010
		TO 12/31/2009	WORKSHEET B
			PART II

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
NONREIMBURS COST CENTERS								
100 06 NEIL MRI								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL		2,203	3,210	2,232	1,650			

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)				233			
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS					47,283		47,283
037 INTENSIVE CARE UNIT					6,097		6,097
038 NURSERY					1,362		1,362
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM					14,894		14,894
041 RECOVERY ROOM					1,289		1,289
042 DELIVERY ROOM & LABOR ROO					298		298
043 ANESTHESIOLOGY					767		767
044 RADIOLOGY-DIAGNOSTIC					6,558		6,558
043 01 NUCLEAR MEDICINE					1,864		1,864
043 02 ULTRASOUND					618		618
043 03 MRI					1,398		1,398
043 04 CT SCAN					2,531		2,531
043 05 RADIOLOGY SPECIAL PROCEDU					383		383
044 LABORATORY					4,022		4,022
044 01 REFERENCE LAB							
046 30 BLOOD CLOTTING FACTORS AD					726		726
047 BLOOD STORING, PROCESSING					2,069		2,069
049 RESPIRATORY THERAPY					535		535
049 01 STRESS TEST					2,485		2,485
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					2,040		2,040
053 01 ECHOCARDIOGRAM					179		179
053 03 CARDIOLOGY					473		473
053 04 CARDIAC CATH LAB					9,395		9,395
054 ELECTROENCEPHALOGRAPHY					942		942
055 MEDICAL SUPPLIES CHARGED					5,114		5,114
056 DRUGS CHARGED TO PATIENTS					1,627		1,627
057 RENAL DIALYSIS					1,218		1,218
058 02 OUTPATIENT SURGERY					46		46
059 ELECTROMYOGRAPHY					51		51
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC					1,498		1,498
060 03 ADDICTION RECOVERY CLINIC							
061 LITHOTRIpsy							
061 EMERGENCY					15,679		15,679
062 ACUTE CARE CENTER					1,399		1,399
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
093 HOSPICE							
095 SUBTOTALS					134,840		134,840
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP					849		849
100 FUNDRAISING							
100 01 MANAGED CARE ADMINSTRATI					702		702
100 02 PHYSICIAN SUPPORT SERVICE					83		83
100 03 HOME MEDICAL EQUIPMENT							
100 04 HOME PHARMACY					23		23
100 05 HOSPICE							

ALLOCATION OF OLD CAPITAL RELATED COSTS		PROVIDER NO:		PERIOD:		PREPARED 5/26/2010
		14-0202		FROM 12/ 1/2008		WORKSHEET B
				TO 12/31/2009		PART II

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
NONREIMBURS COST CENTERS							
100 06 NE IL MRI							
101 CROSS FOOT ADJUSTMENTS				233	233		233
102 NEGATIVE COST CENTER							
103 TOTAL				233	136,730		136,730

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSIGNED	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				37,150	15,895	53,045	53,045
007 ADMINISTRATIVE & GENERAL				1,528,309	4,891,544	6,419,853	7,500
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				1,337,067	174,372	1,511,439	1,173
010 LAUNDRY & LINEN SERVICE				22,471	2,170	24,641	37
011 HOUSEKEEPING				167,423	35,333	202,756	983
012 DIETARY				135,456	104,881	240,337	407
013 CAFETERIA				185,086		185,086	405
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				82,910	93,783	176,693	1,061
016 CENTRAL SERVICES & SUPPLY				124,783	608,995	733,778	524
017 PHARMACY				73,107	33,043	106,150	1,717
018 MEDICAL RECORDS & LIBRARY				53,756	20,358	74,114	1,236
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMEDICAL PRGM-(SPECIFY)				10,792	9,095	19,887	85
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS				1,814,178	848,321	2,662,499	13,194
037 INTENSIVE CARE UNIT				209,143	260,550	469,693	2,428
038 NURSERY				13,332	37,382	50,714	912
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM				514,511	397,358	911,869	3,923
041 RECOVERY ROOM				30,995	190,333	221,328	845
042 DELIVERY ROOM & LABOR ROO							738
043 ANESTHESIOLOGY				2,046	240,626	242,672	
044 RADIOLOGY-DIAGNOSTIC				221,145	1,094,978	1,316,123	1,656
045 01 NUCLEAR MEDICINE				15,532	996,401	1,011,933	613
046 02 ULTRASOUND				6,052	148,465	154,517	751
047 03 MRI				60,780	51,387	112,167	259
048 04 CT SCAN				108,927	28,380	137,307	538
049 05 RADIOLOGY SPECIAL PROCEDU							312
050 LABORATORY				129,045	55,953	184,998	1,171
051 01 REFERENCE LAB							
052 30 BLOOD CLOTTING FACTORS AD							
053 BLOOD STORING, PROCESSING				23,119	16,768	39,887	138
054 RESPIRATORY THERAPY				63,440	130,098	193,538	1,227
055 01 STRESS TEST				13,537	11,831	25,368	223
056 PHYSICAL THERAPY				79,057	36,648	115,705	1,877
057 OCCUPATIONAL THERAPY							
058 SPEECH PATHOLOGY							
059 ELECTROCARDIOLOGY				97,828	4,391	102,219	198
060 01 ECHOCARDIOGRAM				2,046	29,419	31,465	210
061 03 CARDIOLOGY				18,413	28,538	46,951	152
062 04 CARDIAC CATH LAB				382,482	1,000,010	1,382,492	594
063 ELECTROENCEPHALOGRAPHY				39,725	44,818	84,543	256
064 MEDICAL SUPPLIES CHARGED							
065 DRUGS CHARGED TO PATIENTS							
066 RENAL DIALYSIS				55,785		55,785	
067 02 OUTPATIENT SURGERY				2,097	183	2,280	8
068 ELECTROMYOGRAPHY				2,216	1,755	3,971	
069 OUTPAT SERVICE COST CNTRS							
070 CLINIC				64,906	17,917	82,823	317
071 01 ADDICTION RECOVERY CLINIC							
072 03 LITHOTRIPSY							
073 EMERGENCY				623,081	626,669	1,249,750	3,129
074 20 ACUTE CARE CENTER					95,645	95,645	2,012
075 OBSERVATION BEDS (NON-DIS							
076 50 RHC							
077 60 FOHC							
078 OTHER REIMBURS COST CNTRS							
079 10 CMHC							
080 20 OUTPATIENT PHYSICAL THERA							
081 30 OUTPATIENT OCCUPATIONAL T							
082 40 OUTPATIENT SPEECH PATHOLO							
083 HOME HEALTH AGENCY							
084 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
086 02 INTESITINAL ACQUISITION							
087 HOSPICE							
088 SUBTOTALS				8,351,728	12,384,293	20,736,021	52,809
089 NONREIMBURS COST CENTERS							
090 GIFT, FLOWER, COFFEE SHOP				38,565	11,622	50,187	182
091 FUNDRAISING							
092 01 MANAGED CARE ADMINISTRATION				34,866	14,615	49,481	10
093 02 PHYSICIAN SUPPORT SERVICE				1,892	9,697	11,589	44
094 03 HOME MEDICAL EQUIPMENT							
095 04 HOME PHARMACY							
096 05 HOSPICE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0202 PERIOD: FROM 12/1/2008 TO 12/31/2009 PREPARED 5/26/2010 WORKSHEET B PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
NONREIMBURS COST CENTERS							
100 06 NE IL MRI							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				8,427,051	12,420,227	20,847,278	53,045

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	E & GENERAL	REPAIRS	PLANT				
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	6,427,353						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	401,722		1,914,334				
010 LAUNDRY & LINEN SERVICE	35,406		7,787	67,871			
011 HOUSEKEEPING	114,542		58,015		376,296		
012 DIETARY	76,460		46,938			364,142	
013 CAFETERIA	52,975		64,135				302,601
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	95,627		28,730		5,624		6,717
016 CENTRAL SERVICES & SUPPLY	60,434		43,239	54			6,859
017 PHARMACY	137,465		25,333		8,473		10,316
018 MEDICAL RECORDS & LIBRARY	96,753		18,627		3,693		12,640
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)	4,656		3,740				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,147,935		628,641	38,976	91,205	334,154	85,730
033 INTENSIVE CARE UNIT	205,512		72,471	4,120	14,051	29,988	14,397
ANCILLARY SRVC COST CNTRS	80,571		4,620	77	31,536		23,552
037 OPERATING ROOM	427,517		178,286	3,323	14,936		27,208
038 RECOVERY ROOM	72,776		10,740	1,308			5,895
039 DELIVERY ROOM & LABOR ROO	69,000						
040 ANESTHESIOLOGY	14,728		709				
041 RADIOLOGY-DIAGNOSTIC	172,334		76,630	1,284	40,238		11,053
043 01 NUCLEAR MEDICINE	87,172		5,382	330	24,098		3,203
043 02 ULTRASOUND	62,599		2,097	283	2,428		3,203
043 03 MRI	23,623		21,061	98	4,539		142
043 04 CT SCAN	46,397		37,745	275	2,545		3,656
043 05 RADIOLOGY SPECIAL PROCEDU	33,661			280			2,182
044 LABORATORY	183,877		44,716		11,518		16,948
044 01 REFERENCE LAB							
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING	12,569		8,011		1,498		
049 RESPIRATORY THERAPY	102,135		21,983	58	4,325		8,729
049 01 STRESS TEST	18,387		4,691	138	13,607		1,389
050 PHYSICAL THERAPY	173,292		27,395	4,881	11,782		1,219
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	15,906		33,899		5,797		3,033
053 01 ECHOCARDIOGRAM	17,333		709	138			1,304
053 03 CARDIOLOGY	19,147		6,380				595
053 04 CARDIAC CATH LAB	117,139		132,536	817	8,575		4,620
054 ELECTROENCEPHALOGRAPHY	25,586		13,765	134	1,144		1,786
055 MEDICAL SUPPLIES CHARGED	1,213,877						
056 DRUGS CHARGED TO PATIENTS	387,238						
057 RENAL DIALYSIS	29,360		19,330		2,364		
058 02 OUTPATIENT SURGERY	690		727				
059 ELECTROMYOGRAPHY	127		768		565		
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	27,877		22,491				2,041
060 03 ADDICTION RECOVERY CLINIC							
061 LITHOTRIPSY							
061 EMERGENCY	329,221		215,907	11,297	71,755		21,908
061 20 ACUTE CARE CENTER	204,587						16,636
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESITINAL ACQUISITION							
093 HOSPICE							
095 SUBTOTALS	6,398,213		1,888,234	67,871	376,296	364,142	296,961
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	21,272		13,363				1,304
100 FUNDRAISING							
100 01 MANAGED CARE ADMINSTRATI	6,749		12,081				
100 02 PHYSICIAN SUPPORT SERVICE	983		656				2,806
100 03 HOME MEDICAL EQUIPMENT							
100 04 HOME PHARMACY	136						1,530
100 05 HOSPICE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0202 PERIOD: FROM 12/1/2008 TO 12/31/2009 PREPARED 5/26/2010 WORKSHEET B PART III

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
100	NONREIMBURS COST CENTERS							
06	NEIL MRI							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	6,427,353		1,914,334	67,871	376,296	364,142	302,601

