

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0082		FROM 10/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/28/2010 TIME 12:55

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:
 DEACONESS HOSPITAL 15-0082

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

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	931,617	321,789	0	
5	HOSPITAL-BASED SNF	0	4,296	-430	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	935,913	321,359	0	

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

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

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

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? N
ENTER "Y" FOR YES AND "N" FOR NO.

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

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 1/23/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0082 PERIOD: FROM 10/1/2008 TO 9/30/2009 PREPARED 2/28/2010
WORKSHEET S-3 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	448	163,642				51,522	9,172
2 HMO						10,109	5,309
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	448	163,642				51,522	9,172
6 INTENSIVE CARE UNIT	37	13,414				4,928	754
7 CORONARY CARE UNIT	26	9,490				4,093	412
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	511	186,546				60,543	10,338
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	48	17,520				9,969	
18 HOME HEALTH AGENCY						20,931	2,303
21 HOSPICE	4	1,460				1,266	5
25 TOTAL	563						
26 OBSERVATION BED DAYS							932
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	TRIPS OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			102,067				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			102,067				
6 INTENSIVE CARE UNIT			10,086				
7 CORONARY CARE UNIT			6,956				
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			119,109			15.89	
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			12,667				
18 HOME HEALTH AGENCY			26,912				
21 HOSPICE			1,274				
25 TOTAL						15.89	
26 OBSERVATION BED DAYS		932	9,295	853	8,442		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			646				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					10,839	2,656	23,299
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	15.89	3,504.30			10,839	2,656	23,299
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		43.80					
18 HOME HEALTH AGENCY		37.10					
21 HOSPICE		28.20					
25 TOTAL	15.89	3,613.40					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	173,917,361	261,403	174,178,764	7,326,216.00	23.77	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	155,189	86,897	242,086	2,320.00	104.35	Payroll Records
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)		657,131	657,131	6,952.00	94.52	Payroll Records
5 PHYSICIAN - PART B	16,664,437		16,664,437	107,216.00	155.43	Payroll Records
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		938,877	938,877	35,472.00	26.47	Payroll Records
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,832,144	34,387	1,866,531	88,643.00	21.06	Payroll Records
8.01 EXCLUDED AREA SALARIES	20,782,293	1,234,890	22,017,183	995,683.00	22.11	Payroll Records
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,665,678		1,665,678	18,536.00	89.86	Invoices
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,366,617		1,366,617	6,642.00	205.75	contracts and invoices
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)		40,560	40,560	624.00	65.00	contracts and invoices
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	10,381,127		10,381,127	347,517.00	29.87	related party records
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	40,388,204		40,388,204			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	12,680,929		12,680,929			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	22,765		22,765			CMS 339
18.01 PART A TEACHING PHYSICIANS	95,331		95,331			CMS 339
19 PHYSICIAN PART B	1,848,945		1,848,945			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	209,887		209,887			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	2,040,868	7,022	2,047,890	144,041.00	14.22	
22 ADMINISTRATIVE & GENERAL	24,536,586	-2,534,263	22,002,323	946,093.00	23.26	
22.01 A & G UNDER CONTRACT	1,980,211		1,980,211	13,411.00	147.66	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,696,697	46,485	2,743,182	120,153.00	22.83	
25 LAUNDRY & LINEN SERVICE	541,558	124,450	666,008	63,693.00	10.46	
26 HOUSEKEEPING	2,994,298	107,398	3,101,696	276,738.00	11.21	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,829,006	-1,227,862	1,601,144	136,469.00	11.73	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		704,400	704,400	61,453.00	11.46	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,958,051	34,869	1,992,920	90,449.00	22.03	
31 CENTRAL SERVICE AND SUPPLY	1,393,966	38,165	1,432,131	98,924.00	14.48	
32 PHARMACY	6,065,759	85,518	6,151,277	178,130.00	34.53	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,869,808	168,511	3,038,319	177,469.00	17.12	
34 SOCIAL SERVICE	2,083,260	36,450	2,119,710	95,238.00	22.26	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	159,233,135	-1,334,605	157,898,530	7,189,987.00	21.96	
2 EXCLUDED AREA SALARIES	22,614,437	1,269,277	23,883,714	1,084,326.00	22.03	
3 SUBTOTAL SALARIES	136,618,698	-2,603,882	134,014,816	6,105,661.00	21.95	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	13,413,422	40,560	13,453,982	373,319.00	36.04	
5 SUBTOTAL WAGE-RELATED COSTS	40,410,969		40,410,969		30.15	
6 TOTAL	190,443,089	-2,563,322	187,879,767	6,478,980.00	29.00	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	51,990,068	-2,408,857	49,581,211	2,402,261.00	20.64	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 15-0082
HHA NO: 15-7132
COUNTY:
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/28/2010
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	4,767	691	228
2 UNDUPLICATED CENSUS COUNT		788.00	86.00	416.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	5,686
2 UNDUPLICATED CENSUS COUNT	1,290.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	.33		.33
5 OTHER ADMINISTRATIVE PERSONEL	15.08		15.08
6 DIRECTING NURSING SERVICE	17.97		17.97
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE		5.86	5.86
9 PHYSICAL THERAPY SUPERVISOR		1.06	1.06
10 OCCUPATIONAL THERAPY SERVICE		2.67	2.67
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE		.08	.08
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.90		.90
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	2.72		2.72
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	2	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		21780	
20.01		99915	

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	7,232	820	286	57
22 SKILLED NURSING VISIT CHARGES	1,017,772	115,080	40,290	8,037
23 PHYSICAL THERAPY VISITS	4,032	17	160	54
24 PHYSICAL THERAPY VISIT CHARGES	616,040	2,585	24,472	8,262
25 OCCUPATIONAL THERAPY VISITS	1,886	1	16	41
26 OCCUPATIONAL THERAPY VISIT CHARGES	288,170	153	2,448	6,273
27 SPEECH PATHOLOGY VISITS	68	0	0	2
28 SPEECH PATHOLOGY VISIT CHARGES	10,368	0	0	306
29 MEDICAL SOCIAL SERVICE VISITS	115	0	1	2
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	23,533	0	205	410
31 HOME HEALTH AIDE VISITS	2,165	0	5	20
32 HOME HEALTH AIDE VISIT CHARGES	175,073	0	405	1,620
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	15,498	838	468	176
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	2,130,956	117,818	67,820	24,908
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	933	0	177	15
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	14	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	76,036	2,965	6,070	387

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 15-0082
HHA NO: 15-7132
COUNTY:
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/28/2010
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

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	8,395
22 SKILLED NURSING VISIT CHARGES	0	0	1,181,179
23 PHYSICAL THERAPY VISITS	0	0	4,263
24 PHYSICAL THERAPY VISIT CHARGES	0	0	651,359
25 OCCUPATIONAL THERAPY VISITS	0	0	1,944
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	297,044
27 SPEECH PATHOLOGY VISITS	0	0	70
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	10,674
29 MEDICAL SOCIAL SERVICE VISITS	0	0	118
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	24,148
31 HOME HEALTH AIDE VISITS	0	0	2,190
32 HOME HEALTH AIDE VISIT CHARGES	0	0	177,098
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	16,980
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	2,341,502
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	1,125
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	14
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	85,458

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0082
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/28/2010
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		5				
2	RUB		47				
3	RUA		13				
3.01	RUX		139				
3.02	RUL		214				
4	RVC						
5	RVB		284				
6	RVA		100				
6.01	RVX		156				
6.02	RVL		1,729				
7	RHC		199				
8	RHB		269				
9	RHA		607				
9.01	RHX						
9.02	RHL						
10	RMC		1				
11	RMB		26				
12	RMA		184				
12.01	RMX		1,771				
12.02	RML		3,898				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3						
16	SE2		93				
17	SE1						
18	SSC						
19	SSB						
20	SSA		233				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1		1				
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		9,969				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.8690
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 2440
 SNF CBSA Code : 21780

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0082 PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/28/2010 WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.8690
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 2440
 SNF CBSA Code : 21780

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET S-9
15-1512		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDI CARE DAYS 1	TITLE XIX UNDUPLICATED MEDI CAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	10,272	431		
3 INPATIENT RESPI TE CARE	80	2		
4 GENERAL INPATIENT CARE	1,266	5		
5 TOTAL HOSPICE DAYS	11,618	438		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	820	11,523
3 INPATIENT RESPI TE CARE	3	85
4 GENERAL INPATIENT CARE	3	1,274
5 TOTAL HOSPICE DAYS	826	12,882

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	374	32		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	31.06	13.69		
9 UNDUPLICATED CENSUS COUNT	374	32		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	48	454
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	17.21	28.37
9 UNDUPLICATED CENSUS COUNT	48	454

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
	TO 9/30/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	18,873,280
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	18,873,280
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)	.295450
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	93,968,462

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
| PROVIDER NO: | PERIOD: | PREPARED 2/28/2010
| 15-0082 | FROM 10/ 1/2008 | WORKSHEET S-10
| | TO 9/30/2009 |
| | |

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	27,762,982
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	79,933,947
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	23,616,485
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	27,762,982

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0082
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/28/2010
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		20,318,874	20,318,874	-1,083,922	19,234,952
3.01	0301 NEW CAP REL COSTS- BLDG & FIXT				82,316	82,316
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		8,748,159	8,748,159	16,684,889	25,433,048
5	0500 EMPLOYEE BENEFITS	2,040,868	42,971,854	45,012,722	2,507,144	47,519,866
6	0600 ADMINISTRATIVE & GENERAL	24,536,586	30,975,407	55,511,993	-12,803,426	42,708,567
8	0800 OPERATION OF PLANT	2,696,697	8,100,618	10,797,315	-127,730	10,669,585
9	0900 LAUNDRY & LINEN SERVICE	541,558	94,202	635,760	738,049	1,373,809
10	1000 HOUSEKEEPING	2,994,298	890,372	3,884,670	-137,469	3,747,201
11	1100 DIETARY	2,829,006	2,587,103	5,416,109	-2,482,630	2,933,479
12	1200 CAFETERIA				1,327,095	1,327,095
14	1400 NURSING ADMINISTRATION	1,958,051	528,652	2,486,703	-163,726	2,322,977
15	1500 CENTRAL SERVICES & SUPPLY	1,393,966	4,422,711	5,816,677	-4,057,845	1,758,832
16	1600 PHARMACY	6,065,759	20,215,696	26,281,455	-19,397,723	6,883,732
17	1700 MEDICAL RECORDS & LIBRARY	2,869,808	71,748	2,941,556	-31,650	2,909,906
18	1800 SOCIAL SERVICE	2,083,260	225,342	2,308,602	35,472	2,344,074
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				938,877	938,877
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				835,339	835,339
24	2400 PARAMED ED PRGM	196,198	13,106	209,304	2,367	211,671
24.01	2401 PARAMED ED PRGM-(CHAPLIN RESIDENCY)				164,659	164,659
24.03	2403 PARAMED ED PRGM-(NURSING)				271,078	271,078
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	29,253,365	2,954,531	32,207,896	-460,084	31,747,812
26	2600 INTENSIVE CARE UNIT	5,488,073	435,984	5,924,057	-16,813	5,907,244
27	2700 CORONARY CARE UNIT	3,939,493	385,719	4,325,212	-84,934	4,240,278
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY	1,832,144	179,734	2,011,878	-27,538	1,984,340
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	18,628,447	70,099,782	88,728,229	-28,729,810	59,998,419
41	4100 RADIOLOGY-DIAGNOSTIC	7,691,527	11,955,316	19,646,843	-4,827,480	14,819,363
44	4400 LABORATORY	9,918,490	15,179,665	25,098,155	-333,693	24,764,462
49	4900 RESPIRATORY THERAPY	3,270,931	712,110	3,983,041	-532,062	3,450,979
49.01	3950 WOUND CARE CENTER	247,896	141,536	389,432	-11,278	378,154
50	5000 PHYSICAL THERAPY		7,331,467	7,331,467	-74,164	7,257,303
53	5300 ELECTROCARDIOLOGY	1,615,155	10,838,054	12,453,209	-9,017,603	3,435,606
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				43,134,023	43,134,023
56	5600 DRUGS CHARGED TO PATIENTS				19,118,290	19,118,290
57	5700 RENAL DIALYSIS	310,958	1,770,241	2,081,199	-1,875	2,079,324
59	3951 BEHAVIORAL HEALTH SERVICES	772,789	10,393	783,182	15,983	799,165
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	976,896	573,858	1,550,754	10,412	1,561,166
60.01	6001 CLINIC - FAMILY PRACTICE	2,425,107	468,959	2,894,066	-1,746,473	1,147,593
60.02	6002 OUTPATIENT PSYCHIATRIC SERVICES	723,810	44,311	768,121	6,849	774,970
60.03	6003 OUTPATIENT CHEMO	79,505	33,622	113,127	-2,884	110,243
60.04	6004 PRIMARY CARE SENIORS	1,585,284	497,107	2,082,391	-4,300	2,078,091
61	6100 EMERGENCY	13,091,984	4,787,140	17,879,124	-399,979	17,479,145
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
66	6600 DURABLE MEDICAL EQUIP-RENTED	1,273,357	2,168,914	3,442,271	-295,446	3,146,825
71	7100 HOME HEALTH AGENCY	1,876,745	1,426,457	3,303,202	-174,052	3,129,150
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	1,325,220	996,663	2,321,883	110,923	2,432,806
95	SUBTOTALS	156,533,231	273,155,407	429,688,638	-1,042,824	428,645,814
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN				1,170,006	1,170,006
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 DEACONESS URGENT CARE	1,994,601	1,003,406	2,998,007	15,272	3,013,279
100.02	7952 OCCUPATIONAL HEALTH	1,267,266	1,177,483	2,444,749	-30,452	2,414,297
100.03	7979 OTHER NONREIMBURSABLE COST CENTERS	1,388,911	66,464	1,455,375	-5,911	1,449,464
100.04	7953 OAKLAND CITY CLINIC	849,540	252,454	1,101,994	7,870	1,109,864
100.05	7954 THE HEART HOSPITAL	252,646		252,646	-46,080	206,566
100.09	7957 USI HEALTH CENTER	354,666	83,451	438,117	3,923	442,040
100.20	7966 PHYSICIAN OFFICES	10,981,545	4,784,023	15,765,568	-19,729	15,745,839
100.27	7969 PUBLIC RELATIONS	276,146	1,300,975	1,577,121	-51,771	1,525,350
100.31	7980 WOMEN'S HOSPITAL/GATEWAY MOB	18,809	3,050,592	3,069,401	-304	3,069,097
101	TOTAL	173,917,361	284,874,255	458,791,616	-0-	458,791,616

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0082
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/28/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-5,592,612	13,642,340
3.01	0301 NEW CAP REL COSTS- BLDG & FIXT		82,316
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-54,253	25,378,795
5	0500 EMPLOYEE BENEFITS	-4,245,411	43,274,455
6	0600 ADMINISTRATIVE & GENERAL	-1,515,678	41,192,889
8	0800 OPERATION OF PLANT		10,669,585
9	0900 LAUNDRY & LINEN SERVICE	108,287	1,482,096
10	1000 HOUSEKEEPING		3,747,201
11	1100 DIETARY	273,388	3,206,867
12	1200 CAFETERIA	-771,817	555,278
14	1400 NURSING ADMINISTRATION	100,000	2,422,977
15	1500 CENTRAL SERVICES & SUPPLY		1,758,832
16	1600 PHARMACY		6,883,732
17	1700 MEDICAL RECORDS & LIBRARY	9,055	2,918,961
18	1800 SOCIAL SERVICE	-279,490	2,064,584
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		938,877
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		835,339
24	2400 PARAMED ED PRGM		211,671
24.01	2401 PARAMED ED PRGM-(CHAPLIN RESIDENCY)		164,659
24.03	2403 PARAMED ED PRGM-(NURSING)		271,078
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-2,239,932	29,507,880
26	2600 INTENSIVE CARE UNIT	-9,911	5,897,333
27	2700 CORONARY CARE UNIT		4,240,278
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		1,984,340
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-33,443,120	26,555,299
41	4100 RADIOLOGY-DIAGNOSTIC	-67,391	14,751,972
44	4400 LABORATORY	-755,202	24,009,260
49	4900 RESPIRATORY THERAPY	-4,536	3,446,443
49.01	3950 WOUND CARE CENTER	-7,047	371,107
50	5000 PHYSICAL THERAPY	-1,564,516	5,692,787
53	5300 ELECTROCARDIOLOGY	-738,881	2,696,725
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	354,452	43,488,475
56	5600 DRUGS CHARGED TO PATIENTS	502,705	19,620,995
57	5700 RENAL DIALYSIS	67,288	2,146,612
59	3951 BEHAVIORAL HEALTH SERVICES		799,165
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-538,771	1,022,395
60.01	6001 CLINIC - FAMILY PRACTICE	288,629	1,436,222
60.02	6002 OUTPATIENT PSYCHIATRIC SERVICES	-145,175	629,795
60.03	6003 OUTPATIENT CHEMO	749	110,992
60.04	6004 PRIMARY CARE SENIORS	-1,089,617	988,474
61	6100 EMERGENCY	-8,807,212	8,671,933
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
66	6600 DURABLE MEDICAL EQUIP-RENTED	-10,265	3,136,560
71	7100 HOME HEALTH AGENCY	-98,588	3,030,562
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE	189,766	2,622,572
95	9500 SUBTOTALS	-60,085,106	368,560,708
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,170,006
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 DEACONESS URGENT CARE		3,013,279
100.02	7952 OCCUPATIONAL HEALTH		2,414,297
100.03	7979 OTHER NONREIMBURSABLE COST CENTERS		1,449,464
100.04	7953 OAKLAND CITY CLINIC		1,109,864
100.05	7954 THE HEART HOSPITAL		206,566
100.09	7957 USI HEALTH CENTER		442,040
100.20	7966 PHYSICIAN OFFICES		15,745,839
100.27	7969 PUBLIC RELATIONS		1,525,350
100.31	7980 WOMEN'S HOSPITAL/GATEWAY MOB		3,069,097
101	TOTAL	-60,085,106	398,706,510

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/28/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS- BLDG & FIXT	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED PRGM	2400	
24.01	PARAMED PRGM-(CHAPLIN RESIDENCY)	2401	PARAMED PRGM
24.03	PARAMED PRGM-(NURSING)	2403	PARAMED PRGM
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	WOUND CARE CENTER	3950	OTHER ANCILLARY SERVICE COST CENTERS
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	BEHAVIORAL HEALTH SERVICES	3951	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	CLINIC - FAMILY PRACTICE	6001	CLINIC
60.02	OUTPATIENT PSYCHIATRIC SERVICES	6002	CLINIC
60.03	OUTPATIENT CHEMO	6003	CLINIC
60.04	PRIMARY CARE SENIORS	6004	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP-RENTED	6600	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	DEACONESS URGENT CARE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OCCUPATIONAL HEALTH	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	OTHER NONREIMBURSABLE COST CENTERS	7979	OTHER NONREIMBURSABLE COST CENTERS
100.04	OAKLAND CITY CLINIC	7953	OTHER NONREIMBURSABLE COST CENTERS
100.05	THE HEART HOSPITAL	7954	OTHER NONREIMBURSABLE COST CENTERS
100.09	USI HEALTH CENTER	7957	OTHER NONREIMBURSABLE COST CENTERS
100.20	PHYSICIAN OFFICES	7966	OTHER NONREIMBURSABLE COST CENTERS
100.27	PUBLIC RELATIONS	7969	OTHER NONREIMBURSABLE COST CENTERS
100.31	WOMEN'S HOSPITAL/GATEWAY MOB	7980	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
150082

