

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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY PROVIDER NO: 14-0209 PERIOD FROM 1/1/2009 TO 12/31/2009 INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2010 TIME 14:16

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: METHODIST MEDICAL CTR. OF ILLINOIS 14-0209 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with 4 columns: TITLE V, TITLE XVIII (A, B, C), TITLE XIX. Rows include HOSPITAL, SUBPROVIDER, SUBPROVIDER II, HOSPITAL-BASED HHA, and TOTAL.

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 221 N E GLEN OAK P. O. BOX:
 1.01 CITY: PEORIA STATE: IL ZIP CODE: 61636- COUNTY: PEORIA

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00	HOSPITAL	14-0209	2.01	7/1/1966	4	5	6
03.00	SUBPROVIDER	14-S209		12/15/1983	N	P	0
03.01	SUBPROVIDER 2	14-T209		12/15/1993	N	P	0
09.00	HOSPITAL-BASED HHA	14-7259		6/1/1992	N	P	N
12.00	HOSP-BASED HOSPICE	14-1537		1/1/1990			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2009 TO: 12/31/2009

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER
 20.01 SUBPROVIDER II

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 37900

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

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

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

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

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	120,391,594	1,683,763	122,075,357	4,246,954.00	28.74	
NON-PHYSICIAN ANESTHETIST						
2 PART A						
3 PART B	3,203,584		3,203,584	35,952.00	89.11	
PHYSICIAN - PART A						
4 PHYSICIAN - PART A	541,509		541,509	4,668.00	116.00	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	621,252		621,252	8,230.00	75.49	
PHYSICIAN - PART B						
5 PHYSICIAN - PART B	25,907,195		25,907,195	288,864.00	89.69	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	1,496,613		1,496,613	41,809.00	35.80	
6.01 CONTRACT SERVICES, I&R						
HOME OFFICE PERSONNEL						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	9,887,978	1,309,691	11,197,669	515,577.00	21.72	
OTHER WAGES & RELATED COSTS						
CONTRACT LABOR:						
9 CONTRACT LABOR:	2,797,959		2,797,959	87,195.00	32.09	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
CONTRACT LABOR: PHYS PART A						
10 CONTRACT LABOR: PHYS PART A	857,958		857,958	6,812.00	125.95	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	912,492		912,492	14,048.00	64.96	
HOME OFFICE SALARIES & WAGE RELATED COSTS						
11 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	25,591,409		25,591,409			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,761,271		3,761,271			CMS 339
NON-PHYS ANESTHETIST PART A						
16 NON-PHYS ANESTHETIST PART A						CMS 339
NON-PHYS ANESTHETIST PART B						
17 NON-PHYS ANESTHETIST PART B	684,053		684,053			CMS 339
PHYSICIAN PART A						
18 PHYSICIAN PART A	110,675		110,675			CMS 339
18.01 PART A TEACHING PHYSICIANS	137,075		137,075			CMS 339
PHYSICIAN PART B						
19 PHYSICIAN PART B	5,525,297		5,525,297			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	407,471		407,471			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	2,194,492	813,012	3,007,504	45,011.00	66.82	
ADMINISTRATIVE & GENERAL						
22 ADMINISTRATIVE & GENERAL	15,702,999	262,920	15,965,919	577,515.00	27.65	
22.01 A & G UNDER CONTRACT	2,370,391		2,370,391	8,765.00	270.44	
23 MAINTENANCE & REPAIRS	1,594,363		1,594,363	66,158.00	24.10	
24 OPERATION OF PLANT	908,095		908,095	50,675.00	17.92	
25 LAUNDRY & LINEN SERVICE	95,271		95,271	6,119.00	15.57	
26 HOUSEKEEPING	1,817,927		1,817,927	151,180.00	12.02	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,664,193	-401,144	1,263,049	82,830.00	15.25	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	358,147	401,144	759,291	60,540.00	12.54	
MAINTENANCE OF PERSONNEL						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,614,773		1,614,773	65,778.00	24.55	
31 CENTRAL SERVICE AND SUPPLY	469,291		469,291	32,217.00	14.57	
32 PHARMACY	2,922,316		2,922,316	84,229.00	34.69	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,228,033		1,228,033	70,371.00	17.45	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	91,533,341	1,683,763	93,217,104	3,880,864.00	24.02	
2 EXCLUDED AREA SALARIES	9,887,978	1,309,691	11,197,669	515,577.00	21.72	
3 SUBTOTAL SALARIES	81,645,363	374,072	82,019,435	3,365,287.00	24.37	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	4,568,409		4,568,409	108,055.00	42.28	
5 SUBTOTAL WAGE-RELATED COSTS	25,702,084		25,702,084		31.34	
6 TOTAL	111,915,856	374,072	112,289,928	3,473,342.00	32.33	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13 TOTAL OVERHEAD COSTS	32,940,291	1,075,932	34,016,223	1,301,388.00	26.14	

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	16,480
22 SKILLED NURSING VISIT CHARGES	0	0	2,566,869
23 PHYSICAL THERAPY VISITS	0	0	8,901
24 PHYSICAL THERAPY VISIT CHARGES	0	0	1,478,000
25 OCCUPATIONAL THERAPY VISITS	0	0	2,836
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	469,072
27 SPEECH PATHOLOGY VISITS	0	0	710
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	118,200
29 MEDICAL SOCIAL SERVICE VISITS	0	0	505
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	104,670
31 HOME HEALTH AIDE VISITS	0	0	3,224
32 HOME HEALTH AIDE VISIT CHARGES	0	0	250,876
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	32,656
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	4,987,687
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	1,702
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	4
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	131,923

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET S-9
14-1537		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICARE DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE	1,166			
2 ROUTINE HOME CARE	12,114			
3 INPATIENT RESPIRE CARE	15			
4 GENERAL INPATIENT CARE	23			
5 TOTAL HOSPICE DAYS	13,318			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		1,166
2 ROUTINE HOME CARE	2,696	14,810
3 INPATIENT RESPIRE CARE		15
4 GENERAL INPATIENT CARE		23
5 TOTAL HOSPICE DAYS	2,696	16,014

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	245			
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	54.36			
9 UNDUPLICATED CENSUS COUNT	245			

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	50	295
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	53.92	54.28
9 UNDUPLICATED CENSUS COUNT		245

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	43,618,921
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	43,618,921
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)	.235528
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-0209

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

PREPARED 5/26/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		4,441,854	4,441,854	210,803	4,652,657
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		12,350,599	12,350,599	921,948	13,272,547
5	0500 EMPLOYEE BENEFITS	2,057,788	29,740,679	31,798,467	-679,950	31,118,517
5.01	0501 PARKING	136,704	91,463	228,167	-202,336	25,831
6	0600 ADMINISTRATION & GENERAL	15,702,999	35,212,686	50,915,685	-353,039	50,562,646
7	0700 MAINTENANCE & REPAIRS	1,594,363	4,612,621	6,206,984	-500	6,206,484
8	0800 OPERATION OF PLANT	908,095	4,865,684	5,773,779		5,773,779
9	0900 LAUNDRY & LINEN SERVICE	95,271	840,314	935,585		935,585
10	1000 HOUSEKEEPING	1,817,927	854,691	2,672,618	34	2,672,652
11	1100 DIETARY	1,664,193	1,658,346	3,322,539	-1,126,729	2,195,810
12	1200 CAFETERIA	358,147	194,154	552,301	1,121,603	1,673,904
14	1400 NURSING ADMINISTRATION	1,614,773	364,468	1,979,241		1,979,241
15	1500 CENTRAL SERVICES & SUPPLY	469,291	878,812	1,348,103	-818,195	529,908
16	1600 PHARMACY	2,922,316	7,448,483	10,370,799	-7,124,032	3,246,767
17	1700 MEDICAL RECORDS & LIBRARY	1,228,033	627,871	1,855,904		1,855,904
21	2100 NURSING SCHOOL	2,175,127	810,648	2,985,775		2,985,775
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	1,496,613		1,496,613		1,496,613
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,496,613	1,315,016	2,811,629		2,811,629
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	15,209,526	2,553,580	17,763,106	36,146	17,799,252
26	2600 INTENSIVE CARE UNIT	1,835,548	706,989	2,542,537		2,542,537
29	2900 SURGICAL INTENSIVE CARE UNIT	1,749,725	388,025	2,137,750		2,137,750
31	3100 SUBPROVIDER	1,881,811	258,198	2,140,009		2,140,009
31.01	3101 SUBPROVIDER - REHAB	1,576,460	878,404	2,454,864	-109	2,454,755
33	3300 NURSERY	882,653	378,407	1,261,060		1,261,060
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	10,750,594	26,886,710	37,637,304	-50,728	37,586,576
37.01	3701 LITHOTRIpsy		140,800	140,800		140,800
39	3900 DELIVERY ROOM & LABOR ROOM	1,727,317	2,137,885	3,865,202		3,865,202
40	4000 ANESTHESIOLOGY	6,445,114	5,172,046	11,617,160		11,617,160
40.01	3951 PAIN CLINIC	723,284	358,664	1,081,948		1,081,948
41	4100 RADIOLOGY-DIAGNOSTIC	4,129,413	2,411,704	6,541,117	-47	6,541,070
42	4200 RADIOLOGY-THERAPEUTIC	566,568	638,721	1,205,289		1,205,289
43	4300 RADIOISOTOPE	258,323	443,079	701,402		701,402
43.01	3950 PET SCANNING	116,330	521,489	637,819		637,819
44	4400 LABORATORY	3,868,681	8,260,807	12,129,488	-400	12,129,088
49	4900 RESPIRATORY THERAPY	1,120,013	415,815	1,535,828	-1,888	1,533,940
50	5000 PHYSICAL THERAPY		2,810,046	2,810,046		2,810,046
54	5400 ELECTROENCEPHALOGRAPHY	359,084	72,989	432,073		432,073
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				527,946	527,946
56	5600 DRUGS CHARGED TO PATIENTS				7,124,032	7,124,032
57	5700 RENAL DIALYSIS	208,065	46,828	254,893		254,893
59	3550 PSYCH - PARTIAL HOSPITALIZATION	447,350	49,488	496,838		496,838
59.01	3330 ENDOSCOPY	576,060	379,177	955,237		955,237
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	2,209,845	653,858	2,863,703		2,863,703
60.01	6001 CHI LLICOTHE, PRINCEVILLE & LACON RHC				1,724,397	1,724,397
60.03	6003 PHYSICIAN OFFICES	19,306,872	17,789,213	37,096,085	-2,863,349	34,232,736
60.05	6005 CARDIO/PULMONARY REHAB	186,413	74,876	261,289		261,289
60.06	6006 DIABETIC CARE CENTER	170,358	53,782	224,140		224,140
60.07	6007 WOUND CARE CENTER	657,320	779,398	1,436,718	18	1,436,736
60.08	4950 IP AMB SVC					
61	6100 EMERGENCY	3,436,034	2,852,133	6,288,167		6,288,167
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES		36,146	36,146	-36,146	
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	2,280,164	1,627,850	3,908,014	-133,951	3,774,063
88	8800 INTEREST EXPENSE		2,258,808	2,258,808		2,258,808
93	9300 HOSPICE	723,163	962,066	1,685,229	-335,834	1,349,395
95	SUBTOTALS NONREIMBURS COST CENTERS	119,140,341	189,306,370	308,446,711	-2,060,306	306,386,405
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH	325,672	1,073,902	1,399,574		1,399,574
98	9800 PHYSICIANS' PRIVATE OFFICES		69,401	69,401		69,401
99	9900 NONPAID WORKERS	669,044	1,379,152	2,048,196		2,048,196
100	7950 HEARTLAND PHARMACY					
100.01	7951 FOUNDATION					
100.02	7952 WELLNESS CENTER	256,537	366,955	623,492	-175	623,317
100.05	7953 OTHER NON-REIMBURSABLE		363	363	2,060,481	2,060,844
101	TOTAL	120,391,594	192,196,143	312,587,737	-0-	312,587,737

RECLASSIFICATION AND ADJUSTMENT OF
 TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	102,388	4,755,045
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		13,272,547
5	0500 EMPLOYEE BENEFITS	-7,924,308	23,194,209
5.01	0501 PARKING	-25,831	
6	0600 ADMINISTRATION & GENERAL	-6,433,811	44,128,835
7	0700 MAINTENANCE & REPAIRS	32	6,206,516
8	0800 OPERATION OF PLANT	-3,744	5,770,035
9	0900 LAUNDRY & LINEN SERVICE	-875	934,710
10	1000 HOUSEKEEPING		2,672,652
11	1100 DIETARY		2,195,810
12	1200 CAFETERIA	-1,158,449	515,455
14	1400 NURSING ADMINISTRATION	-20,211	1,959,030
15	1500 CENTRAL SERVICES & SUPPLY	-11	529,897
16	1600 PHARMACY	-41	3,246,726
17	1700 MEDICAL RECORDS & LIBRARY	-5,470	1,850,434
21	2100 NURSING SCHOOL	-2,657,097	328,678
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	-159,839	1,336,774
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-438	2,811,191
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-130,171	17,669,081
26	2600 INTENSIVE CARE UNIT	-259,913	2,282,624
29	2900 SURGICAL INTENSIVE CARE UNIT	-9,147	2,128,603
31	3100 SUBPROVIDER	-119,753	2,020,256
31.01	3101 SUBPROVIDER - REHAB	-35,192	2,419,563
33	3300 NURSERY	-32,887	1,228,173
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-2,560,717	35,025,859
37.01	3701 LI THOTRI PSY		140,800
39	3900 DELIVERY ROOM & LABOR ROOM	-1,737,819	2,127,383
40	4000 ANESTHESIOLOGY	-10,337,409	1,279,751
40.01	3951 PAIN CLINIC	-247,633	834,315
41	4100 RADIOLOGY-DIAGNOSTIC	-197,744	6,343,326
42	4200 RADIOLOGY-THERAPEUTIC	-475,237	730,052
43	4300 RADIOISOTOPE	-90	701,312
43.01	3950 PET SCANNING		637,819
44	4400 LABORATORY	-551,308	11,577,780
49	4900 RESPIRATORY THERAPY	-189	1,533,751
50	5000 PHYSICAL THERAPY	-146,972	2,663,074
54	5400 ELECTROENCEPHALOGRAPHY	-21,564	410,509
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-360	527,586
56	5600 DRUGS CHARGED TO PATIENTS	-9,175	7,114,857
57	5700 RENAL DIALYSIS		254,893
59	3550 PSYCH - PARTIAL HOSPITALIZATION	-197,422	299,416
59.01	3330 ENDOSCOPY		955,237
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-1,279,445	1,584,258
60.01	6001 CHILLCOTHE, PRINCEVILLE & LACON RHC	30,299	1,754,696
60.03	6003 PHYSICIAN OFFICES	-22,376,745	11,855,991
60.05	6005 CARDIO/PULMONARY REHAB	-66,241	195,048
60.06	6006 DIABETIC CARE CENTER	-50,233	173,907
60.07	6007 WOUND CARE CENTER	-388,533	1,048,203
60.08	4950 IP AMB SVC		
61	6100 EMERGENCY	-2,069,271	4,218,896
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	-1,274	3,772,789
88	8800 INTEREST EXPENSE	-2,258,808	-0-
93	9300 HOSPICE	-11,271	1,338,124
95	SUBTOTALS	-63,829,929	242,556,476
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH	-2,650	1,396,924
98	9800 PHYSICIANS' PRIVATE OFFICES		69,401
99	9900 NONPAID WORKERS	11,889	2,060,085
100	7950 HEARTLAND PHARMACY		
100.01	7951 FOUNDATION		
100.02	7952 WELLNESS CENTER	-27,264	596,053
100.05	7953 OTHER NON-REIMBURSABLE		2,060,844
101	TOTAL	-63,847,954	248,739,783

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
5.01	PARKING	0501	EMPLOYEE BENEFITS
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	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER - REHAB	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	LITHOTRIpsy	3701	OPERATING ROOM
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	PAIN CLINIC	3951	OTHER ANCILLARY SERVICE COST CENTERS
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	PET SCANNING	3950	OTHER ANCILLARY SERVICE COST CENTERS
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	PSYCH - PARTIAL HOSPITALIZATION	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	ENDOSCOPY	3330	ENDOSCOPY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	CHILICOTHE, PRINCEVILLE & LACON RHC	6001	CLINIC
60.03	PHYSICIAN OFFICES	6003	CLINIC
60.05	CARDIO/PULMONARY REHAB	6005	CLINIC
60.06	DIABETIC CARE CENTER	6006	CLINIC
60.07	WOUND CARE CENTER	6007	CLINIC
60.08	IP AMB SVC	4950	OTHER OUTPATIENT SERVICE COST CENTER
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	HEARTLAND PHARMACY	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	FOUNDATION	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	WELLNESS CENTER	7952	OTHER NONREIMBURSABLE COST CENTERS
100.05	OTHER NON-REIMBURSABLE	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 140209	PERIOD: FROM 1/ 1/2009 TO 12/31/2009	PREPARED 5/26/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) COST CENTER 1	2	LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		527,946
2 DRUGS SOLD	B	DRUGS CHARGED TO PATIENTS	56		7,124,032
3 FOOD PREP	C	CAFETERIA	12	401,144	725,064
4 PARKING EXPENSE	E	OTHER NON-REIMBURSABLE	100.05	121,228	81,108
5 PROPERTY INSURANCE	G	NEW CAP REL COSTS-BLDG & FIXT	3		210,803
6		NEW CAP REL COSTS-MVBLE EQUIP	4		172,545
7 EQUIPMENT RENTAL	I	NEW CAP REL COSTS-MVBLE EQUIP	4		749,403
8		HOUSEKEEPING	10		34
9		WOUND CARE CENTER	60.07		18
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20 CHILD CARE EXPENSES	J	OTHER NON-REIMBURSABLE	100.05	578,525	141,425
21 CENTRAL BILLING	K	OTHER NON-REIMBURSABLE	100.05	701,860	436,335
22 PT BILLING DIRECTOR	L	ADMINISTRATIVE & GENERAL	6	117,216	16,735
23 INPATIENT AMBULANCE	M	ADULTS & PEDIATRICS	25		36,146
24 RECRUITMENT/RETENTION BONUS	N	EMPLOYEE BENEFITS	5	568,252	
25		ADMINISTRATIVE & GENERAL	6	145,704	
26		NURSING SCHOOL	21	25,294	
27 SEVERANCE	O	EMPLOYEE BENEFITS	5	944,513	
28 WELLNESS BENEFIT	P	EMPLOYEE BENEFITS	5		40,000
29 RHC CERTIFIED EXPENSES	Q	CHILLICOTHE, PRINCEVILLE & LACON RHC	60.01	702,760	1,021,637
36 TOTAL RECLASSIFICATIONS				4,306,496	11,283,231