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION		314,452						
016 CENTRAL SERVICES & SUPPLY		1	844,889					
017 PHARMACY		112	1,788	291,354				
018 MEDICAL RECORDS & LIBRARY					207,063			
020 SOCIAL SERVICE								
021 NONPHYSICIAN ANESTHETISTS								
022 NURSING SCHOOL								
023 I&R SERVICES-SALARY & FRI								
024 I&R SERVICES-OTHER PRGM C								
025 PARAMED ED PRGM-(SPECIFY)								
026 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS		173,681	53,750	64,917	27,881			
026 INTENSIVE CARE UNIT		29,265	9,572	18,655	4,885			
033 NURSERY		12,060	1,424	1,569	3,204			
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM		37,957	441,940	34,688	28,850			
039 RECOVERY ROOM		9,886	1,815	5,504	3,646			
040 DELIVERY ROOM & LABOR ROO								
041 ANESTHESIOLOGY			13,781	51,682	2,885			
043 01 RADIOLOGY-DIAGNOSTIC		2,704	22,369	2,527	7,388			
043 02 NUCLEAR MEDICINE			13,626	2,191	5,040			
043 03 ULTRASOUND			2,348	1,947	2,790			
043 04 MRI			2,112	862	4,502			
043 05 CT SCAN			9,233	2,427	13,875			
044 06 RADIOLOGY SPECIAL PROCEDU			1,419	32	25,724			
044 07 LABORATORY			53,519	257	26,496			
046 08 REFERENCE LAB								
047 09 BLOOD CLOTTING FACTORS AD								
049 10 BLOOD STORING, PROCESSING			42,199	3,465	1,955			
049 11 RESPIRATORY THERAPY			9,501	6,499	9,752			
050 12 STRESS TEST		2,062	732	1,967	595			
051 13 PHYSICAL THERAPY			760	411	3,118			
052 14 OCCUPATIONAL THERAPY								
053 15 SPEECH PATHOLOGY								
053 16 ELECTROCARDIOLOGY		2	387		1,680			
053 17 ECHOCARDIOGRAM			41		3,054			
053 18 RADIOLOGY		1,211	311		245			
054 19 RADIOLOGY		4,597	137,718	3,840	10,834			
055 20 ELECTROENCEPHALOGRAPHY			353		623			
056 21 MEDICAL SUPPLIES CHARGED								
057 22 DRUGS CHARGED TO PATIENTS								
058 23 RENAL DIALYSIS			218	844	642			
059 24 OUTPATIENT SURGERY		80		198	22			
060 25 ELECTROMYOGRAPHY			1		142			
060 26 OUTPAT SERVICE COST CNTRS								
060 27 CLINIC		4,263	1,364	7,904	871			
060 28 ADDICTION RECOVERY CLINIC								
061 29 LITHOTRIPSY								
061 30 EMERGENCY		36,571	14,882	55,841	12,531			
062 31 ACUTE CARE CENTER			7,700	23,127	3,501			
063 32 OBSERVATION BEDS (NON-DIS								
063 33 RHC								
063 34 FOHC								
069 35 OTHER REIMBURS COST CNTRS								
069 36 CMHC								
069 37 OUTPATIENT PHYSICAL THERA								
069 38 OUTPATIENT OCCUPATIONAL T								
069 39 OUTPATIENT SPEECH PATHOLO								
071 40 HOME HEALTH AGENCY								
085 41 SPEC PURPOSE COST CENTERS								
085 42 PANCREAS ACQUISITION								
093 43 INTESITINAL ACQUISITION								
093 44 HOSPICE								
095 45 SUBTOTALS		314,452	844,863	291,354	206,731			
096 46 NONREIMBURS COST CENTERS								
100 47 GIFT, FLOWER, COFFEE SHOP				1				
100 48 FUNDRAISING								
100 49 MANAGED CARE ADMINSTRATI				25				
100 50 PHYSICIAN SUPPORT SERVICE								
100 51 HOME MEDICAL EQUIPMENT								
100 52 HOME PHARMACY								
100 53 HOSPICE					332			

ALLOCATION OF NEW CAPITAL RELATED COSTS

	PROVIDER NO:		PERIOD:		PREPARED
	14-0202		FROM 12/ 1/2008		5/26/2010
			TO 12/31/2009		WORKSHEET B
					PART III

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
NONREIMBURS COST CENTERS								
100 06 NE IL MRI								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL		314,452	844,889	291,354	207,063			

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C					28,368		
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS					5,322,563		5,322,563
037 INTENSIVE CARE UNIT					875,037		875,037
038 NURSERY					210,239		210,239
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM					2,110,497		2,110,497
041 RECOVERY ROOM					333,743		333,743
042 DELIVERY ROOM & LABOR ROO					69,738		69,738
043 ANESTHESIOLOGY					326,457		326,457
044 RADIOLOGY-DIAGNOSTIC					1,654,306		1,654,306
043 01 NUCLEAR MEDICINE					1,153,588		1,153,588
043 02 ULTRASOUND					232,963		232,963
043 03 MRI					169,365		169,365
043 04 CT SCAN					253,998		253,998
044 05 RADIOLOGY SPECIAL PROCEDU					63,610		63,610
044 LABORATORY					523,500		523,500
046 01 REFERENCE LAB							
047 30 BLOOD CLOTTING FACTORS AD							
049 BLOOD STORING, PROCESSING					109,722		109,722
049 01 RESPIRATORY THERAPY					357,747		357,747
050 STRESS TEST					69,159		69,159
051 PHYSICAL THERAPY					340,440		340,440
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					163,121		163,121
053 01 ECHOCARDIOGRAM					54,254		54,254
053 03 CARDIOLOGY					74,992		74,992
054 04 CARDIAC CATH LAB					1,803,762		1,803,762
055 ELECTROENCEPHALOGRAPHY					128,190		128,190
056 MEDICAL SUPPLIES CHARGED					1,213,877		1,213,877
057 DRUGS CHARGED TO PATIENTS					387,238		387,238
058 RENAL DIALYSIS					108,543		108,543
059 02 OUTPATIENT SURGERY					4,005		4,005
060 ELECTROMYOGRAPHY					5,574		5,574
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC					149,951		149,951
060 03 ADDICTION RECOVERY CLINIC							
061 LITHOTRIPSY							
061 EMERGENCY					2,022,792		2,022,792
062 20 ACUTE CARE CENTER					353,208		353,208
063 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
093 HOSPICE							
095 SUBTOTALS					20,646,179		20,646,179
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP					86,309		86,309
100 FUNDRAISING							
100 01 MANAGED CARE ADMINSTRATI					68,321		68,321
100 02 PHYSICIAN SUPPORT SERVICE					16,103		16,103
100 03 HOME MEDICAL EQUIPMENT							
100 04 HOME PHARMACY					1,998		1,998
100 05 HOSPICE							

ALLOCATION OF NEW CAPITAL RELATED COSTS		PROVIDER NO:		PERIOD:		PREPARED 5/26/2010
		14-0202		FROM 12/ 1/2008		WORKSHEET B
				TO 12/31/2009		PART III

COST CENTER DESCRIPTION		NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		21	22	23	24	25	26	27
100	06 NONREIMBURS COST CENTERS							
	NE IL MRI							
101	CROSS FOOT ADJUSTMENTS				28,368	28,368		28,368
102	NEGATIVE COST CENTER							
103	TOTAL				28,368	20,847,278		20,847,278

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 5/26/2010

14-0202

FROM 12/1/2008

WORKSHEET B-1

TO 12/31/2009

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	494,278					
002 OLD CAP REL COSTS-MVB		7,481,058				
003 NEW CAP REL COSTS-BLD			494,278			
004 NEW CAP REL COSTS-MVB				7,481,058		
005 EMPLOYEE BENEFITS	2,179	9,574	2,179	9,574	98,774,351	
006 ADMINSTRATIVE & GENE	89,641	2,946,316	89,641	2,946,316	13,966,477	-53,979,312
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	78,424	105,029	78,424	105,029	2,183,552	
009 LAUNDRY & LINEN SERVI	1,318	1,307	1,318	1,307	68,302	
010 HOUSEKEEPING	9,820	21,282	9,820	21,282	1,829,768	
011 DIETARY	7,945	63,173	7,945	63,173	758,304	
012 CAFETERIA	10,856		10,856		754,053	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINSTRATIO	4,863	56,488	4,863	56,488	1,976,713	
015 CENTRAL SERVICES & SU	7,319	366,815	7,319	366,815	976,271	
016 PHARMACY	4,288	19,903	4,288	19,903	3,197,524	
017 MEDICAL RECORDS & LIB	3,153	12,262	3,153	12,262	2,301,896	
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC	633	5,478	633	5,478	158,657	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	106,408	510,968	106,408	510,968	24,562,918	
026 INTENSIVE CARE UNIT	12,267	156,937	12,267	156,937	4,521,620	
033 NURSERY	782	22,516	782	22,516	1,698,507	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	30,178	239,340	30,178	239,340	7,305,878	
038 RECOVERY ROOM	1,818	114,643	1,818	114,643	1,573,290	
039 DELIVERY ROOM & LABOR					1,374,029	
040 ANESTHESIOLOGY	120	144,936	120	144,936		
041 RADIOLOGY-DIAGNOSTIC	12,971	659,537	12,971	659,537	3,084,098	
043 01 NUCLEAR MEDICINE	911	600,161	911	600,161	1,140,808	
043 02 ULTRASOUND	355	89,425	355	89,425	1,398,759	
043 03 MRI	3,565	30,952	3,565	30,952	482,703	
043 04 CT SCAN	6,389	17,094	6,389	17,094	1,002,666	
043 05 RADIOLOGY SPECIAL PRO					580,670	
044 LABORATORY	7,569	33,702	7,569	33,702	2,181,327	
044 01 REFERENCE LAB						
046 30 BLOOD CLOTTING FACTOR						
047 BLOOD STORING, PROCES	1,356	10,100	1,356	10,100	256,377	
049 RESPIRATORY THERAPY	3,721	78,362	3,721	78,362	2,285,280	
049 01 STRESS TEST	794	7,126	794	7,126	414,596	
050 PHYSICAL THERAPY	4,637	22,074	4,637	22,074	3,494,943	
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	5,738	2,645	5,738	2,645	368,955	
053 01 ECHOCARDIOGRAM	120	17,720	120	17,720	390,542	
053 03 CARDIOLOGY	1,080	17,189	1,080	17,189	283,225	
053 04 CARDIAC CATH LAB	22,434	602,335	22,434	602,335	1,106,121	
054 ELECTROENCEPHALOGRAPH	2,330	26,995	2,330	26,995	476,651	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	3,272		3,272			
058 02 OUTPATIENT SURGERY	123	110	123	110	14,805	
059 ELECTROMYOGRAPHY	130	1,057	130	1,057		
OUTPAT SERVICE COST C						
060 CLINIC	3,807	10,792	3,807	10,792	590,544	
060 01 ADDICTION RECOVERY CL						
060 03 LI THOTRIPSY						
061 EMERGENCY	36,546	377,461	36,546	377,461	5,826,164	
061 20 ACUTE CARE CENTER		57,610		57,610	3,746,593	
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTESTINAL ACQUISITIO						
093 HOSPICE						
095 SUBTOTALS	489,860	7,459,414	489,860	7,459,414	98,333,586	-53,979,312
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	2,262	7,000	2,262	7,000	339,574	
100 FUNDRAISING						
100 01 MANAGED CARE ADMINIST	2,045	8,803	2,045	8,803	18,971	