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

PREPARED 2/28/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1	BUILDING DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		51,108
2	EQUIPMENT DEPRECIATION	B	NEW CAP REL COSTS-MVBLE EQUIP	4		15,635,909
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1	EQUIPMENT DEPRECIATION	B				
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7						
8	HSB BUILDING DEPRECIATION	C	NEW CAP REL COSTS- BLDG & FIXT	3.01		52,034
9	INTEREST EXPENSE	D	NEW CAP REL COSTS-MVBLE EQUIP	4		548,437
10	CAFETERIA/GARDEN CAFE	E	CAFETERIA	12	680,919	
11			GIFT, FLOWER, COFFEE SHOP & CANTEEN	96	600,318	
12			CAFETERIA	12		622,695
13			GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		548,986
14	QUALITY SHARE/INCENTIVE COMP	F	EMPLOYEE BENEFITS	5	55,229	
15			OPERATION OF PLANT	8	46,485	
16			LAUNDRY & LINEN SERVICE	9	24,450	
17			HOUSEKEEPING	10	107,398	
18			DIETARY	11	53,375	
19			CAFETERIA	12	23,481	
20			NURSING ADMINISTRATION	14	34,869	
21			CENTRAL SERVICES & SUPPLY	15	38,165	
22			PHARMACY	16	69,265	
23			MEDICAL RECORDS & LIBRARY	17	68,511	
24			SOCIAL SERVICE	18	36,450	
25			I&R SERVICES-SALARY & FRINGES APPRVD	22	13,479	
26			I&R SERVICES-OTHER PRGM COSTS APPRVD	23	2,758	
27			PARAMED ED PRGM-(CHAPLIN RESIDENCY)	24.01	4,235	
28			PARAMED ED PRGM-(NURSING)	24.03	6,815	
29			PARAMED ED PRGM	24	2,367	
30			ADULTS & PEDIATRICS	25	524,406	
31			INTENSIVE CARE UNIT	26	83,921	
32			CORONARY CARE UNIT	27	58,822	
33			SKILLED NURSING FACILITY	34	34,387	
34			OPERATING ROOM	37	177,491	
35			RADIOLOGY-DIAGNOSTIC	41	120,220	

RECLASSIFICATIONS

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PERIOD:
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PREPARED 2/28/2010
WORKSHEET A-6
CONTD

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1					
2					
3					
4					
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RECLASSIFICATIONS

PROVIDER NO: 150082	PERIOD: FROM 10/1/2008 TO 9/30/2009	PREPARED 2/28/2010 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLIES CHARGED	U				
2					
3 BENEFITS	V	EMPLOYEE BENEFITS	5		2,594,997
4		DEACONESS URGENT CARE	100.01		189
5		ADMINISTRATIVE & GENERAL	6	16,950	
6		OAKLAND CITY CLINIC	100.04		396
7 PROPERTY TAXES	W	NEW CAP REL COSTS-MVBLE EQUIP	4		222,194
8 ORTHOTICS	X	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		259,379
9 HOME VISITS DME	Y	HOME HEALTH AGENCY	71	13,200	55,120
10 PHYSICIAN PART A COSTS	Z	ADULTS & PEDIATRICS	25	62,153	
11		OPERATING ROOM	37		8,000
12		INTENSIVE CARE UNIT	26	24,744	
36 TOTAL RECLASSIFICATIONS				6,225,148	84,646,728

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

PREPARED 2/28/2010
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 BUILDING DEPRECIATION	A	PHYSICIAN OFFICES	100.20		51,108	9
2 EQUIPMENT DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		1,125,423	9
3		EMPLOYEE BENEFITS	5		58,313	9
4		ADMINISTRATIVE & GENERAL	6		6,929,693	9
5		OPERATION OF PLANT	8		174,215	9
6		LAUNDRY & LINEN SERVICE	9		204,122	9
7		HOUSEKEEPING	10		244,867	9
8		DIETARY	11		81,575	9
9		NURSING ADMINISTRATION	14		198,595	9
10		CENTRAL SERVICES & SUPPLY	15		149,794	9
11		PHARMACY	16		348,698	9
12		MEDICAL RECORDS & LIBRARY	17		100,161	9
13		SOCIAL SERVICE	18		978	9
14		ADULTS & PEDIATRICS	25		424,739	9
15		INTENSIVE CARE UNIT	26		55,860	9
16		CORONARY CARE UNIT	27		59,884	9
17		SKILLED NURSING FACILITY	34		13,512	9
18		OPERATING ROOM	37		2,359,380	9
19		RADIOLOGY-DIAGNOSTIC	41		1,625,514	9
20		LABORATORY	44		530,348	9
21		RESPIRATORY THERAPY	49		221,464	9
22		WOUND CARE CENTER	49.01		13,582	9
23		PHYSICAL THERAPY	50		58,823	9
24		ELECTROCARDIOLOGY	53		170,489	9
25		RENAL DIALYSIS	57		5,846	9
26		CLINIC	60		7,905	9
27		CLINIC - FAMILY PRACTICE	60.01		4,518	9
28		OUTPATIENT PSYCHIATRIC SERVICES	60.02		3,980	9
29		OUTPATIENT CHEMO	60.03		4,331	9
30		PRIMARY CARE SENIORS	60.04		20,755	9
31		EMERGENCY	61		131,793	9
32		DURABLE MEDICAL EQUIP-RENTED	66		136,873	9
33		HOME HEALTH AGENCY	71		39,807	9
34		HOSPICE	93		2,349	9
35		DEACONESS URGENT CARE	100.01		7,123	9
1 EQUIPMENT DEPRECIATION	B	OCCUPATIONAL HEALTH	100.02		27,204	9
2		OTHER NONREIMBURSABLE COST CENTERS	100.03		16,183	9
3		OAKLAND CITY CLINIC	100.04		2,299	9
4		THE HEART HOSPITAL	100.05		46,067	9
5		USI HEALTH CENTER	100.09		1,448	9
6		PHYSICIAN OFFICES	100.20		26,617	9
7		WOMEN'S HOSPITAL/GATEWAY MOB	100.31		782	9
8 HSB BUILDING DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT	3		52,034	9
9 INTEREST EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		548,437	11
10 CAFETERIA/GARDEN CAFE	E	DIETARY	11	1,281,237	1,171,681	
11						
12						
13						
14 QUALITY SHARE/INCENTIVE COMP	F	ADMINISTRATIVE & GENERAL	6	2,404,706		
15						
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RECLASSIFICATIONS

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PREPARED 2/28/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			SALARY	OTHER	A-7 REF
			6	LINE NO	7			
1 QUALITY SHARE/INCENTIVE COMP	F							
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24								
25 EQUIPMENT LEASES	G	RADIOLOGY-DIAGNOSTIC		41			278,349	10
26 DRUGS AND IVS	H	PHARMACY		16			19,118,290	
27 MEDICAL SUPPLIES CHARGED	I	CENTRAL SERVICES & SUPPLY		15			3,887,550	
28 INTERNS & RESIDENTS SALARIES	J	CLINIC - FAMILY PRACTICE		60.01	925,398			
29 CHILD CARE CENTER	K	EMPLOYEE BENEFITS		5	48,207		9,791	
30 TEACHING PHYSICIANS	L	CLINIC - FAMILY PRACTICE		60.01	657,131		175,450	
31 PASTORIAL EDUCATION	M	ADMINISTRATIVE & GENERAL		6	154,582		5,842	
32 INSURANCE	N	ADMINISTRATIVE & GENERAL		6			621,146	12
33								12
34 HOME SERVICES	O	HOME HEALTH AGENCY		71	133,249		98,458	
35								
1 PUBLIC RELATIONS	P	PUBLIC RELATIONS		100.27	8,075		47,593	
2 PARAMED ED PROGRAM - NURSING	Q	ADULTS & PEDIATRICS		25	213,629			
3		INTENSIVE CARE UNIT		26	18,737			
4		CORONARY CARE UNIT		27	17,828			
5		OPERATING ROOM		37	7,019			
6		EMERGENCY		61	7,050			
7 LAUNDRY	R	EMPLOYEE BENEFITS		5			26,771	
8		DIETARY		11			1,512	
9		CENTRAL SERVICES & SUPPLY		15			58,666	
10		ADULTS & PEDIATRICS		25			408,275	
11		INTENSIVE CARE UNIT		26			50,881	
12		CORONARY CARE UNIT		27			66,044	
13		SKILLED NURSING FACILITY		34			48,413	
14		OPERATING ROOM		37			91,610	
15		RADIOLOGY-DIAGNOSTIC		41			51,057	
16		LABORATORY		44			5,732	
17		RESPIRATORY THERAPY		49			2,498	
18		WOUND CARE CENTER		49.01			2,321	
19		PHYSICAL THERAPY		50			15,341	
20		ELECTROCARDIOLOGY		53			11,827	
21		CLINIC - FAMILY PRACTICE		60.01			3,948	
22		PRIMARY CARE SENIORS		60.04			755	
23		EMERGENCY		61			60,614	
24		DEACONESS URGENT CARE		100.01			4,032	
25		OCCUPATIONAL HEALTH		100.02			6,405	
26		OAKLAND CITY CLINIC		100.04			494	
27		THE HEART HOSPITAL		100.05			13	
28		USI HEALTH CENTER		100.09			397	
29		PHYSICIAN OFFICES		100.20			115	
30 SALARIES	S	MEDICAL RECORDS & LIBRARY		17			100,000	
31		PHARMACY		16			16,253	
32		HOSPICE		93			15,000	
33 MEDICAL SUPPLIES CHARGED	U	OPERATING ROOM		37			26,457,292	
34		RADIOLOGY-DIAGNOSTIC		41			2,992,780	
35		RESPIRATORY THERAPY		49			360,854	

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CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10	
		COST CENTER 1	6	LINE NO 7	SALARY 8		OTHER 9
1 MEDICAL SUPPLIES CHARGED	U			53		8,858,762	
2				61		317,406	
3 BENEFITS	V			6		2,512,931	
4				100.03		82,651	
5				6		16,950	
6							
7 PROPERTY TAXES	W			6		222,194	13
8 ORTHOTICS	X			66		259,379	
9 HOME VISITS DME	Y			66		68,320	
10 PHYSICIAN PART A COSTS	Z			100.20	86,897		
11				6		8,000	
12							
36 TOTAL RECLASSIFICATIONS					5,963,745	84,908,131	

(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.

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RECLASS CODE: A
EXPLANATION : BUILDING DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	51,108
TOTAL RECLASSIFICATIONS FOR CODE A			51,108

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICIAN OFFICES	100.20	51,108	
		51,108	

RECLASS CODE: B
EXPLANATION : EQUIPMENT DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	15,635,909
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0
38.00			0
39.00			0
40.00			0
41.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			15,635,909

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	1,125,423	
EMPLOYEE BENEFITS	5	58,313	
ADMINISTRATIVE & GENERAL	6	6,929,693	
OPERATION OF PLANT	8	174,215	
LAUNDRY & LINEN SERVICE	9	204,122	
HOUSEKEEPING	10	244,867	
DIETARY	11	81,575	
NURSING ADMINISTRATION	14	198,595	
CENTRAL SERVICES & SUPPLY	15	149,794	
PHARMACY	16	348,698	
MEDICAL RECORDS & LIBRARY	17	100,161	
SOCIAL SERVICE	18	978	
ADULTS & PEDIATRICS	25	424,739	
INTENSIVE CARE UNIT	26	55,860	
CORONARY CARE UNIT	27	59,884	
SKILLED NURSING FACILITY	34	13,512	
OPERATING ROOM	37	2,359,380	
RADIOLOGY-DIAGNOSTIC	41	1,625,514	
LABORATORY	44	530,348	
RESPIRATORY THERAPY	49	221,464	
WOUND CARE CENTER	49.01	13,582	
PHYSICAL THERAPY	50	58,823	
ELECTROCARDIOLOGY	53	170,489	
RENAL DIALYSIS	57	5,846	
CLINIC	60	7,905	
CLINIC - FAMILY PRACTICE	60.01	4,518	
OUTPATIENT PSYCHIATRIC SERVICE	60.02	3,980	
OUTPATIENT CHEMO	60.03	4,331	
PRIMARY CARE SENIORS	60.04	20,755	
EMERGENCY	61	131,793	
DURABLE MEDICAL EQUIP-RENTED	66	136,873	
HOME HEALTH AGENCY	71	39,807	
HOSPICE	93	2,349	
DEACONESS URGENT CARE	100.01	7,123	
OCCUPATIONAL HEALTH	100.02	27,204	
OTHER NONREIMBURSABLE COST CEN	100.03	16,183	
OAKLAND CITY CLINIC	100.04	2,299	
THE HEART HOSPITAL	100.05	46,067	
USI HEALTH CENTER	100.09	1,448	
PHYSICIAN OFFICES	100.20	26,617	
WOMEN'S HOSPITAL/GATEWAY MOB	100.31	782	
		15,635,909	

RECLASS CODE: C
EXPLANATION : HSB BUILDING DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS- BLDG & FIXT	3.01	52,034
TOTAL RECLASSIFICATIONS FOR CODE C			52,034

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	52,034	
		52,034	

RECLASS CODE: D
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	548,437
TOTAL RECLASSIFICATIONS FOR CODE D			548,437

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	548,437	
		548,437	

RECLASS CODE: E
EXPLANATION : CAFETERIA/GARDEN CAFE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	680,919

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	2,452,918	

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RECLASS CODE: E
EXPLANATION : CAFETERIA/GARDEN CAFE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	GIFT, FLOWER, COFFEE SHOP & CA	96	600,318			0	
3.00	CAFETERIA	12	622,695			0	
4.00	GIFT, FLOWER, COFFEE SHOP & CA	96	548,986			0	
TOTAL RECLASSIFICATIONS FOR CODE E			2,452,918			2,452,918	

RECLASS CODE: F
EXPLANATION : QUALITY SHARE/INCENTIVE COMP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	55,229	ADMINISTRATIVE & GENERAL	6	2,404,706	
2.00	OPERATION OF PLANT	8	46,485			0	
3.00	LAUNDRY & LINEN SERVICE	9	24,450			0	
4.00	HOUSEKEEPING	10	107,398			0	
5.00	DIETARY	11	53,375			0	
6.00	CAFETERIA	12	23,481			0	
7.00	NURSING ADMINISTRATION	14	34,869			0	
8.00	CENTRAL SERVICES & SUPPLY	15	38,165			0	
9.00	PHARMACY	16	69,265			0	
10.00	MEDICAL RECORDS & LIBRARY	17	68,511			0	
11.00	SOCIAL SERVICE	18	36,450			0	
12.00	I&R SERVICES-SALARY & FRINGES	22	13,479			0	
13.00	I&R SERVICES-OTHER PRGM COSTS	23	2,758			0	
14.00	PARAMED PRGM-(CHAPLIN RESID	24.01	4,235			0	
15.00	PARAMED PRGM-(NURSING)	24.03	6,815			0	
16.00	PARAMED PRGM	24	2,367			0	
17.00	ADULTS & PEDIATRICS	25	524,406			0	
18.00	INTENSIVE CARE UNIT	26	83,921			0	
19.00	CORONARY CARE UNIT	27	58,822			0	
20.00	SKILLED NURSING FACILITY	34	34,387			0	
21.00	OPERATING ROOM	37	177,491			0	
22.00	RADIOLOGY-DIAGNOSTIC	41	120,220			0	
23.00	LABORATORY	44	202,387			0	
24.00	RESPIRATORY THERAPY	49	52,754			0	
25.00	WOUND CARE CENTER	49.01	4,625			0	
26.00	ELECTROCARDIOLOGY	53	23,475			0	
27.00	RENAL DIALYSIS	57	3,971			0	
28.00	BEHAVIORAL HEALTH SERVICES	59	15,983			0	
29.00	CLINIC	60	18,317			0	
30.00	CLINIC - FAMILY PRACTICE	60.01	19,972			0	
31.00	OUTPATIENT PSYCHIATRIC SERVICE	60.02	10,829			0	
32.00	OUTPATIENT CHEMO	60.03	1,447			0	
33.00	PRIMARY CARE SENIORS	60.04	17,210			0	
34.00	EMERGENCY	61	116,884			0	
35.00	DURABLE MEDICAL EQUIP-RENTED	66	28,564			0	
36.00	HOME HEALTH AGENCY	71	29,142			0	
37.00	HOSPICE	93	22,127			0	
38.00	GIFT, FLOWER, COFFEE SHOP & CA	96	20,702			0	
39.00	DEACONESS URGENT CARE	100.01	26,238			0	
40.00	OCCUPATIONAL HEALTH	100.02	3,157			0	
41.00	OTHER NONREIMBURSABLE COST CEN	100.03	34,925			0	
42.00	OAKLAND CITY CLINIC	100.04	10,267			0	
43.00	USI HEALTH CENTER	100.09	5,768			0	
44.00	PHYSICIAN OFFICES	100.20	145,008			0	
45.00	PUBLIC RELATIONS	100.27	3,897			0	
46.00	WOMEN'S HOSPITAL/GATEWAY MOB	100.31	478			0	
TOTAL RECLASSIFICATIONS FOR CODE F			2,404,706			2,404,706	

RECLASS CODE: G
EXPLANATION : EQUIPMENT LEASES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	278,349	RADIOLOGY-DIAGNOSTIC	41	278,349	
TOTAL RECLASSIFICATIONS FOR CODE G			278,349			278,349	

RECLASS CODE: H
EXPLANATION : DRUGS AND IVS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	19,118,290	PHARMACY	16	19,118,290	
TOTAL RECLASSIFICATIONS FOR CODE H			19,118,290			19,118,290	

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RECLASS CODE: I
EXPLANATION : MEDICAL SUPPLIES CHARGED

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,887,550
TOTAL RECLASSIFICATIONS FOR CODE I			3,887,550

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	3,887,550	
			3,887,550

RECLASS CODE: J
EXPLANATION : INTERNS & RESIDENTS SALARIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	925,398
TOTAL RECLASSIFICATIONS FOR CODE J			925,398

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CLINIC - FAMILY PRACTICE	60.01	925,398	
			925,398

RECLASS CODE: K
EXPLANATION : CHILD CARE CENTER

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER NONREIMBURSABLE COST CEN	100.03	57,998
TOTAL RECLASSIFICATIONS FOR CODE K			57,998

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	57,998	
			57,998

RECLASS CODE: L
EXPLANATION : TEACHING PHYSICIANS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	832,581
TOTAL RECLASSIFICATIONS FOR CODE L			832,581

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CLINIC - FAMILY PRACTICE	60.01	832,581	
			832,581

RECLASS CODE: M
EXPLANATION : PASTORIAL EDUCATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED PRGM-(CHAPLIN RESID	24.01	160,424
TOTAL RECLASSIFICATIONS FOR CODE M			160,424

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	160,424	
			160,424

RECLASS CODE: N
EXPLANATION : INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	590,864
2.00	NEW CAP REL COSTS- BLDG & FIXT	3.01	30,282
TOTAL RECLASSIFICATIONS FOR CODE N			621,146

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	621,146	
			0
			621,146

RECLASS CODE: O
EXPLANATION : HOME SERVICES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	HOSPICE	93	91,145
2.00	DURABLE MEDICAL EQUIP-RENTED	66	140,562
TOTAL RECLASSIFICATIONS FOR CODE O			231,707

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOME HEALTH AGENCY	71	231,707	
			0
			231,707

RECLASS CODE: P
EXPLANATION : PUBLIC RELATIONS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	55,668
TOTAL RECLASSIFICATIONS FOR CODE P			55,668

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PUBLIC RELATIONS	100.27	55,668	
			55,668

RECLASS CODE: Q
EXPLANATION : PARAMED PROGRAM - NURSING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED PRGM-(NURSING)	24.03	264,263

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	213,629	

RECLASSIFICATIONS

PROVIDER NO:
150082

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

PREPARED 2/28/2010
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RECLASS CODE: Q
EXPLANATION: PARAMED ED PROGRAM - NURSING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	INTENSIVE CARE UNIT	26	18,737	
3.00			0	CORONARY CARE UNIT	27	17,828	
4.00			0	OPERATING ROOM	37	7,019	
5.00			0	EMERGENCY	61	7,050	
TOTAL RECLASSIFICATIONS FOR CODE Q			264,263	264,263			

RECLASS CODE: R
EXPLANATION: LAUNDRY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	917,721	EMPLOYEE BENEFITS	5	26,771	
2.00			0	DIETARY	11	1,512	
3.00			0	CENTRAL SERVICES & SUPPLY	15	58,666	
4.00			0	ADULTS & PEDIATRICS	25	408,275	
5.00			0	INTENSIVE CARE UNIT	26	50,881	
6.00			0	CORONARY CARE UNIT	27	66,044	
7.00			0	SKILLED NURSING FACILITY	34	48,413	
8.00			0	OPERATING ROOM	37	91,610	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	51,057	
10.00			0	LABORATORY	44	5,732	
11.00			0	RESPIRATORY THERAPY	49	2,498	
12.00			0	WOUND CARE CENTER	49.01	2,321	
13.00			0	PHYSICAL THERAPY	50	15,341	
14.00			0	ELECTROCARDIOLOGY	53	11,827	
15.00			0	CLINIC - FAMILY PRACTICE	60.01	3,948	
16.00			0	PRIMARY CARE SENIORS	60.04	755	
17.00			0	EMERGENCY	61	60,614	
18.00			0	DEACONESS URGENT CARE	100.01	4,032	
19.00			0	OCCUPATIONAL HEALTH	100.02	6,405	
20.00			0	OAKLAND CITY CLINIC	100.04	494	
21.00			0	THE HEART HOSPITAL	100.05	13	
22.00			0	USI HEALTH CENTER	100.09	397	
23.00			0	PHYSICIAN OFFICES	100.20	115	
TOTAL RECLASSIFICATIONS FOR CODE R			917,721	917,721			