(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: 140209	PERIOD: FROM 1/1/2009 TO 12/31/2009	PREPARED 5/26/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 MEDICAL SUPPLIES	A	CENTRAL SERVICES & SUPPLY	15		527,946	
2 DRUGS SOLD	B	PHARMACY	16		7,124,032	
3 FOOD PREP	C	DIETARY	11	401,144	725,064	
4 PARKING EXPENSE	E	PARKING	5.01	121,228	81,108	
5 PROPERTY INSURANCE	G	ADMINISTRATIVE & GENERAL	6		383,348	12
6						12
7 EQUIPMENT RENTAL	I	ADMINISTRATIVE & GENERAL	6		63,642	10
8		MAINTENANCE & REPAIRS	7		500	
9		DIETARY	11		521	
10		CAFETERIA	12		4,605	
11		CENTRAL SERVICES & SUPPLY	15		290,249	
12		SUBPROVIDER - REHAB	31.01		109	
13		OPERATING ROOM	37		50,728	
14		RADIOLOGY-DIAGNOSTIC	41		47	
15		LABORATORY	44		400	
16		RESPIRATORY THERAPY	49		1,888	
17		PHYSICIAN OFFICES	60.03		757	
18		HOSPICE	93		335,834	
19		WELLNESS CENTER	100.02		175	
20 CHILD CARE EXPENSES	J	EMPLOYEE BENEFITS	5	578,525	141,425	
21 CENTRAL BILLING	K	PHYSICIAN OFFICES	60.03	701,860	436,335	
22 PT BILLING DIRECTOR	L	HOME HEALTH AGENCY	71	117,216	16,735	
23 INPATIENT AMBULANCE	M	AMBULANCE SERVICES	65		36,146	
24 RECRUITMENT/RETENTION BONUS	N	EMPLOYEE BENEFITS	5		568,252	
25		ADMINISTRATIVE & GENERAL	6		145,704	
26		NURSING SCHOOL	21		25,294	
27 SEVERANCE	O	EMPLOYEE BENEFITS	5		944,513	
28 WELLNESS BENEFIT	P	ADMINISTRATIVE & GENERAL	6		40,000	
29 RHC CERTIFIED EXPENSES	Q	PHYSICIAN OFFICES	60.03	702,760	1,021,637	
36 TOTAL RECLASSIFICATIONS				2,622,733	12,966,994	

(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:
140209

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

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

RECLASS CODE: A
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	527,946	CENTRAL SERVICES & SUPPLY	15	527,946	
TOTAL RECLASSIFICATIONS FOR CODE A			527,946				527,946

RECLASS CODE: B
EXPLANATION : DRUGS SOLD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	7,124,032	PHARMACY	16	7,124,032	
TOTAL RECLASSIFICATIONS FOR CODE B			7,124,032				7,124,032

RECLASS CODE: C
EXPLANATION : FOOD PREP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,126,208	DIETARY	11	1,126,208	
TOTAL RECLASSIFICATIONS FOR CODE C			1,126,208				1,126,208

RECLASS CODE: E
EXPLANATION : PARKING EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER NON-REIMBURSABLE	100.05	202,336	PARKING	5.01	202,336	
TOTAL RECLASSIFICATIONS FOR CODE E			202,336				202,336

RECLASS CODE: G
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	210,803	ADMINISTRATIVE & GENERAL	6	383,348	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	172,545			0	
TOTAL RECLASSIFICATIONS FOR CODE G			383,348				383,348

RECLASS CODE: I
EXPLANATION : EQUIPMENT RENTAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	749,403	ADMINISTRATIVE & GENERAL	6	63,642	
2.00	HOUSEKEEPING	10	34	MAINTENANCE & REPAIRS	7	500	
3.00	WOUND CARE CENTER	60.07	18	DIETARY	11	521	
4.00			0	CAFETERIA	12	4,605	
5.00			0	CENTRAL SERVICES & SUPPLY	15	290,249	
6.00			0	SUBPROVIDER - REHAB	31.01	109	
7.00			0	OPERATING ROOM	37	50,728	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	47	
9.00			0	LABORATORY	44	400	
10.00			0	RESPIRATORY THERAPY	49	1,888	
11.00			0	PHYSICIAN OFFICES	60.03	757	
12.00			0	HOSPICE	93	335,834	
13.00			0	WELLNESS CENTER	100.02	175	
TOTAL RECLASSIFICATIONS FOR CODE I			749,455				749,455

RECLASS CODE: J
EXPLANATION : CHILD CARE EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER NON-REIMBURSABLE	100.05	719,950	EMPLOYEE BENEFITS	5	719,950	
TOTAL RECLASSIFICATIONS FOR CODE J			719,950				719,950

RECLASS CODE: K
EXPLANATION : CENTRAL BILLING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER NON-REIMBURSABLE	100.05	1,138,195	PHYSICIAN OFFICES	60.03	1,138,195	
TOTAL RECLASSIFICATIONS FOR CODE K			1,138,195				1,138,195

RECLASSIFICATIONS

PROVIDER NO:
140209

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

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

RECLASS CODE: L
EXPLANATION : PT BILLING DIRECTOR

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	133,951
TOTAL RECLASSIFICATIONS FOR CODE L		133,951

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
HOME HEALTH AGENCY	71	133,951
		133,951

RECLASS CODE: M
EXPLANATION : INPATIENT AMBULANCE

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	36,146
TOTAL RECLASSIFICATIONS FOR CODE M		36,146

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
AMBULANCE SERVICES	65	36,146
		36,146

RECLASS CODE: N
EXPLANATION : RECRUITMENT/RETENTION BONUS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	568,252
2.00	ADMINISTRATIVE & GENERAL	145,704
3.00	NURSING SCHOOL	25,294
TOTAL RECLASSIFICATIONS FOR CODE N		739,250

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	568,252
ADMINISTRATIVE & GENERAL	6	145,704
NURSING SCHOOL	21	25,294
		739,250

RECLASS CODE: O
EXPLANATION : SEVERANCE

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	944,513
TOTAL RECLASSIFICATIONS FOR CODE O		944,513

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	944,513
		944,513

RECLASS CODE: P
EXPLANATION : WELLNESS BENEFIT

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	40,000
TOTAL RECLASSIFICATIONS FOR CODE P		40,000

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	40,000
		40,000

RECLASS CODE: Q
EXPLANATION : RHC CERTIFIED EXPENSES

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	CHILlicothe, PRINCEVILLE & LAC	1,724,397
TOTAL RECLASSIFICATIONS FOR CODE Q		1,724,397

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
PHYSICIAN OFFICES	60.03	1,724,397
		1,724,397

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND								
2	LAND IMPROVEMENTS	1,733,802						1,733,802	
3	BUILDINGS & FIXTURE	188,275,849	8,390,379			8,390,379		196,666,228	
4	BUILDING IMPROVEMENTS								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	153,996,409	10,441,920			10,441,920	2,045,848	162,392,481	
7	SUBTOTAL	344,006,060	18,832,299			18,832,299	2,045,848	360,792,511	
8	RECONCILING ITEMS								
9	TOTAL	344,006,060	18,832,299			18,832,299	2,045,848	360,792,511	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
3	NEW CAP REL COSTS-BL	198,400,030		198,400,030	.549901			
4	NEW CAP REL COSTS-MV	162,392,481		162,392,481	.450099			
5	TOTAL	360,792,511		360,792,511	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
3	NEW CAP REL COSTS-BL	4,618,474			210,803		-74,232	4,755,045
4	NEW CAP REL COSTS-MV	9,023,936	749,403		172,545		3,326,663	13,272,547
5	TOTAL	13,642,410	749,403		383,348		3,252,431	18,027,592

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
3	NEW CAP REL COSTS-BL	4,402,564					39,290	4,441,854
4	NEW CAP REL COSTS-MV	9,023,936					3,326,663	12,350,599
5	TOTAL	13,426,500					3,365,953	16,792,453

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-55,835	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-3,744	OPERATION OF PLANT	8	
11 PARKING LOT	A	-25,831	PARKING	5.01	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-32,805,159			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-30,665			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,098,119	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-9,175	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-5,470	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	B	-2,657,097	NURSING SCHOOL	21	
22 VENDING MACHINES	B	-60,330	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 CHILD CARE CENTER	B	-532,640	EMPLOYEE BENEFITS	5	
38 PHYSICIAN ANSWERING SERVICE	B	-135,406	ADMINISTRATIVE & GENERAL	6	
39 MISC INCOME	B	-33,531	ADMINISTRATIVE & GENERAL	6	
40 MED STAFF MISC INCOME	B	-86,875	ADMINISTRATIVE & GENERAL	6	
41 LAUNDRY MISC REVENUE	B	-875	LAUNDRY & LINEN SERVICE	9	
42 NURSING ADMIN MISC REVENUE	B	-4,320	NURSING ADMINISTRATION	14	
43 BABY CAR SEATS & PHOTOS	B	-4,378	NURSERY	33	
44 LACTATION EQUIPMENT	B	-28,509	NURSERY	33	
45 OR MISC REVENUE	B	-1,000	OPERATING ROOM	37	
46 LABOR AND DELIVERY	B	-11,890	DELIVERY ROOM & LABOR ROO	39	
47 RADIOLOGY DUPLICATIONS	B	-43,528	RADIOLOGY-DIAGNOSTIC	41	
48 RADIATION ONCOLOGY MISC REVENUE	B	-100,000	RADIOLOGY-THERAPEUTIC	42	
49 NUCLEAR MED MISC REVENUE	B	-90	RADIOISOTOPE	43	
49.01 LAB ROYALTY FEES	B	-18,314	LABORATORY	44	
49.02 CARDIAC REHAB MISC	B	-15,709	CARDIO/PULMONARY REHAB	60.05	
49.03 DIABETIC TRAINING	B	-4,325	DIABETIC CARE CENTER	60.06	
49.04 INTEREST EXPENSE	A	-2,258,808	INTEREST EXPENSE	88	
49.05 PROMOTION EXPENSE	A	-7,991	ADMINISTRATIVE & GENERAL	6	
49.06 PROMOTION EXPENSE	A	-15,891	NURSING ADMINISTRATION	14	
49.07 PROMOTION EXPENSE	A	-41	PHARMACY	16	
49.08 PROMOTION EXPENSE	A	-70	ADULTS & PEDIATRICS	25	
49.09 PROMOTION EXPENSE	A	-2,241	DELIVERY ROOM & LABOR ROO	39	
49.10 PROMOTION EXPENSE	A	-761	RADIOLOGY-DIAGNOSTIC	41	
49.11 PROMOTION EXPENSE	A	-83	RADIOLOGY-THERAPEUTIC	42	
49.12 PROMOTION EXPENSE	A	-1,110	LABORATORY	44	
49.13 PROMOTION EXPENSE	A	-189	RESPIRATORY THERAPY	49	
49.14 PROMOTION EXPENSE	A	-114	ELECTROENCEPHALOGRAPHY	54	
49.15 PROMOTION EXPENSE	A	-6,166	PHYSICIAN OFFICES	60.03	
49.16 PROMOTION EXPENSE	A	-734	CARDIO/PULMONARY REHAB	60.05	
49.17 PROMOTION EXPENSE	A	-226	WOUND CARE CENTER	60.07	
49.18 PROMOTION EXPENSE	A	-7,656	EMERGENCY	61	
49.19 PROMOTION EXPENSE	A	-1,274	HOME HEALTH AGENCY	71	
49.20 PHYSICIAN RECRUITMENT	A	-367,202	ADMINISTRATIVE & GENERAL	6	
49.21 PHYSICIAN RECRUITMENT	A	-438	I&R SERVICES-OTHER PRGM C	23	
49.22 PHYSICIAN RECRUITMENT	A	-2,130	OPERATING ROOM	37	
49.23 PHYSICIAN RECRUITMENT	A	-308,018	ANESTHESIOLOGY	40	
49.24 PHYSICIAN RECRUITMENT	A	-1,315	PHYSICIAN OFFICES	60.03	
49.25 SPONSORSHIPS	A	-517,468	ADMINISTRATIVE & GENERAL	6	
49.26 COLLECTION FEES (NETTED IN BD EXP)	A	378,632	ADMINISTRATIVE & GENERAL	6	
49.27 DONATIONS	A	-1,109,975	ADMINISTRATIVE & GENERAL	6	
49.28 ADDBACK INVESTMENT MANAGEMENT FEES	A	168,629	ADMINISTRATIVE & GENERAL	6	
49.29 IHHS & AHA MEMBERSHIP LOBBYING EXP	A	-44,952	ADMINISTRATIVE & GENERAL	6	
49.30 MALPRACTICE NET OF INCOME	A	-4,206,039	ADMINISTRATIVE & GENERAL	6	
49.31 ELIM GAIN ON ASSET DISP NETTED	B	-113,522	NEW CAP REL COSTS-BLDG &	3	
49.32 RADIOLOGY REBATE	A	-8,800	RADIOLOGY-DIAGNOSTIC	41	
49.33 FEDERAL INCOME TAXES	A	-129,557	ADMINISTRATIVE & GENERAL	6	
49.34 IMPLANT REBATE	B	-360	MEDICAL SUPPLIES CHARGED	55	