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCI L- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR VALUE	(SQUARE FEET	(DOLLAR VALUE	(GROSS SALARIES	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT						
100 02 PHYSICIAN SUPPORT SER	111	5,841	111	5,841	82,220	
100 03 HOME MEDICAL EQUIPMEN						
100 04 HOME PHARMACY						
100 05 HOSPI CE						
100 06 NE IL MRI						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	126,666	10,064	8,427,051	12,420,227	24,209,606	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.256265		17.049213		.245100	
(WRKSHT B, PT I)		.001345		1.660223		
105 COST TO BE ALLOCATED					571	
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.000006	
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					53,045	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000537	
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF E & GENERAL REPAIRS PLANT			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)
	6	7	8	9	10	11	12
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	207,746,346	402,458					
007 OPERATION OF PLANT	12,984,742	78,424	324,034				
009 LAUNDRY & LINEN SERVICE	1,144,410	1,318	1,318	1,761,298			
010 HOUSEKEEPING	3,702,293	9,820	9,820		99,970		
011 DIETARY	2,471,392	7,945	7,945			259,838	
012 CAFETERIA	1,712,305	10,856	10,856				10,677
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATIVE	3,090,911	4,863	4,863		1,494		237
015 CENTRAL SERVICES & SUPPLIES	1,953,400	7,319	7,319	1,396			242
016 PHARMACY	4,443,234	4,288	4,288		2,251		364
017 MEDICAL RECORDS & LIBRARY	3,127,306	3,153	3,153		981		446
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPECIAL INPATIENT ROUTINE SERVICE CENTER)	150,487	633	633				
025 ADULTS & PEDIATRICS	37,104,368	106,408	106,408	1,011,433	24,231	238,440	3,025
026 INTENSIVE CARE UNIT	6,642,701	12,267	12,267	106,916	3,733	21,398	508
033 NURSERY	2,604,284	782	782	2,000	8,378		831
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM	13,818,505	30,178	30,178	86,238	3,968		960
039 RECOVERY ROOM	2,352,322	1,818	1,818	33,933			208
040 DELIVERY ROOM & LABOR	2,230,263						
041 ANESTHESIOLOGY	476,044	120	120				
041 RADIOLOGY-DIAGNOSTIC	5,570,289	12,971	12,971	33,318	10,690		390
043 01 NUCLEAR MEDICINE	2,817,641	911	911	8,562	6,402		113
043 02 ULTRASOUND	2,023,361	355	355	7,341	645		113
043 03 MRI	763,570	3,565	3,565	2,539	1,206		5
043 04 CT SCAN	1,499,676	6,389	6,389	7,148	676		129
043 05 RADIOLOGY SPECIAL PROCEDURES LABORATORY	1,088,029			7,275			77
044 01 REFERENCE LAB	5,943,390	7,569	7,569		3,060		598
046 30 BLOOD CLOTTING FACTOR							
047 BLOOD STORING, PROCESSING	406,249	1,356	1,356		398		
049 RESPIRATORY THERAPY	3,301,287	3,721	3,721	1,516	1,149		308
049 01 STRESS TEST	594,328	794	794	3,581	3,615		49
050 PHYSICAL THERAPY	5,601,276	4,637	4,637	126,673	3,130		43
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	514,120	5,738	5,738		1,540		107
053 01 ECHOCARDIOGRAM	560,240	120	120	3,581			46
053 03 RADIOLOGY	618,881	1,080	1,080				21
053 04 CARDIAC CATH LAB	3,786,252	22,434	22,434	21,209	2,278		163
054 ELECTROENCEPHALOGRAPHY	827,022	2,330	2,330	3,486	304		63
055 MEDICAL SUPPLIES CHARGED TO PATIENT	39,232,712						
056 DRUGS CHARGED TO PATIENT	12,516,581						
057 RENAL DIALYSIS	948,982	3,272	3,272		628		
058 02 OUTPATIENT SURGERY	22,317	123	123				
059 ELECTROMYOGRAPHY	4,116	130	130		150		
060 OUTPATIENT SERVICE COST CENTER CLINIC	901,048	3,807	3,807				72
060 01 ADDICTION RECOVERY CLINIC							
060 03 LIOTHOTRIPTYLINE							
061 EMERGENCY	10,641,331	36,546	36,546	293,153	19,063		773
061 20 ACUTE CARE CENTER	6,612,809						587
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURSABLE COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATIONAL THERAPY							
069 40 OUTPATIENT SPEECH THERAPY							
071 HOME HEALTH AGENCY							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
093 HOSPICE							
095 SUBTOTALS	206,804,474	398,040	319,616	1,761,298	99,970	259,838	10,478
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE	687,580	2,262	2,262				46
100 FUNDRAISING							
100 01 MANAGED CARE ADMINISTRATIVE	218,132	2,045	2,045				

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B-1

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)
		6	7	8	9	10	11	12
100	02 NONREIMBURS COST CENT							
100	03 PHYSICIAN SUPPORT SER	31,777	111	111				99
100	04 HOME MEDICAL EQUIPMEN							
100	05 HOME PHARMACY	4,383						54
100	06 HOSPICE							
101	NEIL MRI							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	53,979,312		16,358,606	1,508,303	5,160,026	3,514,638	2,705,275
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.259833		50.484227	.856359	51.615745	13.526266	253.374075
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	27,022		21,939	578	3,703	2,985	3,745
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000130		.067706	.000328	.037041	.011488	.350754
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	6,427,353		1,914,334	67,871	376,296	364,142	302,601
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.030938		5.907818	.038535	3.764089	1.401419	28.341388

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED)	(DIRECT NRSING HRS)	(COSTED)REQUIS.	(COSTED)REQUIS.	(TIME)SPENT	(TIME)SPENT	(ASSIGNED)TIME
NONREIMBURS COST CENT	13	14	15	16	17	18	20
100 02 PHYSICIAN SUPPORT SER			1,160				
100 03 HOME MEDICAL EQUIPMEN							
100 04 HOME PHARMACY					1,237		
100 05 HOSPICE							
100 06 NEIL MRI							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSH B, PART I)		4,276,701	2,892,979	6,030,274	4,262,700		
104 UNIT COST MULTIPLIER (WRKSH B, PT I)		3.819690	.074795	5.027830	5.518587		
105 COST TO BE ALLOCATED (WRKSH B, PART II)		2,203	3,210	2,232	1,650		
106 UNIT COST MULTIPLIER (WRKSH B, PT II)		.001968	.000083	.001861	.002136		
107 COST TO BE ALLOCATED (WRKSH B, PART III)		314,452	844,889	291,354	207,063		
108 UNIT COST MULTIPLIER (WRKSH B, PT III)		.280849	.021844	.242921	.268068		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/ 1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23	24
001 GENERAL SERVICE COST				
002 OLD CAP REL COSTS-BLD				
003 OLD CAP REL COSTS-MVB				
004 NEW CAP REL COSTS-BLD				
005 NEW CAP REL COSTS-MVB				
006 EMPLOYEE BENEFITS				
007 ADMINISTRATIVE & GENE				
008 MAINTENANCE & REPAIRS				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVI				
011 HOUSEKEEPING				
012 DIETARY				
013 CAFETERIA				
014 MAINTENANCE OF PERSON				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SU				
017 PHARMACY				
018 MEDICAL RECORDS & LIB				
019 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHET				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY &				
023 I&R SERVICES-OTHER PR				
024 PARAMED ED PRGM-(SPEC				100
025 INPAT ROUTINE SRVC CN				
026 ADULTS & PEDIATRICS				
033 INTENSIVE CARE UNIT				
037 NURSERY				
038 ANCILLARY SRVC COST C				
039 OPERATING ROOM				
040 RECOVERY ROOM				
041 DELIVERY ROOM & LABOR				
042 ANESTHESIOLOGY				
043 RADIOLOGY-DIAGNOSTIC				
043 01 NUCLEAR MEDICINE				
043 02 ULTRASOUND				
043 03 MRI				
043 04 CT SCAN				
043 05 RADIOLOGY SPECIAL PRO				
044 LABORATORY				
044 01 REFERENCE LAB				
046 30 BLOOD CLOTTING FACTOR				
047 BLOOD STORING, PROCES				
049 RESPIRATORY THERAPY				
049 01 STRESS TEST				
050 PHYSICAL THERAPY				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
053 01 ECHOCARDIOGRAM				
053 03 CARDIOLOGY				
053 04 CARDIAC CATH LAB				
054 ELECTROENCEPHALOGRAPH				
055 MEDICAL SUPPLIES CHAR				
056 DRUGS CHARGED TO PATI				
057 RENAL DIALYSIS				
058 02 OUTPATIENT SURGERY				
059 ELECTROMYOGRAPHY				
060 OUTPAT SERVICE COST C				
060 CLINIC				
060 01 ADDICTION RECOVERY CL				
060 03 LITHOTRIPSY				
061 EMERGENCY				100
061 20 ACUTE CARE CENTER				
062 OBSERVATION BEDS (NON				
063 50 RHC				
063 60 FOHC				
069 OTHER REIMBURS COST C				
069 10 CMHC				
069 20 OUTPATIENT PHYSICAL T				
069 30 OUTPATIENT OCCUPATION				
069 40 OUTPATIENT SPEECH PAT				
071 HOME HEALTH AGENCY				
085 SPEC PURPOSE COST CEN				
085 01 PANCREAS ACQUISITION				
085 02 INTESTINAL ACQUISITIO				
093 HOSPICE				
095 SUBTOTALS				100
096 NONREIMBURS COST CENT				
100 GIFT, FLOWER, COFFEE				
100 FUNDRAISING				
100 01 MANAGED CARE ADMINIST				

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23	24
NONREIMBURS COST CENT				
100 02 PHYSICIAN SUPPORT SER				
100 03 HOME MEDICAL EQUIPMEN				
100 04 HOME PHARMACY				
100 05 HOSPICE				
100 06 NEIL MRI				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED				221,545
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER				2,215.450000
(WRKSHT B, PT I)				
105 COST TO BE ALLOCATED				233
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				2.330000
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED				28,368
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER				283.680000
(WRKSHT B, PT III)				

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 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 DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	62,689,521		62,689,521		62,689,521
26	INTENSIVE CARE UNIT	10,607,836		10,607,836		10,607,836
33	NURSERY	4,232,471		4,232,471		4,232,471
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	22,795,746		22,795,746		22,795,746
38	RECOVERY ROOM	3,466,720		3,466,720		3,466,720
39	DELIVERY ROOM & LABOR ROO	2,809,759		2,809,759		2,809,759
40	ANESTHESIOLOGY	1,782,074		1,782,074		1,782,074
41	RADIOLOGY-DIAGNOSTIC	8,669,352		8,669,352		8,669,352
43	01 NUCLEAR MEDICINE	4,157,926		4,157,926		4,157,926
43	02 ULTRASOUND	2,740,997		2,740,997		2,740,997
43	03 MRI	1,325,395		1,325,395		1,325,395
43	04 CT SCAN	2,653,079		2,653,079		2,653,079
43	05 RADIOLOGY SPECIAL PROCEDU	1,931,557		1,931,557		1,931,557
44	LABORATORY	8,913,283		8,913,283		8,913,283
44	01 REFERENCE LAB					
46	30 BLOOD CLOTTING FACTORS AD					
47	BLOOD STORING, PROCESSING	857,267		857,267		857,267
49	RESPIRATORY THERAPY	4,853,377		4,853,377		4,853,377
49	01 STRESS TEST	1,074,407		1,074,407		1,074,407
50	PHYSICAL THERAPY	7,647,003		7,647,003		7,647,003
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	1,079,916		1,079,916		1,079,916
53	01 ECHOCARDIOGRAM	789,604		789,604		789,604
53	03 RADIOLOGY	862,108		862,108		862,108
53	04 CARDIAC CATH LAB	6,916,244		6,916,244		6,916,244
54	ELECTROENCEPHALOGRAPHY	1,208,205		1,208,205		1,208,205
55	MEDICAL SUPPLIES CHARGED	49,426,621		49,426,621		49,426,621
56	DRUGS CHARGED TO PATIENTS	15,768,802		15,768,802		15,768,802
57	RENAL DIALYSIS	1,424,589		1,424,589		1,424,589
58	02 OUTPATIENT SURGERY	39,967		39,967		39,967
59	ELECTROMYOGRAPHY	22,411		22,411		22,411
60	OUTPAT SERVICE COST CNTRS					
60	01 ADDICTION RECOVERY CLINIC	1,589,793		1,589,793		1,589,793
60	03 LI THOTRI PSY					
61	EMERGENCY	18,865,775		18,865,775		18,865,775
61	20 ACUTE CARE CENTER	9,056,874		9,056,874		9,056,874
62	OBSERVATION BEDS (NON-DIS	3,372,450		3,372,450		3,372,450
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	263,631,129		263,631,129		263,631,129
102	LESS OBSERVATION BEDS	3,372,450		3,372,450		3,372,450
103	TOTAL	260,258,679		260,258,679		260,258,679