RECLASS CODE: S
EXPLANATION: SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL RECORDS & LIBRARY	17	100,000	MEDICAL RECORDS & LIBRARY	17	100,000	
2.00	PHARMACY	16	16,253	PHARMACY	16	16,253	
3.00	HOSPICE	93	15,000	HOSPICE	93	15,000	
TOTAL RECLASSIFICATIONS FOR CODE S			131,253	131,253			

RECLASS CODE: U
EXPLANATION: MEDICAL SUPPLIES CHARGED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	38,987,094	OPERATING ROOM	37	26,457,292	
2.00			0	RADIOLOGY-DIAGNOSTIC	41	2,992,780	
3.00			0	RESPIRATORY THERAPY	49	360,854	
4.00			0	ELECTROCARDIOLOGY	53	8,858,762	
5.00			0	EMERGENCY	61	317,406	
TOTAL RECLASSIFICATIONS FOR CODE U			38,987,094	38,987,094			

RECLASS CODE: V
EXPLANATION: BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	2,594,997	ADMINISTRATIVE & GENERAL	6	2,512,931	
2.00	DEACONESS URGENT CARE	100.01	189	OTHER NONREIMBURSABLE COST CEN	100.03	82,651	
3.00	ADMINISTRATIVE & GENERAL	6	16,950	ADMINISTRATIVE & GENERAL	6	16,950	
4.00	OAKLAND CITY CLINIC	100.04	396			0	
TOTAL RECLASSIFICATIONS FOR CODE V			2,612,532	2,612,532			

RECLASS CODE: W
EXPLANATION: PROPERTY TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	222,194	ADMINISTRATIVE & GENERAL	6	222,194	
TOTAL RECLASSIFICATIONS FOR CODE W			222,194	222,194			

RECLASSIFICATIONS

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PERIOD:
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RECLASS CODE: X
EXPLANATION : ORTHOTICS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	259,379	DURABLE MEDICAL EQUIP-RENTED	66	259,379	
TOTAL RECLASSIFICATIONS FOR CODE X			259,379				259,379

RECLASS CODE: Y
EXPLANATION : HOME VISITS DME

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HOME HEALTH AGENCY	71	68,320	DURABLE MEDICAL EQUIP-RENTED	66	68,320	
TOTAL RECLASSIFICATIONS FOR CODE Y			68,320				68,320

RECLASS CODE: Z
EXPLANATION : PHYSICIAN PART A COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	62,153	PHYSICIAN OFFICES	100.20	86,897	
2.00	OPERATING ROOM	37	8,000	ADMINISTRATIVE & GENERAL	6	8,000	
3.00	INTENSIVE CARE UNIT	26	24,744			0	
TOTAL RECLASSIFICATIONS FOR CODE Z			94,897				94,897

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	14,330,625	755,469		755,469	654,286	14,431,808	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	333,215,219	14,040,269		14,040,269	873,795	346,381,693	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	163,715,156	39,578,737		39,578,737	26,958,403	176,335,490	
6 MOVABLE EQUIPMENT							
7 SUBTOTAL	511,261,000	54,374,475		54,374,475	28,486,484	537,148,991	
8 RECONCILING ITEMS							
9 TOTAL	511,261,000	54,374,475		54,374,475	28,486,484	537,148,991	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	20,318,874		20,318,874	.699035				
3 01	NEW CAP REL COSTS- B								
4	NEW CAP REL COSTS-MV	8,748,159		8,748,159	.300965				
5	TOTAL	29,067,033		29,067,033	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	11,936,105		1,115,371	590,864			13,642,340
3 01	NEW CAP REL COSTS- B	52,034			30,282			82,316
4	NEW CAP REL COSTS-MV	15,581,656	9,026,508	548,437		222,194		25,378,795
5	TOTAL	27,569,795	9,026,508	1,663,808	621,146	222,194		39,103,451

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	13,316,659		7,002,215				20,318,874
3 01	NEW CAP REL COSTS- B							
4	NEW CAP REL COSTS-MV		8,748,159					8,748,159
5	TOTAL	13,316,659	8,748,159	7,002,215				29,067,033

* All lines numbers except line 5 are to be consistent with Workshseet 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).

PROVIDER NO:
15-0082

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

PREPARED 2/28/2010
WORKSHEET A-8

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON	LINE NO 4	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3		
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	A	-5,338,407	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-12,354	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT	B	-47,660	NEW CAP REL COSTS-BLDG &	3	9
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-22,620,553			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-26,165,943			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-771,817	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					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP					
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	89	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	1	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	2	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-BLDG &	3	
33 NON-PHYSICIAN ANESTHETIST			NEW CAP REL COSTS-MVBLE E	4	
34 PHYSICIANS' ASSISTANT			**COST CENTER DELETED**	20	
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 MISCELLANEOUS	B	-475	ADMINISTRATIVE & GENERAL	6	
38 FITNESS CENTER MEMBERSHIP	B	-41,810	EMPLOYEE BENEFITS	5	
39 CALL CENTER	B	-176,438	ADMINISTRATIVE & GENERAL	6	
40 PRE-NATAL CONSULTS	B	-36,657	CLINIC - FAMILY PRACTICE	60.01	
41 PRIMARY CARE SENIORS	B	-1,609	PRIMARY CARE SENIORS	60.04	
42 WEIGHT LOSS PROGRAM	B	-130,314	OPERATING ROOM	37	
43 DIABETES EDUCATION MATERIAL	B	-2,446	CLINIC	60	
44 SELF INSURANCE	A	-6,496,268	EMPLOYEE BENEFITS	5	
45 MEDICAL EDUCATION GRANT	A	25,110	ADMINISTRATIVE & GENERAL	6	
46 PROPERTY TAX- RENTAL PROPERTY	A	-457,860	ADMINISTRATIVE & GENERAL	6	
47 PENSION OVERFUNDING	A	3,257,501	EMPLOYEE BENEFITS	5	
48 FAMILY PRACTICE GRANT	A	323,651	CLINIC - FAMILY PRACTICE	60.01	
49 CHILD CARE TUITION	B	-964,834	EMPLOYEE BENEFITS	5	
49.01 1990 CIP CARRYFORWARD	A	651	NEW CAP REL COSTS-BLDG &	3	9
49.02 1992 CAPITAL CARRYFORWARD	A	-22	NEW CAP REL COSTS-MVBLE E	4	9
49.03 AMORT PHASE II	A	20,350	NEW CAP REL COSTS-BLDG &	3	9
49.04 AMORT PHASE I	A	6,463	NEW CAP REL COSTS-BLDG &	3	9
49.05 1984 AMORT A & G	A	2,225	NEW CAP REL COSTS-BLDG &	3	9
49.06 AHA GENERATOR	A	8,039	NEW CAP REL COSTS-MVBLE E	4	9
49.07 1996 AHA LIFE ADJUSTMENT	A	40,095	NEW CAP REL COSTS-BLDG &	3	9
49.08 MEDICAL AFFAIRS	A	-72,478	ADMINISTRATIVE & GENERAL	6	
49.09 ADMINISTRATION	A	-444,852	ADMINISTRATIVE & GENERAL	6	
49.10 PATIENT RELATIONS	A	-21,209	ADMINISTRATIVE & GENERAL	6	
49.11 AHA/HA DUES	A	-20,478	ADMINISTRATIVE & GENERAL	6	
49.12 ADVERTISING	A	-10,296	ADMINISTRATIVE & GENERAL	6	
49.13 DIETARY EXPENSE RECOVERY	A	273,388	DIETARY	11	
49.14 GAIN ON DI SPOSAL	A	-62,270	NEW CAP REL COSTS-MVBLE E	4	9
49.15 GAIN ON DI SPOSAL	A	-276,329	NEW CAP REL COSTS-BLDG &	3	9
49.16 HOSPICE GRANT	A	190,000	HOSPICE	93	
49.17 NURSING GRANT	A	100,000	NURSING ADMINISTRATION	14	
49.18 LAUNDRY EXPENSE RECOVERY	B	108,287	LAUNDRY & LINEN SERVICE	9	
49.19 DOJ INVEST	A	-267,487	ADMINISTRATIVE & GENERAL	6	
49.20					
50 TOTAL (SUM OF LINES 1 THRU 49)		-60,085,106			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	ADMINISTRATIVE & GENERAL	FACILITY RENT	122,036	145,453	-23,417	
2	17	MEDICAL RECORDS & LIBRARY	FACILITY RENT	9,055		9,055	
3	37	OPERATING ROOM	FACILITY RENT	112,877	192,735	-79,858	
4	41	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	122,387	230,994	-108,607	
4.01	44	LABORATORY	FACILITY RENT	49,522	81,143	-31,621	
4.02	49	1 WOUND CARE CENTER	FACILITY RENT	26,240	33,287	-7,047	
4.03	50	PHYSICAL THERAPY	FACILITY RENT	51,492	51,028	464	
4.04	60	CLINIC	FACILITY RENT	13,039	34,538	-21,499	
4.05	60	1 CLINIC - FAMILY PRACTICE	FACILITY RENT	1,635		1,635	
4.06	60	4 PRIMARY CARE SENIORS	FACILITY RENT	74,652	136,729	-62,077	
4.07	66	DURABLE MEDICAL EQUIP-REN	FACILITY RENT	5,937	16,202	-10,265	
4.08	37	OPERATING ROOM	SERVICE UNDER ARRANGEMENT	12,802,202	36,640,477	-23,838,275	
4.09	50	PHYSICAL THERAPY	SERVICE UNDER ARRANGEMENT	5,141,484	6,759,548	-1,618,064	
4.10	71	HOME HEALTH AGENCY	SERVICE UNDER ARRANGEMENT	947,475	1,046,063	-98,588	
4.11	93	HOSPICE	SERVICE UNDER ARRANGEMENT	2,251	2,485	-234	
4.12	16	PHARMACY	FACILITY RENT	15,173	15,173		
4.13	17	MEDICAL RECORDS & LIBRARY	FACILITY RENT	9,995	9,995		
4.14	37	OPERATING ROOM	FACILITY RENT	199,384	199,384		
4.15	41	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	418,970	418,970		
4.16	44	LABORATORY	FACILITY RENT	89,691	89,691		
4.17	60	CLINIC	FACILITY RENT	10,209	10,209		
4.18	6	ADMINISTRATIVE & GENERAL	FACILITY RENT	24,174	24,174		
4.19	25	ADULTS & PEDIATRICS	SERVICE UNDER ARRANGEMENT		1,376,438	-1,376,438	
4.20	37	OPERATING ROOM	SERVICE UNDER ARRANGEMENT	57,248		57,248	
4.21	41	RADIOLOGY-DIAGNOSTIC	SERVICE UNDER ARRANGEMENT	41,604		41,604	
4.22	44	LABORATORY	SERVICE UNDER ARRANGEMENT	8,968		8,968	
4.23	50	PHYSICAL THERAPY	SERVICE UNDER ARRANGEMENT	53,084		53,084	
4.24	53	ELECTROCARDIOLOGY	SERVICE UNDER ARRANGEMENT	1,550		1,550	
4.25	55	MEDICAL SUPPLIES CHARGED	SERVICE UNDER ARRANGEMENT	354,452		354,452	
4.26	56	DRUGS CHARGED TO PATIENTS	SERVICE UNDER ARRANGEMENT	502,705		502,705	
4.27	57	RENAL DIALYSIS	SERVICE UNDER ARRANGEMENT	69,789		69,789	
4.28	61	EMERGENCY	SERVICE UNDER ARRANGEMENT	8,744		8,744	
4.29	60	3 OUTPATIENT CHEMO	SERVICE UNDER ARRANGEMENT	749		749	
5		TOTALS		21,348,773	47,514,716	-26,165,943	

* 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 XVII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
2	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
3	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
4	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
5	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
5.01	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
5.02	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
5.03	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
5.04	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
5.05	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
5.06	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
5.07	C	0.00	EVANSVILLE SURGERY ASSOCI	50.00	SURGERY
5.08	C	0.00	PROGRESSIVE HEALTH OF IND	51.00	THERAPY SERVICES
5.09	C	0.00	PROGRESSIVE HEALTH OF IND	51.00	THERAPY SERVICES
5.10	A	100.00	DEACONESS CLINIC	100.00	CLINIC
5.11	A	100.00	DEACONESS CLINIC	100.00	CLINIC
5.12	A	100.00	DEACONESS CLINIC	100.00	CLINIC
5.13	A	100.00	DEACONESS CLINIC	100.00	CLINIC
5.14	A	100.00	DEACONESS CLINIC	100.00	CLINIC
5.15	A	100.00	DEACONESS CLINIC	100.00	CLINIC
5.16	A	100.00	DEACONESS CLINIC	100.00	CLINIC
5.17	C	0.00	HEART HOSPITAL	51.00	HOSPITAL
5.18	C	0.00	HEART HOSPITAL	51.00	HOSPITAL
5.19	C	0.00	HEART HOSPITAL	51.00	HOSPITAL
5.20	C	0.00	HEART HOSPITAL	51.00	HOSPITAL
5.21	C	0.00	HEART HOSPITAL	51.00	HOSPITAL
5.22	C	0.00	HEART HOSPITAL	51.00	HOSPITAL
5.23	C	0.00	HEART HOSPITAL	51.00	HOSPITAL
5.24	C	0.00	HEART HOSPITAL	51.00	HOSPITAL

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
5.25 C		0.00	HEART HOSPITAL	51.00	HOSPITAL
5.26 C		0.00	HEART HOSPITAL	51.00	HOSPITAL
5.27 C		0.00	HEART HOSPITAL	51.00	HOSPITAL

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED: 2/28/2010
 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 6	A&G	93,516	24,166	69,350	171,400	729	60,072	3,004
2 18	SOCIAL SERVICES	279,490	279,490					
3 25	ADULTS & PEDIATRICS	1,003,004	839,564	163,440	171,400	1,693	139,510	6,976
4 26	ICU	24,744		24,744	171,400	180	14,833	742
5 37	OPERATING ROOM	9,564,568	9,369,158	195,410	204,100	1,148	112,647	5,632
6 41	RADIOLOGY	4,166		4,166	231,100	34	3,778	189
7 44	LAB	940,230	669,230	271,000	219,500	1,968	207,681	10,384
8 49	RESPIRATORY THERAPY	16,320		16,320	171,400	143	11,784	589
9 49	1 WOUND CARE	5,000		5,000	171,400	69	5,686	284
10 53	CARDIOLOGY	848,133	418,454	429,679	171,400	1,307	107,702	5,385
11 57	DIALYSIS	10,000		10,000	171,400	91	7,499	375
12 60	CLINIC	520,182	508,182	12,000	171,400	65	5,356	268
13 60	2 OP PSYCHIATRIC SERVICES	159,513	139,513	20,000	171,400	174	14,338	717
14 60	4 PRIMARY CARE SENIORS	1,025,931	1,025,931		171,400			
15 61	EMERGENCY	8,928,025	8,540,432	387,593	171,400	1,360	112,069	5,603
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	23,422,822	21,814,120	1,608,702		8,961	802,955	40,148

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED: 2/28/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	A&G					60,072	9,278	33,444
2 18	SOCIAL SERVICES							279,490
3 25	ADULTS & PEDIATRICS					139,510	23,930	863,494
4 26	ICU					14,833	9,911	9,911
5 37	OPERATING ROOM					112,647	82,763	9,451,921
6 41	RADIOLOGY					3,778	388	388
7 44	LAB					207,681	63,319	732,549
8 49	RESPIRATORY THERAPY					11,784	4,536	4,536
9 49	1 WOUND CARE					5,686		
10 53	CARDIOLOGY					107,702	321,977	740,431
11 57	DIALYSIS					7,499	2,501	2,501
12 60	CLINIC					5,356	6,644	514,826
13 60	2 OP PSYCHIATRIC SERVICES					14,338	5,662	145,175
14 60	4 PRIMARY CARE SENIORS							1,025,931
15 61	EMERGENCY					112,069	275,524	8,815,956
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					802,955	806,433	22,620,553

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/28/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEE T - A	ENTERED
3.01	NEW CAP REL COSTS- BLDG & FIXT	2	SQUARE FEE T - B	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DEPRECIATI ON EXPENSE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE FEE T - A	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEE T - A	ENTERED
11	DIETARY	10	MEALS	ENTERED
12	CAFETERIA	11	FTES	ENTERED
14	NURSING ADMINISTRATION	13	FTE'S -NRSG	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	COSTED REQ UI S.	ENTERED
16	PHARMACY	17	COSTED REQ UI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	18	GROSS REVE NUE	ENTERED
18	SOCIAL SERVICE	19	HOURS - A	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	23	HOURS - B	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	HOURS - B	ENTERED
24	PARAMED ED PRGM	25	HOURS - C	ENTERED
24.01	PARAMED ED PRGM-(CHAPLIN RESIDENCY)	26	HOURS - D	ENTERED
24.03	PARAMED ED PRGM-(NURSING)	27	HOURS - F	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-BLDG & OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	3	3.01	4	5	5a.00	6
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & OSTS-BLDG & OSTS-MVBLE E	13,642,340	13,642,340					
004 NEW CAP REL COSTS-MVBLE E	82,316		82,316				
005 EMPLOYEE BENEFITS	25,378,795			25,378,795			
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT	43,274,455	296,369	11,505	101,673	43,684,002	60,517,944	60,517,944
008 LAUNDRY & LINEN SERVICE	41,192,889	1,609,470	49,255	12,082,492	5,583,838	60,517,944	2,433,560
009 HOUSEKEEPING	10,669,585	1,929,814		303,758	696,176	13,599,333	2,433,560
010 DIETARY	1,482,096	316,191		355,903	169,022	2,323,212	415,732
011 CAFETERIA	3,747,201	140,120		426,946	787,161	5,101,428	912,885
012 NURSING ADMINISTRATION	3,206,867	336,100		142,233	406,345	4,091,545	732,170
014 CENTRAL SERVICES & SUPPLY	555,278	100,850		178,765	178,765	834,893	149,402
016 PHARMACY	2,422,977	34,147		346,267	505,771	3,309,162	592,165
017 MEDICAL RECORDS & LIBRARY	1,758,832	194,040		261,178	363,452	2,577,502	461,236
018 SOCIAL SERVICE	6,883,732	150,753		607,984	1,561,096	9,203,565	1,646,950
022 I&R SERVICES-SALARY & FRINGE	2,918,961	130,508		174,639	771,077	3,995,185	714,926
023 I&R SERVICES-OTHER PRGM C	2,064,584	58,334		1,705	537,948	2,662,571	476,459
024 PARAMED ED PRGM	938,877				238,272	1,177,149	210,647
024 01 PARAMED ED PRGM-(CHAPLIN)	835,339		10,234		167,469	1,013,042	181,281
024 03 PARAMED ED PRGM-(NURSING)	211,671				50,393	262,064	46,896
025 ADULTS & PEDIATRICS	164,659	4,663	788		40,305	210,415	37,653
026 INTENSIVE CARE UNIT	271,078				68,795	339,873	60,819
027 CORONARY CARE UNIT	29,507,880	3,167,705		740,567	7,518,620	40,934,772	7,325,155
028 BURN INTENSIVE CARE UNIT	5,897,333	324,100		97,396	1,415,607	7,734,436	1,384,054
029 SURGICAL INTENSIVE CARE UNIT	4,240,278	217,667		104,413	1,010,184	5,572,542	997,190
033 NURSERY							
034 SKILLED NURSING FACILITY	1,984,340	327,893		23,559	473,696	2,809,488	502,749
037 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	26,555,299	1,115,454		4,113,772	4,770,865	36,555,390	6,541,477
044 RADIOLOGY-DIAGNOSTIC	14,751,972	603,172		2,834,217	1,982,496	20,171,857	3,609,693
049 LABORATORY	24,009,260	534,591		924,705	2,568,517	28,037,073	5,017,150
049 01 RESPIRATORY THERAPY	3,446,443	78,081		386,141	843,498	4,754,163	850,743
050 WOUND CARE CENTER	371,107	5,907		23,681	64,086	464,781	83,171
053 PHYSICAL THERAPY	5,692,787	105,476		102,563	5,900,826	1,055,935	1,055,935
055 ELECTROCARDIOLOGY	2,696,725	150,827		297,262	415,858	3,560,672	637,172
056 MEDICAL SUPPLIES CHARGED TO PATIENTS	43,488,475					43,488,475	7,782,250
057 DRUGS CHARGED TO PATIENTS	19,620,995					19,620,995	3,511,118
059 RENAL DIALYSIS	2,146,612	7,312		10,193	79,924	2,244,041	401,564
060 BEHAVIORAL HEALTH SERVICE	799,165				200,178	999,343	178,829
060 01 CLINIC - FAMILY PRACTICE	1,022,395	1,865		13,783	252,569	1,290,612	230,951
060 02 OUTPATIENT PSYCHIATRIC SE	1,436,222	206,736		7,878	218,901	1,869,737	334,584
060 03 OUTPATIENT CHEMO	629,795	73,505		6,939	186,440	896,679	160,458
060 04 PRIMARY CARE SENIORS	110,992			7,551	20,544	139,087	24,889
061 EMERGENCY	988,474			36,188	406,687	1,431,349	256,136
062 OBSERVATION BEDS (NON-DIS)	8,671,933	415,611		229,792	3,350,410	12,667,746	2,266,855
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-RENTAL	3,136,560	85,928		238,649	350,921	3,812,058	682,156
093 HOME HEALTH AGENCY	3,030,562	49,766		69,407	453,217	3,602,952	644,737
095 SPEC PURPOSE COST CENTERS							
096 HOSPICE	2,622,572	65,459		4,096	359,044	3,051,171	545,998
099 SUBTOTALS	368,560,708	12,838,414	71,782	25,077,530	39,068,147	362,829,128	54,097,795
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	1,170,006	105,165			157,605	1,432,776	256,391
100 01 DEACONESS URGENT CARE	3,013,279			12,420	512,857	3,538,556	633,214
100 02 OCCUPATIONAL HEALTH	2,414,297	135,271		47,432	322,413	2,919,413	522,420
100 03 OTHER NONREIMBURSABLE COS	1,449,464	105,227	10,534	28,216	373,581	1,967,022	351,993
100 04 OAKLAND CITY CLINIC	1,109,864			4,008	218,205	1,332,077	238,371
100 05 THE HEART HOSPITAL	206,566			80,322	64,118	351,006	62,811
100 09 USI HEALTH CENTER	442,040			2,525	91,472	536,037	95,922
100 20 PHYSICIAN OFFICES	15,745,839	442,595		123,533	2,801,688	19,113,655	3,420,331
100 27 PUBLIC RELATIONS	1,525,350	15,668			69,021	1,610,039	288,112
100 31 WOMEN'S HOSPITAL/GATEWAY	3,069,097			2,809	4,895	3,076,801	550,584
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	398,706,510	13,642,340	82,316	25,378,795	43,684,002	398,706,510	60,517,944