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	WKST. A-7 REF. 5
	BASIS/CODE	AMOUNT			
	1	2	3	4	
49.35 TOLL FINES	A	-63	ADMINISTRATIVE & GENERAL	6	
49.36 SELF INSURED EXPENSES	A	-6,544,558	EMPLOYEE BENEFITS	5	
49.37 LEASED EMPLOYEE REVENUE	B	-213,854	ADMINISTRATIVE & GENERAL	6	
49.38 LEASED EMPLOYEE REVENUE	B	-16,215	I&R SERVICES-SALARY & FRI	22	
49.39 LEASED EMPLOYEE REVENUE	B	-99,849	RADIOLOGY-THERAPEUTIC	42	
49.40 LEASED EMPLOYEE REVENUE	B	-207,331	PHYSICIAN OFFICES	60.03	
49.41 MAINTENANCE MISC INCOME	B	32	MAINTENANCE & REPAIRS	7	
49.42 I&R MISC INCOME	B	-102,175	I&R SERVICES-SALARY & FRI	22	
49.43 A&P MISC INCOME	B	-82,319	ADULTS & PEDIATRICS	25	
49.44 SURGICAL ICU MISC INCOME	B	-9,147	SURGICAL INTENSIVE CARE U	29	
49.45 PSYCH MISC INCOME	B	-1,925	SUBPROVIDER	31	
49.46 CLINIC MISC INCOME	B	-12,807	CLINIC	60	
49.47 PHYSICIAN OFFICE MISC INCOME	B	-757,013	PHYSICIAN OFFICES	60.03	
49.48 EMERGENCY MISC INCOME	B	-21,427	EMERGENCY	61	
49.49 PT MISC INCOME	B	-135,150	PHYSICAL THERAPY	50	
49.50 CRNA SALARIES	A	-3,203,584	ANESTHESIOLOGY	40	
49.51 CRNA BENEFITS	A	-846,148	EMPLOYEE BENEFITS	5	
49.52 PHYSICIAN BENEFITS	A	-1,969	ADULTS & PEDIATRICS	25	
49.53 PHYSICIAN BENEFITS	A	-1,594	INTENSIVE CARE UNIT	26	
49.54 PHYSICIAN BENEFITS	A	-1,969	SUBPROVIDER	31	
49.55 PHYSICIAN BENEFITS	A	-389,346	OPERATING ROOM	37	
49.56 PHYSICIAN BENEFITS	A	-655,229	ANESTHESIOLOGY	40	
49.57 PHYSICIAN BENEFITS	A	-40,104	PAIN CLINIC	40.01	
49.58 PHYSICIAN BENEFITS	A	-34,949	PSYCH - PARTIAL HOSPITALI	59	
49.59 PHYSICIAN BENEFITS	A	-215,340	CLINIC	60	
49.60 PHYSICIAN BENEFITS	A	-3,836,030	PHYSICIAN OFFICES	60.03	
49.61 PHYSICIAN BENEFITS	A	-1,969	CARDIO/PULMONARY REHAB	60.05	
49.62 PHYSICIAN BENEFITS	A	-7,583	DIABETIC CARE CENTER	60.06	
49.63 PHYSICIAN BENEFITS	A	-68,022	WOUND CARE CENTER	60.07	
49.64 PHYSICIAN BENEFITS	A	-1,221	EMERGENCY	61	
49.65 MISC INCOME	B	-105	CHILLICOTHE, PRINCEVILLE	60.01	
49.66 PROMOTION EXPENSE	A	-306	CHILLICOTHE, PRINCEVILLE	60.01	
50 TOTAL (SUM OF LINES 1 THRU 49)		-63,847,954			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	60 3	PHYSICIAN OFFICES	GOMP RENTAL	28,792	35,275	-6,483	10
2	6	ADMINISTRATIVE & GENERAL	GOMP RENTAL	50,715	63,040	-12,325	10
3	6	ADMINISTRATIVE & GENERAL	GOMP RENTAL	89,997	110,262	-20,265	10
4	6	ADMINISTRATIVE & GENERAL	GOMP RENTAL	18,732	22,950	-4,218	10
4.01	6	ADMINISTRATIVE & GENERAL	GOMP RENTAL	26,933	61,404	-34,471	10
4.02	99	NONPAID WORKERS	GOMP RENTAL	50,119	32,997	17,122	10
4.03	99	NONPAID WORKERS	GOMP RENTAL	23,242	28,475	-5,233	10
4.04	100 2	WELLNESS CENTER	ATRIUM BLDG	211,436	238,700	-27,264	10
4.05	60 5	CARDIO/PULMONARY REHAB	ATRIUM BLDG	37,775	42,647	-4,872	10
4.06	60 3	PHYSICIAN OFFICES	ATRIUM BLDG	93,446	105,495	-12,049	10
4.07	40 1	PAIN CLINIC	ATRIUM BLDG	184,386	206,721	-22,335	10
4.08	60 7	WOUND CARE CENTER	ATRIUM BLDG	93,376	105,417	-12,041	10
4.09	60 6	DIABETIC CARE CENTER	ATRIUM BLDG	31,782	35,880	-4,098	10
4.10	37	OPERATING ROOM	ATRIUM BLDG	40,090	45,260	-5,170	10
4.11	97	RESEARCH	ATRIUM BLDG	20,555	23,205	-2,650	10
4.12	60 3	PHYSICIAN OFFICES	ATRIUM BLDG	34,925	34,406	519	10
4.13	60 3	PHYSICIAN OFFICES	ATRIUM BLDG	52,975	59,860	-6,885	10
4.14	60 3	PHYSICIAN OFFICES	ATRIUM BLDG	88,851	100,293	-11,442	10
4.15	60 3	PHYSICIAN OFFICES	ATRIUM BLDG	74,255	83,821	-9,566	10
4.16	60 3	PHYSICIAN OFFICES	ATRIUM BLDG	35,634	43,119	-7,485	10
4.17	50	PHYSICAL THERAPY	ATRIUM BLDG	95,898	107,720	-11,822	10
4.18	22	I&R SERVICES-SALARY & FRI	FAMILY MEDICAL BLDG	85,288	126,737	-41,449	10
4.19	60	CLINIC	FAMILY MEDICAL BLDG	173,150	251,208	-78,058	10
4.20	60 3	PHYSICIAN OFFICES	FAMILY MEDICAL BLDG	1,215,624	1,106,670	108,954	10
4.21	60 3	PHYSICIAN OFFICES	PHYSICIANS IN FAMILY MED	129,821	159,234	-29,413	10
4.22	60 3	PHYSICIAN OFFICES	MORTON MEDPOINTE BLD	146,789	176,068	-29,279	10
4.23	60 3	PHYSICIAN OFFICES	WASHINGTON	32,592	21,472	11,120	10
4.24	3	NEW CAP REL COSTS-BLDG &	EAST CAMPUS DEPR	143,560		143,560	9
4.25	3	NEW CAP REL COSTS-BLDG &	EAST CAMPUS DEPR	20,044		20,044	9
4.26	3	NEW CAP REL COSTS-BLDG &	EAST CAMPUS DEPR	29,644		29,644	9
4.27	3	NEW CAP REL COSTS-BLDG &	EAST CAMPUS DEPR	3,683		3,683	9
4.28	3	NEW CAP REL COSTS-BLDG &	EAST CAMPUS DEPR	14,051		14,051	9
4.29	3	NEW CAP REL COSTS-BLDG &	EAST CAMPUS DEPR	4,928		4,928	9
4.30	41	RADIOLOGY-DIAGNOSTIC	HHC	23	25	-2	
4.31	41	RADIOLOGY-DIAGNOSTIC	HHC	139	150	-11	
4.32	42	RADIOLOGY-THERAPEUTIC	HHC	10	11	-1	
4.33	15	CENTRAL SERVICES & SUPPLY	HHC	142	153	-11	
4.34	93	HOSPICE	HHC	140,883	152,154	-11,271	
4.35	60	CLINIC	HHC	424	458	-34	
4.36	60 3	PHYSICIAN OFFICES	HHC	23	25	-2	
4.37	6	ADMINISTRATIVE & GENERAL	HHC	12,496	13,496	-1,000	
4.38	6	ADMINISTRATIVE & GENERAL	HHC	557	602	-45	
4.39	5	EMPLOYEE BENEFITS	HHC	12,031	12,993	-962	
4.40	60 3	PHYSICIAN OFFICES	MMG ADMIN	9,638,395	9,641,183	-2,788	
4.41	60 1	CHILLICOTHE, PRINCEVILLE	FAMILY MEDICAL BLDG	217,866	187,156	30,710	
5		TOTALS		13,406,077	13,436,742	-30,665	

* 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	G FOUNDATION	0.00		0.00	NOT FOR PROFIT
2	G HEARTLAND HOME	0.00		0.00	NOT FOR PROFIT
3	G METHODIST SERVICES	0.00		0.00	NOT FOR PROFIT
4	G MIDWEST HEALTH	0.00		0.00	NOT FOR PROFIT
5	G CONSOLIDATED LINES	0.00		0.00	NOT FOR PROFIT
5.01	G PROVIDER RES MGT	0.00		0.00	NOT FOR PROFIT
5.02	G TLC SERVICES	0.00		0.00	NOT FOR PROFIT
5.03	G OFFICE FUNCTIONS	0.00		0.00	NOT FOR PROFIT

- (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: 14-0209
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & Peds	76,467	20,889	55,578	171,400	372	30,654	1,533
2 26	ICU	258,319	258,319		171,400			
3 31	PSYCH	121,203	101,814	19,389	142,500	78	5,344	267
4 31 1	REHAB	169,263		169,263	171,400	1,627	134,071	6,704
5 37	OPERATING ROOM	2,206,933	2,124,257	82,676	204,100	447	43,862	2,193
6 39	DELIVERY & LABOR ROOM	1,829,000	1,714,000	115,000	171,400	1,278	105,312	5,266
7 40	ANESTHESIOLOGY	6,170,578	6,170,578		200,300			
8 40 1	PAIN CLINIC	192,705	181,005	11,700	200,300	78	7,511	376
9 41	RADIOLOGY - DIAGNOSTIC	149,975	143,308	6,667	231,100	48	5,333	267
10 42	RADIOLOGY - THERAPEUTIC	275,304	275,304		231,100			
11 44	LABORATORY	531,884	531,884		219,500			
12 54	EEG	21,450	21,450		171,400			
13 59	PSYCH PARTIAL HOSPITALIZATION	168,241	157,741	10,500	171,400	70	5,768	288
14 60	CLINIC	976,420	971,920	4,500	171,400	39	3,214	161
15 60 3	PHYSICIANS' OFFICES	17,719,781	17,473,481	246,300	171,400	1,768	145,690	7,285
16 60 5	CARDIO/PULMONARY REHAB	84,489	24,489	60,000	171,400	504	41,532	2,077
17 60 6	DIABETIC CARE CENTER	34,227	34,227		171,400			
18 60 7	WOUND CARE CENTER	314,012	307,012	7,000	171,400	70	5,768	288
19 61	EMERGENCY ROOM	2,167,517	1,933,517	234,000	171,400	1,560	128,550	6,428
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	33,467,768	32,445,195	1,022,573		7,939	662,609	33,133

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0209
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED: 5/26/2010
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & Peds					30,654	24,924	45,813
2 26	ICU							258,319
3 31	PSYCH					5,344	14,045	115,859
4 31	1 REHAB					134,071	35,192	35,192
5 37	OPERATING ROOM					43,862	38,814	2,163,071
6 39	DELIVERY & LABOR ROOM					105,312	9,688	1,723,688
7 40	ANESTHESIOLOGY							6,170,578
8 40	1 PAIN CLINIC					7,511	4,189	185,194
9 41	RADIOLOGY - DIAGNOSTIC					5,333	1,334	144,642
10 42	RADIOLOGY - THERAPEUTIC							275,304
11 44	LABORATORY							531,884
12 54	EEG							21,450
13 59	PSYCH PARTIAL HOSPITALIZA					5,768	4,732	162,473
14 60	CLINIC					3,214	1,286	973,206
15 60	3 PHYSICIANS' OFFICES					145,690	100,610	17,574,091
16 60	5 CARDIO/PULMONARY REHAB					41,532	18,468	42,957
17 60	6 DIABETIC CARE CENTER							34,227
18 60	7 WOUND CARE CENTER					5,768	1,232	308,244
19 61	EMERGENCY ROOM					128,550	105,450	2,038,967
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					662,609	359,964	32,805,159

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
5.01	PARKING	1	SQUARE	FEET	ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM.	COST	NOT 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	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT		ENTERED
21	NURSING SCHOOL	17	TIME SPENT		ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	PARKING	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	3	4	5	5.01	5a.01	6
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	4,755,045	4,755,045					
005 NEW CAP REL COSTS-MVBLE	13,272,547		13,272,547				
005 EMPLOYEE BENEFITS	23,194,209	86,372	103,127	23,383,708			
005 01 PARKING			5,851	3,123	8,974		
006 ADMINISTRATIVE & GENERAL	44,128,835	332,860	2,624,798	3,221,810	640	50,308,943	50,308,943
007 MAINTENANCE & REPAIRS	6,206,516	108,379	130,855	321,731	208	6,767,689	1,715,839
008 OPERATION OF PLANT	5,770,035	753,616	661,903	183,247	1,451	7,370,252	1,868,609
009 LAUNDRY & LINEN SERVICE	934,710	14,084	1,097	19,225	27	969,143	245,711
010 HOUSEKEEPING	2,672,652	54,926	6,325	366,845	106	3,100,854	786,172
011 DIETARY	2,195,810	95,096	39,398	254,874	183	2,585,361	655,477
012 CAFETERIA	515,455	61,900	3,289	153,220	119	733,983	186,090
014 NURSING ADMINISTRATION	1,959,030	14,269	4,353	325,850	27	2,303,529	584,023
015 CENTRAL SERVICES & SUPPLY	529,897	52,684	130,490	94,700	101	807,872	204,823
016 PHARMACY	3,246,726	41,835	48,812	589,703	80	3,927,156	995,668
017 MEDICAL RECORDS & LIBRARY	1,850,434	51,192	15,791	247,808	98	2,165,323	548,983
021 NURSING SCHOOL	328,678	477,770	133,915	444,030	918	1,385,311	351,223
022 I&R SERVICES-SALARY & FRI	1,336,774			302,006		1,638,780	415,486
023 I&R SERVICES-OTHER PRGM C	2,811,191		7,463	302,006		3,120,660	791,193
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	17,669,081	703,014	516,493	3,069,176	1,351	21,959,115	5,567,382
026 INTENSIVE CARE UNIT	2,282,624	48,925	64,820	370,401	94	2,766,864	701,494
029 SURGICAL INTENSIVE CARE U	2,128,603	39,574	89,460	353,082	76	2,610,795	661,925
031 SUBPROVIDER	2,020,256	83,939	8,983	379,736	161	2,493,075	632,079
031 01 SUBPROVIDER - REHAB	2,419,563	124,422	36,994	318,119	239	2,899,337	735,081
033 NURSERY	1,228,173	18,202	9,874	178,113	35	1,434,397	363,668
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	35,025,859	513,816	2,613,210	2,169,395	988	40,323,268	10,223,299
037 01 LI THOTRI PSY	140,800					140,800	35,698
039 DELIVERY ROOM & LABOR ROO	2,127,383	99,604	61,324	348,560	191	2,637,062	668,585
040 ANESTHESIOLOGY	1,279,751	4,682	124,591	654,118	9	2,063,151	523,079
040 01 PAIN CLINIC	834,315		117,284	145,954		1,097,553	278,267
041 RADIOLOGY-DIAGNOSTIC	6,343,326	243,400	2,860,039	833,287	468	10,280,520	2,606,461
042 RADIOLOGY-THERAPEUTIC	730,052	92,931	827,886	114,329	179	1,765,377	447,583
043 RADIOISOTOPE	701,312	24,952	37,075	52,128	48	815,515	206,761
043 01 PET SCANNING	637,819	47,458	5,105	23,475	91	713,948	181,010
044 LABORATORY	11,577,780	138,570	245,290	780,673	266	12,742,579	3,230,677
049 RESPIRATORY THERAPY	1,533,751	18,362	200,737	226,011	35	1,978,896	501,717
050 PHYSICAL THERAPY	2,663,074	48,816	1,859		94	2,713,843	688,051
054 ELECTROENCEPHALOGRAPHY	410,509		49,483	72,461		532,453	134,995
055 MEDICAL SUPPLIES CHARGED	527,586					527,586	133,761
056 DRUGS CHARGED TO PATIENTS	7,114,857					7,114,857	1,803,858
057 RENAL DIALYSIS	254,893	9,267	37,543	41,986	18	343,707	87,141
059 PSYCH - PARTIAL HOSPITALI	299,416	44,128	830	90,272	85	434,731	110,219
059 01 ENDOSCOPY	955,237	41,752	351,971	116,245	80	1,465,285	371,500
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,584,258		19,939	445,931		2,050,128	519,777
060 01 CHI LLICOTHE, PRINCEVILLE	1,754,696		34,706	141,812		1,931,214	489,628
060 03 PHYSICIAN OFFICES	11,855,991	14,257	831,656	3,612,535	27	16,314,466	4,136,272
060 05 CARDIO/PULMONARY REHAB	195,048		17,336	37,617		250,001	63,384
060 06 DIABETIC CARE CENTER	173,907			34,377		208,284	52,807
060 07 WOUND CARE CENTER	1,048,203		12,756	132,643		1,193,602	302,619
060 08 IP AMB SVC							
061 EMERGENCY	4,218,896	100,847	145,867	693,368	194	5,159,172	1,308,026
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	3,772,789	43,942	4,610	436,468	84	4,257,893	1,079,521
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	1,338,124	15,416	771	145,929	30	1,500,270	380,369
095 SUBTOTALS	242,556,476	4,665,259	13,245,959	22,848,379	8,801	241,904,600	48,575,991
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH	1,396,924		5,304	65,718		1,467,946	372,174
098 PHYSICIANS' PRIVATE OFFIC	69,401					69,401	17,596
099 NONPAID WORKERS	2,060,085			135,008		2,195,093	556,531
100 HEARTLAND PHARMACY							
100 01 FOUNDATION							
100 02 WELLNESS CENTER	596,053		9,783	51,767		657,603	166,725
100 05 OTHER NON-REIMBURSABLE	2,060,844	89,786	11,501	282,836	173	2,445,140	619,926
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	248,739,783	4,755,045	13,272,547	23,383,708	8,974	248,739,783	50,308,943

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	REPAIRS	PLANT	9	10	11	12	14
	7	8					
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 PARKING							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS	8,483,528						
008 OPERATION OF PLANT	1,512,342	10,751,203					
009 LAUNDRY & LINEN SERVICE	28,263	43,588	1,286,705				
010 HOUSEKEEPING	110,224	169,991		4,167,241			
011 DIETARY	190,836	294,313	1,224	65,809	3,793,020		
012 CAFETERIA	124,221	191,577		94,728		1,330,599	
014 NURSING ADMINISTRATION	28,636	44,163				28,376	2,988,727
015 CENTRAL SERVICES & SUPPLY	105,726	163,054	42,499	69,717		14,003	
016 PHARMACY	83,953	129,476	3,317	20,165		36,344	
017 MEDICAL RECORDS & LIBRARY	102,731	158,435				30,417	87,619
021 NURSING SCHOOL	958,780	1,478,664	418			50,474	
022 I&R SERVICES-SALARY & FRI						18,033	
023 I&R SERVICES-OTHER PRGM C						18,033	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,410,794	2,175,777	428,429	1,620,845	2,763,631	285,538	822,509
026 INTENSIVE CARE UNIT	98,181	151,418	29,988	107,702	171,271	28,016	80,701
029 SURGICAL INTENSIVE CARE U	79,416	122,479	28,081	155,379	164,863	27,593	79,484
031 SUBPROVIDER	168,446	259,784	38,731	156,473	347,875	37,567	108,215
031 01 SUBPROVIDER - REHAB	249,688	385,077	25,914	140,060	345,380	34,141	98,344
033 NURSERY	36,527	56,333	16,834	65,184		13,860	39,923
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	1,031,115	1,590,220	188,723	834,574		163,491	470,944
037 01 LI THOTRI PSY							
039 DELIVERY ROOM & LABOR ROO	199,884	308,268	71,936	182,734		30,309	87,308
040 ANESTHESIOLOGY	9,395	14,490				25,803	74,328
040 01 PAIN CLINIC			965			9,767	28,135
041 RADIOLOGY-DIAGNOSTIC	488,451	753,306	89,771	60,182		71,348	205,523
042 RADIOLOGY-THERAPEUTIC	186,492	287,614	15,636	51,584		8,607	24,793
043 RADIOISOTOPE	50,074	77,226	6,514			3,957	11,399
043 01 PET SCANNING	95,238	146,879	2,663			2,123	6,114
044 LABORATORY	278,079	428,864	1,471	85,192		84,830	244,358
049 RESPIRATORY THERAPY	36,848	56,829				20,803	59,924
050 PHYSICAL THERAPY	97,963	151,081	3,435				
054 ELECTROENCEPHALOGRAPHY			7,128			7,096	20,441
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	18,598	28,682	1,701	17,820		2,563	7,384
059 PSYCH - PARTIAL HOSPITALI	88,555	136,572				5,441	15,674
059 01 ENDOSCOPY	83,786	129,218	11,778	51,584		9,893	28,498
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC			2,775			42,964	
060 01 CHI LLICOTHE, PRINCEVILLE						4,326	
060 03 PHYSICIAN OFFICES	28,610	44,123	9,863			64,495	
060 05 CARDIO/PULMONARY REHAB						3,337	9,612
060 06 DIABETIC CARE CENTER						2,563	7,384
060 07 WOUND CARE CENTER			11,255			8,032	23,135
060 08 IP AMB SVC							
061 EMERGENCY	202,377	312,113	230,908	387,509		63,506	182,932
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	88,182	135,997				36,434	104,951
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	30,936	47,711				12,735	36,685
095 SUBTOTALS	8,303,347	10,473,322	1,271,957	4,167,241	3,793,020	1,306,818	2,966,317
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH						5,073	
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS						10,928	
100 HEARTLAND PHARMACY							
100 01 FOUNDATION							
100 02 WELLNESS CENTER						7,780	22,410
100 05 OTHER NON-REIMBURSABLE	180,181	277,881	14,748				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	8,483,528	10,751,203	1,286,705	4,167,241	3,793,020	1,330,599	2,988,727