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	123,925,741		123,925,741			
26	INTENSIVE CARE UNIT	23,075,790		23,075,790			
33	NURSERY	19,642,349		19,642,349			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	51,651,767	57,423,914	109,075,681	.208990	.208990	.208990
38	RECOVERY ROOM	7,541,994	16,947,961	24,489,955	.141557	.141557	.141557
39	DELIVERY ROOM & LABOR ROO	24,474,158	60,793	24,534,951	.114521	.114521	.114521
40	ANESTHESIOLOGY	8,850,991	9,255,994	18,106,985	.098419	.098419	.098419
41	RADIOLOGY-DIAGNOSTIC	14,439,411	21,767,316	36,206,727	.239440	.239440	.239440
43	01 NUCLEAR MEDICINE	6,648,888	24,062,551	30,711,439	.135387	.135387	.135387
43	02 ULTRASOUND	5,112,786	10,672,169	15,784,955	.173646	.173646	.173646
43	03 MRI	12,748,666	13,481,166	26,229,832	.050530	.050530	.050530
43	04 CT SCAN	29,262,786	50,571,082	79,833,868	.033232	.033232	.033232
43	05 RADIOLOGY SPECIAL PROCEDU	67,787	8,997,659	9,065,446	.213068	.213068	.213068
44	LABORATORY	71,323,951	54,762,418	126,086,369	.070692	.070692	.070692
44	01 REFERENCE LAB						
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	7,873,487	2,509,909	10,383,396	.082561	.082561	.082561
49	RESPIRATORY THERAPY	24,764,172	1,750,125	26,514,297	.183048	.183048	.183048
49	01 STRESS TEST	1,412,393	1,692,877	3,105,270	.345995	.345995	.345995
50	PHYSICAL THERAPY	3,378,460	11,185,040	14,563,500	.525080	.525080	.525080
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,731,389	3,196,833	6,928,222	.155872	.155872	.155872
53	01 ECHOCARDIOGRAM	10,502,683	6,708,957	17,211,640	.045876	.045876	.045876
53	03 RADIOLOGY	80,373	1,343,192	1,423,565	.605598	.605598	.605598
53	04 CARDIAC CATH LAB	24,344,956	13,186,246	37,531,202	.184280	.184280	.184280
54	ELECTROENCEPHALOGRAPHY	613,347	3,127,420	3,740,767	.322983	.322983	.322983
55	MEDICAL SUPPLIES CHARGED	77,207,406	28,133,489	105,340,895	.469206	.469206	.469206
56	DRUGS CHARGED TO PATIENTS	98,024,683	45,283,482	143,308,165	.110034	.110034	.110034
57	RENAL DIALYSIS	3,958,889	26,411	3,985,300	.357461	.357461	.357461
58	02 OUTPATIENT SURGERY		79,834	79,834	.500626	.500626	.500626
59	ELECTROMYOGRAPHY	41,798	296,220	338,018	.066301	.066301	.066301
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	9,921	4,152,442	4,162,363	.381945	.381945	.381945
60	01 ADDICTION RECOVERY CLINIC						
60	03 LI THOTRI PSY						
61	EMERGENCY	23,535,072	42,219,279	65,754,351	.286913	.286913	.286913
61	20 ACUTE CARE CENTER	572,063	16,235,094	16,807,157	.538870	.538870	.538870
62	OBSERVATION BEDS (NON-DIS	854,174	5,952,100	6,806,274	.495491	.495491	.495491
63	RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	679,672,331	455,081,973	1134,754,304			
102	LESS OBSERVATION BEDS						
103	TOTAL	679,672,331	455,081,973	1134,754,304			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	62,689,521		62,689,521		62,689,521
26	INTENSIVE CARE UNIT	10,607,836		10,607,836		10,607,836
33	NURSERY	4,232,471		4,232,471		4,232,471
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	22,795,746		22,795,746		22,795,746
38	RECOVERY ROOM	3,466,720		3,466,720		3,466,720
39	DELIVERY ROOM & LABOR ROO	2,809,759		2,809,759		2,809,759
40	ANESTHESIOLOGY	1,782,074		1,782,074		1,782,074
41	RADIOLOGY-DIAGNOSTIC	8,669,352		8,669,352		8,669,352
43	01 NUCLEAR MEDICINE	4,157,926		4,157,926		4,157,926
43	02 ULTRASOUND	2,740,997		2,740,997		2,740,997
43	03 MRI	1,325,395		1,325,395		1,325,395
43	04 CT SCAN	2,653,079		2,653,079		2,653,079
43	05 RADIOLOGY SPECIAL PROCEDU	1,931,557		1,931,557		1,931,557
44	LABORATORY	8,913,283		8,913,283		8,913,283
44	01 REFERENCE LAB					
46	30 BLOOD CLOTTING FACTORS AD					
47	BLOOD STORING, PROCESSING	857,267		857,267		857,267
49	RESPIRATORY THERAPY	4,853,377		4,853,377		4,853,377
49	01 STRESS TEST	1,074,407		1,074,407		1,074,407
50	PHYSICAL THERAPY	7,647,003		7,647,003		7,647,003
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	1,079,916		1,079,916		1,079,916
53	01 ECHOCARDIOGRAM	789,604		789,604		789,604
53	03 RADIOLOGY	862,108		862,108		862,108
53	04 CARDIAC CATH LAB	6,916,244		6,916,244		6,916,244
54	ELECTROENCEPHALOGRAPHY	1,208,205		1,208,205		1,208,205
55	MEDICAL SUPPLIES CHARGED	49,426,621		49,426,621		49,426,621
56	DRUGS CHARGED TO PATIENTS	15,768,802		15,768,802		15,768,802
57	RENAL DIALYSIS	1,424,589		1,424,589		1,424,589
58	02 OUTPATIENT SURGERY	39,967		39,967		39,967
59	ELECTROMYOGRAPHY	22,411		22,411		22,411
60	OUTPAT SERVICE COST CNTRS					
60	01 ADDICTION RECOVERY CLINIC	1,589,793		1,589,793		1,589,793
60	03 LI THOTRI PSY					
61	EMERGENCY	18,865,775		18,865,775		18,865,775
61	20 ACUTE CARE CENTER	9,056,874		9,056,874		9,056,874
62	OBSERVATION BEDS (NON-DIS	3,372,450		3,372,450		3,372,450
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	263,631,129		263,631,129		263,631,129
102	LESS OBSERVATION BEDS	3,372,450		3,372,450		3,372,450
103	TOTAL	260,258,679		260,258,679		260,258,679

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0202

PERIOD:
FROM 12/1/2008
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	123,925,741		123,925,741			
26	INTENSIVE CARE UNIT	23,075,790		23,075,790			
33	NURSERY	19,642,349		19,642,349			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	51,651,767	57,423,914	109,075,681	.208990	.208990	.208990
38	RECOVERY ROOM	7,541,994	16,947,961	24,489,955	.141557	.141557	.141557
39	DELIVERY ROOM & LABOR ROO	24,474,158	60,793	24,534,951	.114521	.114521	.114521
40	ANESTHESIOLOGY	8,850,991	9,255,994	18,106,985	.098419	.098419	.098419
41	RADIOLOGY-DIAGNOSTIC	14,439,411	21,767,316	36,206,727	.239440	.239440	.239440
43 01	NUCLEAR MEDICINE	6,648,888	24,062,551	30,711,439	.135387	.135387	.135387
43 02	ULTRASOUND	5,112,786	10,672,169	15,784,955	.173646	.173646	.173646
43 03	MRI	12,748,666	13,481,166	26,229,832	.050530	.050530	.050530
43 04	CT SCAN	29,262,786	50,571,082	79,833,868	.033232	.033232	.033232
43 05	RADIOLOGY SPECIAL PROCEDU	67,787	8,997,659	9,065,446	.213068	.213068	.213068
44	LABORATORY	71,323,951	54,762,418	126,086,369	.070692	.070692	.070692
44 01	REFERENCE LAB						
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	7,873,487	2,509,909	10,383,396	.082561	.082561	.082561
49	RESPIRATORY THERAPY	24,764,172	1,750,125	26,514,297	.183048	.183048	.183048
49 01	STRESS TEST	1,412,393	1,692,877	3,105,270	.345995	.345995	.345995
50	PHYSICAL THERAPY	3,378,460	11,185,040	14,563,500	.525080	.525080	.525080
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,731,389	3,196,833	6,928,222	.155872	.155872	.155872
53 01	ECHOCARDIOGRAM	10,502,683	6,708,957	17,211,640	.045876	.045876	.045876
53 03	CARDIOLOGY	80,373	1,343,192	1,423,565	.605598	.605598	.605598
53 04	CARDIAC CATH LAB	24,344,956	13,186,246	37,531,202	.184280	.184280	.184280
54	ELECTROENCEPHALOGRAPHY	613,347	3,127,420	3,740,767	.322983	.322983	.322983
55	MEDICAL SUPPLIES CHARGED	77,207,406	28,133,489	105,340,895	.469206	.469206	.469206
56	DRUGS CHARGED TO PATIENTS	98,024,683	45,283,482	143,308,165	.110034	.110034	.110034
57	RENAL DIALYSIS	3,958,889	26,411	3,985,300	.357461	.357461	.357461
58 02	OUTPATIENT SURGERY		79,834	79,834	.500626	.500626	.500626
59	ELECTROMYOGRAPHY	41,798	296,220	338,018	.066301	.066301	.066301
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	9,921	4,152,442	4,162,363	.381945	.381945	.381945
60 01	ADDICTION RECOVERY CLINIC						
60 03	LITHOTRIpsy						
61	EMERGENCY	23,535,072	42,219,279	65,754,351	.286913	.286913	.286913
61 20	ACUTE CARE CENTER	572,063	16,235,094	16,807,157	.538870	.538870	.538870
62	OBSERVATION BEDS (NON-DIS	854,174	5,952,100	6,806,274	.495491	.495491	.495491
63	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	679,672,331	455,081,973	1134,754,304			
102	LESS OBSERVATION BEDS						
103	TOTAL	679,672,331	455,081,973	1134,754,304			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	22,795,746	2,125,391	20,670,355			22,795,746
38	RECOVERY ROOM	3,466,720	335,032	3,131,688			3,466,720
39	DELIVERY ROOM & LABOR ROO	2,809,759	70,036	2,739,723			2,809,759
40	ANESTHESIOLOGY	1,782,074	327,224	1,454,850			1,782,074
41	RADIOLOGY-DIAGNOSTIC	8,669,352	1,660,864	7,008,488			8,669,352
43 01	NUCLEAR MEDICINE	4,157,926	1,155,452	3,002,474			4,157,926
43 02	ULTRASOUND	2,740,997	233,581	2,507,416			2,740,997
43 03	MRI	1,325,395	170,763	1,154,632			1,325,395
43 04	CT SCAN	2,653,079	256,529	2,396,550			2,653,079
43 05	RADIOLOGY SPECIAL PROCEDU	1,931,557	63,993	1,867,564			1,931,557
44	LABORATORY	8,913,283	527,522	8,385,761			8,913,283
44 01	REFERENCE LAB						
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	857,267	110,448	746,819			857,267
49	RESPIRATORY THERAPY	4,853,377	359,816	4,493,561			4,853,377
49 01	STRESS TEST	1,074,407	69,694	1,004,713			1,074,407
50	PHYSICAL THERAPY	7,647,003	342,925	7,304,078			7,647,003
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,079,916	165,161	914,755			1,079,916
53 01	ECHOCARDIOGRAM	789,604	54,433	735,171			789,604
53 03	CARDIOLOGY	862,108	75,465	786,643			862,108
53 04	CARDIAC CATH LAB	6,916,244	1,813,157	5,103,087			6,916,244
54	ELECTROENCEPHALOGRAPHY	1,208,205	129,132	1,079,073			1,208,205
55	MEDICAL SUPPLIES CHARGED	49,426,621	1,218,991	48,207,630			49,426,621
56	DRUGS CHARGED TO PATIENTS	15,768,802	388,865	15,379,937			15,768,802
57	RENAL DIALYSIS	1,424,589	109,761	1,314,828			1,424,589
58 02	OUTPATIENT SURGERY	39,967	4,051	35,916			39,967
59	ELECTROMYOGRAPHY	22,411	5,625	16,786			22,411
60	OUTPAT SERVICE COST CNTRS						
60 01	CLINIC	1,589,793	151,449	1,438,344			1,589,793
60 01	ADDICTION RECOVERY CLINIC						
60 03	LITHOTRIpsy						
61	EMERGENCY	18,865,775	2,038,471	16,827,304			18,865,775
61 20	ACUTE CARE CENTER	9,056,874	354,607	8,702,267			9,056,874
62	OBSERVATION BEDS (NON-DIS	3,372,450	288,877	3,083,573			3,372,450
63	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	186,101,301	14,607,315	171,493,986			186,101,301
102	LESS OBSERVATION BEDS	3,372,450	288,877	3,083,573			3,372,450
103	TOTAL	182,728,851	14,318,438	168,410,413			182,728,851