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/28/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS- BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT	16,032,893						
009 LAUNDRY & LINEN SERVICE	516,939	3,255,883					
010 HOUSEKEEPING	229,082		6,243,395				
011 DIETARY	549,488	5,754	224,419	5,603,376			
012 CAFETERIA	164,879		67,339		1,216,513		
014 NURSING ADMINISTRATION	55,827		22,801		19,608	3,999,563	
015 CENTRAL SERVICES & SUPPLY	317,234	203,172	129,563		21,463		3,710,170
016 PHARMACY	246,464		100,660		38,952		936,533
017 MEDICAL RECORDS & LIBRARY	213,367		87,142		38,554		26
018 SOCIAL SERVICE	95,370		38,950		20,492		
022 I&R SERVICES-SALARY & FRI					7,596		
023 I&R SERVICES-OTHER PRGM C					1,546		
024 PARAMED ED PRGM					1,325		
024 01 PARAMED ED PRGM-(CHAPLIN	7,624		3,114		2,385		
024 03 PARAMED ED PRGM-(NURSING)					3,842	25,022	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,178,863	1,455,301	2,115,131	3,926,725	295,010	1,921,262	39,796
026 INTENSIVE CARE UNIT	529,869	206,114	216,407	355,458	47,210	307,460	10,070
027 CORONARY CARE UNIT	355,862	149,689	145,339	245,224	33,078	215,423	7,805
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
034 SKILLED NURSING FACILITY	536,070	114,854	218,939	446,986	19,343	125,975	2,564
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,823,650	313,128	744,807	1,792	99,852	650,296	58,914
041 RADIOLOGY-DIAGNOSTIC	986,122	129,282	402,747		67,613		41,412
044 LABORATORY	874,000	21,135	356,955		113,852		422,974
049 RESPIRATORY THERAPY	127,654	5,213	52,136		29,678		1,294
049 01 WOUND CARE CENTER	9,657	5,099	3,944		2,606	16,969	3,197
050 PHYSICAL THERAPY	172,442	45,005	70,428				4,751
053 ELECTROCARDIOLOGY	246,586	29,502	100,710		13,205	85,997	8,078
055 MEDICAL SUPPLIES CHARGED							2,013,337
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	11,954	73,191	4,882		2,252	14,668	11,661
059 BEHAVIORAL HEALTH SERVICE					9,009		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	3,050		1,245		10,290	67,014	2,077
060 01 CLINIC - FAMILY PRACTICE	337,991	8,389	138,041		11,217	73,054	2,615
060 02 OUTPATIENT PSYCHIATRIC SE	120,172		49,080		6,094		6
060 03 OUTPATIENT CHEMO					795	5,177	128
060 04 PRIMARY CARE SENIORS		2,308			9,672	62,988	1,907
061 EMERGENCY	679,480	209,545	277,510	422	65,759	428,258	605
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	140,482		57,375		16,075		60,199
071 HOME HEALTH AGENCY	81,362		33,229		16,384		3,257
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	107,019		43,708	45,994	12,454		21,741
095 SUBTOTALS	14,718,559	2,976,681	5,706,601	5,022,601	1,037,211	3,999,563	3,654,947
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	171,933		70,220		11,659		
100 OTHER NONREIMBURSABLE COS							
100 01 DEACONESS URGENT CARE		4,116			14,750		11,688
100 02 OCCUPATIONAL HEALTH	221,153	14,416	90,322		11,129		13,387
100 03 OTHER NONREIMBURSABLE COS	172,035		70,262	426,583	19,653		3,968
100 04 OAKLAND CITY CLINIC					5,785		1,181
100 05 THE HEART HOSPITAL		192,939		154,192	45,444		21,489
100 09 USI HEALTH CENTER		125			3,224		1,523
100 20 PHYSICIAN OFFICES	723,597	67,606	295,528		65,185		1,968
100 27 PUBLIC RELATIONS	25,616		10,462		2,208		
100 31 WOMEN'S HOSPITAL/GATEWAY					265		19
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	16,032,893	3,255,883	6,243,395	5,603,376	1,216,513	3,999,563	3,710,170

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	PARAMED ED PRGM 24	PARAMED ED PRGM-(CHAPLIN) 24.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS- BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	12,173,124						
017 MEDICAL RECORDS & LIBRARY	11	5,049,211					
018 SOCIAL SERVICE	408		3,294,250				
022 I&R SERVICES-SALARY & FRI				1,395,392			
023 I&R SERVICES-OTHER PRGM C					1,195,869		
024 PARAMED ED PRGM						310,285	
024 01 PARAMED ED PRGM-(CHAPLIN)							261,191
024 03 PARAMED ED PRGM-(NURSING)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,757	397,656	2,712,911	371,298	318,207		261,191
026 INTENSIVE CARE UNIT	2,710	85,640	208,686	19,054	16,329		
027 CORONARY CARE UNIT	2,253	60,904	134,155				
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
034 SKILLED NURSING FACILITY	348	27,052					
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	150,347	778,561		136,192	116,719		
041 RADIOLOGY-DIAGNOSTIC	21,482	709,755		18,557	15,903		
044 LABORATORY	6,564	585,708		1,988	1,704		
049 RESPIRATORY THERAPY	7,955	75,807		2,320	1,988		
049 01 WOUND CARE CENTER		9,113					
050 PHYSICAL THERAPY	2,585	104,190					
053 ELECTROCARDIOLOGY	9,705	205,747		39,930	34,220		
055 MEDICAL SUPPLIES CHARGED	95,468	471,335					
056 DRUGS CHARGED TO PATIENTS	11,154,054	565,936				310,285	
057 RENAL DIALYSIS	1,850	18,263		6,793	5,822		
059 BEHAVIORAL HEALTH SERVICE		6,474					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,429	6,825		20,711	17,749		
060 01 CLINIC - FAMILY PRACTICE	11,817	5,369		608,889	521,827		
060 02 OUTPATIENT PSYCHIATRIC SE		10,732					
060 03 OUTPATIENT CHEMO	11	4,824					
060 04 PRIMARY CARE SENIORS	18,849	3,112		9,278	7,952		
061 EMERGENCY	7,016	355,116	238,498	42,415	36,350		
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	259,628	43,833					
071 HOME HEALTH AGENCY	1,174	14,259					
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	188,172	17,194					
095 SUBTOTALS	11,953,593	4,563,405	3,294,250	1,277,425	1,094,770	310,285	261,191
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP							
100 OTHER NONREIMBURSABLE COS							
100 01 DEACONESS URGENT CARE	47,079	24,103					
100 02 OCCUPATIONAL HEALTH	121,700	11,911					
100 03 OTHER NONREIMBURSABLE COS	7,347						
100 04 OAKLAND CITY CLINIC	8,656						
100 05 THE HEART HOSPITAL	4,605	377,091					
100 09 USI HEALTH CENTER	14,954	2,919					
100 20 PHYSICIAN OFFICES	15,125	69,782					
100 27 PUBLIC RELATIONS	65						
100 31 WOMEN'S HOSPITAL/GATEWAY				117,967	101,099		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	12,173,124	5,049,211	3,294,250	1,395,392	1,195,869	310,285	261,191

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/28/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED PR SUBTOTAL GM-(NURSING)		I&R COST POST STEP-DOWN ADJ 26	TOTAL
	24.03	25		
003 GENERAL SERVICE COST CNTR				
003 01 NEW CAP REL COSTS- BLDG &				
004 NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM C				
024 PARAMED PRGM				
024 01 PARAMED PRGM-(CHAPLIN				
024 03 PARAMED PRGM-(NURSING)	429,556			
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	365,401	67,628,436	-689,505	66,938,931
026 INTENSIVE CARE UNIT	17,365	11,140,862	-35,383	11,105,479
027 CORONARY CARE UNIT	20,005	7,939,469		7,939,469
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
033 NURSERY				
034 SKILLED NURSING FACILITY		4,804,368		4,804,368
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	13,369	47,984,494	-252,911	47,731,583
041 RADIOLOGY-DIAGNOSTIC		26,174,423	-34,460	26,139,963
044 LABORATORY		35,439,103	-3,692	35,435,411
049 RESPIRATORY THERAPY		5,908,951	-4,308	5,904,643
049 01 WOUND CARE CENTER		598,537		598,537
050 PHYSICAL THERAPY		7,356,162		7,356,162
053 ELECTROCARDIOLOGY		4,971,524	-74,150	4,897,374
055 MEDICAL SUPPLIES CHARGED		53,850,865		53,850,865
056 DRUGS CHARGED TO PATIENTS		35,162,388		35,162,388
057 RENAL DIALYSIS		2,796,941	-12,615	2,784,326
059 BEHAVIORAL HEALTH SERVICE		1,193,655		1,193,655
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC		1,651,953	-38,460	1,613,493
060 01 CLINIC - FAMILY PRACTICE		3,923,530	-1,130,716	2,792,814
060 02 OUTPATIENT PSYCHIATRIC SE		1,243,221		1,243,221
060 03 OUTPATIENT CHEMO		174,911		174,911
060 04 PRIMARY CARE SENIORS		1,803,551	-17,230	1,786,321
061 EMERGENCY	13,416	17,288,991	-78,765	17,210,226
062 OBSERVATION BEDS (NON-DIS				
066 OTHER REIMBURS COST CNTRS				
066 DURABLE MEDICAL EQUIP-REN		5,071,806		5,071,806
071 HOME HEALTH AGENCY		4,397,354		4,397,354
093 SPEC PURPOSE COST CENTERS				
093 HOSPICE		4,033,451		4,033,451
095 SUBTOTALS	429,556	352,538,946	-2,372,195	350,166,751
096 NONREIMBURS COST CENTERS				
100 GIFT, FLOWER, COFFEE SHOP		1,942,979		1,942,979
100 OTHER NONREIMBURSABLE COS				
100 01 DEACONESS URGENT CARE		4,273,506		4,273,506
100 02 OCCUPATIONAL HEALTH		3,925,851		3,925,851
100 03 OTHER NONREIMBURSABLE COS		3,018,863		3,018,863
100 04 OAKLAND CITY CLINIC		1,586,070		1,586,070
100 05 THE HEART HOSPITAL		1,209,577		1,209,577
100 09 USI HEALTH CENTER		654,704		654,704
100 20 PHYSICIAN OFFICES		23,772,777		23,772,777
100 27 PUBLIC RELATIONS		1,936,502		1,936,502
100 31 WOMEN'S HOSPITAL/GATEWAY		3,846,735	-219,066	3,627,669
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	429,556	398,706,510	-2,591,261	396,115,249

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS- BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL
	0	3	3.01	4	4a	5	6
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS- BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		296,369	11,505	101,673	409,547	409,547	
006 ADMINISTRATIVE & GENERAL		1,609,470	49,255	12,082,492	13,741,217	52,344	13,793,561
008 OPERATION OF PLANT		1,929,814		303,758	2,233,572	6,526	554,676
009 LAUNDRY & LINEN SERVICE		316,191		355,903	672,094	1,584	94,757
010 HOUSEKEEPING		140,120		426,946	567,066	7,379	208,072
011 DIETARY		336,100		142,233	478,333	3,809	166,882
012 CAFETERIA		100,850			100,850	1,676	34,053
014 NURSING ADMINISTRATION		34,147		346,267	380,414	4,741	134,971
015 CENTRAL SERVICES & SUPPLY		194,040		261,178	455,218	3,407	105,129
016 PHARMACY		150,753		607,984	758,737	14,634	375,386
017 MEDICAL RECORDS & LIBRARY		130,508		174,639	305,147	7,228	162,952
018 SOCIAL SERVICE		58,334		1,705	60,039	5,043	108,598
022 I&R SERVICES-SALARY & FRI						2,234	48,012
023 I&R SERVICES-OTHER PRGM C			10,234		10,234	1,570	41,319
024 PARAMED ED PRGM						472	10,689
024 01 PARAMED ED PRGM-(CHAPLIN		4,663	788		5,451	378	8,582
024 03 PARAMED ED PRGM-(NURSING)						645	13,862
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		3,167,705		740,567	3,908,272	70,528	1,669,607
026 INTENSIVE CARE UNIT		324,100		97,396	421,496	13,270	315,464
027 CORONARY CARE UNIT		217,667		104,413	322,080	9,470	227,287
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
034 SKILLED NURSING FACILITY		327,893		23,559	351,452	4,440	114,591
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		1,115,454		4,113,772	5,229,226	44,723	1,490,985
041 RADIOLOGY-DIAGNOSTIC		603,172		2,834,217	3,437,389	18,584	822,750
044 LABORATORY		534,591		924,705	1,459,296	24,078	1,143,548
049 RESPIRATORY THERAPY		78,081		386,141	464,222	7,907	193,908
049 01 WOUND CARE CENTER		5,907		23,681	29,588	601	18,957
050 PHYSICAL THERAPY		105,476		102,563	208,039		240,677
053 ELECTROCARDIOLOGY		150,827		297,262	448,089	3,898	145,229
055 MEDICAL SUPPLIES CHARGED							1,773,628
056 DRUGS CHARGED TO PATIENTS							800,282
057 RENAL DIALYSIS		7,312		10,193	17,505	749	91,528
059 BEHAVIORAL HEALTH SERVICE						1,876	40,760
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		1,865		13,783	15,648	2,368	52,640
060 01 CLINIC - FAMILY PRACTICE		206,736		7,878	214,614	2,052	76,261
060 02 OUTPATIENT PSYCHIATRIC SE		73,505		6,939	80,444	1,748	36,573
060 03 OUTPATIENT CHEMO				7,551	7,551	193	5,673
060 04 PRIMARY CARE SENIORS				36,188	36,188	3,812	58,380
061 EMERGENCY		415,611		229,792	645,403	31,407	516,679
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN		85,928		238,649	324,577	3,290	155,482
071 HOME HEALTH AGENCY		49,766		69,407	119,173	4,249	146,954
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		65,459		4,096	69,555	3,366	124,448
095 SUBTOTALS		12,838,414	71,782	25,077,530	37,987,726	366,279	12,330,231
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		105,165			105,165	1,477	58,439
100 OTHER NONREIMBURSABLE COS							
100 01 DEACONESS URGENT CARE				12,420	12,420	4,808	144,327
100 02 OCCUPATIONAL HEALTH		135,271		47,432	182,703	3,022	119,074
100 03 OTHER NONREIMBURSABLE COS		105,227	10,534	28,216	143,977	3,502	80,229
100 04 OAKLAND CITY CLINIC				4,008	4,008	2,045	54,331
100 05 THE HEART HOSPITAL				80,322	80,322	601	14,316
100 09 USI HEALTH CENTER				2,525	2,525	857	21,863
100 20 PHYSICIAN OFFICES		442,595		123,533	566,128	26,263	779,589
100 27 PUBLIC RELATIONS		15,668			15,668	647	65,669
100 31 WOMEN'S HOSPITAL/GATEWAY				2,809	2,809	46	125,493
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		13,642,340	82,316	25,378,795	39,103,451	409,547	13,793,561

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT	2,794,774						
009 LAUNDRY & LINEN SERVICE	90,110	858,545					
010 HOUSEKEEPING	39,932		822,449				
011 DIETARY	95,784	1,517	29,563	775,888			
012 CAFETERIA	28,741		8,871		174,191		
014 NURSING ADMINISTRATION	9,731		3,004		2,808	535,669	
015 CENTRAL SERVICES & SUPPLY	55,299	53,574	17,068		3,073		692,768
016 PHARMACY	42,962		13,260		5,577		174,874
017 MEDICAL RECORDS & LIBRARY	37,193		11,479		5,521		5
018 SOCIAL SERVICE	16,624		5,131		2,934		
022 I&R SERVICES-SALARY & FRI					1,088		
023 I&R SERVICES-OTHER PRGM C					221		
024 PARAMED ED PRGM					190		
024 01 PARAMED ED PRGM-(CHAPLIN	1,329		410		341		
024 03 PARAMED ED PRGM-(NURSING)					550	3,351	
025 ADULTS & PEDIATRICS	902,755	383,749	278,628	543,725	42,243	257,319	7,431
026 INTENSIVE CARE UNIT	92,364	54,350	28,507	49,220	6,760	41,179	1,880
027 CORONARY CARE UNIT	62,032	39,472	19,146	33,956	4,736	28,852	1,457
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
034 SKILLED NURSING FACILITY	93,445	30,286	28,841	61,893	2,770	16,872	479
037 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	317,889	82,569	98,114	248	14,298	87,095	11,001
044 RADIOLOGY-DIAGNOSTIC	171,896	34,090	53,054		9,681		7,733
049 LABORATORY	152,351	5,573	47,022		16,302		78,980
049 01 RESPIRATORY THERAPY	22,252	1,375	6,868		4,249		242
049 01 WOUND CARE CENTER	1,683	1,345	520		373	2,273	597
050 PHYSICAL THERAPY	30,059	11,867	9,278				887
053 ELECTROCARDIOLOGY	42,984	7,780	13,267		1,891	11,518	1,508
055 MEDICAL SUPPLIES CHARGED							375,927
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	2,084	19,300	643		323	1,965	2,177
059 BEHAVIORAL HEALTH SERVICE					1,290		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	532		164		1,473	8,975	388
060 01 CLINIC - FAMILY PRACTICE	58,917	2,212	18,184		1,606	9,784	488
060 02 OUTPATIENT PSYCHIATRIC SE	20,948		6,465		873		1
060 03 OUTPATIENT CHEMO					114	693	24
060 04 PRIMARY CARE SENIORS		609			1,385	8,436	356
061 EMERGENCY	118,444	55,255	36,557	58	9,416	57,357	113
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN	24,488		7,558		2,302		11,241
093 HOME HEALTH AGENCY	14,183		4,377		2,346		608
095 SPEC PURPOSE COST CENTERS							
096 HOSPICE	18,655		5,758	6,369	1,783		4,060
095 SUBTOTALS	2,565,666	784,923	751,737	695,469	148,517	535,669	682,457
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	29,971		9,250		1,669		
100 OTHER NONREIMBURSABLE COS							
100 01 DEACONESS URGENT CARE		1,085			2,112		2,182
100 02 OCCUPATIONAL HEALTH	38,550	3,801	11,898		1,594		2,500
100 03 OTHER NONREIMBURSABLE COS	29,988		9,256	59,068	2,814		741
100 04 OAKLAND CITY CLINIC					828		221
100 05 THE HEART HOSPITAL		50,876		21,351	6,507		4,012
100 09 USI HEALTH CENTER		33			462		284
100 20 PHYSICIAN OFFICES	126,134	17,827	38,930		9,334		367
100 27 PUBLIC RELATIONS	4,465		1,378		316		
100 31 WOMEN'S HOSPITAL/GATEWAY					38		4
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,794,774	858,545	822,449	775,888	174,191	535,669	692,768