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL
	15	16	17	21	22	23	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 PARKING							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	1,407,694						
016 PHARMACY	3,253	5,199,332					
017 MEDICAL RECORDS & LIBRARY			3,093,508				
021 NURSING SCHOOL	1,000	527		4,226,397			
022 I&R SERVICES-SALARY & FRI					2,072,299		
023 I&R SERVICES-OTHER PRGM C	187	14				3,930,087	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	58,615	1,023	776,378	3,370,516	742,973	1,409,038	43,392,563
026 INTENSIVE CARE UNIT	15,121	417	63,962	11,122	152,560	289,329	4,668,146
029 SURGICAL INTENSIVE CARE U	14,256	71	61,561	140,741			4,146,644
031 SUBPROVIDER	1,008	15	385,500	127,644	52,423	99,420	4,908,255
031 01 SUBPROVIDER - REHAB	5,955	18	128,980	124,630			5,172,605
033 NURSERY	7,057	118	86,675	32,119			2,152,695
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,019,041	105,491	870,976	54,051	128,549	243,791	57,247,533
037 01 LI THOTRI PSY							176,498
039 DELIVERY ROOM & LABOR ROO	21,582	322		175,355			4,383,345
040 ANESTHESIOLOGY	21,072	89,735					2,821,053
040 01 PAIN CLINIC	3,935	5,752					1,424,374
041 RADIOLOGY-DIAGNOSTIC	70,141	153,100	50,901		33,183	62,931	14,925,818
042 RADIOLOGY-THERAPEUTIC	2,162	86					2,789,934
043 RADIOISOTOPE	255	205,064					1,376,765
043 01 PET SCANNING	277	68,305					1,216,557
044 LABORATORY	22,544	184			9,543	18,098	17,146,419
049 RESPIRATORY THERAPY	7,832	1,297					2,664,146
050 PHYSICAL THERAPY	148			6,652	37,954	71,980	3,771,107
054 ELECTROENCEPHALOGRAPHY	1,005				61,811	117,224	882,153
055 MEDICAL SUPPLIES CHARGED	29,817	44					691,208
056 DRUGS CHARGED TO PATIENTS		3,516,334					12,435,049
057 RENAL DIALYSIS	2,101	46		12,681			522,424
059 PSYCH - PARTIAL HOSPITALI	18						791,210
059 01 ENDOSCOPY	22,025	798		34,406			2,208,771
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	4,707	20,384			753,383	1,428,779	4,822,897
060 01 CHI LLICOTHE, PRINCEVILLE	2,382	16,659					2,444,209
060 03 PHYSICIAN OFFICES	28,637	869,775					21,496,241
060 05 CARDIO/PULMONARY REHAB	65						326,399
060 06 DIABETIC CARE CENTER	211						271,249
060 07 WOUND CARE CENTER	9,230	3,149		14,968			1,565,990
060 08 IP AMB SVC							
061 EMERGENCY	22,954	192	668,575	121,512	99,920	189,497	8,949,193
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	4,449						5,707,427
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	1,902	128,587					2,139,195
095 SUBTOTALS	1,404,944	5,187,507	3,093,508	4,226,397	2,072,299	3,930,087	239,638,072
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH	28						1,845,221
098 PHYSICIANS' PRIVATE OFFIC							86,997
099 NONPAID WORKERS							2,762,552
100 HEARTLAND PHARMACY							
100 01 FOUNDATION							
100 02 WELLNESS CENTER	2,722	11,824					869,064
100 05 OTHER NON-REIMBURSABLE		1					3,537,877
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,407,694	5,199,332	3,093,508	4,226,397	2,072,299	3,930,087	248,739,783

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
005 01 PARKING		
006 ADMINISTRATIVE & GENERAL		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
021 NURSING SCHOOL		
022 I&R SERVICES-SALARY & FRI		
023 I&R SERVICES-OTHER PRGM C		
025 INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS	-2,152,011	41,240,552
026 INTENSIVE CARE UNIT	-441,889	4,226,257
029 SURGICAL INTENSIVE CARE U		4,146,644
031 SUBPROVIDER	-151,843	4,756,412
031 01 SUBPROVIDER - REHAB		5,172,605
033 NURSERY		2,152,695
037 ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM	-372,340	56,875,193
037 01 LI THOTRI PSY		176,498
039 DELIVERY ROOM & LABOR ROO		4,383,345
040 ANESTHESIOLOGY		2,821,053
040 01 PAIN CLINIC		1,424,374
041 RADIOLOGY-DIAGNOSTIC	-96,114	14,829,704
042 RADIOLOGY-THERAPEUTIC		2,789,934
043 RADIOISOTOPE		1,376,765
043 01 PET SCANNING		1,216,557
044 LABORATORY	-27,641	17,118,778
049 RESPIRATORY THERAPY		2,664,146
050 PHYSICAL THERAPY	-109,934	3,661,173
054 ELECTROENCEPHALOGRAPHY	-179,035	703,118
055 MEDICAL SUPPLIES CHARGED		691,208
056 DRUGS CHARGED TO PATIENTS		12,435,049
057 RENAL DIALYSIS		522,424
059 PSYCH - PARTIAL HOSPITALI		791,210
059 01 ENDOSCOPY		2,208,771
060 OUTPAT SERVICE COST CNTRS		
060 CLINIC	-2,182,162	2,640,735
060 01 CHILLCOTHE, PRINCEVILLE		2,444,209
060 03 PHYSICIAN OFFICES		21,496,241
060 05 CARDIO/PULMONARY REHAB		326,399
060 06 DIABETIC CARE CENTER		271,249
060 07 WOUND CARE CENTER		1,565,990
060 08 IP AMB SVC		
061 EMERGENCY	-289,417	8,659,776
062 OBSERVATION BEDS (NON-DIS		
065 OTHER REIMBURS COST CNTRS		
065 AMBULANCE SERVICES		
071 HOME HEALTH AGENCY		5,707,427
093 SPEC PURPOSE COST CENTERS		
093 HOSPICE		2,139,195
095 SUBTOTALS	-6,002,386	233,635,686
096 NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		
097 RESEARCH		1,845,221
098 PHYSICIANS' PRIVATE OFFIC		86,997
099 NONPAID WORKERS		2,762,552
100 HEARTLAND PHARMACY		
100 01 FOUNDATION		
100 02 WELLNESS CENTER		869,064
100 05 OTHER NON-REIMBURSABLE		3,537,877
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL	-6,002,386	242,737,397

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0209

FROM 1/1/2009

WORKSHEET B

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TO 12/31/2009

PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OST S-BLDG &	NEW CAP REL C OST S-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	PARKING	ADMI NI STRATI V E & GENERAL
	0	3	4	4a	5	5.01	6
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS		86,372	103,127	189,499	189,499		
005 01 PARKING			5,851	5,851	25	5,876	
006 ADMINI STRATI VE & GENERAL	747,107	332,860	2,624,798	3,704,765	26,104	419	3,731,288
007 MAINTENANCE & REPAIRS		108,379	130,855	239,234	2,607	136	127,260
008 OPERATION OF PLANT		753,616	661,903	1,415,519	1,485	948	138,590
009 LAUNDRY & LINEN SERVICE		14,084	1,097	15,181	156	18	18,224
010 HOUSEKEEPING		54,926	6,325	61,251	2,972	69	58,308
011 DIETARY		95,096	39,398	134,494	2,065	120	48,615
012 CAFETERIA		61,900	3,289	65,189	1,241	78	13,802
014 NURSING ADMINI STRATION		14,269	4,353	18,622	2,640	18	43,316
015 CENTRAL SERVICES & SUPPLY		52,684	130,490	183,174	767	66	15,191
016 PHARMACY		41,835	48,812	90,647	4,778	53	73,846
017 MEDICAL RECORDS & LIBRARY		51,192	15,791	66,983	2,008	64	40,717
021 NURSING SCHOOL	145,625	477,770	133,915	757,310	3,598	601	26,049
022 I&R SERVICES-SALARY & FRI					2,447		30,816
023 I&R SERVICES-OTHER PRGM C			7,463	7,463	2,447		58,681
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		703,014	516,493	1,219,507	24,868	885	412,919
026 INTENSIVE CARE UNIT		48,925	64,820	113,745	3,001	62	52,028
029 SURGICAL INTENSIVE CARE U		39,574	89,460	129,034	2,861	50	49,093
031 SUBPROVIDER		83,939	8,983	92,922	3,077	106	46,880
031 01 SUBPROVIDER - REHAB		124,422	36,994	161,416	2,578	157	54,519
033 NURSERY		18,202	9,874	28,076	1,443	23	26,972
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	613,112	513,816	2,613,210	3,740,138	17,577	647	758,235
037 LI THOTRI PSY							2,648
039 DELIVERY ROOM & LABOR ROO		99,604	61,324	160,928	2,824	125	49,587
040 ANESTHESIOLOGY		4,682	124,591	129,273	5,300	6	38,795
040 01 PAIN CLINIC	102,957		117,284	220,241	1,183		20,638
041 RADIOLOGY-DI AGNOSTIC	307,200	243,400	2,860,039	3,410,639	6,752	306	193,315
042 RADIOLOGY-THERAPEUTIC	138,732	92,931	827,886	1,059,549	926	117	33,196
043 RADIOI SOTOPE		24,952	37,075	62,027	422	31	15,335
043 01 PET SCANNING	354,587	47,458	5,105	407,150	190	60	13,425
044 LABORATORY	252,506	138,570	245,290	636,366	6,325	174	239,611
049 RESPIRATORY THERAPY		18,362	200,737	219,099	1,831	23	37,211
050 PHYSICAL THERAPY	86,966	48,816	1,859	137,641		61	51,031
054 ELECTROENCEPHALOGRAPHY			49,483	49,483	587		10,012
055 MEDICAL SUPPLIES CHARGED							9,921
056 DRUGS CHARGED TO PATIENTS							133,788
057 RENAL DI ALYSIS		9,267	37,543	46,810	340	12	6,463
059 PSYCH - PARTIAL HOSPITALI		44,128	830	44,958	731	56	8,175
059 01 ENDOSCOPY		41,752	351,971	393,723	942	53	27,553
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	72,013		19,939	91,952	3,613		38,551
060 01 CHI LLI CO THE, PRI NCEVI LLE			34,706	34,706	1,149		36,315
060 03 PHYSICIAN OFFICES	1,346,819	14,257	831,656	2,192,732	29,307	18	306,777
060 05 CARDIO/PULMONARY REHAB	21,093		17,336	38,429	305		4,701
060 06 DI ABETIC CARE CENTER	17,746			17,746	279		3,917
060 07 WOUND CARE CENTER	52,139		12,756	64,895	1,075		22,444
060 08 IP AMB SVC							
061 EMERGENCY		100,847	145,867	246,714	5,618	127	97,013
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY		43,942	4,610	48,552	3,536	55	80,065
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		15,416	771	16,187	1,182	19	28,211
095 SUBTOTALS	4,258,602	4,665,259	13,245,959	22,169,820	185,162	5,763	3,602,759
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH	16,459		5,304	21,763	532		27,603
098 PHYSICI ANS' PRI VATE OFFIC							1,305
099 NONPAID WORKERS					1,094		41,277
100 HEARTLAND PHARMACY							
100 01 FOUNDATION							
100 02 WELLNESS CENTER	118,061		9,783	127,844	419		12,366
100 05 OTHER NON-REIMBURSABLE		89,786	11,501	101,287	2,292	113	45,978
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	4,393,122	4,755,045	13,272,547	22,420,714	189,499	5,876	3,731,288

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	REPAIRS	PLANT	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 PARKING							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS	369,237						
008 OPERATION OF PLANT	65,826	1,622,368					
009 LAUNDRY & LINEN SERVICE	1,230	6,577	41,386				
010 HOUSEKEEPING	4,797	25,652		153,049			
011 DIETARY	8,306	44,412	39	2,417	240,468		
012 CAFETERIA	5,407	28,909		3,479		118,105	
014 NURSING ADMINISTRATION	1,246	6,664				2,519	75,025
015 CENTRAL SERVICES & SUPPLY	4,602	24,605	1,367	2,560		1,243	
016 PHARMACY	3,654	19,538	107	741		3,226	
017 MEDICAL RECORDS & LIBRARY	4,471	23,908				2,700	2,199
021 NURSING SCHOOL	41,730	223,132	13			4,480	
022 I&R SERVICES-SALARY & FRI						1,601	
023 I&R SERVICES-OTHER PRGM C						1,601	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	61,403	328,327	13,781	59,527	175,208	25,343	20,650
026 INTENSIVE CARE UNIT	4,273	22,849	965	3,956	10,858	2,487	2,026
029 SURGICAL INTENSIVE CARE U	3,457	18,482	903	5,707	10,452	2,449	1,995
031 SUBPROVIDER	7,331	39,202	1,246	5,747	22,054	3,335	2,716
031 01 SUBPROVIDER - REHAB	10,867	58,109	834	5,144	21,896	3,030	2,469
033 NURSERY	1,590	8,501	541	2,394		1,230	1,002
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	44,878	239,966	6,070	30,651		14,512	11,822
037 LI THOTRI PSY							
039 DELIVERY ROOM & LABOR ROO	8,700	46,518	2,314	6,711		2,690	2,192
040 ANESTHESIOLOGY	409	2,187				2,290	1,866
040 01 PAIN CLINIC			31			867	706
041 RADIOLOGY-DIAGNOSTIC	21,259	113,675	2,887	2,210		6,333	5,159
042 RADIOLOGY-THERAPEUTIC	8,117	43,401	503	1,895		764	622
043 RADIOISOTOPE	2,179	11,653	210			351	286
043 01 PET SCANNING	4,145	22,164	86			188	153
044 LABORATORY	12,103	64,716	47	3,129		7,530	6,134
049 RESPIRATORY THERAPY	1,604	8,576				1,846	1,504
050 PHYSICAL THERAPY	4,264	22,798	110				
054 ELECTROENCEPHALOGRAPHY			229			630	513
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	809	4,328	55	654		228	185
059 PSYCH - PARTIAL HOSPITALI	3,854	20,609				483	393
059 01 ENDOSCOPY	3,647	19,499	379	1,895		878	715
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC			89			3,813	
060 03 CHI LLICOTHE, PRINCEVILLE						384	
060 05 PHYSICIAN OFFICES	1,245	6,658	317			5,725	
060 06 CARDIO/PULMONARY REHAB						296	241
060 07 DIABETIC CARE CENTER						228	185
060 08 WOUND CARE CENTER			362			713	581
061 IP AMB SVC							
061 EMERGENCY	8,808	47,098	7,427	14,232		5,637	4,592
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	3,838	20,522				3,234	2,635
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	1,346	7,200				1,130	921
095 SUBTOTALS	361,395	1,580,435	40,912	153,049	240,468	115,994	74,462
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH						450	
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS						970	
100 HEARTLAND PHARMACY							
100 01 FOUNDATION							
100 02 WELLNESS CENTER						691	563
100 05 OTHER NON-REIMBURSABLE	7,842	41,933	474				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	369,237	1,622,368	41,386	153,049	240,468	118,105	75,025

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL
	15	16	17	21	22	23	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 PARKING							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	233,575						
016 PHARMACY	540	197,130	143,050				
017 MEDICAL RECORDS & LIBRARY							
021 NURSING SCHOOL	166	20		1,057,099			
022 I&R SERVICES-SALARY & FRI					34,864		
023 I&R SERVICES-OTHER PRGM C	31	1				70,224	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,726	39	35,901				2,388,084
026 INTENSIVE CARE UNIT	2,509	16	2,958				221,733
029 SURGICAL INTENSIVE CARE U	2,365	3	2,847				229,698
031 SUBPROVIDER	167	1	17,826				242,610
031 01 SUBPROVIDER - REHAB	988	1	5,964				327,972
033 NURSERY	1,171	4	4,008				76,955
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	169,089	4,000	40,276				5,077,861
037 01 LI THOTRI PSY							2,648
039 DELIVERY ROOM & LABOR ROO	3,581	12					286,182
040 ANESTHESIOLOGY	3,496	3,402					187,024
040 01 PAIN CLINIC	653	218					244,537
041 RADIOLOGY-DIAGNOSTIC	11,638	5,805	2,354				3,782,332
042 RADIOLOGY-THERAPEUTIC	359	3					1,149,452
043 RADIOISOTOPE	42	7,775					100,311
043 01 PET SCANNING	46	2,590					450,197
044 LABORATORY	3,741	7					979,883
049 RESPIRATORY THERAPY	1,299	49					273,042
050 PHYSICAL THERAPY	24						215,929
054 ELECTROENCEPHALOGRAPHY	167						61,621
055 MEDICAL SUPPLIES CHARGED	4,947	2					14,870
056 DRUGS CHARGED TO PATIENTS		133,318					267,106
057 RENAL DIALYSIS	349	2					60,235
059 PSYCH - PARTIAL HOSPITALI	3						79,262
059 01 ENDOSCOPY	3,654	30					452,968
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	781	773					139,572
060 01 CHI LLICOTHE, PRINCEVILLE	395	632					73,581
060 03 PHYSICIAN OFFICES	4,751	32,978					2,580,508
060 05 CARDIO/PULMONARY REHAB	11						43,983
060 06 DIABETIC CARE CENTER	35						22,390
060 07 WOUND CARE CENTER	1,531	119					91,720
060 08 IP AMB SVC							
061 EMERGENCY	3,809	7	30,916				471,998
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	738						163,175
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	316	4,875					61,387
095 SUBTOTALS	233,118	196,682	143,050				20,820,826
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH	5						50,353
098 PHYSICIANS' PRIVATE OFFIC							1,305
099 NONPAID WORKERS							43,341
100 HEARTLAND PHARMACY							
100 01 FOUNDATION							
100 02 WELLNESS CENTER	452	448					142,783
100 05 OTHER NON-REIMBURSABLE							199,919
101 CROSS FOOT ADJUSTMENTS				1,057,099	34,864	70,224	1,162,187
102 NEGATIVE COST CENTER							
103 TOTAL	233,575	197,130	143,050	1,057,099	34,864	70,224	22,420,714