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	109,075,681	.208990	.208990
38	RECOVERY ROOM	24,489,955	.141557	.141557
39	DELIVERY ROOM & LABOR ROO	24,534,951	.114521	.114521
40	ANESTHESIOLOGY	18,106,985	.098419	.098419
41	RADIOLOGY-DIAGNOSTIC	36,206,727	.239440	.239440
43	01 NUCLEAR MEDICINE	30,711,439	.135387	.135387
43	02 ULTRASOUND	15,784,955	.173646	.173646
43	03 MRI	26,229,832	.050530	.050530
43	04 CT SCAN	79,833,868	.033232	.033232
43	05 RADIOLOGY SPECIAL PROCEDU	9,065,446	.213068	.213068
44	LABORATORY	126,086,369	.070692	.070692
44	01 REFERENCE LAB			
46	30 BLOOD CLOTTING FACTORS AD			
47	BLOOD STORING, PROCESSING	10,383,396	.082561	.082561
49	RESPIRATORY THERAPY	26,514,297	.183048	.183048
49	01 STRESS TEST	3,105,270	.345995	.345995
50	PHYSICAL THERAPY	14,563,500	.525080	.525080
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	6,928,222	.155872	.155872
53	01 ECHOCARDIOGRAM	17,211,640	.045876	.045876
53	03 RADIOLOGY	1,423,565	.605598	.605598
53	04 CARDIAC CATH LAB	37,531,202	.184280	.184280
54	ELECTROENCEPHALOGRAPHY	3,740,767	.322983	.322983
55	MEDICAL SUPPLIES CHARGED	105,340,895	.469206	.469206
56	DRUGS CHARGED TO PATIENTS	143,308,165	.110034	.110034
57	RENAL DIALYSIS	3,985,300	.357461	.357461
58	02 OUTPATIENT SURGERY	79,834	.500626	.500626
59	ELECTROMYOGRAPHY	338,018	.066301	.066301
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	4,162,363	.381945	.381945
60	01 ADDICTION RECOVERY CLINIC			
60	03 LITHOTRIpsy			
61	EMERGENCY	65,754,351	.286913	.286913
61	20 ACUTE CARE CENTER	16,807,157	.538870	.538870
62	OBSERVATION BEDS (NON-DIS	6,806,274	.495491	.495491
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	968,110,424		
102	LESS OBSERVATION BEDS	6,806,274		
103	TOTAL	961,304,150		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	22,795,746	2,125,391	20,670,355	212,539	1,198,881	21,384,326
38	RECOVERY ROOM	3,466,720	335,032	3,131,688	33,503	181,638	3,251,579
39	DELIVERY ROOM & LABOR ROO	2,809,759	70,036	2,739,723	7,004	158,904	2,643,851
40	ANESTHESIOLOGY	1,782,074	327,224	1,454,850	32,722	84,381	1,664,971
41	RADIOLOGY-DIAGNOSTIC	8,669,352	1,660,864	7,008,488	166,086	406,492	8,096,774
43 01	NUCLEAR MEDICINE	4,157,926	1,155,452	3,002,474	115,545	174,143	3,868,238
43 02	ULTRASOUND	2,740,997	233,581	2,507,416	23,358	145,430	2,572,209
43 03	MRI	1,325,395	170,763	1,154,632	17,076	66,969	1,241,350
43 04	CT SCAN	2,653,079	256,529	2,396,550	25,653	139,000	2,488,426
43 05	RADIOLOGY SPECIAL PROCEDU	1,931,557	63,993	1,867,564	6,399	108,319	1,816,839
44	LABORATORY	8,913,283	527,522	8,385,761	52,752	486,374	8,374,157
44 01	REFERENCE LAB						
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	857,267	110,448	746,819	11,045	43,316	802,906
49	RESPIRATORY THERAPY	4,853,377	359,816	4,493,561	35,982	260,627	4,556,768
49 01	STRESS TEST	1,074,407	69,694	1,004,713	6,969	58,273	1,009,165
50	PHYSICAL THERAPY	7,647,003	342,925	7,304,078	34,293	423,637	7,189,073
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,079,916	165,161	914,755	16,516	53,056	1,010,344
53 01	ECHOCARDIOGRAM	789,604	54,433	735,171	5,443	42,640	741,521
53 03	CARDIOLOGY	862,108	75,465	786,643	7,547	45,625	808,936
53 04	CARDIAC CATH LAB	6,916,244	1,813,157	5,103,087	181,316	295,979	6,438,949
54	ELECTROENCEPHALOGRAPHY	1,208,205	129,132	1,079,073	12,913	62,586	1,132,706
55	MEDICAL SUPPLIES CHARGED	49,426,621	1,218,991	48,207,630	121,899	2,796,043	46,508,679
56	DRUGS CHARGED TO PATIENTS	15,768,802	388,865	15,379,937	38,887	892,036	14,837,879
57	RENAL DIALYSIS	1,424,589	109,761	1,314,828	10,976	76,260	1,337,353
58 02	OUTPATIENT SURGERY	39,967	4,051	35,916	405	2,083	37,479
59	ELECTROMYOGRAPHY	22,411	5,625	16,786	563	974	20,874
60	OUTPAT SERVICE COST CNTRS						
60 01	CLINIC	1,589,793	151,449	1,438,344	15,145	83,424	1,491,224
60 01	ADDICTION RECOVERY CLINIC						
60 03	LITHOTRIpsy						
61	EMERGENCY	18,865,775	2,038,471	16,827,304	203,847	975,984	17,685,944
61 20	ACUTE CARE CENTER	9,056,874	354,607	8,702,267	35,461	504,731	8,516,682
62	OBSERVATION BEDS (NON-DIS	3,372,450	288,877	3,083,573	28,888	178,847	3,164,715
63	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	186,101,301	14,607,315	171,493,986	1,460,732	9,946,652	174,693,917
102	LESS OBSERVATION BEDS	3,372,450	288,877	3,083,573	28,888	178,847	3,164,715
103	TOTAL	182,728,851	14,318,438	168,410,413	1,431,844	9,767,805	171,529,202

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	109,075,681	.196050	.207042
38	RECOVERY ROOM	24,489,955	.132772	.140189
39	DELIVERY ROOM & LABOR ROO	24,534,951	.107759	.114235
40	ANESTHESIOLOGY	18,106,985	.091952	.096612
41	RADIOLOGY-DIAGNOSTIC	36,206,727	.223626	.234853
43	01 NUCLEAR MEDICINE	30,711,439	.125954	.131625
43	02 ULTRASOUND	15,784,955	.162953	.172166
43	03 MRI	26,229,832	.047326	.049879
43	04 CT SCAN	79,833,868	.031170	.032911
43	05 RADIOLOGY SPECIAL PROCEDU	9,065,446	.200414	.212362
44	LABORATORY	126,086,369	.066416	.070274
44	01 REFERENCE LAB			
46	30 BLOOD CLOTTING FACTORS AD			
47	BLOOD STORING, PROCESSING	10,383,396	.077326	.081498
49	RESPIRATORY THERAPY	26,514,297	.171861	.181690
49	01 STRESS TEST	3,105,270	.324985	.343750
50	PHYSICAL THERAPY	14,563,500	.493636	.522725
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	6,928,222	.145830	.153488
53	01 ECHOCARDIOGRAM	17,211,640	.043083	.045560
53	03 RADIOLOGY	1,423,565	.568247	.600296
53	04 CARDIAC CATH LAB	37,531,202	.171563	.179449
54	ELECTROENCEPHALOGRAPHY	3,740,767	.302800	.319531
55	MEDICAL SUPPLIES CHARGED	105,340,895	.441506	.468049
56	DRUGS CHARGED TO PATIENTS	143,308,165	.103538	.109763
57	RENAL DIALYSIS	3,985,300	.335571	.354707
58	02 OUTPATIENT SURGERY	79,834	.469462	.495553
59	ELECTROMYOGRAPHY	338,018	.061754	.064636
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	4,162,363	.358264	.378306
60	01 ADDICTION RECOVERY CLINIC			
60	03 LITHOTRIpsy			
61	EMERGENCY	65,754,351	.268970	.283813
61	20 ACUTE CARE CENTER	16,807,157	.506729	.536760
62	OBSERVATION BEDS (NON-DIS	6,806,274	.464970	.491247
63	RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	968,110,424		
102	LESS OBSERVATION BEDS	6,806,274		
103	TOTAL	961,304,150		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D
 PART I

TITLE XVIII, PART A

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	66,139	32,035	.71	22,745	80.48	2,578,177
26	INTENSIVE CARE UNIT	5,008	2,242	1.22	2,735	174.73	391,745
33	NURSERY	7,004		.19		30.02	
101	TOTAL	78,151	34,277		25,480		2,969,922