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	PARAMED ED PRGM 24	PARAMED ED PRGM-(CHAPLIN) 24.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	1,385,430						
017 MEDICAL RECORDS & LIBRARY	1	529,526					
018 SOCIAL SERVICE	46		198,415				
022 I&R SERVICES-SALARY & FRI				51,334			
023 I&R SERVICES-OTHER PRGM C					53,344		
024 PARAMED ED PRGM						11,351	
024 01 PARAMED ED PRGM-(CHAPLIN)							16,491
024 03 PARAMED ED PRGM-(NURSING)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,110	41,682	163,401				
026 INTENSIVE CARE UNIT	308	8,977	12,569				
027 CORONARY CARE UNIT	256	6,384	8,080				
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
034 SKILLED NURSING FACILITY	40	2,836					
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	17,111	81,875					
041 RADIOLOGY-DIAGNOSTIC	2,445	74,397					
044 LABORATORY	747	61,394					
049 RESPIRATORY THERAPY	905	7,946					
049 01 WOUND CARE CENTER		955					
050 PHYSICAL THERAPY	294	10,921					
053 ELECTROCARDIOLOGY	1,104	21,566					
055 MEDICAL SUPPLIES CHARGED	10,865	49,405					
056 DRUGS CHARGED TO PATIENTS	1,269,452	59,322					
057 RENAL DIALYSIS	211	1,914					
059 BEHAVIORAL HEALTH SERVICE		679					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	163	715					
060 01 CLINIC - FAMILY PRACTICE	1,345	563					
060 02 OUTPATIENT PSYCHIATRIC SE		1,125					
060 03 OUTPATIENT CHEMO	1	506					
060 04 PRIMARY CARE SENIORS	2,145	326					
061 EMERGENCY	799	37,223	14,365				
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	29,548	4,595					
071 HOME HEALTH AGENCY	134	1,495					
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	21,416	1,802					
095 SUBTOTALS	1,360,446	478,603	198,415				
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP							
100 OTHER NONREIMBURSABLE COS							
100 01 DEACONESS URGENT CARE	5,358	2,526					
100 02 OCCUPATIONAL HEALTH	13,851	1,249					
100 03 OTHER NONREIMBURSABLE COS	836						
100 04 OAKLAND CITY CLINIC	985						
100 05 THE HEART HOSPITAL	524	39,527					
100 09 USI HEALTH CENTER	1,702	306					
100 20 PHYSICIAN OFFICES	1,721	7,315					
100 27 PUBLIC RELATIONS	7						
100 31 WOMEN'S HOSPITAL/GATEWAY							
101 CROSS FOOT ADJUSTMENTS				51,334	53,344	11,351	16,491
102 NEGATIVE COST CENTER							
103 TOTAL	1,385,430	529,526	198,415	51,334	53,344	11,351	16,491

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PARAMED PR GM-(NURSING)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.03	25	26	27
003 GENERAL SERVICE COST CNTR				
003 01 NEW CAP REL COSTS-BLDG &				
004 NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM C				
024 PARAMED PRGM				
024 01 PARAMED PRGM-(CHAPLIN				
024 03 PARAMED PRGM-(NURSING)	18,408			
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		8,270,450		8,270,450
026 INTENSIVE CARE UNIT		1,046,344		1,046,344
027 CORONARY CARE UNIT		763,208		763,208
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
033 NURSERY				
034 SKILLED NURSING FACILITY		707,945		707,945
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		7,475,134		7,475,134
041 RADIOLOGY-DIAGNOSTIC		4,632,019		4,632,019
044 LABORATORY		2,989,291		2,989,291
049 RESPIRATORY THERAPY		709,874		709,874
049 01 WOUND CARE CENTER		56,892		56,892
050 PHYSICAL THERAPY		512,022		512,022
053 ELECTROCARDIOLOGY		698,834		698,834
055 MEDICAL SUPPLIES CHARGED		2,209,825		2,209,825
056 DRUGS CHARGED TO PATIENTS		2,129,056		2,129,056
057 RENAL DIALYSIS		138,399		138,399
059 BEHAVIORAL HEALTH SERVICE		44,605		44,605
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC		83,066		83,066
060 01 CLINIC - FAMILY PRACTICE		386,026		386,026
060 02 OUTPATIENT PSYCHIATRIC SE		148,177		148,177
060 03 OUTPATIENT CHEMO		14,755		14,755
060 04 PRIMARY CARE SENIORS		111,637		111,637
061 EMERGENCY		1,523,076		1,523,076
062 OBSERVATION BEDS (NON-DIS				
066 OTHER REIMBURS COST CNTRS				
066 DURABLE MEDICAL EQUIP-REN		563,081		563,081
071 HOME HEALTH AGENCY		293,519		293,519
093 SPEC PURPOSE COST CENTERS				
093 HOSPICE		257,212		257,212
095 SUBTOTALS		35,764,447		35,764,447
096 NONREIMBURS COST CENTERS				
100 GIFT, FLOWER, COFFEE SHOP		205,971		205,971
100 OTHER NONREIMBURSABLE COS				
100 01 DEACONESS URGENT CARE		174,818		174,818
100 02 OCCUPATIONAL HEALTH		378,242		378,242
100 03 OTHER NONREIMBURSABLE COS		330,411		330,411
100 04 OAKLAND CITY CLINIC		62,418		62,418
100 05 THE HEART HOSPITAL		218,036		218,036
100 09 USI HEALTH CENTER		28,032		28,032
100 20 PHYSICIAN OFFICES		1,573,608		1,573,608
100 27 PUBLIC RELATIONS		88,150		88,150
100 31 WOMEN'S HOSPITAL/GATEWAY		128,390		128,390
101 CROSS FOOT ADJUSTMENTS	18,408	150,928		150,928
102 NEGATIVE COST CENTER				
103 TOTAL	18,408	39,103,451		39,103,451

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/28/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & T - A	NEW CAP REL COSTS-BLDG & T - B	NEW CAP REL COSTS-MVBLE & T - C	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCU. COST)
	3	3.01	4	5	6a.00	6
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	1,097,070					
003 01 NEW CAP REL COSTS- BL		54,833				
004 NEW CAP REL COSTS-MVB			14,555,547			
005 EMPLOYEE BENEFITS	23,833	7,664	58,313	172,130,874		
006 ADMINISTRATIVE & GENE	129,428	32,810	6,929,692	22,002,323	-60,517,944	338,188,566
008 OPERATION OF PLANT	155,189		174,215	2,743,182		13,599,333
009 LAUNDRY & LINEN SERVI	25,427		204,122	666,008		2,323,212
010 HOUSEKEEPING	11,268		244,867	3,101,696		5,101,428
011 DIETARY	27,028		81,575	1,601,144		4,091,545
012 CAFETERIA	8,110			704,400		834,893
014 NURSING ADMINISTRATIO	2,746		198,595	1,992,920		3,309,162
015 CENTRAL SERVICES & SU	15,604		149,794	1,432,131		2,577,502
016 PHARMACY	12,123		348,698	6,151,277		9,203,565
017 MEDICAL RECORDS & LIB	10,495		100,161	3,038,319		3,995,185
018 SOCIAL SERVICE	4,691		978	2,119,710		2,662,571
022 I&R SERVICES-SALARY &				938,877		1,177,149
023 I&R SERVICES-OTHER PR		6,817		659,889		1,013,042
024 PARAMED ED PRGM				198,565		262,064
024 01 PARAMED ED PRGM-(CHAP	375	525		158,817		210,415
024 03 PARAMED ED PRGM-(NURS				271,078		339,873
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	254,736		424,739	29,626,295		40,934,772
026 INTENSIVE CARE UNIT	26,063		55,860	5,578,001		7,734,436
027 CORONARY CARE UNIT	17,504		59,884	3,980,487		5,572,542
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
033 NURSERY						
034 SKILLED NURSING FACIL	26,368		13,512	1,866,531		2,809,488
ANCILLARY SRVC COST C						
037 OPERATING ROOM	89,701		2,359,380	18,798,919		36,555,390
041 RADIOLOGY-DIAGNOSTIC	48,505		1,625,514	7,811,747		20,171,857
044 LABORATORY	42,990		530,348	10,120,877		28,037,073
049 RESPIRATORY THERAPY	6,279		221,464	3,323,685		4,754,163
049 01 WOUND CARE CENTER	475		13,582	252,521		464,781
050 PHYSICAL THERAPY	8,482		58,823			5,900,826
053 ELECTROCARDIOLOGY	12,129		170,489	1,638,630		3,560,672
055 MEDICAL SUPPLIES CHAR						43,488,475
056 DRUGS CHARGED TO PATI						19,620,995
057 RENAL DIALYSIS	588		5,846	314,929		2,244,041
059 BEHAVIORAL HEALTH SER				788,772		999,343
OUTPAT SERVICE COST C						
060 CLINIC	150		7,905	995,213		1,290,612
060 01 CLINIC - FAMILY PRACT	16,625		4,518	862,550		1,869,737
060 02 OUTPATIENT PSYCHIATRI	5,911		3,980	734,639		896,679
060 03 OUTPATIENT CHEMO			4,331	80,952		139,087
060 04 PRIMARY CARE SENIORS			20,755	1,602,494		1,431,349
061 EMERGENCY	33,422		131,793	13,201,818		12,667,746
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
066 DURABLE MEDICAL EQUIP	6,910		136,873	1,382,755		3,812,058
071 HOME HEALTH AGENCY	4,002		39,807	1,785,838		3,602,952
SPEC PURPOSE COST CEN						
093 HOSPICE	5,264		2,349	1,414,762		3,051,171
095 SUBTOTALS	1,032,421	47,816	14,382,762	153,942,751	-60,517,944	302,311,184
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	8,457			621,020		1,432,776
100 OTHER NONREIMBURSABLE						
100 01 DEACONESS URGENT CARE			7,123	2,020,839		3,538,556
100 02 OCCUPATIONAL HEALTH	10,878		27,204	1,270,423		2,919,413
100 03 OTHER NONREIMBURSABLE	8,462	7,017	16,183	1,472,043		1,967,022
100 04 OAKLAND CITY CLINIC			2,299	859,807		1,332,077
100 05 THE HEART HOSPITAL			46,067	252,646		351,006
100 09 USI HEALTH CENTER			1,448	360,434		536,037
100 20 PHYSICIAN OFFICES	35,592		70,850	11,039,656		19,113,655
100 27 PUBLIC RELATIONS	1,260			271,968		1,610,039
100 31 WOMEN'S HOSPITAL/GATE			1,611	19,287		3,076,801
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	13,642,340	82,316	25,378,795	43,684,002		60,517,944
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	12.435250		1.743582			
(WRKSHT B, PT I)		1.501213		.253784		.178947
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED				409,547		13,793,561
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.002379	.040787
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
15-0082

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

PREPARED 2/28/2010
WORKSHEET B-1

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET - A)	(POUNDS OF LAUNDRY)	(SQUARE FEET - A)	(MEALS)	(FTES)	(FTE'S -NRSNG)	(COSTED REQ UI S.)
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS- BL							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
008 OPERATION OF PLANT	788,620						
009 LAUNDRY & LINEN SERVI	25,427	2,814,730					
010 HOUSEKEEPING	11,268		751,925				
011 DIETARY	27,028	4,974	27,028	597,323			
012 CAFETERIA	8,110		8,110		27,546		
014 NURSING ADMINSTRATIO	2,746		2,746		444	13,906	
015 CENTRAL SERVICES & SU	15,604	175,643	15,604		486		79,566,940
016 PHARMACY	12,123		12,123		882		20,084,343
017 MEDICAL RECORDS & LIB	10,495		10,495		873		566
018 SOCIAL SERVICE	4,691		4,691		464		
022 I&R SERVICES-SALARY &					172		
023 I&R SERVICES-OTHER PR					35		
024 PARAMED ED PRGM					30		
024 01 PARAMED ED PRGM-(CHAP	375		375		54		
024 03 PARAMED ED PRGM-(NURS					87	87	
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	254,736	1,258,117	254,736	418,591	6,680	6,680	853,434
026 INTENSIVE CARE UNIT	26,063	178,187	26,063	37,892	1,069	1,069	215,949
027 CORONARY CARE UNIT	17,504	129,407	17,504	26,141	749	749	167,390
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
033 NURSERY							
034 SKILLED NURSING FACIL	26,368	99,292	26,368	47,649	438	438	54,984
ANCILLARY SRVC COST C							
037 OPERATING ROOM	89,701	270,701	89,701	191	2,261	2,261	1,263,441
041 RADIOLOGY-DIAGNOSTIC	48,505	111,765	48,505		1,531		888,108
044 LABORATORY	42,990	18,271	42,990		2,578		9,070,862
049 RESPIRATORY THERAPY	6,279	4,507	6,279		672		27,758
049 01 WOUND CARE CENTER	475	4,408	475		59	59	68,556
050 PHYSICAL THERAPY	8,482	38,907	8,482				101,877
053 ELECTROCARDIOLOGY	12,129	25,505	12,129		299	299	173,241
055 MEDICAL SUPPLIES CHAR							43,177,652
056 DRUGS CHARGED TO PATI							
057 RENAL DIALYSIS	588	63,274	588		51	51	250,071
059 BEHAVIORAL HEALTH SER					204		
OUTPAT SERVICE COST C							
060 CLINIC	150		150		233	233	44,533
060 01 CLINIC - FAMILY PRACT	16,625	7,252	16,625		254	254	56,081
060 02 OUTPATIENT PSYCHIATRI	5,911		5,911		138		134
060 03 OUTPATIENT CHEMO					18	18	2,736
060 04 PRIMARY CARE SENIORS		1,995			219	219	40,902
061 EMERGENCY	33,422	181,153	33,422	45	1,489	1,489	12,977
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
066 DURABLE MEDICAL EQUIP	6,910		6,910		364		1,290,983
071 HOME HEALTH AGENCY	4,002		4,002		371		69,839
SPEC PURPOSE COST CEN							
093 HOSPICE	5,264		5,264	4,903	282		466,237
095 SUBTOTALS	723,971	2,573,358	687,276	535,412	23,486	13,906	78,382,654
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	8,457		8,457		264		
100 OTHER NONREIMBURSABLE							
100 01 DEACONESS URGENT CARE		3,558			334		250,653
100 02 OCCUPATIONAL HEALTH	10,878	12,463	10,878		252		287,093
100 03 OTHER NONREIMBURSABLE	8,462		8,462	45,474	445		85,105
100 04 OAKLAND CITY CLINIC					131		25,336
100 05 THE HEART HOSPITAL		166,797		16,437	1,029		460,835
100 09 USI HEALTH CENTER		108			73		32,657
100 20 PHYSICIAN OFFICES	35,592	58,446	35,592		1,476		42,201
100 27 PUBLIC RELATIONS	1,260		1,260		50		3
100 31 WOMEN'S HOSPITAL/GATE					6		403
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	16,032,893	3,255,883	6,243,395	5,603,376	1,216,513	3,999,563	3,710,170
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		1.156730		9.380814		287.614195	
(WRKSHT B, PT I)	20.330315		8.303215		44.162964		.046630
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	2,794,774	858,545	822,449	775,888	174,191	535,669	692,768
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.305019		1.298942		38.520710	
(WRKSHT B, PT III)	3.543879		1.093791		6.323640		.008707