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
005	01 PARKING	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	2,388,084
026	INTENSIVE CARE UNIT	221,733
029	SURGICAL INTENSIVE CARE U	229,698
031	SUBPROVIDER	242,610
031	01 SUBPROVIDER - REHAB	327,972
033	NURSERY	76,955
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	5,077,861
037	01 LI THOTRI PSY	2,648
039	DELIVERY ROOM & LABOR ROO	286,182
040	ANESTHESIOLOGY	187,024
040	01 PAIN CLINIC	244,537
041	RADIOLOGY-DIAGNOSTIC	3,782,332
042	RADIOLOGY-THERAPEUTIC	1,149,452
043	RADIOISOTOPE	100,311
043	01 PET SCANNING	450,197
044	LABORATORY	979,883
049	RESPIRATORY THERAPY	273,042
050	PHYSICAL THERAPY	215,929
054	ELECTROENCEPHALOGRAPHY	61,621
055	MEDICAL SUPPLIES CHARGED	14,870
056	DRUGS CHARGED TO PATIENTS	267,106
057	RENAL DIALYSIS	60,235
059	PSYCH - PARTIAL HOSPITALI	79,262
059	01 ENDOSCOPY	452,968
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	139,572
060	01 CHILLICOTHE, PRINCEVILLE	73,581
060	03 PHYSICIAN OFFICES	2,580,508
060	05 CARDIO/PULMONARY REHAB	43,983
060	06 DIABETIC CARE CENTER	22,390
060	07 WOUND CARE CENTER	91,720
060	08 IP AMB SVC	
061	EMERGENCY	471,998
062	OBSERVATION BEDS (NON-DIS	
065	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	
071	HOME HEALTH AGENCY	163,175
093	SPEC PURPOSE COST CENTERS	
093	HOSPICE	61,387
095	SUBTOTALS	20,820,826
096	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	
097	RESEARCH	50,353
098	PHYSICIANS' PRIVATE OFFIC	1,305
099	NONPAID WORKERS	43,341
100	HEARTLAND PHARMACY	
100	01 FOUNDATION	
100	02 WELLNESS CENTER	142,783
100	05 OTHER NON-REIMBURSABLE	199,919
101	CROSS FOOT ADJUSTMENTS	1,162,187
102	NEGATIVE COST CENTER	
103	TOTAL	22,420,714

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	PARKING	RECONCILIATION	ADMINISTRATIVE & GENERAL
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(SQUARE FEET)		(ACCUM. COST)
	3	4	5	5.01	6a.00	6
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	742,442					
004 NEW CAP REL COSTS-MVB		8,009,998				
005 EMPLOYEE BENEFITS	13,486	62,237	115,879,744			
005 01 PARKING		3,531	15,476	728,956		
006 ADMINSTRATIVE & GENE	51,972	1,584,068	15,965,918	51,972	-50,308,943	198,430,840
007 MAINTENANCE & REPAIRS	16,922	78,971	1,594,363	16,922		6,767,689
008 OPERATION OF PLANT	117,668	399,459	908,095	117,668		7,370,252
009 LAUNDRY & LINEN SERVI	2,199	662	95,271	2,199		969,143
010 HOUSEKEEPING	8,576	3,817	1,817,927	8,576		3,100,854
011 DIETARY	14,848	23,777	1,263,049	14,848		2,585,361
012 CAFETERIA	9,665	1,985	759,291	9,665		733,983
014 NURSING ADMINSTRATIO	2,228	2,627	1,614,773	2,228		2,303,529
015 CENTRAL SERVICES & SU	8,226	78,751	469,291	8,226		807,872
016 PHARMACY	6,532	29,458	2,922,316	6,532		3,927,156
017 MEDICAL RECORDS & LIB	7,993	9,530	1,228,033	7,993		2,165,323
021 NURSING SCHOOL	74,598	80,818	2,200,421	74,598		1,385,311
022 I&R SERVICES-SALARY &			1,496,613			1,638,780
023 I&R SERVICES-OTHER PR		4,504	1,496,613			3,120,660
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	109,767	311,704	15,209,526	109,767		21,959,115
026 INTENSIVE CARE UNIT	7,639	39,119	1,835,548	7,639		2,766,864
029 SURGICAL INTENSIVE CA	6,179	53,989	1,749,725	6,179		2,610,795
031 SUBPROVIDER	13,106	5,421	1,881,811	13,106		2,493,075
031 01 SUBPROVIDER - REHAB	19,427	22,326	1,576,460	19,427		2,899,337
033 NURSERY	2,842	5,959	882,653	2,842		1,434,397
037 ANCILLARY SRVC COST C						
037 01 OPERATING ROOM	80,226	1,577,075	10,750,594	80,226		40,323,268
039 LI THOTRI PSY						140,800
040 DELIVERY ROOM & LABOR	15,552	37,009	1,727,317	15,552		2,637,062
040 ANESTHESIOLOGY	731	75,191	3,241,530	731		2,063,151
040 01 PAIN CLINIC		70,781	723,284			1,097,553
041 RADIOLOGY-DIAGNOSTIC	38,004	1,726,040	4,129,413	38,004		10,280,520
042 RADIOLOGY-THERAPEUTIC	14,510	499,630	566,568	14,510		1,765,377
043 RADIO SOTOPE	3,896	22,375	258,323	3,896		815,515
043 01 PET SCANNING	7,410	3,081	116,330	7,410		713,948
044 LABORATORY	21,636	148,033	3,868,681	21,636		12,742,579
049 RESPIRATORY THERAPY	2,867	121,145	1,120,013	2,867		1,978,896
050 PHYSICAL THERAPY	7,622	1,122		7,622		2,713,843
054 ELECTROENCEPHALOGRAPH		29,863	359,084			532,453
055 MEDICAL SUPPLIES CHAR						527,586
056 DRUGS CHARGED TO PATI						7,114,857
057 RENAL DIALYSIS	1,447	22,657	208,065	1,447		343,707
059 PSYCH - PARTIAL HOSPI	6,890	501	447,350	6,890		434,731
059 01 ENDOSCOPY	6,519	212,415	576,060	6,519		1,465,285
060 OUTPAT SERVICE COST C						
060 01 CLINIC		12,033	2,209,845			2,050,128
060 03 CHI LLICOTHE, PRINCEVI		20,945	702,760			1,931,214
060 05 PHYSICIAN OFFICES	2,226	501,905	17,902,252	2,226		16,314,466
060 06 CARDIO/PULMONARY REHA		10,462	186,413			250,001
060 07 DIABETIC CARE CENTER		7,698	170,358			208,284
060 08 WOUND CARE CENTER			657,320			1,193,602
061 IP AMB SVC						
061 EMERGENCY	15,746	88,031	3,436,034	15,746		5,159,172
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						
071 HOME HEALTH AGENCY	6,861	2,782	2,162,948	6,861		4,257,893
093 SPEC PURPOSE COST CEN						
093 HOSPICE	2,407	465	723,163	2,407		1,500,270
095 SUBTOTALS	728,423	7,993,952	113,226,878	714,937	-50,308,943	191,595,657
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
097 RESEARCH		3,201	325,672			1,467,946
098 PHYSICIANS' PRIVATE O						69,401
099 NONPAID WORKERS			669,044			2,195,093
100 HEARTLAND PHARMACY						
100 01 FOUNDATION						
100 02 WELLNESS CENTER		5,904	256,537			657,603
100 05 OTHER NON-REIMBURSABL	14,019	6,941	1,401,613	14,019		2,445,140
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	4,755,045	13,272,547	23,383,708	8,974		50,308,943
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	6.404601		.201793			
(WRKSHT B, PT I)		1.656998		.012311		.253534
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	PARKING	RECONCILIATION	ADMINISTRATIVE & GENERAL
		(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(SQUARE FEET)		(ACCUM. COST)
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	3	4	5 189,499	5.01 5,876	6a.00	6 3,731,288
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)			.001635	.008061		.018804

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(DIRECT NRSNG HRS)
	7	8	9	10	11	12	14
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
005 01 PARKING							
006 ADMINSTRATIVE & GENE							
007 MAINTENANCE & REPAIRS	660,062						
008 OPERATION OF PLANT	117,668	542,394					
009 LAUNDRY & LINEN SERVI	2,199	2,199	1,848,944				
010 HOUSEKEEPING	8,576	8,576		26,659			
011 DIETARY	14,848	14,848	1,759	421	232,602		
012 CAFETERIA	9,665	9,665		606		147,945	
014 NURSING ADMINSTRATIO	2,228	2,228				3,155	115,362
015 CENTRAL SERVICES & SU	8,226	8,226	61,069	446		1,557	
016 PHARMACY	6,532	6,532	4,767	129		4,041	
017 MEDICAL RECORDS & LIB	7,993	7,993				3,382	3,382
021 NURSING SCHOOL	74,598	74,598	601			5,612	
022 I&R SERVICES-SALARY &						2,005	
023 I&R SERVICES-OTHER PR						2,005	
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	109,767	109,767	615,635	10,369	169,476	31,748	31,748
026 INTENSIVE CARE UNIT	7,639	7,639	43,092	689	10,503	3,115	3,115
029 SURGICAL INTENSIVE CA	6,179	6,179	40,351	994	10,110	3,068	3,068
031 SUBPROVIDER	13,106	13,106	55,655	1,001	21,333	4,177	4,177
031 01 SUBPROVIDER - REHAB	19,427	19,427	37,237	896	21,180	3,796	3,796
033 NURSERY	2,842	2,842	24,190	417		1,541	1,541
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	80,226	80,226	271,187	5,339		18,178	18,178
039 DELIVERY ROOM & LABOR	15,552	15,552	103,369	1,169		3,370	3,370
040 ANESTHESIOLOGY	731	731				2,869	2,869
040 01 PAIN CLINIC			1,386			1,086	1,086
041 RADIOLOGY-DIAGNOSTIC	38,004	38,004	128,998	385		7,933	7,933
042 RADIOLOGY-THERAPEUTIC	14,510	14,510	22,469	330		957	957
043 RADIOISOTOPE	3,896	3,896	9,361			440	440
043 01 PET SCANNING	7,410	7,410	3,826			236	236
044 LABORATORY	21,636	21,636	2,114	545		9,432	9,432
049 RESPIRATORY THERAPY	2,867	2,867				2,313	2,313
050 PHYSICAL THERAPY	7,622	7,622	4,936				
054 ELECTROENCEPHALOGRAPH			10,242			789	789
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI							
057 RENAL DIALYSIS	1,447	1,447	2,444	114		285	285
059 PSYCH - PARTIAL HOSPI	6,890	6,890				605	605
059 01 ENDOSCOPY	6,519	6,519	16,924	330		1,100	1,100
060 OUTPAT SERVICE COST C							
060 01 CLINIC			3,988			4,777	
060 01 CHI LLICOTHE, PRINCEVI						481	
060 03 PHYSICIAN OFFICES	2,226	2,226	14,173			7,171	
060 05 CARDIO/PULMONARY REHA						371	371
060 06 DIABETIC CARE CENTER						285	285
060 07 WOUND CARE CENTER			16,173			893	893
060 08 IP AMB SVC							
061 EMERGENCY	15,746	15,746	331,806	2,479		7,061	7,061
062 OBSERVATION BEDS (NON							
065 OTHER REIMBURS COST C							
071 AMBULANCE SERVICES	6,861	6,861				4,051	4,051
093 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CEN							
093 HOSPICE	2,407	2,407				1,416	1,416
095 SUBTOTALS	646,043	528,375	1,827,752	26,659	232,602	145,301	114,497
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE							
098 RESEARCH						564	
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS						1,215	
100 HEARTLAND PHARMACY							
100 01 FOUNDATION							
100 02 WELLNESS CENTER						865	865
100 05 OTHER NON-REIMBURSABL	14,019	14,019	21,192				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	8,483,528	10,751,203	1,286,705	4,167,241	3,793,020	1,330,599	2,988,727
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	12.852623	19.821759	.695913	156.316478	16.306911	8.993876	25.907379
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							

	COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(DIRECT NRSING HRS)
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	369,237	1,622,368	41,386	153,049	240,468	118,105	75,025
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.559397	2.991125	.022384	5.740988	1.033817	.798303	.650344

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	NURSING SCHOOL (TIME SPENT)	I&R SERVICES- SALARY & FRI (ASSIGNED TIME)	I&R SERVICES- OTHER PRGM C (ASSIGNED TIME)
	15	16	17	21	22	23
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD						
005 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
005 01 PARKING						
006 ADMINISTRATIVE & GENERAL						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY	19,797,191					
016 PHARMACY	45,749	10,265,243				
017 MEDICAL RECORDS & LIBRARY			64,422			
021 NURSING SCHOOL	14,070	1,040		40,660		
022 I&R SERVICES-SALARY & FRI					66,885	
023 I&R SERVICES-OTHER PROGRAMS	2,627	27				66,885
025 INPATIENT ROUTINE SERVICES						
026 ADULTS & PEDIATRICS	824,339	2,020	16,168	32,426	23,980	23,980
026 INTENSIVE CARE UNIT	212,661	824	1,332	107	4,924	4,924
029 SURGICAL INTENSIVE CARE	200,484	140	1,282	1,354		
031 SUBPROVIDER	14,175	29	8,028	1,228	1,692	1,692
031 01 SUBPROVIDER - REHAB	83,746	36	2,686	1,199		
033 NURSERY	99,253	232	1,805	309		
037 ANCILLARY SERVICE COST CENTER						
037 01 OPERATING ROOM	14,331,372	208,275	18,138	520	4,149	4,149
039 LI THOTRI PSY						
040 DELIVERY ROOM & LABOR	303,515	635		1,687		
040 ANESTHESIOLOGY	296,347	177,168				
040 01 PAIN CLINIC	55,333	11,356				
041 RADIOLOGY-DIAGNOSTIC	986,431	302,271	1,060		1,071	1,071
042 RADIOLOGY-THERAPEUTIC	30,404	169				
043 RADIOISOTOPE	3,590	404,866				
043 01 PET SCANNING	3,890	134,857				
044 LABORATORY	317,047	363			308	308
049 RESPIRATORY THERAPY	110,141	2,561				
050 PHYSICAL THERAPY	2,075			64	1,225	1,225
054 ELECTROENCEPHALOGRAPH	14,133				1,995	1,995
055 MEDICAL SUPPLIES CHARGED TO PATIENTS	419,336	87				
056 DRUGS CHARGED TO PATIENTS		6,942,437				
057 RENAL DIALYSIS	29,554	91		122		
059 PSYCH - PARTIAL HOSPITAL	256					
059 01 ENDOSCOPY	309,748	1,576		331		
060 OUTPAT SERVICE COST CENTER						
060 01 CLINIC	66,199	40,245			24,316	24,316
060 03 CHI LLICOTHE, PRINCEVILLE	33,496	32,890				
060 05 PHYSICIAN OFFICES	402,734	1,717,230				
060 06 CARDIO/PULMONARY REHABILITATION	909					
060 07 DIABETIC CARE CENTER	2,969					
060 08 WOUND CARE CENTER	129,801	6,218		144		
061 IP AMB SVC						
061 EMERGENCY	322,815	379	13,923	1,169	3,225	3,225
062 OBSERVATION BEDS (NON-REIMBURSABLE)						
065 OTHER REIMBURSABLE COST CENTER						
071 AMBULANCE SERVICES						
071 HOME HEALTH AGENCY	62,568					
093 SPEC PURPOSE COST CENTER						
095 HOSPICE	26,742	253,875				
095 SUBTOTALS	19,758,509	10,241,897	64,422	40,660	66,885	66,885
096 NONREIMBURSABLE COST CENTER						
097 GIFT, FLOWER, COFFEE						
097 RESEARCH	399					
098 PHYSICIANS' PRIVATE OFFICES						
099 NONPAID WORKERS						
100 HEARTLAND PHARMACY						
100 01 FOUNDATION						
100 02 WELLNESS CENTER	38,283	23,344				
100 05 OTHER NON-REIMBURSABLE		2				
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	1,407,694	5,199,332	3,093,508	4,226,397	2,072,299	3,930,087
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	.071106	.506499	48.019434	103.944835	30.983016	58.758870
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)						
106 UNIT COST MULTIPLIER (WORKSHEET B, PART I)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
		(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	15 233,575	16 197,130	17 143,050	21 1,057,099	22 34,864	23 70,224
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.011798	.019204	2.220515	25.998500	.521253	1.049922