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 COMPONENT NO: 14-0202
 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	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	14,894	2,110,497	109,075,681	35,906,438	.000137	4,919
38	RECOVERY ROOM	1,289	333,743	24,489,955	3,023,756	.000053	160
39	DELIVERY ROOM & LABOR ROO	298	69,738	24,534,951		.000012	
40	ANESTHESIOLOGY	767	326,457	18,106,985	3,555,806	.000042	149
41	RADIOLOGY-DIAGNOSTIC	6,558	1,654,306	36,206,727	8,706,786	.000181	1,576
43 01	NUCLEAR MEDICINE	1,864	1,153,588	30,711,439	3,990,852	.000061	243
43 02	ULTRASOUND	618	232,963	15,784,955	2,656,242	.000039	104
43 03	MRI	1,398	169,365	26,229,832	6,646,570	.000053	352
43 04	CT SCAN	2,531	253,998	79,833,868	14,751,961	.000032	472
43 05	RADIOLOGY SPECIAL PROCEDU	383	63,610	9,065,446	62,351	.000042	3
44	LABORATORY	4,022	523,500	126,086,369	39,321,365	.000032	1,258
44 01	REFERENCE LAB						
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	726	109,722	10,383,396	4,158,882	.000070	291
49	RESPIRATORY THERAPY	2,069	357,747	26,514,297	21,029,569	.000078	1,640
49 01	STRESS TEST	535	69,159	3,105,270	832,563	.000172	143
50	PHYSICAL THERAPY	2,485	340,440	14,563,500	2,369,883	.000171	405
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,040	163,121	6,928,222	2,386,858	.000294	702
53 01	ECHOCARDIOGRAM	179	54,254	17,211,640	6,262,876	.000010	63
53 03	CARDIOLOGY	473	74,992	1,423,565	38,860	.000332	13
53 04	CARDIAC CATH LAB	9,395	1,803,762	37,531,202	15,928,521	.000250	3,982
54	ELECTROENCEPHALOGRAPHY	942	128,190	3,740,767	363,044	.000252	91
55	MEDICAL SUPPLIES CHARGED	5,114	1,213,877	105,340,895	12,355,239	.000049	605
56	DRUGS CHARGED TO PATIENTS	1,627	387,238	143,308,165	42,702,513	.000011	470
57	RENAL DIALYSIS	1,218	108,543	3,985,300	2,542,728	.000306	778
58 02	OUTPATIENT SURGERY	46	4,005	79,834		.000576	
59	ELECTROMYOGRAPHY	51	5,574	338,018	20,014	.000151	3
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,498	149,951	4,162,363	3,319	.000360	1
60 01	ADDICTION RECOVERY CLINIC						
60 03	LITHOTRIpsy						
61	EMERGENCY	15,679	2,022,792	65,754,351	12,400,597	.000238	2,951
61 20	ACUTE CARE CENTER	1,399	353,208	16,807,157	201,456	.000083	17
62	OBSERVATION BEDS (NON-DIS	2,543	286,334	6,806,274	320,995	.000374	120
63	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	82,641	14,524,674	968,110,424	242,540,044		21,511

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 COMPONENT NO: 14-0202
 PREPARED 5/26/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.019349	694,754
38	RECOVERY ROOM	.013628	41,208
39	DELIVERY ROOM & LABOR ROO	.002842	
40	ANESTHESIOLOGY	.018029	64,108
41	RADIOLOGY-DIAGNOSTIC	.045691	397,822
43 01	NUCLEAR MEDICINE	.037562	149,904
43 02	ULTRASOUND	.014759	39,203
43 03	MRI	.006457	42,917
43 04	CT SCAN	.003182	46,941
43 05	RADIOLOGY SPECIAL PROCEDU	.007017	438
44	LABORATORY	.004152	163,262
44 01	REFERENCE LAB		
46 30	BLOOD CLOTTING FACTORS AD		
47	BLOOD STORING, PROCESSING	.010567	43,947
49	RESPIRATORY THERAPY	.013493	283,752
49 01	STRESS TEST	.022271	18,542
50	PHYSICAL THERAPY	.023376	55,398
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.023544	56,196
53 01	ECHOCARDIOGRAM	.003152	19,741
53 03	CARDIOLOGY	.052679	2,047
53 04	CARDIAC CATH LAB	.048060	765,525
54	ELECTROENCEPHALOGRAPHY	.034268	12,441
55	MEDICAL SUPPLIES CHARGED	.011523	142,369
56	DRUGS CHARGED TO PATIENTS	.002702	115,382
57	RENAL DIALYSIS	.027236	69,254
58 02	OUTPATIENT SURGERY	.050167	
59	ELECTROMYOGRAPHY	.016490	330
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.036025	120
60 01	ADDICTION RECOVERY CLINIC		
60 03	LITHOTRIpsy		
61	EMERGENCY	.030763	381,480
61 20	ACUTE CARE CENTER	.021015	4,234
62	OBSERVATION BEDS (NON-DIS	.042069	13,504
63	RHC		
63 60	FQHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		3,624,819

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

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
14-0202	FROM 12/ 1/2008	WORKSHEET D
	TO 12/31/2009	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					66,139	
26	INTENSIVE CARE UNIT					5,008	
33	NURSERY					7,004	
101	TOTAL					78,151	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 12/ 1/2008	5/26/2010
	TO 12/31/2009	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	32,035	
26	INTENSIVE CARE UNIT	2,242	
33	NURSERY		
101	TOTAL	34,277	

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						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	01 NUCLEAR MEDICINE						
43	02 ULTRASOUND						
43	03 MRI						
43	04 CT SCAN						
43	05 RADIOLOGY SPECIAL PROCEDU						
44	LABORATORY						
44	01 REFERENCE LAB						
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
49	01 STRESS TEST						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 ECHOCARDIOGRAM						
53	03 CARDIOLOGY						
53	04 CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	02 OUTPATIENT SURGERY						
59	ELECTROMYOGRAPHY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 ADDICTION RECOVERY CLINIC						
60	03 LITHOTRIpsy						
61	EMERGENCY			221,545			
61	20 ACUTE CARE CENTER						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL			221,545			

TITLE XVIII, PART A		HOSPITAL			PPS			
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			109,075,681			35,906,438	
38	RECOVERY ROOM			24,489,955			3,023,756	
39	DELIVERY ROOM & LABOR ROO			24,534,951				
40	ANESTHESIOLOGY			18,106,985			3,555,806	
41	RADIOLOGY-DIAGNOSTIC			36,206,727			8,706,786	
43	01 NUCLEAR MEDICINE			30,711,439			3,990,852	
43	02 ULTRASOUND			15,784,955			2,656,242	
43	03 MRI			26,229,832			6,646,570	
43	04 CT SCAN			79,833,868			14,751,961	
43	05 RADIOLOGY SPECIAL PROCEDU			9,065,446			62,351	
44	LABORATORY			126,086,369			39,321,365	
44	01 REFERENCE LAB							
46	30 BLOOD CLOTTING FACTORS AD							
47	BLOOD STORING, PROCESSING			10,383,396			4,158,882	
49	RESPIRATORY THERAPY			26,514,297			21,029,569	
49	01 STRESS TEST			3,105,270			832,563	
50	PHYSICAL THERAPY			14,563,500			2,369,883	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			6,928,222			2,386,858	
53	01 ECHOCARDIOGRAM			17,211,640			6,262,876	
53	03 CARDIOLOGY			1,423,565			38,860	
53	04 CARDIAC CATH LAB			37,531,202			15,928,521	
54	ELECTROENCEPHALOGRAPHY			3,740,767			363,044	
55	MEDICAL SUPPLIES CHARGED			105,340,895			12,355,239	
56	DRUGS CHARGED TO PATIENTS			143,308,165			42,702,513	
57	RENAL DIALYSIS			3,985,300			2,542,728	
58	02 OUTPATIENT SURGERY			79,834				
59	ELECTROMYOGRAPHY			338,018			20,014	
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			4,162,363			3,319	
60	01 ADDICTION RECOVERY CLINIC							
60	03 LITHOTRIpsy							
61	EMERGENCY	221,545	221,545	65,754,351	.003369	.003369	12,400,597	41,778
61	20 ACUTE CARE CENTER			16,807,157			201,456	
62	OBSERVATION BEDS (NON-DIS			6,806,274			320,995	
63	50 RHC							
63	60 FOHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	221,545	221,545	968,110,424			242,540,044	41,778

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	14, 110, 933					
38	RECOVERY ROOM	3, 266, 090					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2, 037, 988					
41	RADIOLOGY-DIAGNOSTIC	6, 403, 222					
43	01 NUCLEAR MEDICINE	10, 939, 222					
43	02 ULTRASOUND	1, 919, 622					
43	03 MRI	4, 454, 199					
43	04 CT SCAN	12, 680, 735					
43	05 RADIOLOGY SPECIAL PROCEDU	2, 740, 807					
44	LABORATORY	2, 444, 621					
44	01 REFERENCE LAB						
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	920, 844					
49	RESPIRATORY THERAPY	314, 851					
49	01 STRESS TEST	576, 685					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	828, 732					
53	01 ECHOCARDIOGRAM	1, 618, 452					
53	03 RADIOLOGY	649, 560					
53	04 CARDIAC CATH LAB	6, 037, 503					
54	ELECTROENCEPHALOGRAPHY	575, 418					
55	MEDICAL SUPPLIES CHARGED	10, 264, 392					
56	DRUGS CHARGED TO PATIENTS	19, 607, 377					
57	RENAL DIALYSIS	3, 929					
58	02 OUTPATIENT SURGERY	55, 167					
59	ELECTROMYOGRAPHY	94, 563					
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	2, 230, 082					
60	01 ADDICTION RECOVERY CLINIC						
60	03 LITHOTRIpsy						
61	EMERGENCY				18, 245		
61	20 ACUTE CARE CENTER	5, 415, 464					
62	OBSERVATION BEDS (NON-DIS	1, 566, 998					
63	50 RHC	363, 853					
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	112, 121, 309			18, 245		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 COMPONENT NO: 14-0202
 PREPARED 5/26/2010
 WORKSHEET D
 PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.208990	.208990			
38 RECOVERY ROOM	.141557	.141557			
39 DELIVERY ROOM & LABOR ROOM	.114521	.114521			
40 ANESTHESIOLOGY	.098419	.098419			
41 RADIOLOGY-DIAGNOSTIC	.239440	.239440			
43 01 NUCLEAR MEDICINE	.135387	.135387			
43 02 ULTRASOUND	.173646	.173646			
43 03 MRI	.050530	.050530			
43 04 CT SCAN	.033232	.033232			
43 05 RADIOLOGY SPECIAL PROCEDURE	.213068	.213068			
44 LABORATORY	.070692	.070692			
44 01 REFERENCE LAB					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
47 BLOOD STORING, PROCESSING & TRANS.	.082561	.082561			
49 RESPIRATORY THERAPY	.183048	.183048			
49 01 STRESS TEST	.345995	.345995			
50 PHYSICAL THERAPY	.525080	.525080			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.155872	.155872			
53 01 ECHOCARDIOGRAM	.045876	.045876			
53 03 CARDIOLOGY	.605598	.605598			
53 04 CARDIAC CATH LAB	.184280	.184280			
54 ELECTROENCEPHALOGRAPHY	.322983	.322983			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.469206	.469206			
56 DRUGS CHARGED TO PATIENTS	.110034	.110034			
57 RENAL DIALYSIS	.357461	.357461			
58 02 OUTPATIENT SURGERY	.500626	.500626			
59 ELECTROMYOGRAPHY	.066301	.066301			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.381945	.381945			
60 01 ADDICTION RECOVERY CLINIC					
60 03 LI THOTRI PSY					
61 EMERGENCY	.286913	.286913			
61 20 ACUTE CARE CENTER	.538870	.538870			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.495491	.495491			
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XIX - O/P		HOSPITAL				
		Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center	Description	8	9	9.01	9.02	9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		894,482			
38	RECOVERY ROOM		268,686			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		80,216			
41	RADIOLOGY-DIAGNOSTIC		637,113			
43 01	NUCLEAR MEDICINE		208,777			
43 02	ULTRASOUND		526,413			
43 03	MRI		90,147			
43 04	CT SCAN		205,499			
43 05	RADIOLOGY SPECIAL PROCEDURE		118,967			
44	LABORATORY		608,904			
44 01	REFERENCE LAB					
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS					
47	BLOOD STORING, PROCESSING & TRANS.		43,078			
49	RESPIRATORY THERAPY		79,015			
49 01	STRESS TEST		36,045			
50	PHYSICAL THERAPY		1,173,957			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		50,444			
53 01	ECHOCARDIOGRAM		39,339			
53 03	CARDIOLOGY					
53 04	CARDIAC CATH LAB		78,094			
54	ELECTROENCEPHALOGRAPHY		80,332			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,018,612			
56	DRUGS CHARGED TO PATIENTS		694,728			
57	RENAL DIALYSIS		3,699			
58 02	OUTPATIENT SURGERY		1,316			
59	ELECTROMYOGRAPHY		4,376			
60	OUTPAT SERVICE COST CNTRS CLINIC		219,757			
60 01	ADDICTION RECOVERY CLINIC					
60 03	LITHOTRIpsy					
61	EMERGENCY		3,508,535			
61 20	ACUTE CARE CENTER		41,671			
62	OBSERVATION BEDS (NON-DISTINCT PART)		779,611			
63 50	RHC					
63 60	FOHC					
101	SUBTOTAL		11,491,813			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		11,491,813			