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUESTS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (HOURS - A)	I&R SERVICES-SALARY & FRI (HOURS - B)	I&R SERVICES-OTHER PRGM (HOURS - B)	PARAMED PRGM (HOURS - C)	PARAMED PRGM-(CHAPLIN) (HOURS - D)
	16	17	18	22	23	24	24.01
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS- BL							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU							
016 PHARMACY	22,515,548						
017 MEDICAL RECORDS & LIB	21	1287,840,206					
018 SOCIAL SERVICE	754		221				
022 I&R SERVICES-SALARY &				8,422			
023 I&R SERVICES-OTHER PR					8,422		
024 PARAMED PRGM						100	
024 01 PARAMED PRGM-(CHAP							100
024 03 PARAMED PRGM-(NURS							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	18,046	101,416,916	182	2,241	2,241		100
026 INTENSIVE CARE UNIT	5,013	21,841,322	14	115	115		
027 CORONARY CARE UNIT	4,167	15,532,762	9				
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
033 NURSERY							
034 SKILLED NURSING FACIL	643	6,899,145					
ANCILLARY SRVC COST C							
037 OPERATING ROOM	278,083	198,666,619		822	822		
041 RADIOLOGY-DIAGNOSTIC	39,734	181,013,864		112	112		
044 LABORATORY	12,141	149,377,207		12	12		
049 RESPIRATORY THERAPY	14,713	19,333,615		14	14		
049 01 WOUND CARE CENTER		2,324,042					
050 PHYSICAL THERAPY	4,781	26,572,296					
053 ELECTROCARDIOLOGY	17,950	52,473,193		241	241		
055 MEDICAL SUPPLIES CHAR	176,578	120,207,899					
056 DRUGS CHARGED TO PATI	20,630,667	144,334,736				100	
057 RENAL DIALYSIS	3,422	4,657,865		41	41		
059 BEHAVIORAL HEALTH SER		1,651,040					
OUTPAT SERVICE COST C							
060 CLINIC	2,643	1,740,553		125	125		
060 01 CLINIC - FAMILY PRACT	21,856	1,369,295		3,675	3,675		
060 02 OUTPATIENT PSYCHIATRI		2,737,115					
060 03 OUTPATIENT CHEMO	21	1,230,292					
060 04 PRIMARY CARE SENIORS	34,863	793,616		56	56		
061 EMERGENCY	12,977	90,567,600	16	256	256		
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
066 DURABLE MEDICAL EQUIP	480,211	11,179,056					
071 HOME HEALTH AGENCY	2,172	3,636,527					
SPEC PURPOSE COST CEN							
093 HOSPICE	348,045	4,385,115					
095 SUBTOTALS	22,109,501	1163,941,690	221	7,710	7,710	100	100
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
100 OTHER NONREIMBURSABLE							
100 01 DEACONESS URGENT CARE	87,078	6,147,101					
100 02 OCCUPATIONAL HEALTH	225,098	3,037,818					
100 03 OTHER NONREIMBURSABLE	13,589						
100 04 OAKLAND CITY CLINIC	16,010						
100 05 THE HEART HOSPITAL	8,517	96,172,035					
100 09 USI HEALTH CENTER	27,660	744,477					
100 20 PHYSICIAN OFFICES	27,975	17,797,085					
100 27 PUBLIC RELATIONS	120						
100 31 WOMEN'S HOSPITAL/GATE				712	712		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	12,173,124	5,049,211	3,294,250	1,395,392	1,195,869	310,285	261,191
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	.540654	.003921	14,906.108597	165.684161	141.993469	3,102.850000	2,611.910000
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	1,385,430	529,526	198,415	51,334	53,344	11,351	16,491
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.061532	.000411	897.805430	6.095227	6.333887	113.510000	164.910000
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PARAMED ED PR GM-(NURSING)	(HOURS - F)
		24.03
003 GENERAL SERVICE COST		
003 01 NEW CAP REL COSTS-BLD		
004 NEW CAP REL COSTS- BL		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENE		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVI		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SU		
017 PHARMACY		
018 MEDICAL RECORDS & LIB		
022 SOCIAL SERVICE		
023 I&R SERVICES-SALARY &		
024 I&R SERVICES-OTHER PR		
024 01 PARAMED ED PRGM		
024 03 PARAMED ED PRGM-(NURS	18,058	
025 INPAT ROUTINE SRVC CN		
026 ADULTS & PEDIATRICS	15,361	
027 INTENSIVE CARE UNIT	730	
028 CORONARY CARE UNIT	841	
029 BURN INTENSIVE CARE U		
033 SURGICAL INTENSIVE CA		
034 NURSERY		
037 SKILLED NURSING FACIL		
041 ANCILLARY SRVC COST C		
044 OPERATING ROOM	562	
049 RADIOLOGY-DIAGNOSTIC		
049 01 LABORATORY		
050 RESPIRATORY THERAPY		
053 WOUND CARE CENTER		
055 PHYSICAL THERAPY		
056 ELECTROCARDIOLOGY		
057 MEDICAL SUPPLIES CHAR		
059 DRUGS CHARGED TO PATI		
060 RENAL DIALYSIS		
060 01 BEHAVIORAL HEALTH SER		
060 02 OUTPAT SERVICE COST C		
060 03 CLINIC		
060 04 CLINIC - FAMILY PRACT		
061 OUTPATIENT PSYCHIATRI		
062 OUTPATIENT CHEMO		
066 04 PRIMARY CARE SENIORS		
071 EMERGENCY	564	
093 OBSERVATION BEDS (NON		
095 OTHER REIMBURS COST C		
096 DURABLE MEDICAL EQUIP		
100 HOME HEALTH AGENCY		
100 01 SPEC PURPOSE COST CEN		
100 02 HOSPICE		
100 03 SUBTOTALS	18,058	
100 04 NONREIMBURS COST CENT		
100 05 GIFT, FLOWER, COFFEE		
100 06 OTHER NONREIMBURSABLE		
100 07 DEACONESS URGENT CARE		
100 08 OCCUPATIONAL HEALTH		
100 09 OTHER NONREIMBURSABLE		
100 10 OAKLAND CITY CLINIC		
100 11 THE HEART HOSPITAL		
100 12 USI HEALTH CENTER		
100 13 PHYSICIAN OFFICES		
100 14 PUBLIC RELATIONS		
100 15 WOMEN'S HOSPITAL/GATE		
100 16 CROSS FOOT ADJUSTMENT		
100 17 NEGATIVE COST CENTER		
100 18 COST TO BE ALLOCATED	429,556	
100 19 (PER WRKSHT B, PART		
100 20 UNIT COST MULTIPLIER		
100 21 (WRKSHT B, PT I)	23.787573	
100 22 COST TO BE ALLOCATED		
100 23 (PER WRKSHT B, PART		
100 24 UNIT COST MULTIPLIER		
100 25 (WRKSHT B, PT I I)		
100 26 COST TO BE ALLOCATED	18,408	
100 27 (PER WRKSHT B, PART		
100 28 UNIT COST MULTIPLIER		
100 29 (WRKSHT B, PT I I I)	1.019382	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	66,938,931		66,938,931	23,930	66,962,861
26	INTENSIVE CARE UNIT	11,105,479		11,105,479	9,911	11,115,390
27	CORONARY CARE UNIT	7,939,469		7,939,469		7,939,469
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY					
34	SKILLED NURSING FACILITY	4,804,368		4,804,368		4,804,368
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	47,731,583		47,731,583	82,763	47,814,346
41	RADIOLOGY-DIAGNOSTIC	26,139,963		26,139,963	388	26,140,351
44	LABORATORY	35,435,411		35,435,411	63,319	35,498,730
49	RESPIRATORY THERAPY	5,904,643		5,904,643	4,536	5,909,179
49	01 WOUND CARE CENTER	598,537		598,537		598,537
50	PHYSICAL THERAPY	7,356,162		7,356,162		7,356,162
53	ELECTROCARDIOLOGY	4,897,374		4,897,374	321,977	5,219,351
55	MEDICAL SUPPLIES CHARGED	53,850,865		53,850,865		53,850,865
56	DRUGS CHARGED TO PATIENTS	35,162,388		35,162,388		35,162,388
57	RENAL DIALYSIS	2,784,326		2,784,326	2,501	2,786,827
59	BEHAVIORAL HEALTH SERVICE	1,193,655		1,193,655		1,193,655
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,613,493		1,613,493	6,644	1,620,137
60	01 CLINIC - FAMILY PRACTICE	2,792,814		2,792,814		2,792,814
60	02 OUTPATIENT PSYCHIATRIC SE	1,243,221		1,243,221	5,662	1,248,883
60	03 OUTPATIENT CHEMO	174,911		174,911		174,911
60	04 PRIMARY CARE SENIORS	1,786,321		1,786,321		1,786,321
61	EMERGENCY	17,210,226		17,210,226	275,524	17,485,750
62	OBSERVATION BEDS (NON-DIS	5,589,176		5,589,176		5,589,176
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	5,071,806		5,071,806		5,071,806
101	SUBTOTAL	347,325,122		347,325,122	797,155	348,122,277
102	LESS OBSERVATION BEDS	5,589,176		5,589,176		5,589,176
103	TOTAL	341,735,946		341,735,946	797,155	342,533,101

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	93,631,007		93,631,007			
26	INTENSIVE CARE UNIT	21,841,322		21,841,322			
27	CORONARY CARE UNIT	15,532,762		15,532,762			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
34	SKILLED NURSING FACILITY	6,899,145		6,899,145			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	59,946,937	138,719,682	198,666,619	.240260	.240260	.240676
41	RADIOLOGY-DIAGNOSTIC	54,579,930	126,433,935	181,013,865	.144409	.144409	.144411
44	LABORATORY	82,535,778	66,841,429	149,377,207	.237221	.237221	.237645
49	RESPIRATORY THERAPY	13,710,227	5,623,388	19,333,615	.305408	.305408	.305643
01	WOUND CARE CENTER	28,875	2,295,166	2,324,041	.257541	.257541	.257541
50	PHYSICAL THERAPY	19,532,891	7,039,405	26,572,296	.276836	.276836	.276836
53	ELECTROCARDIOLOGY	30,125,331	22,347,862	52,473,193	.093331	.093331	.099467
55	MEDICAL SUPPLIES CHARGED	84,921,924	35,285,975	120,207,899	.447981	.447981	.447981
56	DRUGS CHARGED TO PATIENTS	110,035,951	34,298,785	144,334,736	.243617	.243617	.243617
57	RENAL DIALYSIS	4,251,813	406,052	4,657,865	.597769	.597769	.598306
59	BEHAVIORAL HEALTH SERVICE	835,968	815,072	1,651,040	.722972	.722972	.722972
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	62,453	1,678,099	1,740,552	.927001	.927001	.930818
01	CLINIC - FAMILY PRACTICE	2,059	1,367,237	1,369,296	2.039598	2.039598	2.039598
02	OUTPATIENT PSYCHIATRIC SE	903	2,736,212	2,737,115	.454209	.454209	.456277
03	OUTPATIENT CHEMO	54,798	1,175,494	1,230,292	.142170	.142170	.142170
04	PRIMARY CARE SENIORS	6,040	787,576	793,616	2.250863	2.250863	2.250863
61	EMERGENCY	35,254,795	55,312,806	90,567,601	.190026	.190026	.193068
62	OBSERVATION BEDS (NON-DIS	759,036	7,769,391	8,528,427	.655358	.655358	.655358
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		11,179,056	11,179,056	.453688	.453688	.453688
101	SUBTOTAL	634,549,945	522,112,622	1156,662,567			
102	LESS OBSERVATION BEDS						
103	TOTAL	634,549,945	522,112,622	1156,662,567			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0082
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/28/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	67,628,436		67,628,436	23,930	67,652,366
26	INTENSIVE CARE UNIT	11,140,862		11,140,862	9,911	11,150,773
27	CORONARY CARE UNIT	7,939,469		7,939,469		7,939,469
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY					
34	SKILLED NURSING FACILITY	4,804,368		4,804,368		4,804,368
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	47,984,494		47,984,494	82,763	48,067,257
41	RADIOLOGY-DIAGNOSTIC	26,174,423		26,174,423	388	26,174,811
44	LABORATORY	35,439,103		35,439,103	63,319	35,502,422
49	RESPIRATORY THERAPY	5,908,951		5,908,951	4,536	5,913,487
49 01	WOUND CARE CENTER	598,537		598,537		598,537
50	PHYSICAL THERAPY	7,356,162		7,356,162		7,356,162
53	ELECTROCARDIOLOGY	4,971,524		4,971,524	321,977	5,293,501
55	MEDICAL SUPPLIES CHARGED	53,850,865		53,850,865		53,850,865
56	DRUGS CHARGED TO PATIENTS	35,162,388		35,162,388		35,162,388
57	RENAL DIALYSIS	2,796,941		2,796,941	2,501	2,799,442
59	BEHAVIORAL HEALTH SERVICE	1,193,655		1,193,655		1,193,655
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,651,953		1,651,953	6,644	1,658,597
60 01	CLINIC - FAMILY PRACTICE	3,923,530		3,923,530		3,923,530
60 02	OUTPATIENT PSYCHIATRIC SE	1,243,221		1,243,221	5,662	1,248,883
60 03	OUTPATIENT CHEMO	174,911		174,911		174,911
60 04	PRIMARY CARE SENIORS	1,803,551		1,803,551		1,803,551
61	EMERGENCY	17,288,991		17,288,991	275,524	17,564,515
62	OBSERVATION BEDS (NON-DIS	5,589,176		5,589,176		5,589,176
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	5,071,806		5,071,806		5,071,806
101	SUBTOTAL	349,697,317		349,697,317	797,155	350,494,472
102	LESS OBSERVATION BEDS	5,589,176		5,589,176		5,589,176
103	TOTAL	344,108,141		344,108,141	797,155	344,905,296

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0082
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/28/2010
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	93,631,007		93,631,007			
26	INTENSIVE CARE UNIT	21,841,322		21,841,322			
27	CORONARY CARE UNIT	15,532,762		15,532,762			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
34	SKILLED NURSING FACILITY	6,899,145		6,899,145			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	59,946,937	138,719,682	198,666,619	.241533	.241533	.241949
41	RADIOLOGY-DIAGNOSTIC	54,579,930	126,433,935	181,013,865	.144599	.144599	.144601
44	LABORATORY	82,535,778	66,841,429	149,377,207	.237246	.237246	.237670
49	RESPIRATORY THERAPY	13,710,227	5,623,388	19,333,615	.305631	.305631	.305866
49 01	WOUND CARE CENTER	28,875	2,295,166	2,324,041	.257541	.257541	.257541
50	PHYSICAL THERAPY	19,532,891	7,039,405	26,572,296	.276836	.276836	.276836
53	ELECTROCARDIOLOGY	30,125,331	22,347,862	52,473,193	.094744	.094744	.100880
55	MEDICAL SUPPLIES CHARGED	84,921,924	35,285,975	120,207,899	.447981	.447981	.447981
56	DRUGS CHARGED TO PATIENTS	110,035,951	34,298,785	144,334,736	.243617	.243617	.243617
57	RENAL DIALYSIS	4,251,813	406,052	4,657,865	.600477	.600477	.601014
59	BEHAVIORAL HEALTH SERVICE	835,968	815,072	1,651,040	.722972	.722972	.722972
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	62,453	1,678,099	1,740,552	.949097	.949097	.952914
60 01	CLINIC - FAMILY PRACTICE	2,059	1,367,237	1,369,296	2.865363	2.865363	2.865363
60 02	OUTPATIENT PSYCHIATRIC SE	903	2,736,212	2,737,115	.454209	.454209	.456277
60 03	OUTPATIENT CHEMO	54,798	1,175,494	1,230,292	.142170	.142170	.142170
60 04	PRIMARY CARE SENIORS	6,040	787,576	793,616	2.272574	2.272574	2.272574
61	EMERGENCY	35,254,795	55,312,806	90,567,601	.190896	.190896	.193938
62	OBSERVATION BEDS (NON-DIS	759,036	7,769,391	8,528,427	.655358	.655358	.655358
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		11,179,056	11,179,056	.453688	.453688	.453688
101	SUBTOTAL	634,549,945	522,112,622	1156,662,567			
102	LESS OBSERVATION BEDS						
103	TOTAL	634,549,945	522,112,622	1156,662,567			

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	47,731,583	7,475,134	40,256,449			47,731,583
41	OPERATING ROOM	26,139,963	4,632,019	21,507,944			26,139,963
44	RADIOLOGY-DIAGNOSTIC	35,435,411	2,989,291	32,446,120			35,435,411
49	LABORATORY	5,904,643	709,874	5,194,769			5,904,643
49	01 RESPIRATORY THERAPY	598,537	56,892	541,645			598,537
50	WOUND CARE CENTER	7,356,162	512,022	6,844,140			7,356,162
53	PHYSICAL THERAPY	4,897,374	698,834	4,198,540			4,897,374
55	ELECTROCARDIOLOGY	53,850,865	2,209,825	51,641,040			53,850,865
56	MEDICAL SUPPLIES CHARGED	35,162,388	2,129,056	33,033,332			35,162,388
57	DRUGS CHARGED TO PATIENTS	2,784,326	138,399	2,645,927			2,784,326
59	RENAL DIALYSIS	1,193,655	44,605	1,149,050			1,193,655
	BEHAVIORAL HEALTH SERVICE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,613,493	83,066	1,530,427			1,613,493
60	01 CLINIC - FAMILY PRACTICE	2,792,814	386,026	2,406,788			2,792,814
60	02 OUTPATIENT PSYCHIATRIC SE	1,243,221	148,177	1,095,044			1,243,221
60	03 OUTPATIENT CHEMO	174,911	14,755	160,156			174,911
60	04 PRIMARY CARE SENIORS	1,786,321	111,637	1,674,684			1,786,321
61	EMERGENCY	17,210,226	1,523,076	15,687,150			17,210,226
62	OBSERVATION BEDS (NON-DIS	5,589,176	690,308	4,898,868			5,589,176
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	5,071,806	563,081	4,508,725			5,071,806
101	SUBTOTAL	256,536,875	25,116,077	231,420,798			256,536,875
102	LESS OBSERVATION BEDS	5,589,176	690,308	4,898,868			5,589,176
103	TOTAL	250,947,699	24,425,769	226,521,930			250,947,699

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	198,666,619	.240260	.240260
41	RADIOLOGY-DIAGNOSTIC	181,013,865	.144409	.144409
44	LABORATORY	149,377,207	.237221	.237221
49	RESPIRATORY THERAPY	19,333,615	.305408	.305408
49 01	WOUND CARE CENTER	2,324,041	.257541	.257541
50	PHYSICAL THERAPY	26,572,296	.276836	.276836
53	ELECTROCARDIOLOGY	52,473,193	.093331	.093331
55	MEDICAL SUPPLIES CHARGED	120,207,899	.447981	.447981
56	DRUGS CHARGED TO PATIENTS	144,334,736	.243617	.243617
57	RENAL DIALYSIS	4,657,865	.597769	.597769
59	BEHAVIORAL HEALTH SERVICE	1,651,040	.722972	.722972
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,740,552	.927001	.927001
60 01	CLINIC - FAMILY PRACTICE	1,369,296	2.039598	2.039598
60 02	OUTPATIENT PSYCHIATRIC SE	2,737,115	.454209	.454209
60 03	OUTPATIENT CHEMO	1,230,292	.142170	.142170
60 04	PRIMARY CARE SENIORS	793,616	2.250863	2.250863
61	EMERGENCY	90,567,601	.190026	.190026
62	OBSERVATION BEDS (NON-DIS	8,528,427	.655358	.655358
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	11,179,056	.453688	.453688
101	SUBTOTAL	1018,758,331		
102	LESS OBSERVATION BEDS	8,528,427		
103	TOTAL	1010,229,904		

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	47,984,494	7,475,134	40,509,360	747,513	2,349,543	44,887,438
41	RADIOLOGY-DIAGNOSTIC	26,174,423	4,632,019	21,542,404	463,202	1,249,459	24,461,762
44	LABORATORY	35,439,103	2,989,291	32,449,812	298,929	1,882,089	33,258,085
49	RESPIRATORY THERAPY	5,908,951	709,874	5,199,077	70,987	301,546	5,536,418
49	01 WOUND CARE CENTER	598,537	56,892	541,645	5,689	31,415	561,433
50	PHYSICAL THERAPY	7,356,162	512,022	6,844,140	51,202	396,960	6,908,000
53	ELECTROCARDIOLOGY	4,971,524	698,834	4,272,690	69,883	247,816	4,653,825
55	MEDICAL SUPPLIES CHARGED	53,850,865	2,209,825	51,641,040	220,983	2,995,180	50,634,702
56	DRUGS CHARGED TO PATIENTS	35,162,388	2,129,056	33,033,332	212,906	1,915,933	33,033,549
57	RENAL DIALYSIS	2,796,941	138,399	2,658,542	13,840	154,195	2,628,906
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS	1,193,655	44,605	1,149,050	4,461	66,645	1,122,549
60	CLINIC	1,651,953	83,066	1,568,887	8,307	90,995	1,552,651
60	01 CLINIC - FAMILY PRACTICE	3,923,530	386,026	3,537,504	38,603	205,175	3,679,752
60	02 OUTPATIENT PSYCHIATRIC SE	1,243,221	148,177	1,095,044	14,818	63,513	1,164,890
60	03 OUTPATIENT CHEMO	174,911	14,755	160,156	1,476	9,289	164,146
60	04 PRIMARY CARE SENIORS	1,803,551	111,637	1,691,914	11,164	98,131	1,694,256
61	EMERGENCY	17,288,991	1,523,076	15,765,915	152,308	914,423	16,222,260
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	5,589,176	690,308	4,898,868	69,031	284,134	5,236,011
66	DURABLE MEDICAL EQUIP-REN	5,071,806	563,081	4,508,725	56,308	261,506	4,753,992
101	SUBTOTAL	258,184,182	25,116,077	233,068,105	2,511,610	13,517,947	242,154,625
102	LESS OBSERVATION BEDS	5,589,176	690,308	4,898,868	69,031	284,134	5,236,011
103	TOTAL	252,595,006	24,425,769	228,169,237	2,442,579	13,233,813	236,918,614

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	198,666,619	.225944	.237770
41	RADIOLOGY-DIAGNOSTIC	181,013,865	.135138	.142040
44	LABORATORY	149,377,207	.222645	.235245
49	RESPIRATORY THERAPY	19,333,615	.286362	.301959
49 01	WOUND CARE CENTER	2,324,041	.241576	.255094
50	PHYSICAL THERAPY	26,572,296	.259970	.274909
53	ELECTROCARDIOLOGY	52,473,193	.088690	.093412
55	MEDICAL SUPPLIES CHARGED	120,207,899	.421226	.446143
56	DRUGS CHARGED TO PATIENTS	144,334,736	.228868	.242142
57	RENAL DIALYSIS	4,657,865	.564402	.597506
59	BEHAVIORAL HEALTH SERVICE	1,651,040	.679904	.720270
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,740,552	.892045	.944325
60 01	CLINIC - FAMILY PRACTICE	1,369,296	2.687331	2.837171
60 02	OUTPATIENT PSYCHIATRIC SE	2,737,115	.425590	.448795
60 03	OUTPATIENT CHEMO	1,230,292	.133420	.140971
60 04	PRIMARY CARE SENIORS	793,616	2.134856	2.258507
61	EMERGENCY	90,567,601	.179118	.189214
62	OBSERVATION BEDS (NON-DIS	8,528,427	.613948	.647264
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	11,179,056	.425259	.448651
101	SUBTOTAL	1018,758,331		
102	LESS OBSERVATION BEDS	8,528,427		
103	TOTAL	1010,229,904		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082 PERIOD: FROM 10/1/2008 TO 9/30/2009 PREPARED 2/28/2010 WORKSHEET D PART I
PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				8,270,450		8,270,450
26	INTENSIVE CARE UNIT				1,046,344		1,046,344
27	CORONARY CARE UNIT				763,208		763,208
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL				10,080,002		10,080,002

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082 PERIOD: FROM 10/1/2008 TO 9/30/2009 PREPARED 2/28/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	111,362	51,522			74.27	3,826,539
26	INTENSIVE CARE UNIT	10,086	4,928			103.74	511,231
27	CORONARY CARE UNIT	6,956	4,093			109.72	449,084
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL	128,404	60,543				4,786,854