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	41,240,552		41,240,552	24,924	41,265,476
26	INTENSIVE CARE UNIT	4,226,257		4,226,257		4,226,257
29	SURGICAL INTENSIVE CARE U	4,146,644		4,146,644		4,146,644
31	SUBPROVIDER	4,756,412		4,756,412	14,045	4,770,457
31	01 SUBPROVIDER - REHAB	5,172,605		5,172,605	35,192	5,207,797
33	NURSERY	2,152,695		2,152,695		2,152,695
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	56,875,193		56,875,193	38,814	56,914,007
37	01 LI THOTRI PSY	176,498		176,498		176,498
39	DELIVERY ROOM & LABOR ROO	4,383,345		4,383,345	9,688	4,393,033
40	ANESTHESIOLOGY	2,821,053		2,821,053		2,821,053
40	01 PAIN CLINIC	1,424,374		1,424,374	4,189	1,428,563
41	RADIOLOGY-DIAGNOSTIC	14,829,704		14,829,704	1,334	14,831,038
42	RADIOLOGY-THERAPEUTIC	2,789,934		2,789,934		2,789,934
43	RADIOISOTOPE	1,376,765		1,376,765		1,376,765
43	01 PET SCANNING	1,216,557		1,216,557		1,216,557
44	LABORATORY	17,118,778		17,118,778		17,118,778
49	RESPIRATORY THERAPY	2,664,146		2,664,146		2,664,146
50	PHYSICAL THERAPY	3,661,173		3,661,173		3,661,173
54	ELECTROENCEPHALOGRAPHY	703,118		703,118		703,118
55	MEDICAL SUPPLIES CHARGED	691,208		691,208		691,208
56	DRUGS CHARGED TO PATIENTS	12,435,049		12,435,049		12,435,049
57	RENAL DIALYSIS	522,424		522,424		522,424
59	PSYCH - PARTIAL HOSPITALI	791,210		791,210	4,732	795,942
59	01 ENDOSCOPY	2,208,771		2,208,771		2,208,771
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,640,735		2,640,735	1,286	2,642,021
60	01 CHI LLI COTHE, PRINCEVILLE	2,444,209		2,444,209		2,444,209
60	03 PHYSICIAN OFFICES	21,496,241		21,496,241	100,610	21,596,851
60	05 CARDIO/PULMONARY REHAB	326,399		326,399	18,468	344,867
60	06 DIABETIC CARE CENTER	271,249		271,249		271,249
60	07 WOUND CARE CENTER	1,565,990		1,565,990	1,232	1,567,222
60	08 IP AMB SVC					
61	EMERGENCY	8,659,776		8,659,776	105,450	8,765,226
62	OBSERVATION BEDS (NON-DIS	1,975,521		1,975,521		1,975,521
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	227,764,585		227,764,585	359,964	228,124,549
102	LESS OBSERVATION BEDS	1,975,521		1,975,521		1,975,521
103	TOTAL	225,789,064		225,789,064	359,964	226,149,028

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	80,225,357		80,225,357			
26	INTENSIVE CARE UNIT	12,182,119		12,182,119			
29	SURGICAL INTENSIVE CARE U	11,663,387		11,663,387			
31	SUBPROVIDER	9,618,156		9,618,156			
31	01 SUBPROVIDER - REHAB	4,590,445		4,590,445			
33	NURSERY	4,897,078		4,897,078			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	142,429,115	112,299,068	254,728,183	.223278	.223278	.223430
37	01 LI THOTRI PSY	84,602	800,793	885,395	.199344	.199344	.199344
39	DELIVERY ROOM & LABOR ROO	9,190,926	1,489,377	10,680,303	.410414	.410414	.411321
40	ANESTHESIOLOGY	16,486,291	18,053,909	34,540,200	.081674	.081674	.081674
40	01 PAIN CLINIC	9,867	4,683,092	4,692,959	.303513	.303513	.304406
41	RADIOLOGY-DIAGNOSTIC	34,618,184	87,424,395	122,042,579	.121513	.121513	.121523
42	RADIOLOGY-THERAPEUTIC	927,010	15,752,145	16,679,155	.167271	.167271	.167271
43	RADIOISOTOPE	2,343,870	7,178,154	9,522,024	.144587	.144587	.144587
43	01 PET SCANNING	586,294	5,245,198	5,831,492	.208618	.208618	.208618
44	LABORATORY	51,684,659	77,297,312	128,981,971	.132722	.132722	.132722
49	RESPIRATORY THERAPY	24,032,460	3,998,541	28,031,001	.095043	.095043	.095043
50	PHYSICAL THERAPY	12,078,017	1,260,256	13,338,273	.274486	.274486	.274486
54	ELECTROENCEPHALOGRAPHY	579,017	5,232,676	5,811,693	.120983	.120983	.120983
55	MEDICAL SUPPLIES CHARGED	5,859,135	2,025,545	7,884,680	.087665	.087665	.087665
56	DRUGS CHARGED TO PATIENTS	39,456,843	10,325,328	49,782,171	.249789	.249789	.249789
57	RENAL DIALYSIS	1,555,731	166,797	1,722,528	.303289	.303289	.303289
59	PSYCH - PARTIAL HOSPITALI		1,092,969	1,092,969	.723909	.723909	.728238
59	01 ENDOSCOPY	3,603,417	14,227,775	17,831,192	.123871	.123871	.123871
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		5,601,355	5,601,355	.471446	.471446	.471675
60	01 CHI LLICOTHE, PRINCEVILLE		2,746,787	2,746,787	.889843	.889843	.889843
60	03 PHYSICIAN OFFICES		51,503,211	51,503,211	.417377	.417377	.419330
60	05 CARDIO/PULMONARY REHAB	937	485,817	486,754	.670563	.670563	.708504
60	06 DIABETIC CARE CENTER	429	320,892	321,321	.844168	.844168	.844168
60	07 WOUND CARE CENTER	96,046	6,722,535	6,818,581	.229665	.229665	.229846
60	08 IP AMB SVC						
61	EMERGENCY	10,985,663	40,825,831	51,811,494	.167140	.167140	.169175
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		2,105,179	2,105,179	.938410	.938410	.938410
65	AMBULANCE SERVICES						
101	SUBTOTAL	479,785,055	478,864,937	958,649,992			
102	LESS OBSERVATION BEDS						
103	TOTAL	479,785,055	478,864,937	958,649,992			

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	56,875,193	5,077,861	51,797,332			56,875,193
37 01	LITHOTRIpsy	176,498	2,648	173,850			176,498
39	DELIVERY ROOM & LABOR ROO	4,383,345	286,182	4,097,163			4,383,345
40	ANESTHESIOLOGY	2,821,053	187,024	2,634,029			2,821,053
40 01	PAIN CLINIC	1,424,374	244,537	1,179,837			1,424,374
41	RADIOLOGY-DIAGNOSTIC	14,829,704	3,782,332	11,047,372			14,829,704
42	RADIOLOGY-THERAPEUTIC	2,789,934	1,149,452	1,640,482			2,789,934
43	RADIOISOTOPE	1,376,765	100,311	1,276,454			1,376,765
43 01	PET SCANNING	1,216,557	450,197	766,360			1,216,557
44	LABORATORY	17,118,778	979,883	16,138,895			17,118,778
49	RESPIRATORY THERAPY	2,664,146	273,042	2,391,104			2,664,146
50	PHYSICAL THERAPY	3,661,173	215,929	3,445,244			3,661,173
54	ELECTROENCEPHALOGRAPHY	703,118	61,621	641,497			703,118
55	MEDICAL SUPPLIES CHARGED	691,208	14,870	676,338			691,208
56	DRUGS CHARGED TO PATIENTS	12,435,049	267,106	12,167,943			12,435,049
57	RENAL DIALYSIS	522,424	60,235	462,189			522,424
59	PSYCH - PARTIAL HOSPITALI	791,210	79,262	711,948			791,210
59 01	ENDOSCOPY	2,208,771	452,968	1,755,803			2,208,771
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	2,640,735	139,572	2,501,163			2,640,735
60 01	CHILLICOTHE, PRINCEVILLE	2,444,209	73,581	2,370,628			2,444,209
60 03	PHYSICIAN OFFICES	21,496,241	2,580,508	18,915,733			21,496,241
60 05	CARDIO/PULMONARY REHAB	326,399	43,983	282,416			326,399
60 06	DIABETIC CARE CENTER	271,249	22,390	248,859			271,249
60 07	WOUND CARE CENTER	1,565,990	91,720	1,474,270			1,565,990
60 08	IP AMB SVC						
61	EMERGENCY	8,659,776	471,998	8,187,778			8,659,776
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,975,521	114,325	1,861,196			1,975,521
65	AMBULANCE SERVICES						
101	SUBTOTAL	166,069,420	17,223,537	148,845,883			166,069,420
102	LESS OBSERVATION BEDS	1,975,521	114,325	1,861,196			1,975,521
103	TOTAL	164,093,899	17,109,212	146,984,687			164,093,899

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	254,728,183	.223278	.223278
37 01	LITHOTRIpsy	885,395	.199344	.199344
39	DELIVERY ROOM & LABOR ROO	10,680,303	.410414	.410414
40	ANESTHESIOLOGY	34,540,200	.081674	.081674
40 01	PAIN CLINIC	4,692,959	.303513	.303513
41	RADIOLOGY-DIAGNOSTIC	122,042,579	.121513	.121513
42	RADIOLOGY-THERAPEUTIC	16,679,155	.167271	.167271
43	RADIOISOTOPE	9,522,024	.144587	.144587
43 01	PET SCANNING	5,831,492	.208618	.208618
44	LABORATORY	128,981,971	.132722	.132722
49	RESPIRATORY THERAPY	28,031,001	.095043	.095043
50	PHYSICAL THERAPY	13,338,273	.274486	.274486
54	ELECTROENCEPHALOGRAPHY	5,811,693	.120983	.120983
55	MEDICAL SUPPLIES CHARGED	7,884,680	.087665	.087665
56	DRUGS CHARGED TO PATIENTS	49,782,171	.249789	.249789
57	RENAL DIALYSIS	1,722,528	.303289	.303289
59	PSYCH - PARTIAL HOSPITALI	1,092,969	.723909	.723909
59 01	ENDOSCOPY	17,831,192	.123871	.123871
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	5,601,355	.471446	.471446
60 01	CHILLCOTHE, PRINCEVILLE	2,746,787	.889843	.889843
60 03	PHYSICIAN OFFICES	51,503,211	.417377	.417377
60 05	CARDIO/PULMONARY REHAB	486,754	.670563	.670563
60 06	DIABETIC CARE CENTER	321,321	.844168	.844168
60 07	WOUND CARE CENTER	6,818,581	.229665	.229665
60 08	IP AMB SVC			
61	EMERGENCY	51,811,494	.167140	.167140
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,105,179	.938410	.938410
65	AMBULANCE SERVICES			
101	SUBTOTAL	835,473,450		
102	LESS OBSERVATION BEDS	2,105,179		
103	TOTAL	833,368,271		

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	57,247,533	5,077,861	52,169,672	507,786	3,025,841	53,713,906
37 01	LITHOTRIpsy	176,498	2,648	173,850	265	10,083	166,150
39	DELIVERY ROOM & LABOR ROO	4,383,345	286,182	4,097,163	28,618	237,635	4,117,092
40	ANESTHESIOLOGY	2,821,053	187,024	2,634,029	18,702	152,774	2,649,577
40 01	PAIN CLINIC	1,424,374	244,537	1,179,837	24,454	68,431	1,331,489
41	RADIOLOGY-DIAGNOSTIC	14,925,818	3,782,332	11,143,486	378,233	646,322	13,901,263
42	RADIOLOGY-THERAPEUTIC	2,789,934	1,149,452	1,640,482	114,945	95,148	2,579,841
43	RADIOISOTOPE	1,376,765	100,311	1,276,454	10,031	74,034	1,292,700
43 01	PET SCANNING	1,216,557	450,197	766,360	45,020	44,449	1,127,088
44	LABORATORY	17,146,419	979,883	16,166,536	97,988	937,659	16,110,772
49	RESPIRATORY THERAPY	2,664,146	273,042	2,391,104	27,304	138,684	2,498,158
50	PHYSICAL THERAPY	3,771,107	215,929	3,555,178	21,593	206,200	3,543,314
54	ELECTROENCEPHALOGRAPHY	882,153	61,621	820,532	6,162	47,591	828,400
55	MEDICAL SUPPLIES CHARGED	691,208	14,870	676,338	1,487	39,228	650,493
56	DRUGS CHARGED TO PATIENTS	12,435,049	267,106	12,167,943	26,711	705,741	11,702,597
57	RENAL DIALYSIS	522,424	60,235	462,189	6,024	26,807	489,593
59	PSYCH - PARTIAL HOSPITALI	791,210	79,262	711,948	7,926	41,293	741,991
59 01	ENDOSCOPY	2,208,771	452,968	1,755,803	45,297	101,837	2,061,637
60	OUTPAT SERVICE COST CNTRS CLINIC	4,822,897	139,572	4,683,325	13,957	271,633	4,537,307
60 01	CHILLICOTHE, PRINCEVILLE	2,444,209	73,581	2,370,628	7,358	137,496	2,299,355
60 03	PHYSICIAN OFFICES	21,496,241	2,580,508	18,915,733	258,051	1,097,113	20,141,077
60 05	CARDIO/PULMONARY REHAB	326,399	43,983	282,416	4,398	16,380	305,621
60 06	DIABETIC CARE CENTER	271,249	22,390	248,859	2,239	14,434	254,576
60 07	WOUND CARE CENTER	1,565,990	91,720	1,474,270	9,172	85,508	1,471,310
60 08	IP AMB SVC						
61	EMERGENCY	8,949,193	471,998	8,477,195	47,200	491,677	8,410,316
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,975,521	114,325	1,861,196	11,433	107,949	1,856,139
65	AMBULANCE SERVICES						
101	SUBTOTAL	169,326,063	17,223,537	152,102,526	1,722,354	8,821,947	158,781,762
102	LESS OBSERVATION BEDS	1,975,521	114,325	1,861,196	11,433	107,949	1,856,139
103	TOTAL	167,350,542	17,109,212	150,241,330	1,710,921	8,713,998	156,925,623

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	254,728,183	.210868	.222746
37 01	LITHOTRIPSY	885,395	.187656	.199044
39	DELIVERY ROOM & LABOR ROO	10,680,303	.385485	.407734
40	ANESTHESIOLOGY	34,540,200	.076710	.081133
40 01	PAIN CLINIC	4,692,959	.283721	.298302
41	RADIOLOGY-DIAGNOSTIC	122,042,579	.113905	.119201
42	RADIOLOGY-THERAPEUTIC	16,679,155	.154675	.160379
43	RADIOISOTOPE	9,522,024	.135759	.143534
43 01	PET SCANNING	5,831,492	.193276	.200898
44	LABORATORY	128,981,971	.124907	.132177
49	RESPIRATORY THERAPY	28,031,001	.089121	.094069
50	PHYSICAL THERAPY	13,338,273	.265650	.281109
54	ELECTROENCEPHALOGRAPHY	5,811,693	.142540	.150729
55	MEDICAL SUPPLIES CHARGED	7,884,680	.082501	.087476
56	DRUGS CHARGED TO PATIENTS	49,782,171	.235076	.249253
57	RENAL DIALYSIS	1,722,528	.284229	.299792
59	PSYCH - PARTIAL HOSPITALI	1,092,969	.678877	.716657
59 01	ENDOSCOPY	17,831,192	.115620	.121331
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	5,601,355	.810037	.858532
60 01	CHILLICOTHE, PRINCEVILLE	2,746,787	.837107	.887164
60 03	PHYSICIAN OFFICES	51,503,211	.391064	.412366
60 05	CARDIO/PULMONARY REHAB	486,754	.627876	.661527
60 06	DIABETIC CARE CENTER	321,321	.792279	.837200
60 07	WOUND CARE CENTER	6,818,581	.215780	.228320
60 08	IP AMB SVC			
61	EMERGENCY	51,811,494	.162325	.171815
62	OBSERVATION BEDS (NON-DIS	2,105,179	.881701	.932979
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	835,473,450		
102	LESS OBSERVATION BEDS	2,105,179		
103	TOTAL	833,368,271		

TITLE XVIII, PART A

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WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	58,237	24,337			41.01	998,060
26	INTENSIVE CARE UNIT	3,501	2,734			63.33	173,144
29	SURGICAL INTENSIVE CARE U	3,370	2,267			68.16	154,519
31	SUBPROVIDER	7,111	5,204			34.12	177,560
31 01	SUBPROVIDER - REHAB	7,028	5,828			46.67	271,993
33	NURSERY	4,744				16.22	
101	TOTAL	83,991	40,370				1,775,276

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

PROVIDER NO: 14-0209
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS		3,370,516				3,370,516
26	INTENSIVE CARE UNIT		11,122				11,122
29	SURGICAL INTENSIVE CARE U		140,741				140,741
31	SUBPROVIDER		127,644				127,644
31 01	SUBPROVIDER - REHAB		124,630				124,630
33	NURSERY		32,119				32,119
101	TOTAL		3,806,772				3,806,772

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	58,237	57.88	24,337	1,408,626
26	INTENSIVE CARE UNIT	3,501	3.18	2,734	8,694
29	SURGICAL INTENSIVE CARE U	3,370	41.76	2,267	94,670
31	SUBPROVIDER	7,111	17.95	5,204	93,412
31 01	SUBPROVIDER - REHAB	7,028	17.73	5,828	103,330
33	NURSERY	4,744	6.77		
101	TOTAL	83,991		40,370	1,708,732

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37		ANCILLARY SRVC COST CNTRS										
		OPERATING ROOM					54,051					
37	01	LITHOTRIPSY										
39		DELIVERY ROOM & LABOR ROO					175,355					
40		ANESTHESIOLOGY										
40	01	PAIN CLINIC										
41		RADIOLOGY-DIAGNOSTIC										
42		RADIOLOGY-THERAPEUTIC										
43		RADIOISOTOPE										
43	01	PET SCANNING										
44		LABORATORY										
49		RESPIRATORY THERAPY										
50		PHYSICAL THERAPY					6,652					
54		ELECTROENCEPHALOGRAPHY										
55		MEDICAL SUPPLIES CHARGED										
56		DRUGS CHARGED TO PATIENTS										
57		RENAL DIALYSIS					12,681					
59		PSYCH - PARTIAL HOSPITALI										
59	01	ENDOSCOPY					34,406					
60		OUTPAT SERVICE COST CNTRS										
60		CLINIC										
60	01	CHILLICOTHE, PRINCEVILLE										
60	03	PHYSICIAN OFFICES										
60	05	CARDIO/PULMONARY REHAB										
60	06	DIABETIC CARE CENTER										
60	07	WOUND CARE CENTER					14,968					
60	08	IP AMB SVC										
61		EMERGENCY					121,512					
62		OBSERVATION BEDS (NON-DIS					161,359					
		OTHER REIMBURS COST CNTRS										
65		AMBULANCE SERVICES										
101		TOTAL					580,984					