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		63,583,650	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		17,006,526	
37	OPERATING ROOM	.208990	35,906,438	7,504,086
38	RECOVERY ROOM	.141557	3,023,756	428,034
39	DELIVERY ROOM & LABOR ROOM	.114521		
40	ANESTHESIOLOGY	.098419	3,555,806	349,959
41	RADIOLOGY-DIAGNOSTIC	.239440	8,706,786	2,084,753
43 01	NUCLEAR MEDICINE	.135387	3,990,852	540,309
43 02	ULTRASOUND	.173646	2,656,242	461,246
43 03	MRI	.050530	6,646,570	335,851
43 04	CT SCAN	.033232	14,751,961	490,237
43 05	RADIOLOGY SPECIAL PROCEDURE	.213068	62,351	13,285
44	LABORATORY	.070692	39,321,365	2,779,706
44 01	REFERENCE LAB			
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
47	BLOOD STORING, PROCESSING & TRANS.	.082561	4,158,882	343,361
49	RESPIRATORY THERAPY	.183048	21,029,569	3,849,421
49 01	STRESS TEST	.345995	832,563	288,063
50	PHYSICAL THERAPY	.525080	2,369,883	1,244,378
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.155872	2,386,858	372,044
53 01	ECHOCARDIOGRAM	.045876	6,262,876	287,316
53 03	CARDIOLOGY	.605598	38,860	23,534
53 04	CARDIAC CATH LAB	.184280	15,928,521	2,935,308
54	ELECTROENCEPHALOGRAPHY	.322983	363,044	117,257
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.469206	12,355,239	5,797,152
56	DRUGS CHARGED TO PATIENTS	.110034	42,702,513	4,698,728
57	RENAL DIALYSIS	.357461	2,542,728	908,926
58 02	OUTPATIENT SURGERY	.500626		
59	ELECTROMYOGRAPHY	.066301	20,014	1,327
60	OUTPAT SERVICE COST CNTRS CLINIC	.381945	3,319	1,268
60 01	ADDICTION RECOVERY CLINIC			
60 03	LITHOTRIPSY			
61	EMERGENCY	.286913	12,400,597	3,557,892
61 20	ACUTE CARE CENTER	.538870	201,456	108,559
62	OBSERVATION BEDS (NON-DISTINCT PART)	.495491	320,995	159,050
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		242,540,044	39,681,050
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		242,540,044	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0202
 COMPONENT NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D-4

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT	
				CHARGES 2	COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			18,922,529	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			2,249,967	
37	OPERATING ROOM		.208990	3,362,408	702,710
38	RECOVERY ROOM		.141557	647,133	91,606
39	DELIVERY ROOM & LABOR ROOM		.114521	12,259,880	1,404,014
40	ANESTHESIOLOGY		.098419	992,947	97,725
41	RADIOLOGY-DIAGNOSTIC		.239440	1,157,901	277,248
43	01 NUCLEAR MEDICINE		.135387	436,572	59,106
43	02 ULTRASOUND		.173646	636,953	110,604
43	03 MRI		.050530	880,675	44,501
43	04 CT SCAN		.033232	2,676,524	88,946
43	05 RADIOLOGY SPECIAL PROCEDURE		.213068	201	43
44	LABORATORY		.070692	7,431,532	525,350
44	01 REFERENCE LAB				
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS				
47	BLOOD STORING, PROCESSING & TRANS.		.082561	1,221,696	100,864
49	RESPIRATORY THERAPY		.183048	2,869,413	525,240
49	01 STRESS TEST		.345995	64,348	22,264
50	PHYSICAL THERAPY		.525080	121,523	63,809
51	OCCUPATIONAL THERAPY				
52	SPEECH PATHOLOGY				
53	ELECTROCARDIOLOGY		.155872	229,671	35,799
53	01 ECHOCARDIOGRAM		.045876	650,770	29,855
53	03 CARDIOLOGY		.605598	4,709	2,852
53	04 CARDIAC CATH LAB		.184280	910,273	167,745
54	ELECTROENCEPHALOGRAPHY		.322983	39,921	12,894
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.469206	5,965,994	2,799,280
56	DRUGS CHARGED TO PATIENTS		.110034	10,515,409	1,157,053
57	RENAL DIALYSIS		.357461	378,009	135,123
58	02 OUTPATIENT SURGERY		.500626		
59	ELECTROMYOGRAPHY		.066301		
60	OUTPAT SERVICE COST CNTRS CLINIC		.381945	1,117	427
60	01 ADDICTION RECOVERY CLINIC				
60	03 LI THOTRI PSY				
61	EMERGENCY		.286913	2,581,603	740,695
61	20 ACUTE CARE CENTER		.538870	51,587	27,799
62	OBSERVATION BEDS (NON-DISTINCT PART)		.495491	197,945	98,080
63	50 RHC				
63	60 FOHC				
	OTHER REIMBURS COST CNTRS				
101	TOTAL			56,286,714	9,321,632
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			56,286,714	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0202
 COMPONENT NO: 14-0202
 PERIOD: FROM 12/1/2008 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	43,987,043	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	13,963,901	
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)	2,158,503	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	248.99	
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)		3.77
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		18.87
4.02 SUM OF LINES 4 AND 4.01		22.64
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		7.89
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		4,572,329
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 12/1/2008	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
14-0202		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	64,681,776	
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)	64,681,776	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		5,450,257
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		41,778
16 TOTAL	70,173,811	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	70,173,811	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		5,470,864
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		242,523
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		1,140,826
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		798,578
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	65,259,002	
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	65,259,002	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	64,843,999	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		415,003
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

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	59
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	21,012,074
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	18,588,646
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	864
1.04	LINE 1.01 TIMES LINE 1.03.	18,154,432
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.	18,245
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	59
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	329
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	329
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)	329
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	270
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	59
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	18,606,891
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	4,299,023
19	SUBTOTAL (SEE INSTRUCTIONS)	14,307,927
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	14,307,927
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	14,307,927
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	700,243
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	490,170
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	14,798,097
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	14,798,097
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	14,289,632
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	508,465
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: 14-0202
 COMPONENT NO: 14-0202
 PERIOD: FROM 12/1/2008 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		64,993,362		14,289,632
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	7/10/2009	200,554	
ADJUSTMENTS TO PROVIDER	.02	12/15/2008	112,955	
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50	10/30/2009	462,872	
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		-149,363	NONE
4 TOTAL INTERIM PAYMENTS			64,843,999	14,289,632
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)			415,003	508,465
7 TOTAL MEDICARE PROGRAM LIABILITY			65,259,002	14,798,097

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.

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
1 CASH ON HAND AND IN BANKS	32,728,000			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	19,111,000			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	6,132,000			
10 DUE FROM OTHER FUNDS	9,358,000			
11 TOTAL CURRENT ASSETS	67,329,000			
12 FIXED ASSETS				
12.01 LAND				
13 LAND IMPROVEMENTS	54,163,000			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	191,817,000			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	39,236,000			
18.01 LESS ACCUMULATED DEPRECIATION	-16,487,000			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	268,729,000			
22 OTHER ASSETS				
22 INVESTMENTS	19,764,000			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	2,004,000			
26 TOTAL OTHER ASSETS	21,768,000			
27 TOTAL ASSETS	357,826,000			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	22,171,000			
29 SALARIES, WAGES & FEES PAYABLE	12,608,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	331,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	37,444,000			
36 TOTAL CURRENT LIABILITIES	72,554,000			
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	31,546,000			
41 OTHER LONG TERM LIABILITIES	14,882,000			
42 TOTAL LONG-TERM LIABILITIES	46,428,000			
43 TOTAL LIABILITIES	118,982,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	238,844,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
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	238,844,000			
52 TOTAL LIABILITIES AND FUND BALANCES	357,826,000			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		253,895,911		
2	NET INCOME (LOSS)		-15,051,911		
3	TOTAL		238,844,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		238,844,000		
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		238,844,000		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	144,408,573		144,408,573
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	144,408,573		144,408,573
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	23,075,790		23,075,790
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	23,075,790		23,075,790
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	167,484,363		167,484,363
17 00 ANCILLARY SERVICES	488,067,142	395,733,394	883,800,536
18 00 OUTPATIENT SERVICES	572,063	16,235,094	16,807,157
18 50 RHC			
18 60 FOHC			
19 00 HOME HEALTH AGENCY			
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
23 00 HOSPICE			
24 00 OBSERVATION	13,691	6,320,834	6,334,525
24 01 ER	23,535,072	42,219,279	65,754,351
25 00 TOTAL PATIENT REVENUES	679,672,331	460,508,601	1140,180,932

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	311,291,555		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES	311,291,555		

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0202
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	1140,180,932
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	846,633,395
3	NET PATIENT REVENUES	293,547,537
4	LESS: TOTAL OPERATING EXPENSES	311,291,555
5	NET INCOME FROM SERVICE TO PATIENTS	-17,744,018
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
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	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
24.02	OTHER OPERATING REVENUE	3,185,556
24.03		
24.04		
24.05		
24.06		
24.07		
24.08		
24.09		
24.10		
25	TOTAL OTHER INCOME	3,185,556
26	TOTAL OTHER EXPENSES	-14,558,462
27	NET NON OPERATING	493,449
27.01		
28		
29		
30	TOTAL OTHER EXPENSES	493,449
31	NET INCOME (OR LOSS) FOR THE PERIOD	-15,051,911

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
HHA REIMBURSABLE SERVICES						
6						
7						
8						
9						
10						
11						
12						
13						
13. 20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23. 50						
24						

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
HHA REIMBURSABLE SERVICES				
6				
7				
8				
9				
10				
11				
12				
13				
13. 20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23. 50				
24				