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082
 COMPONENT NO: 15-0082
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/28/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		7,475,134	198,666,619	32,109,269		
41	RADIOLOGY-DIAGNOSTIC		4,632,019	181,013,865	27,017,181		
44	LABORATORY		2,989,291	149,377,207	41,679,858		
49	RESPIRATORY THERAPY		709,874	19,333,615	7,114,488		
49 01	WOUND CARE CENTER		56,892	2,324,041	16,367		
50	PHYSICAL THERAPY		512,022	26,572,296	8,773,902		
53	ELECTROCARDIOLOGY		698,834	52,473,193	18,669,593		
55	MEDICAL SUPPLIES CHARGED		2,209,825	120,207,899	34,675,761		
56	DRUGS CHARGED TO PATIENTS		2,129,056	144,334,736	52,883,039		
57	RENAL DIALYSIS		138,399	4,657,865	2,864,143		
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS		44,605	1,651,040	134,894		
60	CLINIC		83,066	1,740,552	3,056		
60 01	CLINIC - FAMILY PRACTICE		386,026	1,369,296	604		
60 02	OUTPATIENT PSYCHIATRIC SE		148,177	2,737,115			
60 03	OUTPATIENT CHEMO		14,755	1,230,292	28,190		
60 04	PRIMARY CARE SENIORS		111,637	793,616	4,795		
61	EMERGENCY		1,523,076	90,567,601	16,543,753		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		690,308	8,528,427	598,188		
66	DURABLE MEDICAL EQUIP-REN		563,081	11,179,056			
101	TOTAL		25,116,077	1018,758,331	243,117,081		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 COMPONENT NO: 15-0082
 PREPARED 2/28/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.037627	1,208,175
41	RADIOLOGY-DIAGNOSTIC	.025589	691,343
44	LABORATORY	.020012	834,097
49	RESPIRATORY THERAPY	.036717	261,223
49 01	WOUND CARE CENTER	.024480	401
50	PHYSICAL THERAPY	.019269	169,064
53	ELECTROCARDIOLOGY	.013318	248,642
55	MEDICAL SUPPLIES CHARGED	.018383	637,445
56	DRUGS CHARGED TO PATIENTS	.014751	780,078
57	RENAL DIALYSIS	.029713	85,102
59	BEHAVIORAL HEALTH SERVICE	.027016	3,644
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.047724	146
60 01	CLINIC - FAMILY PRACTICE	.281916	170
60 02	OUTPATIENT PSYCHIATRIC SE	.054136	
60 03	OUTPATIENT CHEMO	.011993	338
60 04	PRIMARY CARE SENIORS	.140669	675
61	EMERGENCY	.016817	278,216
62	OBSERVATION BEDS (NON-DIS	.080942	48,419
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN	.050369	
101	TOTAL		5,247,178

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/28/2010
 WORKSHEET D
 PART III

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

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			626,592			626,592
26	INTENSIVE CARE UNIT			17,365			17,365
27	CORONARY CARE UNIT			20,005			20,005
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL			663,962			663,962

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

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	111,362	5.63	51,522	290,069
26	INTENSIVE CARE UNIT	10,086	1.72	4,928	8,476
27	CORONARY CARE UNIT	6,956	2.88	4,093	11,788
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
33	NURSERY				
34	SKILLED NURSING FACILITY	12,667		9,969	
101	TOTAL	141,071		70,512	310,333

TITLE XVIII, PART A HOSPITAL 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							13,369				
41	RADIOLOGY-DIAGNOSTIC											
44	LABORATORY											
49	RESPIRATORY THERAPY											
49 01	WOUND CARE CENTER											
50	PHYSICAL THERAPY											
53	ELECTROCARDIOLOGY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS							310,285				
57	RENAL DIALYSIS											
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60 01	CLINIC - FAMILY PRACTICE											
60 02	OUTPATIENT PSYCHIATRIC SE											
60 03	OUTPATIENT CHEMO											
60 04	PRIMARY CARE SENIORS											
61	EMERGENCY							13,416				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							52,298				
66	DURABLE MEDICAL EQUIP-REN											
101	TOTAL							389,368				

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	13,369	13,369	198,666,619	.000067	.000067	32,109,269	2,151
41	RADIOLOGY-DIAGNOSTIC			181,013,865			27,017,181	
44	LABORATORY			149,377,207			41,679,858	
49	RESPIRATORY THERAPY			19,333,615			7,114,488	
49 01	WOUND CARE CENTER			2,324,041			16,367	
50	PHYSICAL THERAPY			26,572,296			8,773,902	
53	ELECTROCARDIOLOGY			52,473,193			18,669,593	
55	MEDICAL SUPPLIES CHARGED			120,207,899			34,675,761	
56	DRUGS CHARGED TO PATIENTS	310,285	310,285	144,334,736	.002150	.002150	52,883,039	113,699
57	RENAL DIALYSIS			4,657,865			2,864,143	
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS			1,651,040			134,894	
60	CLINIC			1,740,552			3,056	
60 01	CLINIC - FAMILY PRACTICE			1,369,296			604	
60 02	OUTPATIENT PSYCHIATRIC SE			2,737,115				
60 03	OUTPATIENT CHEMO			1,230,292			28,190	
60 04	PRIMARY CARE SENIORS			793,616			4,795	
61	EMERGENCY	13,416	13,416	90,567,601	.000148	.000148	16,543,753	2,448
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	52,298	52,298	8,528,427	.006132	.006132	598,188	3,668
66	DURABLE MEDICAL EQUIP-REN			11,179,056				
101	TOTAL	389,368	389,368	1018,758,331			243,117,081	121,966

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	29,082,095					
41	RADIOLOGY-DIAGNOSTIC	32,699,909					
44	LABORATORY	2,369,582					
49	RESPIRATORY THERAPY	1,239,792					
49 01	WOUND CARE CENTER	1,148,442					
50	PHYSICAL THERAPY	16,397					
53	ELECTROCARDIOLOGY	9,498,473					
55	MEDICAL SUPPLIES CHARGED	10,941,497					
56	DRUGS CHARGED TO PATIENTS	6,312,252				13,571	
57	RENAL DIALYSIS						
59	BEHAVIORAL HEALTH SERVICE	100,005					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	463,314					
60 01	CLINIC - FAMILY PRACTICE	94,232					
60 02	OUTPATIENT PSYCHIATRIC SE	221,838					
60 03	OUTPATIENT CHEMO	474,618					
60 04	PRIMARY CARE SENIORS	599,968					
61	EMERGENCY	10,255,850				1,518	
62	OBSERVATION BEDS (NON-DIS	5,295,636				32,473	
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL	110,813,900				49,511	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/28/2010
 | 15-0082 | FROM 10/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2009 | PART V
 | 15-0082 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.240260	.240260			
41 RADIOLOGY-DIAGNOSTIC	.144409	.144409			
44 LABORATORY	.237221	.237221			
49 RESPIRATORY THERAPY	.305408	.305408			
49 01 WOUND CARE CENTER	.257541	.257541			
50 PHYSICAL THERAPY	.276836	.276836			
53 ELECTROCARDIOLOGY	.093331	.093331			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.447981	.447981			
56 DRUGS CHARGED TO PATIENTS	.243617	.243617			
57 RENAL DIALYSIS	.597769	.597769			
59 BEHAVIORAL HEALTH SERVICES	.722972	.722972			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.927001	.927001			
60 01 CLINIC - FAMILY PRACTICE	2.039598	2.039598			
60 02 OUTPATIENT PSYCHIATRIC SERVICES	.454209	.454209			
60 03 OUTPATIENT CHEMO	.142170	.142170			
60 04 PRIMARY CARE SENIORS	2.250863	2.250863			
61 EMERGENCY	.190026	.190026			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.655358	.655358			
66 OTHER REIMBURS COST CNTRS					
DURABLE MEDICAL EQUIP-RENTED	.453688	.453688			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/28/2010
 | 15-0082 | FROM 10/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2009 | PART V
 | 15-0082 | |

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 41 RADIOLOGY-DIAGNOSTIC
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 49 01 WOUND CARE CENTER
- 50 PHYSICAL THERAPY
- 53 ELECTROCARDIOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 BEHAVIORAL HEALTH SERVICES
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 CLINIC - FAMILY PRACTICE
- 60 02 OUTPATIENT PSYCHIATRIC SERVICES
- 60 03 OUTPATIENT CHEMO
- 60 04 PRIMARY CARE SENIORS
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- OTHER REIMBURS COST CNTRS
- 66 DURABLE MEDICAL EQUIP-RENTED
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET D
15-0082		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1	.243617
2	213,806
3	52,087

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/28/2010
 | 15-0082 | FROM 10/ 1/2008 | WORKSHEET D
 | COMPONENT NO: | TO 9/30/2009 | PART V
 | 15-5544 | |

TITLE XVIII, PART B

SKILLED NURSING FACILITY

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.240260	.240260			
41 RADIOLOGY-DIAGNOSTIC	.144409	.144409			
44 LABORATORY	.237221	.237221			
49 RESPIRATORY THERAPY	.305408	.305408			
49 01 WOUND CARE CENTER	.257541	.257541			
50 PHYSICAL THERAPY	.276836	.276836			
53 ELECTROCARDIOLOGY	.093331	.093331			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.447981	.447981			
56 DRUGS CHARGED TO PATIENTS	.243617	.243617			
57 RENAL DIALYSIS	.597769	.597769			
59 BEHAVIORAL HEALTH SERVICES	.722972	.722972			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.927001	.927001			
60 01 CLINIC - FAMILY PRACTICE	2.039598	2.039598			
60 02 OUTPATIENT PSYCHIATRIC SERVICES	.454209	.454209			
60 03 OUTPATIENT CHEMO	.142170	.142170			
60 04 PRIMARY CARE SENIORS	2.250863	2.250863			
61 EMERGENCY	.190026	.190026			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.655358	.655358			
66 OTHER REIMBURS COST CNTRS					
DURABLE MEDICAL EQUIP-RENTED	.453688	.453688			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B SKILLED NURSING FACILITY

Hospital I/P Hospital I/P
 Part B Charges Part B Costs

Cost Center	Description	10	11
(A)	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
49	01 WOUND CARE CENTER		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
59	BEHAVIORAL HEALTH SERVICES		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 CLINIC - FAMILY PRACTICE		
60	02 OUTPATIENT PSYCHIATRIC SERVICES		
60	03 OUTPATIENT CHEMO		
60	04 PRIMARY CARE SENIORS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-RENTED		
101	SUBTOTAL		
102	CRNA CHARGES		
103	LESS PBP CLINIC LAB SVCS-		
	PROGRAM ONLY CHARGES		
104	NET CHARGES		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/28/2010
 WORKSHEET D
 PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				8,270,450		8,270,450
26	INTENSIVE CARE UNIT				1,046,344		1,046,344
27	CORONARY CARE UNIT				763,208		763,208
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL				10,080,002		10,080,002

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082 PERIOD: FROM 10/1/2008 TO 9/30/2009 PREPARED 2/28/2010 WORKSHEET D PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	111,362	9,172			74.27	681,204
26	INTENSIVE CARE UNIT	10,086	754			103.74	78,220
27	CORONARY CARE UNIT	6,956	412			109.72	45,205
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL	128,404	10,338				804,629

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082
 COMPONENT NO: 15-0082
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/28/2010
 WORKSHEET D
 PART II

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		7,475,134	198,666,619	2,838,439		
41	RADIOLOGY-DIAGNOSTIC		4,632,019	181,013,865	3,689,795		
44	LABORATORY		2,989,291	149,377,207	6,457,954		
49	RESPIRATORY THERAPY		709,874	19,333,615	1,431,538		
49 01	WOUND CARE CENTER		56,892	2,324,041	5,863		
50	PHYSICAL THERAPY		512,022	26,572,296	874,207		
53	ELECTROCARDIOLOGY		698,834	52,473,193	1,620,471		
55	MEDICAL SUPPLIES CHARGED		2,209,825	120,207,899	4,030,587		
56	DRUGS CHARGED TO PATIENTS		2,129,056	144,334,736	8,574,728		
57	RENAL DIALYSIS		138,399	4,657,865	226,813		
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS		44,605	1,651,040	253,920		
60	CLINIC		83,066	1,740,552	11,495		
60 01	CLINIC - FAMILY PRACTICE		386,026	1,369,296	1,293		
60 02	OUTPATIENT PSYCHIATRIC SE		148,177	2,737,115			
60 03	OUTPATIENT CHEMO		14,755	1,230,292	719		
60 04	PRIMARY CARE SENIORS		111,637	793,616			
61	EMERGENCY		1,523,076	90,567,601	3,086,423		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		690,308	8,528,427	81,125		
66	DURABLE MEDICAL EQUIP-REN		563,081	11,179,056			
101	TOTAL		25,116,077	1018,758,331	33,185,370		

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 I 15-0082 I FROM 10/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2009 I PART II
 I 15-0082 I
 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XIX		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.037627	106,802
41	RADIOLOGY-DIAGNOSTIC	.025589	94,418
44	LABORATORY	.020012	129,237
49	RESPIRATORY THERAPY	.036717	52,562
49 01	WOUND CARE CENTER	.024480	144
50	PHYSICAL THERAPY	.019269	16,845
53	ELECTROCARDIOLOGY	.013318	21,581
55	MEDICAL SUPPLIES CHARGED	.018383	74,094
56	DRUGS CHARGED TO PATIENTS	.014751	126,486
57	RENAL DIALYSIS	.029713	6,739
59	BEHAVIORAL HEALTH SERVICE	.027016	6,860
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.047724	549
60 01	CLINIC - FAMILY PRACTICE	.281916	365
60 02	OUTPATIENT PSYCHIATRIC SE	.054136	
60 03	OUTPATIENT CHEMO	.011993	9
60 04	PRIMARY CARE SENIORS	.140669	
61	EMERGENCY	.016817	51,904
62	OBSERVATION BEDS (NON-DIS	.080942	6,566
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN	.050369	
101	TOTAL		695,161

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/28/2010
 WORKSHEET D
 PART III

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			626,592			626,592
26	INTENSIVE CARE UNIT			17,365			17,365
27	CORONARY CARE UNIT			20,005			20,005
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL			663,962			663,962

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

PROVIDER NO: 15-0082
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/28/2010
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPAT PROG DAYS 7	INPAT PROG PASS THRU COST 8
25	ADULTS & PEDIATRICS	111,362	5.63	9,172	51,638
26	INTENSIVE CARE UNIT	10,086	1.72	754	1,297
27	CORONARY CARE UNIT	6,956	2.88	412	1,187
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
33	NURSERY				
34	SKILLED NURSING FACILITY	12,667			
101	TOTAL	141,071		10,338	54,122

TITLE XIX

HOSPITAL

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM			252,911	13,369		
41	RADIOLOGY-DIAGNOSTIC			34,460			
44	LABORATORY			3,692			
49	RESPIRATORY THERAPY			4,308			
49 01	WOUND CARE CENTER						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY			74,150			
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS				310,285		
57	RENAL DIALYSIS			12,615			
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS						
60	CLINIC			38,460			
60 01	CLINIC - FAMILY PRACTICE			1,130,716			
60 02	OUTPATIENT PSYCHIATRIC SE						
60 03	OUTPATIENT CHEMO						
60 04	PRIMARY CARE SENIORS			17,230			
61	EMERGENCY			78,765	13,416		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS				52,298		
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL			1,647,307	389,368		

TITLE XIX

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	266,280	266,280	198,666,619	.001340	.001340	2,838,439	3,804
41	RADIOLOGY-DIAGNOSTIC	34,460	34,460	181,013,865	.000190	.000190	3,689,795	701
44	LABORATORY	3,692	3,692	149,377,207	.000025	.000025	6,457,954	161
49	RESPIRATORY THERAPY	4,308	4,308	19,333,615	.000223	.000223	1,431,538	319
49	01 WOUND CARE CENTER			2,324,041			5,863	
50	PHYSICAL THERAPY			26,572,296			874,207	
53	ELECTROCARDIOLOGY	74,150	74,150	52,473,193	.001413	.001413	1,620,471	2,290
55	MEDICAL SUPPLIES CHARGED			120,207,899			4,030,587	
56	DRUGS CHARGED TO PATIENTS	310,285	310,285	144,334,736	.002150	.002150	8,574,728	18,436
57	RENAL DIALYSIS	12,615	12,615	4,657,865	.002708	.002708	226,813	614
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS			1,651,040			253,920	
60	CLINIC	38,460	38,460	1,740,552	.022096	.022096	11,495	254
60	01 CLINIC - FAMILY PRACTICE	1,130,716	1,130,716	1,369,296	.825764	.825764	1,293	1,068
60	02 OUTPATIENT PSYCHIATRIC SE			2,737,115				
60	03 OUTPATIENT CHEMO			1,230,292			719	
60	04 PRIMARY CARE SENIORS	17,230	17,230	793,616	.021711	.021711		
61	EMERGENCY	92,181	92,181	90,567,601	.001018	.001018	3,086,423	3,142
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	52,298	52,298	8,528,427	.006132	.006132	81,125	497
66	DURABLE MEDICAL EQUIP-REN			11,179,056				
101	TOTAL	2,036,675	2,036,675	1018,758,331			33,185,370	31,286

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	WOUND CARE CENTER						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	BEHAVIORAL HEALTH SERVICE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CLINIC - FAMILY PRACTICE						
60 02	OUTPATIENT PSYCHIATRIC SE						
60 03	OUTPATIENT CHEMO						
60 04	PRIMARY CARE SENIORS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
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)	111,362
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	111,362
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	111,362
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)	51,522
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	66,962,861
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	66,962,861

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	97,062,138
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	97,062,138
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.689897
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	871.59
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	66,962,861

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET D-1
15-0082		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	9,295
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	601.31
85	OBSERVATION BED COST	5,589,176

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	66,962,861		5,589,176	
87	NEW CAPITAL-RELATED COST	8,270,450	.123508	5,589,176	690,308
88	NON PHYSICIAN ANESTHETIST			5,589,176	
89	MEDICAL EDUCATION			5,589,176	
89.01	MEDICAL EDUCATION - ALLIED HEA	626,592	.009357	5,589,176	52,298
89.02	MEDICAL EDUCATION - ALL OTHER			5,589,176	

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	12,667
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	12,667
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12,667
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)	9,969
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	4,804,368
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	4,804,368

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	6,940,685
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,940,685
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.692204
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	547.93
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	4,804,368

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET D-1
15-5544		PART III

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	4,804,368
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		379.28
68	PROGRAM ROUTINE SERVICE COST		3,781,042
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		3,781,042
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		707,945
72	PER DIEM CAPITAL-RELATED COSTS		55.89
73	PROGRAM CAPITAL-RELATED COSTS		557,167
74	INPATIENT ROUTINE SERVICE COST		3,223,875
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		3,223,875
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		3,781,042
80	PROGRAM INPATIENT ANCILLARY SERVICES		
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		3,781,042

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET D-1
15-0082		PART I

TITLE XIX - I/P

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	111,362
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	111,362
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	111,362
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)	9,172
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	67,652,366
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	67,652,366

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	97,062,138
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	97,062,138
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.697001
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	871.59
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	67,652,366

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET D-1
15-0082		PART III

TITLE XIX - I/P HOSPITAL PPS

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

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 9,295
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 607.50
- 85 OBSERVATION BED COST 5,646,713