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	54,051	54,051	254,728,183	.000212	.000212	75,268,342	15,957
37 01	LITHOTRIPSY			885,395			36,258	
39	DELIVERY ROOM & LABOR ROO	175,355	175,355	10,680,303	.016419	.016419	175,337	2,879
40	ANESTHESIOLOGY			34,540,200			6,097,634	
40 01	PAIN CLINIC			4,692,959			3,855	
41	RADIOLOGY-DIAGNOSTIC			122,042,579			20,832,937	
42	RADIOLOGY-THERAPEUTIC			16,679,155			449,064	
43	RADIOISOTOPE			9,522,024				
43 01	PET SCANNING			5,831,492				
44	LABORATORY			128,981,971			26,930,170	
49	RESPIRATORY THERAPY			28,031,001			14,835,050	
50	PHYSICAL THERAPY	6,652	6,652	13,338,273	.000499	.000499	3,431,006	1,712
54	ELECTROENCEPHALOGRAPHY			5,811,693			238,403	
55	MEDICAL SUPPLIES CHARGED			7,884,680			5,363,469	
56	DRUGS CHARGED TO PATIENTS			49,782,171			19,693,675	
57	RENAL DIALYSIS	12,681	12,681	1,722,528	.007362	.007362	1,146,075	8,437
59	PSYCH - PARTIAL HOSPITALI			1,092,969				
59 01	ENDOSCOPY	34,406	34,406	17,831,192	.001930	.001930	2,132,472	4,116
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			5,601,355				
60 01	CHILLICOTHE, PRINCEVILLE			2,746,787				
60 03	PHYSICIAN OFFICES			51,503,211				
60 05	CARDIO/PULMONARY REHAB			486,754			937	
60 06	DIABETIC CARE CENTER			321,321			429	
60 07	WOUND CARE CENTER	14,968	14,968	6,818,581	.002195	.002195	61,156	134
60 08	IP AMB SVC							
61	EMERGENCY	121,512	121,512	51,811,494	.002345	.002345	5,090,948	11,938
62	OBSERVATION BEDS (NON-DIS	161,359	161,359	2,105,179	.076649	.076649		
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	580,984	580,984	835,473,450			181,787,217	45,173

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	34,087,691				7,227	
37 01	LITHOTRIPSY	145,032					
39	DELIVERY ROOM & LABOR ROO	2,058				34	
40	ANESTHESIOLOGY	4,094,720					
40 01	PAIN CLINIC	1,594,852					
41	RADIOLOGY-DIAGNOSTIC	26,149,392					
42	RADIOLOGY-THERAPEUTIC	6,443,556					
43	RADIOISOTOPE	2,575,775					
43 01	PET SCANNING	2,029,465					
44	LABORATORY	2,267,374					
49	RESPIRATORY THERAPY	2,135,380					
50	PHYSICAL THERAPY	3,511				2	
54	ELECTROENCEPHALOGRAPHY	1,006,826					
55	MEDICAL SUPPLIES CHARGED	948,414					
56	DRUGS CHARGED TO PATIENTS	4,151,006					
57	RENAL DIALYSIS						
59	PSYCH - PARTIAL HOSPITALI	53,766					
59 01	ENDOSCOPY	4,302,219				8,303	
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	CHILLICOTHE, PRINCEVILLE						
60 03	PHYSICIAN OFFICES						
60 05	CARDIO/PULMONARY REHAB	244,381					
60 06	DIABETIC CARE CENTER						
60 07	WOUND CARE CENTER	826,831				1,815	
60 08	IP AMB SVC						
61	EMERGENCY	5,742,253				13,466	
62	OBSERVATION BEDS (NON-DIS	574,492				44,034	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	99,378,994				74,881	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37		ANCILLARY SRVC COST CNTRS										
		OPERATING ROOM				54,051						
37	01	LITHOTRIPSY										
39		DELIVERY ROOM & LABOR ROO				175,355						
40		ANESTHESIOLOGY										
40	01	PAIN CLINIC										
41		RADIOLOGY-DIAGNOSTIC										
42		RADIOLOGY-THERAPEUTIC										
43		RADIOISOTOPE										
43	01	PET SCANNING										
44		LABORATORY										
49		RESPIRATORY THERAPY										
50		PHYSICAL THERAPY				6,652						
54		ELECTROENCEPHALOGRAPHY										
55		MEDICAL SUPPLIES CHARGED										
56		DRUGS CHARGED TO PATIENTS										
57		RENAL DIALYSIS				12,681						
59		PSYCH - PARTIAL HOSPITALI										
59	01	ENDOSCOPY				34,406						
60		OUTPAT SERVICE COST CNTRS										
60		CLINIC										
60	01	CHILLICOTHE, PRINCEVILLE										
60	03	PHYSICIAN OFFICES										
60	05	CARDIO/PULMONARY REHAB										
60	06	DIABETIC CARE CENTER										
60	07	WOUND CARE CENTER				14,968						
60	08	IP AMB SVC										
61		EMERGENCY				121,512						
62		OBSERVATION BEDS (NON-DIS				161,359						
		OTHER REIMBURS COST CNTRS										
65		AMBULANCE SERVICES										
101		TOTAL				580,984						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	54,051	54,051	254,728,183	.000212	.000212	167,988	36
37 01	LITHOTRIpsy			885,395				
39	DELIVERY ROOM & LABOR ROO	175,355	175,355	10,680,303	.016419	.016419		
40	ANESTHESIOLOGY			34,540,200			33,772	
40 01	PAIN CLINIC			4,692,959				
41	RADIOLOGY-DIAGNOSTIC			122,042,579			282,326	
42	RADIOLOGY-THERAPEUTIC			16,679,155				
43	RADIOISOTOPE			9,522,024				
43 01	PET SCANNING			5,831,492				
44	LABORATORY			128,981,971			860,026	
49	RESPIRATORY THERAPY			28,031,001			251,993	
54	PHYSICAL THERAPY	6,652	6,652	13,338,273	.000499	.000499	61,784	31
55	ELECTROENCEPHALOGRAPHY			5,811,693			8,253	
56	MEDICAL SUPPLIES CHARGED			7,884,680			44,708	
57	DRUGS CHARGED TO PATIENTS			49,782,171			673,434	
57	RENAL DIALYSIS	12,681	12,681	1,722,528	.007362	.007362	2,613	19
59	PSYCH - PARTIAL HOSPITALI			1,092,969				
59 01	ENDOSCOPY	34,406	34,406	17,831,192	.001930	.001930	17,930	35
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			5,601,355				
60 01	CHILLICOTHE, PRINCEVILLE			2,746,787				
60 03	PHYSICIAN OFFICES			51,503,211				
60 05	CARDIO/PULMONARY REHAB			486,754				
60 06	DIABETIC CARE CENTER			321,321				
60 07	WOUND CARE CENTER	14,968	14,968	6,818,581	.002195	.002195		
60 08	IP AMB SVC							
61	EMERGENCY	121,512	121,512	51,811,494	.002345	.002345	470,463	1,103
62	OBSERVATION BEDS (NON-DIS	161,359	161,359	2,105,179	.076649	.076649		
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	580,984	580,984	835,473,450			2,875,290	1,224

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 LITHOTRIpsy						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
40	01 PAIN CLINIC						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 PET SCANNING						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	PSYCH - PARTIAL HOSPITALI						
59	01 ENDOSCOPY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 CHILLICOTHE, PRINCEVILLE						
60	03 PHYSICIAN OFFICES						
60	05 CARDIO/PULMONARY REHAB						
60	06 DIABETIC CARE CENTER						
60	07 WOUND CARE CENTER						
60	08 IP AMB SVC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37		ANCILLARY SRVC COST CNTRS											
		OPERATING ROOM				54,051							
37	01	LITHOTRIPSY											
39		DELIVERY ROOM & LABOR ROO				175,355							
40		ANESTHESIOLOGY											
40	01	PAIN CLINIC											
41		RADIOLOGY-DIAGNOSTIC											
42		RADIOLOGY-THERAPEUTIC											
43		RADIOISOTOPE											
43	01	PET SCANNING											
44		LABORATORY											
49		RESPIRATORY THERAPY											
50		PHYSICAL THERAPY				6,652							
54		ELECTROENCEPHALOGRAPHY											
55		MEDICAL SUPPLIES CHARGED											
56		DRUGS CHARGED TO PATIENTS											
57		RENAL DIALYSIS				12,681							
59		PSYCH - PARTIAL HOSPITALI											
59	01	ENDOSCOPY				34,406							
60		OUTPAT SERVICE COST CNTRS											
60		CLINIC											
60	01	CHILLICOTHE, PRINCEVILLE											
60	03	PHYSICIAN OFFICES											
60	05	CARDIO/PULMONARY REHAB											
60	06	DIABETIC CARE CENTER											
60	07	WOUND CARE CENTER				14,968							
60	08	IP AMB SVC											
61		EMERGENCY				121,512							
62		OBSERVATION BEDS (NON-DIS				161,359							
		OTHER REIMBURS COST CNTRS											
65		AMBULANCE SERVICES											
101		TOTAL				580,984							

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	54,051	54,051	254,728,183	.000212	.000212	178,932	38
37 01	LITHOTRIpsy			885,395				
39	DELIVERY ROOM & LABOR ROO	175,355	175,355	10,680,303	.016419	.016419		
40	ANESTHESIOLOGY			34,540,200			16,524	
40 01	PAIN CLINIC			4,692,959			337	
41	RADIOLOGY-DIAGNOSTIC			122,042,579			595,303	
42	RADIOLOGY-THERAPEUTIC			16,679,155			61,239	
43	RADIOISOTOPE			9,522,024				
43 01	PET SCANNING			5,831,492				
44	LABORATORY			128,981,971			1,496,772	
49	RESPIRATORY THERAPY			28,031,001			779,390	
50	PHYSICAL THERAPY	6,652	6,652	13,338,273	.000499	.000499	5,054,893	2,522
54	ELECTROENCEPHALOGRAPHY			5,811,693			8,253	
55	MEDICAL SUPPLIES CHARGED			7,884,680			447,446	
56	DRUGS CHARGED TO PATIENTS			49,782,171			966,325	
57	RENAL DIALYSIS	12,681	12,681	1,722,528	.007362	.007362	83,499	615
59	PSYCH - PARTIAL HOSPITALI			1,092,969				
59 01	ENDOSCOPY	34,406	34,406	17,831,192	.001930	.001930	66,310	128
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			5,601,355				
60 01	CHILLICOTHE, PRINCEVILLE			2,746,787				
60 03	PHYSICIAN OFFICES			51,503,211				
60 05	CARDIO/PULMONARY REHAB			486,754				
60 06	DIABETIC CARE CENTER			321,321				
60 07	WOUND CARE CENTER	14,968	14,968	6,818,581	.002195	.002195	19,232	42
60 08	IP AMB SVC							
61	EMERGENCY	121,512	121,512	51,811,494	.002345	.002345	6,710	16
62	OBSERVATION BEDS (NON-DIS	161,359	161,359	2,105,179	.076649	.076649		
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	580,984	580,984	835,473,450			9,781,165	3,361

TITLE XVIII, PART A

SUBPROVIDER 2

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						
37	01 LITHOTRIpsy						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
40	01 PAIN CLINIC						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 PET SCANNING						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	PSYCH - PARTIAL HOSPITALI						
59	01 ENDOSCOPY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 CHILLICOTHE, PRINCEVILLE						
60	03 PHYSICIAN OFFICES						
60	05 CARDIO/PULMONARY REHAB						
60	06 DIABETIC CARE CENTER						
60	07 WOUND CARE CENTER						
60	08 IP AMB SVC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	58,237
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	58,237
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	58,237
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	24,337
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	41,265,476
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	41,265,476

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	81,189,197
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	81,189,197
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.508263
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,394.12
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	41,265,476

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 708.58
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 17,244,711
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 17,244,711

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	4,226,257	3,501	1,207.16	2,734	3,300,375
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT	4,146,644	3,370	1,230.46	2,267	2,789,453
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 32,834,879
49 TOTAL PROGRAM INPATIENT COSTS					56,169,418

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 2,837,713
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 2,924,707
 52 TOTAL PROGRAM EXCLUDABLE COST 5,762,420
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 50,406,998

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	670.86
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	4,770,457			
87	NEW CAPITAL-RELATED COST	242,610	.050857		
88	NON PHYSICIAN ANESTHETIST	4,770,457			
89	MEDICAL EDUCATION	127,644	.026757		
89.01	MEDICAL EDUCATION - ALLIED HEA	4,770,457			
89.02	MEDICAL EDUCATION - ALL OTHER	4,770,457			

TITLE XVIII PART A SUBPROVIDER II PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	741.01
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4,318,606
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	4,318,606

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	375,323
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	141,542
52	TOTAL PROGRAM EXCLUDABLE COST	516,865
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	5,906,681

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	741.01
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	5,207,797			
87	NEW CAPITAL-RELATED COST	327,972	.062977		
88	NON PHYSICIAN ANESTHETIST	5,207,797			
89	MEDICAL EDUCATION	124,630	.023931		
89.01	MEDICAL EDUCATION - ALLIED HEA	5,207,797			
89.02	MEDICAL EDUCATION - ALL OTHER	5,207,797			

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER - REHAB ANCILLARY SRVC COST CNTRS		3,046,598	
37	OPERATING ROOM	.223430	178,932	39,979
37	01 LI THOTRIPSY	.199344		
39	DELIVERY ROOM & LABOR ROOM	.411321		
40	ANESTHESIOLOGY	.081674	16,524	1,350
40	01 PAIN CLINIC	.304406	337	103
41	RADIOLOGY-DIAGNOSTIC	.121523	595,303	72,343
42	RADIOLOGY-THERAPEUTIC	.167271	61,239	10,244
43	RADIOISOTOPE	.144587		
43	01 PET SCANNING	.208618		
44	LABORATORY	.132722	1,496,772	198,655
49	RESPIRATORY THERAPY	.095043	779,390	74,076
50	PHYSICAL THERAPY	.274486	5,054,893	1,387,497
54	ELECTROENCEPHALOGRAPHY	.120983	8,253	998
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.087665	447,446	39,225
56	DRUGS CHARGED TO PATIENTS	.249789	966,325	241,377
57	RENAL DIALYSIS	.303289	83,499	25,324
59	01 PSYCH - PARTIAL HOSPITALIZATION ENDOSCOPY	.728238 .123871	66,310	8,214
60	OUTPAT SERVICE COST CNTRS CLINIC	.471675		
60	01 CHILLICOTHE, PRINCEVILLE & LACON RHC	.889843		
60	03 PHYSICIAN OFFICES	.419330		
60	05 CARDIO/PULMONARY REHAB	.708504		
60	06 DIABETIC CARE CENTER	.844168		
60	07 WOUND CARE CENTER	.229846	19,232	4,420
60	08 IP AMB SVC			
61	EMERGENCY	.169175	6,710	1,135
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.938410		
65	AMBULANCE SERVICES			
101	TOTAL		9,781,165	2,104,940
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		9,781,165	

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		60,212,887		13,184,542
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM	7/24/2009	82,522	7/24/2009	122,008
ADJUSTMENTS TO PROGRAM	12/18/2009	82,193	12/18/2009	26,929
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		-164,715		-148,937
		60,048,172		13,035,605
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01	1,535,824	404,995
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		61,583,996		13,440,600

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.