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1 CAP-REL COST-BLDG & FIX							
2 CAP-REL COST-MOV EQUIP							
3 PLANT OPER & MAINT							
4 TRANSPORTATION							
5 ADMINISTRATIVE & GENERAL							
HHA REIMBURSABLE SERVICES							
6 SKILLED NURSING CARE							
7 PHYSICAL THERAPY							
8 OCCUPATIONAL THERAPY							
9 SPEECH PATHOLOGY							
10 MEDICAL SOCIAL SERVICES							
11 HOME HEALTH AIDE							
12 SUPPLIES							
13 DRUGS							
13. 20 COST ADMINISTERING DRUGS							
14 DME							
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SVCS							
16 RESPIRATORY THERAPY							
17 PRIVATE DUTY NURSING							
18 CLINIC							
19 HEALTH PROM ACTIVITIES							
20 DAY CARE PROGRAM							
21 HOME DEL MEALS PROGRAM							
22 HOMEMAKER SERVICE							
23 ALL OTHERS							
23. 50 TELEMEDICINE							
24 TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1 CAP-REL COST-BLDG & FIX							
2 CAP-REL COST-MOV EQUIP							
3 PLANT OPER & MAINT							
4 TRANSPORTATION							
5 ADMINISTRATIVE & GENERAL							
HHA REIMBURSABLE SERVICES							
6 SKILLED NURSING CARE							
7 PHYSICAL THERAPY							
8 OCCUPATIONAL THERAPY							
9 SPEECH PATHOLOGY							
10 MEDICAL SOCIAL SERVICES							
11 HOME HEALTH AIDE							
12 SUPPLIES							
13 DRUGS							
13. 20 COST ADMINISTERING DRUGS							
14 DME							
HHA NONREIMBURSABLE SERVICES							
15 HOME DIALYSIS AIDE SVCS							
16 RESPIRATORY THERAPY							
17 PRIVATE DUTY NURSING							
18 CLINIC							
19 HEALTH PROM ACTIVITIES							
20 DAY CARE PROGRAM							
21 HOME DEL MEALS PROGRAM							
22 HOMEMAKER SERVICE							
23 ALL OTHERS							
23. 50 TELEMEDICINE							
24 TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (5A	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
HHA REIMBURSABLE SERVICES						
6						
7						
8						
9						
10						
11						
12						
13						
13. 20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23. 50						
24						
25						
26						

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

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

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

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

HHA 1

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

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

HHA COST CENTER	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETIST 20	NURSING SCHOOL 21	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	PARAMED ED P RGM-(SPECIFY 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)					
21	UNIT COST MULTIPLIER				0.000000	

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

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE	NEW CAP REL COSTS-BLDG & (SQUARE FEET	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE	EMPLOYEE BENEFITS (GROSS SALARIES	RECONCILIATION
	1	2	3	4	5	6A
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

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

HHA 1

HHA COST CENTER	CAFETERIA (MEALS SERVED) 12	MAINTENANCE OF PERSONNEL (NUMBER HOUSED) 13	NURSING ADMINISTRATION (DIRECT NRSING HRS) 14	CENTRAL SERVICES & SUPPL (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRAR (TIME SPENT) 17
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

HHA COST CENTER	SOCIAL SERVICE (TIME SPENT) 18	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME) 20	NURSING SCHOOL (ASSIGNED TIME) 21	I&R SERVICES -SALARY & FR (ASSIGNED TIME) 22	I&R SERVICES -OTHER PRGM (ASSIGNED TIME) 23	PARAMED P RGM-(SPECIFY (ASSIGNED TIME) 24
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
PATIENT SERVICES		1	2	3	4	5	6
1 SKILLED NURSING	2						
2 PHYSICAL THERAPY	3						
3 OCCUPATIONAL THERAPY	4						
4 SPEECH PATHOLOGY	5						
5 MEDICAL SOCIAL SERVICES	6						
6 HOME HEALTH AIDE SERVICE	7						
7 TOTAL							

	-----PROGRAM VISITS----- -----PART B-----		-----COST OF SERVICES----- -----PART B-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	PART A 9	10	11
1 SKILLED NURSING					12
2 PHYSICAL THERAPY					
3 OCCUPATIONAL THERAPY					
4 SPEECH PATHOLOGY					
5 MEDICAL SOCIAL SERVICES					
6 HOME HEALTH AIDE SERVICE					
7 TOTAL					

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

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

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 12/ 1/2008	5/26/2010
HHA NO:	TO 12/31/2009	WORKSHEET H-6
-		PARTS I II & III
		HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00						
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES	-----COST OF SERVICES-----	
	-----PART B-----	-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	
15 COST OF MEDICAL SUPPLIES			PART A 9
16 COST OF DRUGS			NOT SUBJECT TO DEDUCT & COINSUR 10
16.20 COST OF DRUGS			SUBJECT TO DEDUCT & COINSUR 11

PER BENEFICIARY COST LIMITATION:

	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UN DUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM F1)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.525080			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.469206			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.110034			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

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

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

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-		PARTS I & II

TITLE XVII I

HHA 1

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

PART A

PART B
NOT SUBJECT TO
DED & COINS
2

PART B
SUBJECT TO
DED & COINS
3

1

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A
SERVICES
1

PART B
SERVICES
2

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

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
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HOSPICE NO:	TO 12/31/2009	WORKSHEET K
-		

HOSPICE 1

SALARIES (FROM K-1)	EMPLOYEE BENEFITS (FROM K-2)	TRANSPORTATION (SEE INST.)	CONTRACTED SERVICES (FROM K-3)
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)

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
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-		

HOSPICE 1

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

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
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HOSPICE NO:	TO 12/31/2009	WORKSHEET K
-		

HOSPICE 1

ADJUSTMENTS	TOTAL
9	(COL. 8
	+ COL. 9)
	10

- GENERAL SERVICE COST CENTERS
- 1 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 3 PLANT OPERATION AND MAINTENANCE
- 4 TRANSPORTATION - STAFF
- 5 VOLUNTEER SERVICE COORDINATION
- 6 ADMINISTRATIVE AND GENERAL
- 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
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HOSPICE NO:	TO 12/31/2009	WORKSHEET K-1
-		

HOSPICE 1

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

- GENERAL SERVICE COST CENTERS
- 1 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 3 PLANT OPERATION AND MAINTENANCE
- 4 TRANSPORTATION - STAFF
- 5 VOLUNTEER SERVICE COORDINATION
- 6 ADMINISTRATIVE AND GENERAL
- INPATIENT CARE SERVICE
- 7 INPATIENT - GENERAL CARE
- 8 INPATIENT - 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
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-		

HOSPICE 1

NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER
5	6	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
- 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
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HOSPICE NO:	TO 12/31/2009	WORKSHEET K-1
-		

HOSPICE 1

TOTAL (1)

9

GENERAL SERVICE COST CENTERS

- 1 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 3 PLANT OPERATION AND MAINTENANCE
- 4 TRANSPORTATION - STAFF
- 5 VOLUNTEER SERVICE COORDINATION
- 6 ADMINISTRATIVE AND GENERAL
- INPATIENT CARE SERVICE
- 7 INPATIENT - GENERAL CARE
- 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)

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

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HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
-		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

- 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 BEREAVEMENT PROGRAM COSTS
- 40 VOLUNTEER PROGRAM COSTS
- 41 FUNDRAISING
- 42 OTHER PROGRAM COSTS
- 43 TOTAL (SUM OF LINES 1 THRU 33)

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
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-		PART I

HOSPICE 1

TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
4	5	5A	6

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

COST ALLOCATION -
 HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
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HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
-		PART I

HOSPICE 1

TOTAL
 (COL. 5A
 + COL. 6)

7

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

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 12/ 1/2008	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
-		PART 11

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
10.20				
11				
12				
13				
14				
15				
16				
17				
18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
GENERAL SERVICE COST CENTERS				
CAPITAL RELATED COSTS-BLDG AND FIXT.				
CAPITAL RELATED COSTS-MOVABLE EQUIP.				
PLANT OPERATION AND MAINTENANCE				
TRANSPORTATION - STAFF				
VOLUNTEER SERVICE COORDINATION				
ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
INPATIENT - GENERAL CARE				
INPATIENT - RESPIRE CARE				
VISITING SERVICES				
PHYSICIAN SERVICES				
NURSING CARE				
NURSING CARE-CONTINUOUS HOME CARE				
PHYSICAL THERAPY				
OCCUPATIONAL THERAPY				
SPEECH/LANGUAGE PATHOLOGY				
MEDICAL SOCIAL SERVICES				
SPIRITUAL COUNSELING				
DIETARY COUNSELING				
COUNSELING - OTHER				
HOME HEALTH AIDE AND HOMEMAKER				
HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
OTHER				
DRUGS BIOLOGICAL AND INFUSION THERAPY				
ANALGESICS				
SEDATIVES / HYPNOTICS				
OTHER - SPECIFY				
DURABLE MEDICAL EQUIPMENT/OXYGEN				
PATIENT TRANSPORTATION				
IMAGING SERVICES				
LABS AND DIAGNOSTICS				
MEDICAL SUPPLIES				
OUTPATIENT SERVICES (INCL. E/R DEPT.)				
RADIATION THERAPY				
CHEMOTHERAPY				
OTHER				
FUNDRAISING				
OTHER PROGRAM COSTS				
COST TO BE ALLOCATED (PER WKST K-4, PART I)				
UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 12/ 1/2008	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
-		PART II

HOSPICE 1

VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
5	6A	6

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

.000000

.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-0202
 HOSPICE NO: -
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
		0	1	2	3
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10				
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
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				
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)					
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
	4	5	5A	6

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 12/ 1/2008	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
-		PART I

HOSPICE 1

MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
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HOSPICE COST CENTER

7	8	9	10
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- 1.00 ADMINISTRATIVE AND GENERAL
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)
- 30.00 UNIT COST MULTIPLIER

DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
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HOSPICE COST CENTER

11	12	13	14
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- 1.00 ADMINISTRATIVE AND GENERAL
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)
- 30.00 UNIT COST MULTIPLIER

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 12/ 1/2008	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
-		PART I

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	15	16	17	18
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD
	20	21	22	23
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 12/ 1/2008	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
-		PART I

HOSPICE 1

HOSPICE COST CENTER	PARAMED ED PRGM- (SPECIFY)	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL
	24	25	26	27
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY		
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		
30.00 UNIT COST MULTIPLIER	.000000	

(1) COLUMN O, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 12/ 1/2008	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
-		PART I

HOSPICE 1

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29

(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: 14-0202
HOSPICE NO: -
PERIOD: FROM 12/1/2008 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-5
PART II

HOSPICE 1

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

HOSPICE COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	MAINTENANCE & REPAIRS (SQUARE FEET) 7
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

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

PROVIDER NO: 14-0202
 HOSPICE NO: -
 PERIOD: FROM 12/1/2008 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET K-5
 PART II

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	5	6A	6	7
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000		.000000	.000000

HOSPICE COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)
	8	9	10	11
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

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

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 12/ 1/2008	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
-		PART II

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUI S.)
	12	13	14	15
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	16	17	18	20
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

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

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 12/ 1/2008	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
-		PART II

HOSPICE 1

HOSPICE COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
HOSPICE COST CENTER	16	17	18	20
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	NURSING SCHOOL (ASSIGNED TIME)	I & R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME)	I & R SERVICES-OTHER PRGM COSTS APPRVD (ASSIGNED TIME)	PARAMED ED PRGM-(SPECIFY) (ASSIGNED TIME)
HOSPICE COST CENTER	21	22	23	24
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

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

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 12/ 1/2008	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
-		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.525080	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.110034	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.070692	
6.01	REFERENCE LAB	44.01		
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.469206	
8	EMERGENCY	61	.286913	
8.20	ACUTE CARE CENTER	61.20	.538870	
9	RADIOLOGY-DIAGNOSTIC	41	.239440	
10	ELECTROMYOGRAPHY	59	.066301	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 12/ 1/2008	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-6
-		

HOSPICE 1

COMPUTATION OF PER DIEM COST

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

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
14-0202	FROM 12/ 1/2008	5/26/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET L
14-0202		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	4,783,110
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	442,819
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	170.68
	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	3.77
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	18.87
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	22.64
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.69
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	224,328
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	5,450,257
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)	