TITLE XVII SUBPROVIDER 1

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		3,280,735		
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 7/24/2009	17,187		
ADJUSTMENTS TO PROVIDER	.02 12/18/2009	18,301		
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	35,488		NONE
4 TOTAL INTERIM PAYMENTS		3,316,223		
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)		194,603		
7 TOTAL MEDICARE PROGRAM LIABILITY		3,510,826		

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.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		25.05
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		25.05
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		30.95
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		25.05
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		28.48
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		1.97
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		30.45
3.10	SEE INSTRUCTIONS		24.64
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		1.59
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	.53
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		.53
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		111,269.22
3.18	SEE INSTRUCTIONS		58,973
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		28.92
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		24.26
3.21	SEE INSTRUCTIONS	RES INIT YEARS	25.41
3.22	SEE INSTRUCTIONS		25.41
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		117,507.47
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		2,985,865
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,044,838

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		40,370
5	TOTAL INPATIENT DAYS		76,459
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.527995
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	1,607,659	1,607,659
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		1,017
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		76,459
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		34,776
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		12,681
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TITLE XVIII

8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	1,722,528
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	.007362
10	MEDICARE OUTPATIENT ESRD CHARGES	
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS	

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST		
12	REASONABLE COST (SEE INSTRUCTIONS)	66,569,510
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	18,245
16	TOTAL PART A REASONABLE COST	66,551,265

PART B REASONABLE COST		
17	REASONABLE COST	17,692,409
18	PRIMARY PAYER PAYMENTS	305
19	TOTAL PART B REASONABLE COST	17,692,104
20	TOTAL REASONABLE COST	84,243,369
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.789988
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.210012

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	1,642,435
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,297,504
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	344,931

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

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

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	5.18	
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	5.90	
7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	5.10	
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		
9 MULTIPLY LINE 7 TIMES LINE 8		
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.527995	
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)		
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])		

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	8.00	
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	10.65	
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	8.00	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.033114	
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.008765	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	46,077,078	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	1,774,751	
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	419,421	

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	37,702,976			
2	TEMPORARY INVESTMENTS	104,351,807			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	45,825,752			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	3,141,344			
8	PREPAID EXPENSES	2,077,494			
9	OTHER CURRENT ASSETS	2,425,455			
10	DUE FROM OTHER FUNDS	10,547,853			
11	TOTAL CURRENT ASSETS	206,072,681			
FIXED ASSETS					
12	LAND	1,131,011			
12.01					
13	LAND IMPROVEMENTS	1,733,802			
13.01	LESS ACCUMULATED DEPRECIATION	-1,370,805			
14	BUILDINGS	179,159,541			
14.01	LESS ACCUMULATED DEPRECIATION	-61,624,139			
15	LEASEHOLD IMPROVEMENTS	691,414			
15.01	LESS ACCUMULATED DEPRECIATION	-408,365			
16	FIXED EQUIPMENT	70,537,451			
16.01	LESS ACCUMULATED DEPRECIATION	-55,788,315			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	161,701,066			
18.01	LESS ACCUMULATED DEPRECIATION	-128,114,543			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	167,648,118			
OTHER ASSETS					
22	INVESTMENTS	11,418,380			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	29,363,282			
26	TOTAL OTHER ASSETS	40,781,662			
27	TOTAL ASSETS	414,502,461			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	44,507,247			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	9,540,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	23,928,336			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	77,975,583			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	84,419,999			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	91,124,427			
42 TOTAL LONG-TERM LIABILITIES	175,544,426			
43 TOTAL LIABILITIES	253,520,009			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	160,982,452			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	160,982,452			
52 TOTAL LIABILITIES AND FUND BALANCES	414,502,461			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		91,192,201		
2 OF PERIOD				
3 NET INCOME (LOSS)		62,431,623		
4 TOTAL		153,623,824		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 CHANGE IN UNRESTRICTED NE	5,991,297			
7 CHANGE IN TEMPORARY & PER	1,367,331			
8				
9				
10 TOTAL ADDITIONS		7,358,628		
11 SUBTOTAL		160,982,452		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		160,982,452		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 CHANGE IN UNRESTRICTED NE				
7 CHANGE IN TEMPORARY & PER				
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	88,227,318		88,227,318
2 00 SUBPROVIDER	9,654,714		9,654,714
2 01 SUBPROVIDER - REHAB	4,608,941		4,608,941
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	102,490,973		102,490,973
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	12,251,143		12,251,143
13 00 SURGICAL INTENSIVE CARE UNIT	11,689,271		11,689,271
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	23,940,414		23,940,414
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	126,431,387		126,431,387
17 00 ANCILLARY SERVICES	351,985,373	360,886,383	712,871,756
18 00 OUTPATIENT SERVICES	11,244,752	108,874,232	120,118,984
19 00 HOME HEALTH AGENCY		6,383,218	6,383,218
20 00 AMBULANCE SERVICES	6,146		6,146
23 00 HOSPICE		2,854,646	2,854,646
24 00 OTHER REVENUE		1,746,646	1,746,646
25 00 TOTAL PATIENT REVENUES	489,667,658	480,745,125	970,412,783

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		312,587,737	
ADD (SPECIFY)			
27 00 BAD DEBTS	20,527,644		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		20,527,644	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		333,115,381	

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						
5	675,319	51,292	3,551	7,267	29,011	766,440
HHA REIMBURSABLE SERVICES						
6	1,463,439	106,586	124,439	65	20,457	1,714,986
7				893,547		893,547
8				200,414		200,414
9				68,313		68,313
10	57,067	4,136	10,564		450	72,217
11	84,339	6,033	32,285		1,224	123,881
12					68,216	68,216
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,280,164	168,047	170,839	1,169,606	119,358	3,908,014

	RECLASSIFIED - CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-133,951	632,489	-1,274	631,215
HHA REIMBURSABLE SERVICES				
6		1,714,986		1,714,986
7		893,547		893,547
8		200,414		200,414
9		68,313		68,313
10		72,217		72,217
11		123,881		123,881
12		68,216		68,216
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-133,951	3,774,063	-1,274	3,772,789

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
5	631,215					631,215	631,215
HHA REIMBURSABLE SERVICES							
6	1,714,986					1,714,986	344,580
7	893,547					893,547	179,534
8	200,414					200,414	40,268
9	68,313					68,313	13,726
10	72,217					72,217	14,510
11	123,881					123,881	24,891
12	68,216					68,216	13,706
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	3,772,789					3,772,789	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6	2,059,566						
7	1,073,081						
8	240,682						
9	82,039						
10	86,727						
11	148,772						
12	81,922						
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	3,772,789						
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		5
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
					-631,215	3,141,574
HHA REIMBURSABLE SERVICES						
6						1,714,986
7						893,547
8						200,414
9						68,313
10						72,217
11						123,881
12						68,216
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24						
25						
26						
					-631,215	3,141,574
						631,215
						.200923

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	PARKING 5.01	SUBTOTAL 5A.01
1 ADMIN & GENERAL		43,942	4,610	112,621	84	161,257
2 SKILLED NURSING CARE	2,059,566			295,312		2,354,878
3 PHYSICAL THERAPY	1,073,081					1,073,081
4 OCCUPATIONAL THERAPY	240,682					240,682
5 SPEECH PATHOLOGY	82,039					82,039
6 MEDICAL SOCIAL SERVICES	86,727			11,516		98,243
7 HOME HEALTH AIDE	148,772			17,019		165,791
8 SUPPLIES	81,922					81,922
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)	3,772,789	43,942	4,610	436,468	84	4,257,893
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	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	40,884	88,182	135,997			
2 SKILLED NURSING CARE	597,041					
3 PHYSICAL THERAPY	272,063					
4 OCCUPATIONAL THERAPY	61,021					
5 SPEECH PATHOLOGY	20,800					
6 MEDICAL SOCIAL SERVICES	24,908					
7 HOME HEALTH AIDE	42,034					
8 SUPPLIES	20,770					
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)	1,079,521	88,182	135,997			
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NURSING SCHOOL 21
1 ADMIN & GENERAL	36,434	104,951	4,449			
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)	36,434	104,951	4,449			
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL			572,154		572,154	
2 SKILLED NURSING CARE			2,951,919		2,951,919	328,892
3 PHYSICAL THERAPY			1,345,144		1,345,144	149,871
4 OCCUPATIONAL THERAPY			301,703		301,703	33,615
5 SPEECH PATHOLOGY			102,839		102,839	11,458
6 MEDICAL SOCIAL SERVICES			123,151		123,151	13,721
7 HOME HEALTH AIDE			207,825		207,825	23,155
8 SUPPLIES			102,692		102,692	11,442
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)			5,707,427		5,707,427	572,154
21 UNIT COST MULTIPLIER						0.111416

(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	TOTAL HHA COSTS
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	3,280,811
3 PHYSICAL THERAPY	1,495,015
4 OCCUPATIONAL THERAPY	335,318
5 SPEECH PATHOLOGY	114,297
6 MEDICAL SOCIAL SERVICES	136,872
7 HOME HEALTH AIDE	230,980
8 SUPPLIES	114,134
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)	5,707,427
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	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	PARKING (SQUARE FEET) 5.01	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCU. COST) 6
1 ADMIN & GENERAL	6,861	2,782	558,103	6,861		161,257
2 SKILLED NURSING CARE			1,463,439			2,354,878
3 PHYSICAL THERAPY						1,073,081
4 OCCUPATIONAL THERAPY						240,682
5 SPEECH PATHOLOGY						82,039
6 MEDICAL SOCIAL SERVICES			57,067			98,243
7 HOME HEALTH AIDE			84,339			165,791
8 SUPPLIES						81,922
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)	6,861	2,782	2,162,948	6,861		4,257,893
21 COST TO BE ALLOCATED	43,942	4,610	436,468	84		1,079,521
22 UNIT COST MULTIPLIER	6.404606	1.657081	0.201793	0.012243		0.253534

HHA COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET) 7	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (FTE'S) 12
1 ADMIN & GENERAL	6,861	6,861				4,051
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)	6,861	6,861				4,051
21 COST TO BE ALLOCATED	88,182	135,997				36,434
22 UNIT COST MULTIPLIER	12.852645	19.821746				8.993829

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 14	CENTRAL SERVICES & SUPPL (COSTED) REQUIS. 15	PHARMACY (COSTED) REQUIS. 16	MEDICAL RECORDS & LIBRARY (TIME SPENT) 17	NURSING SCHOOL (TIME SPENT) 21	I&R SERVICES -SALARY & FR (ASSIGNED) TIME) 22
1	ADMIN & GENERAL	4,051	62,568			
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)	4,051	62,568			
21	COST TO BE ALLOCATED	104,951	4,449			
22	UNIT COST MULTIPLIER	25.907430	0.071107			

I&R SERVICES
 -OTHER PRGM
 (ASSIGNED
 TIME)

HHA COST CENTER	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)
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							6
1 SKILLED NURSING	2	3,280,811	2	3,280,811	23,300	140.81	9,867
2 PHYSICAL THERAPY	3	1,495,015		1,495,015	11,648	128.35	5,896
3 OCCUPATIONAL THERAPY	4	335,318		335,318	3,741	89.63	1,830
4 SPEECH PATHOLOGY	5	114,297		114,297	1,023	111.73	423
5 MEDICAL SOCIAL SERVICES	6	136,872		136,872	745	183.72	294
6 HOME HEALTH AIDE SERVICE	7	230,980		230,980	3,832	60.28	1,621
7 TOTAL		5,593,293		5,593,293	44,289		19,931

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	12
1 SKILLED NURSING	6,613		1,389,372	931,177		2,320,549
2 PHYSICAL THERAPY	3,005		756,752	385,692		1,142,444
3 OCCUPATIONAL THERAPY	1,006		164,023	90,168		254,191
4 SPEECH PATHOLOGY	287		47,262	32,067		79,329
5 MEDICAL SOCIAL SERVICES	211		54,014	38,765		92,779
6 HOME HEALTH AIDE SERVICES	1,603		97,714	96,629		194,343
7 TOTAL	12,725		2,509,137	1,574,498		4,083,635

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

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	12
8 SKILLED NURSING						
8.01 SKILLED NURSING						
8.02 SKILLED NURSING						
9 PHYSICAL THERAPY						
9.01 PHYSICAL THERAPY						
9.02 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
10.01 OCCUPATIONAL THERAPY						
10.02 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
11.01 SPEECH PATHOLOGY						
11.02 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
12.01 MEDICAL SOCIAL SERVICES						
12.02 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
13.01 HOME HEALTH AIDE SERVICE						

PROVIDER NO: 14-0209
 HHA NO: 14-7259
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/26/2010
 WORKSHEET H-6
 PARTS I, II & III
 HHA 1

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

-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
-----PART B-----		-----PART B-----		
NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	SUBJECT TO DEDUCT & COINSUR	
7	8	9	10	11
13.02 HOME HEALTH AIDE SERVICE				
14 TOTAL				12

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	114,134		114,134	131,923	.865156	69,756
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES	62,167		60,350	53,784
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.02 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM F1)		
17.01 PER BENE COST LIMITATION (FRM F1)		
17.02 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 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.274486			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	.087665			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.249789			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	-----PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE-----		PROGRAM VISITS 1/1/1998 TO 12/31/1998 3	PROGRAM COSTS 1/1/1998 TO 12/31/1998 4	PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS 1/1/1998 TO 12/31/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998			
1 PHYSICAL THERAPY	1	128.35	2.01	3.01			
2 OCCUPATIONAL THERAPY	2	89.63					
3 SPEECH PATHOLOGY	3	111.73					
4 TOTAL (SUM OF LINES 1-3)	4						

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K
14-1537		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	101,914	7,572		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	400,898	29,788		
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	5,555	413	70,287	178,248
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	67,990	5,052		
15 SPIRITUAL COUNSELING		7,315		
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	48,362	3,593		
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	98,444			
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	723,163	53,733	70,287	178,248

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 14-0209
HOSPICE NO: 14-1537
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	26,665	136,151		136,151
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		430,686		430,686
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	15,600	15,600		15,600
10 NURSING CARE		254,503		254,503
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	1,076	1,076		1,076
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		73,042		73,042
15 SPIRITUAL COUNSELING		7,315		7,315
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		51,955		51,955
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	253,881	253,881		253,881
20.30 ANALGESICS	335,834	335,834	-335,834	
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	26,742	26,742		26,742
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS		98,444		98,444
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	659,798	1,685,229	-335,834	1,349,395

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
14-0209	FROM 1/ 1/2009	WORKSHEET K
HOSPICE NO:	TO 12/31/2009	
14-1537		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL	-11,271	124,880
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		430,686
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		15,600
10 NURSING CARE		254,503
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		1,076
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		73,042
15 SPIRITUAL COUNSELING		7,315
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		51,955
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		253,881
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		26,742
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		98,444
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)	-11,271	1,338,124

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-1
14-1537		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	41,089			
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			67,990	
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)	41,089		67,990	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 14-0209
HOSPICE NO: 14-1537
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-1

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				60,825
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE	400,898			
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	5,555			
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER			48,362	
23 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				98,444
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	406,453		48,362	159,269

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-1
14-1537		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	101,914
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	400,898
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	5,555
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	67,990
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	48,362
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	98,444
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	723,163

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-2
14-1537		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	3,053			
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			5,052	
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER				
23.20 HH AIDE & HOME MAKER-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)	3,053		5,052	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-2
14-1537		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				4,519
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE	29,788			
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	413			
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				7,315
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER			3,593	
23 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	30,201		3,593	11,834

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-2
14-1537		

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	7,572
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	29,788
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	413
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	5,052
15	SPIRITUAL COUNSELING	7,315
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	3,593
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)	53,733

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-3
14-1537		

HOSPICE 1

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-3
14-1537		

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	178,248			
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)	178,248			

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-3
14-1537		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	178,248
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)	178,248

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1537		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	124,880			
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE	430,686			
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES	15,600			
13 NURSING CARE	254,503			
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY	1,076			
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES	73,042			
19 SPIRITUAL COUNSELING	7,315			
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER	51,955			
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY	253,881			
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	26,742			
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS	98,444			
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	1,338,124			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 14-0209
HOSPICE NO: 14-1537
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-4
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			124,880	124,880
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			430,686	44,330
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			15,600	1,606
13 NURSING CARE			254,503	26,196
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			1,076	111
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			73,042	7,518
19 SPIRITUAL COUNSELING			7,315	753
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER			51,955	5,348
23.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			253,881	26,132
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			26,742	2,753
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS			98,444	10,133
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			1,213,244	124,880

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1537		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	475,016
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	17,206
13	NURSING CARE	280,699
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	1,187
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	80,560
19	SPIRITUAL COUNSELING	8,068
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	57,303
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	280,013
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	29,495
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	108,577
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	1,338,124

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1537		PART II

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1				
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				
	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2009	5/26/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
14-1537		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL		-124,880	1,213,244
8 INPATIENT CARE SERVICE			430,686
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			15,600
13 NURSING CARE			254,503
14 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			1,076
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			73,042
19 SPIRITUAL COUNSELING			7,315
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			51,955
23 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			253,881
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			26,742
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			98,444
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			124,880
45 UNIT COST MULTIPLIER	.000000		.102931

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6		15,416	771	20,566
2.00 INPATIENT - GENERAL CARE	7	475,016			80,898
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9	17,206			
5.00 NURSING CARE	10	280,699			1,121
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	1,187			
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	80,560			13,720
10.00 SPIRITUAL COUNSELING	15	8,068			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	57,303			9,759
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	280,013			
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	29,495			
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	108,577			19,865
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,338,124	15,416	771	145,929
30.00 UNIT COST MULTIPLIER					

PARKING SUBTOTAL ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS

HOSPICE COST CENTER	5.01	5A.01	6	7
1.00 ADMINISTRATIVE AND GENERAL	30	36,783	9,326	30,936
2.00 INPATIENT - GENERAL CARE		555,914	140,943	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES		17,206	4,362	
5.00 NURSING CARE		281,820	71,451	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		1,187	301	
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		94,280	23,903	
10.00 SPIRITUAL COUNSELING		8,068	2,046	
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		67,062	17,002	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		280,013	70,993	
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		29,495	7,478	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS		128,442	32,564	
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	30	1,500,270	380,369	30,936
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	PARKING
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(SQUARE FEET)
	3	4	5	5.01
1.00 ADMINISTRATIVE AND GENERAL	2,407	465	101,914	2,407
2.00 INPATIENT - GENERAL CARE			400,898	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			5,555	
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			67,990	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			48,362	
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			98,444	
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,407	465	723,163	2,407
30.00 TOTAL COST TO BE ALLOCATED	15,416	771	145,929	30
31.00 UNIT COST MULTIPLIER	6.404653	1.658065	.201793	.012464

HOSPICE COST CENTER	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6A	(ACCUMULATED COST)	(SQUARE FEET)	(SQUARE FEET)
		6	7	8
1.00 ADMINISTRATIVE AND GENERAL		36,783	2,407	2,407
2.00 INPATIENT - GENERAL CARE		555,914		
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES		17,206		
5.00 NURSING CARE		281,820		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		1,187		
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		94,280		
10.00 SPIRITUAL COUNSELING		8,068		
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		67,062		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		280,013		
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		29,495		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS		128,442		
26.00 VOLUNTEER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)
	14	15	16	17
1.00 ADMINISTRATIVE AND GENERAL	1,416	26,742	253,875	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	1,416	26,742	253,875	
30.00 TOTAL COST TO BE ALLOCATED	36,685	1,902	128,587	
31.00 UNIT COST MULTIPLIER	25.907486	.071124	.506497	.000000

HOSPICE COST CENTER	NURSING SCHOOL	I & R SERVICES-SALARY & FRINGES APPRVD	I & R SERVICES-OTHER PRGM COSTS APPRVD
	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)
	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			

HOSPICE 1

HOSPICE COST CENTER	NURSING SCHOOL	I & R SERVICES-SALARY & FRINGES APPRVD	I & R SERVICES-OTHER PRGM COSTS APPRVD
	21	22	23
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

CALCULATION OF PER DIEM COST

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				2,139,195
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				16,014
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				133.58
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	13,318			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,779,018			
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)			2,696	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			360,132	

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3, 779, 889
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	179, 248
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	173. 60
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	30. 41
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	5. 07
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	191, 640
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	4. 42
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	26. 46
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	30. 88
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6. 45
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	243, 803
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4, 394, 580
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)	