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		67,652,366		5,646,713	
87 NEW CAPITAL-RELATED COST	8,270,450	67,652,366	.122249	5,646,713	690,305
88 NON PHYSICIAN ANESTHETIST		67,652,366		5,646,713	
89 MEDICAL EDUCATION		67,652,366		5,646,713	
89.01 MEDICAL EDUCATION - ALLIED HEA	626,592	67,652,366	.009262	5,646,713	52,300
89.02 MEDICAL EDUCATION - ALL OTHER		67,652,366		5,646,713	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0082
 COMPONENT NO: 15-0082
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/28/2010
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		42,255,341	
26	INTENSIVE CARE UNIT		10,336,735	
27	CORONARY CARE UNIT		9,128,932	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.240676	32,109,269	7,727,930
41	RADIOLOGY-DIAGNOSTIC	.144411	27,017,181	3,901,578
44	LABORATORY	.237645	41,679,858	9,905,010
49	RESPIRATORY THERAPY	.305643	7,114,488	2,174,493
49	01 WOUND CARE CENTER	.257541	16,367	4,215
50	PHYSICAL THERAPY	.276836	8,773,902	2,428,932
53	ELECTROCARDIOLOGY	.099467	18,669,593	1,857,008
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.447981	34,675,761	15,534,082
56	DRUGS CHARGED TO PATIENTS	.243617	52,883,039	12,883,207
57	RENAL DIALYSIS	.598306	2,864,143	1,713,634
59	BEHAVIORAL HEALTH SERVICES OUTPAT SERVICE COST CNTRS	.722972	134,894	97,525
60	CLINIC	.930818	3,056	2,845
60	01 CLINIC - FAMILY PRACTICE	2.039598	604	1,232
60	02 OUTPATIENT PSYCHIATRIC SERVICES	.456277		
60	03 OUTPATIENT CHEMO	.142170	28,190	4,008
60	04 PRIMARY CARE SENIORS	2.250863	4,795	10,793
61	EMERGENCY	.193068	16,543,753	3,194,069
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.655358	598,188	392,027
66	DURABLE MEDICAL EQUIP-RENTED	.453688		
101	TOTAL		243,117,081	61,832,588
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		243,117,081	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET D-4
-		

TITLE XVIII, PART A

SWING BED SNF

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.240260	29,156	7,005
41	RADIOLOGY-DIAGNOSTIC	.144409	114,490	16,533
44	LABORATORY	.237221	1,240,393	294,247
49	RESPIRATORY THERAPY	.305408	361,002	110,253
49	01 WOUND CARE CENTER	.257541		
50	PHYSICAL THERAPY	.276836	3,450,678	955,272
53	ELECTROCARDIOLOGY	.093331	31,127	2,905
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.447981	725,964	325,218
56	DRUGS CHARGED TO PATIENTS	.243617	3,393,525	826,720
57	RENAL DIALYSIS	.597769	1,197	716
59	BEHAVIORAL HEALTH SERVICES	.722972	480	347
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.927001	32,331	29,971
60	01 CLINIC - FAMILY PRACTICE	2.039598		
60	02 OUTPATIENT PSYCHIATRIC SERVICES	.454209		
60	03 OUTPATIENT CHEMO	.142170	4,640	660
60	04 PRIMARY CARE SENIORS	2.250863		
61	EMERGENCY	.190026	1,861	354
62	OBSERVATION BEDS (NON-DISTINCT PART)	.655358		
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED	.453688		
101	TOTAL		9,386,844	2,570,201
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		9,386,844	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0082
 COMPONENT NO: 15-0082
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/28/2010
 WORKSHEET D-4

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		14,481,709	
26	INTENSIVE CARE UNIT		2,114,567	
27	CORONARY CARE UNIT		1,159,163	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.241949	2,838,439	686,757
41	RADIOLOGY-DIAGNOSTIC	.144601	3,689,795	533,548
44	LABORATORY	.237670	6,457,954	1,534,862
49	RESPIRATORY THERAPY	.305866	1,431,538	437,859
49	01 WOUND CARE CENTER	.257541	5,863	1,510
50	PHYSICAL THERAPY	.276836	874,207	242,012
53	ELECTROCARDIOLOGY	.100880	1,620,471	163,473
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.447981	4,030,587	1,805,626
56	DRUGS CHARGED TO PATIENTS	.243617	8,574,728	2,088,950
57	RENAL DIALYSIS	.601014	226,813	136,318
59	BEHAVIORAL HEALTH SERVICES OUTPAT SERVICE COST CNTRS	.722972	253,920	183,577
60	CLINIC	.952914	11,495	10,954
60	01 CLINIC - FAMILY PRACTICE	2.865363	1,293	3,705
60	02 OUTPATIENT PSYCHIATRIC SERVICES	.456277		
60	03 OUTPATIENT CHEMO	.142170	719	102
60	04 PRIMARY CARE SENIORS	2.272574		
61	EMERGENCY	.193938	3,086,423	598,575
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.655358	81,125	53,166
66	DURABLE MEDICAL EQUIP-RENTED	.453688		
101	TOTAL		33,185,370	8,480,994
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		33,185,370	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E
15-0082		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	85,302,566	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	85,302,566	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	7,175,397	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	875,012	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	310,333	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	121,966	
16 TOTAL	93,785,274	
17 PRIMARY PAYER PAYMENTS	112,062	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	93,673,212	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	7,924,533	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	456,469	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,146,812	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	802,768	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	970,394	
22 SUBTOTAL	86,094,978	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	86,094,978	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	85,163,361	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	931,617	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	1,039,805	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E
15-0082		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	52,394
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	27,858,925
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	26,967,428
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	49,511
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	52,394
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	215,199
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	215,199
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	215,199
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	162,805
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	52,394
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	27,016,939
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	284
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	6,131,651
19	SUBTOTAL (SEE INSTRUCTIONS)	20,937,398
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	229,527
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	21,166,925
24	PRIMARY PAYER PAYMENTS	4,136
25	SUBTOTAL	21,162,789
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	709,619
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	496,733
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	626,445
28	SUBTOTAL	21,659,522
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	21,659,522
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	21,337,733
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	321,789
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E
15-5544		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	489
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	489
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	2,008
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	2,008
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	2,008
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,519
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	489
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	489
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	489
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	489
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	489
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	489
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	919
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-430
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0082
 COMPONENT NO: 15-0082
 PERIOD: FROM 10/ 1/2008 TO 9/30/2009
 PREPARED 2/28/2010
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		85,219,802		21,408,229
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	5/ 5/2009	234,663	5/ 5/2009	30,205
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	10/ 5/2009	291,104	10/ 5/2009	100,701
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-56,441		-70,496
4 TOTAL INTERIM PAYMENTS		85,163,361		21,337,733
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)		931,617		321,789
7 TOTAL MEDICARE PROGRAM LIABILITY		86,094,978		21,659,522

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0082
 COMPONENT NO: 15-5544
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/28/2010
 WORKSHEET E-1

TITLE XVII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	3,594,581	3	919
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		3,594,581		919
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		4,296		
SETTLEMENT TO PROGRAM				430
7 TOTAL MEDICARE PROGRAM LIABILITY		3,598,877		489

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 COMPONENT NO: 15-5544
 PREPARED 2/28/2010
 WORKSHEET E-3
 PART III

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

	TITLE XVIII SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES		
3	MEDICAL AND OTHER SERVICES		
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL		
8	INPATIENT PRIMARY PAYER PAYMENTS		5,000
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
	SUBTOTAL		-5,000
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES		
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES		
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		5,000
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES		-5,000
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		3,818,998
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL		3,813,998
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		3,813,998
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL		3,813,998
36	COINSURANCE		219,417
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		5,170
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		2,258
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		4,296
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)		3,598,877
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL		3,598,877
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		3,598,877
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		3,594,581
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		4,296
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
COMPONENT NO:	TO 9/30/2009	WORKSHEET E-3
15-5544		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		18.00
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)	16.60	16.60
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		15.89
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		15.89
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.		15.68
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		15.68
3.10	SEE INSTRUCTIONS		15.68
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		16.96
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		17.44
3.21	SEE INSTRUCTIONS		RES INIT YEARS
3.22	SEE INSTRUCTIONS		16.69
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		113,871.47
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,900,515
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,900,515

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		60,543
5	TOTAL INPATIENT DAYS		119,109
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.508299
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	966,030	966,030
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		10,109
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		119,109
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.		138,509
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		4,657,865
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

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)	106,696,944
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	117,062
16	TOTAL PART A REASONABLE COST	106,579,882

PART B REASONABLE COST

17	REASONABLE COST	27,961,319
18	PRIMARY PAYER PAYMENTS	4,136
19	TOTAL PART B REASONABLE COST	27,957,183
20	TOTAL REASONABLE COST	134,537,065
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.792197
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.207803

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)	1,104,539
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	875,012
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	229,527

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)	16.60	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	18.00	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	16.60	

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)
- 5.01 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)
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 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.
- 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). 2.22
- 17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS) -1.63
- 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)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	27,945,770			
2 TEMPORARY INVESTMENTS	4,662,917			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	87,955,541			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	3,682,013			
8 PREPAID EXPENSES	4,811,477			
9 OTHER CURRENT ASSETS	2,505,191			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	131,562,909			
FIXED ASSETS				
12 LAND	10,196,235			
12.01 LAND IMPROVEMENTS	4,235,572			
13.01 LESS ACCUMULATED DEPRECIATION	-3,034,163			
14 BUILDINGS	346,381,693			
14.01 LESS ACCUMULATED DEPRECIATION	-164,851,485			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	176,335,490			
16.01 LESS ACCUMULATED DEPRECIATION	-120,769,906			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	248,493,436			
OTHER ASSETS				
22 INVESTMENTS	279,423,775			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	36,008,636			
26 TOTAL OTHER ASSETS	315,432,411			
27 TOTAL ASSETS	695,488,756			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	31,295,742			
29 SALARIES, WAGES & FEES PAYABLE	19,631,413			
30 PAYROLL TAXES PAYABLE	2,701,271			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	5,835,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	5,102,964			
36 TOTAL CURRENT LIABILITIES	64,566,390			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	305,507,770			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	305,507,770			
43 TOTAL LIABILITIES	370,074,160			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	325,414,596			
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	325,414,596			
52 TOTAL LIABILITIES AND FUND BALANCES	695,488,756			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		339,599,908		
2	NET INCOME (LOSS)		46,753,966		
3	TOTAL		386,353,874		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	NET UNREALIZED GAIN ON IN	4,519,311			
7					
8					
9					
10	TOTAL ADDITIONS		4,519,311		
11	SUBTOTAL		390,873,185		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	CHANGE IN LOSS- PENSION	48,470,748			
15	CHANGES IN UNRESTRICTED A	16,987,841			
16					
17					
18	TOTAL DEDUCTIONS		65,458,589		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		325,414,596		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	NET UNREALIZED GAIN ON IN				
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	CHANGE IN LOSS- PENSION				
15	CHANGES IN UNRESTRICTED A				
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	97,062,138		97,062,138
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	6,940,685		6,940,685
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	104,002,823		104,002,823
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	21,965,353		21,965,353
11 00 CORONARY CARE UNIT	15,619,209		15,619,209
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	37,584,562		37,584,562
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	141,587,385		141,587,385
17 00 ANCILLARY SERVICES	468,287,517	457,739,163	926,026,680
18 00 OUTPATIENT SERVICES	65,860,051	111,494,333	177,354,384
19 00 HOME HEALTH AGENCY		3,644,690	3,644,690
23 00 HOSPICE		4,396,194	4,396,194
24 00			
25 00 TOTAL PATIENT REVENUES	675,734,953	577,274,380	1253,009,333

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		458,791,616	
ADD (SPECIFY)			
27 00 BAD DEBT	29,492,956		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		29,492,956	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		488,284,572	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0082
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/28/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	1253,009,333
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	759,864,166
3	NET PATIENT REVENUES	493,145,167
4	LESS: TOTAL OPERATING EXPENSES	488,284,572
5	NET INCOME FROM SERVICE TO PATIENTS	4,860,595
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	11,186,284
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	30,707,087
25	TOTAL OTHER INCOME	41,893,371
26	TOTAL	46,753,966
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	46,753,966

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	677,985				93,343	771,328
HHA REIMBURSABLE SERVICES						
6	967,569		71,090			1,038,659
7			33,134	699,604		732,738
8			14,213	240,508		254,721
9			349	7,363		7,712
10	41,502		976			42,478
11	98,782		14,308			113,090
12					67,664	67,664
13					2,172	2,172
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	1,785,838		134,070	947,475	163,179	3,030,562

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		771,328		771,328
HHA REIMBURSABLE SERVICES				
6		1,038,659		1,038,659
7		732,738		732,738
8		254,721		254,721
9		7,712		7,712
10		42,478		42,478
11		113,090		113,090
12		67,664		67,664
13		2,172		2,172
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		3,030,562		3,030,562

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 (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-771,328	2,259,234
6	SKILLED NURSING CARE					1,038,659	
7	PHYSICAL THERAPY					732,738	
8	OCCUPATIONAL THERAPY					254,721	
9	SPEECH PATHOLOGY					7,712	
10	MEDICAL SOCIAL SERVICES					42,478	
11	HOME HEALTH AIDE					113,090	
12	SUPPLIES					67,664	
13	DRUGS					2,172	
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-771,328	2,259,234
25	COST TO BE ALLOCATED					771,328	
26	UNIT COST MULTIPLIER					.341411	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS- BLDG 3.01	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A
1 ADMIN & GENERAL		49,766		69,407	172,062	291,235
2 SKILLED NURSING CARE	1,393,269				245,553	1,638,822
3 PHYSICAL THERAPY	982,903					982,903
4 OCCUPATIONAL THERAPY	341,686					341,686
5 SPEECH PATHOLOGY	10,345					10,345
6 MEDICAL SOCIAL SERVICES	56,980				10,533	67,513
7 HOME HEALTH AIDE	151,700				25,069	176,769
8 SUPPLIES	90,765					90,765
9 DRUGS	2,914					2,914
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)	3,030,562	49,766		69,407	453,217	3,602,952
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	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	52,116	81,362		33,229		6,845
2 SKILLED NURSING CARE	293,262					7,950
3 PHYSICAL THERAPY	175,888					
4 OCCUPATIONAL THERAPY	61,144					
5 SPEECH PATHOLOGY	1,851					
6 MEDICAL SOCIAL SERVICES	12,081					397
7 HOME HEALTH AIDE	31,632					1,192
8 SUPPLIES	16,242					
9 DRUGS	521					
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)	644,737	81,362		33,229		16,384
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	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I & R SERVICES - SALARY & FR 22
1 ADMIN & GENERAL				14,259		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES		3,257				
9 DRUGS			1,174			
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)		3,257	1,174	14,259		
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 - OTHER PRGM 23	PARAMED P RGM 24	PARAMED P RGM - (CHAPLIN) 24.01	PARAMED P RGM - (NURSING) 24.03	SUBTOTAL 25	POST STEP DOWN ADJUST 26
1 ADMIN & GENERAL					479,046	
2 SKILLED NURSING CARE					1,940,034	
3 PHYSICAL THERAPY					1,158,791	
4 OCCUPATIONAL THERAPY					402,830	
5 SPEECH PATHOLOGY					12,196	
6 MEDICAL SOCIAL SERVICES					79,991	
7 HOME HEALTH AIDE					209,593	
8 SUPPLIES					110,264	
9 DRUGS					4,609	
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)					4,397,354	
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	27	28	29
1 ADMIN & GENERAL	479,046		
2 SKILLED NURSING CARE	1,940,034	237,187	2,177,221
3 PHYSICAL THERAPY	1,158,791	141,671	1,300,462
4 OCCUPATIONAL THERAPY	402,830	49,249	452,079
5 SPEECH PATHOLOGY	12,196	1,491	13,687
6 MEDICAL SOCIAL SERVICES	79,991	9,780	89,771
7 HOME HEALTH AIDE	209,593	25,624	235,217
8 SUPPLIES	110,264	13,481	123,745
9 DRUGS	4,609	563	5,172
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)	4,397,354	479,046	4,397,354
21 UNIT COST MULTIPLIER		0.122258	

(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 - A) 3	NEW CAP REL COSTS- BLDG (SQUARE FEET - B) 3.01	NEW CAP REL COSTS-MVBLE (DEPRECIATION EXPENSE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 ADMIN & GENERAL	4,002		39,807	677,985		291,235
2 SKILLED NURSING CARE				967,569		1,638,822
3 PHYSICAL THERAPY						982,903
4 OCCUPATIONAL THERAPY						341,686
5 SPEECH PATHOLOGY						10,345
6 MEDICAL SOCIAL SERVICES				41,502		67,513
7 HOME HEALTH AIDE				98,782		176,769
8 SUPPLIES						90,765
9 DRUGS						2,914
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)	4,002		39,807	1,785,838		3,602,952
21 COST TO BE ALLOCATED	49,766		69,407	453,217		644,737
22 UNIT COST MULTIPLIER	12.435282		1.743588	0.253784		0.178947

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET - A) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (SQUARE FEET - A) 10	DIETARY (MEALS) 11	CAFETERIA (FTES) 12	NURSING ADMINISTRATION (FTE'S -NRSG) 14
1 ADMIN & GENERAL	4,002		4,002		155	
2 SKILLED NURSING CARE					180	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES					9	
7 HOME HEALTH AIDE					27	
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)	4,002		4,002		371	
21 COST TO BE ALLOCATED	81,362		33,229		16,384	
22 UNIT COST MULTIPLIER	20.330335		8.303098		44.161725	

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (HOURS - A)	I&R SERVICES - SALARY & FR (HOURS - B)	I&R SERVICES - OTHER PRGM (HOURS - B)
	15	16	17	18	22	23
1 ADMIN & GENERAL			3,636,527			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES	69,839					
9 DRUGS		2,172				
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)	69,839	2,172	3,636,527			
21 COST TO BE ALLOCATED	3,257	1,174	14,259			
22 UNIT COST MULTIPLIER	0.046636	0.540516	0.003921			

HHA COST CENTER	PARAMED P RGM (HOURS - C)	PARAMED P RGM - (CHAPLIN) (HOURS - D)	PARAMED P RGM - (NURSING) (HOURS - F)
	24	24.01	24.03
1 ADMIN & GENERAL			
2 SKILLED NURSING CARE			
3 PHYSICAL THERAPY			
4 OCCUPATIONAL THERAPY			
5 SPEECH PATHOLOGY			
6 MEDICAL SOCIAL SERVICES			
7 HOME HEALTH AIDE			
8 SUPPLIES			
9 DRUGS			
9.20 COST ADMINISTERING DRUGS			
10 DME			
11 HOME DIALYSIS AIDE SVCS			
12 RESPIRATORY THERAPY			
13 PRIVATE DUTY NURSING			
14 CLINIC			
15 HEALTH PROM ACTIVITIES			
16 DAY CARE PROGRAM			
17 HOME DEL MEALS PROGRAM			
18 HOMEMAKER SERVICE			
19 ALL OTHER			
19.50 TELEMEDICINE			
20 TOTAL (SUM OF 1-19)			
21 COST TO BE ALLOCATED			
22 UNIT COST MULTIPLIER			

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	2,177,221		2,177,221	14,270	152.57	4,824
2 PHYSICAL THERAPY	3	1,300,462		1,300,462	6,651	195.53	3,164
3 OCCUPATIONAL THERAPY	4	452,079		452,079	2,853	158.46	1,453
4 SPEECH PATHOLOGY	5	13,687		13,687	70	195.53	65
5 MEDICAL SOCIAL SERVICES	6	89,771		89,771	196	458.02	77
6 HOME HEALTH AIDE SERVICE	7	235,217		235,217	2,872	81.90	970
7 TOTAL		4,268,437		4,268,437	26,912		10,553

PATIENT SERVICES	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	PART B		
1 SKILLED NURSING	7	8	9	10	11	12
2 PHYSICAL THERAPY	3,571	1,099	735,998	544,827	1,280,825	833,544
3 OCCUPATIONAL THERAPY	491	5	230,242	77,804	308,046	13,687
4 SPEECH PATHOLOGY		41	12,709	978	13,687	54,047
5 MEDICAL SOCIAL SERVICES		1,220	35,268	18,779	54,047	179,361
6 HOME HEALTH AIDE SERVICES		6,427	79,443	99,918	179,361	2,669,510
7 TOTAL			1,712,317	957,193		

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

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

[] 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	123,745	55,834	179,579	124,634	1.440851	34,692
16 COST OF DRUGS	9.00	5,172	11	5,183			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	50,766		49,986	73,146
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		
17 PER BENE COST LIMITATION (FRM FI)		
17.01 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PART 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	.276836			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	.447981	124,634	55,834	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.243617	44	11	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 COSTS -----		PROG VISITS ON OR AFTER 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PRIOR 1/1/1998 TO 12/31/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	
1 PHYSICAL THERAPY	1	195.53	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	2	158.46					
3 SPEECH PATHOLOGY	3	195.53					
4 TOTAL (SUM OF LINES 1-3)	4						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII HHA 1

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	1,667,095	849,737
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	11,627	14,115
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	34,410	20,128
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	10,811	6,756
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	5,465	17,327
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	1,729,408	908,063
13 EXCESS REASONABLE COST		
14 SUBTOTAL	1,729,408	908,063
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	1,729,408	908,063
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,729,408	908,063
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	1,729,408	908,063
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	1,729,408	908,063
25 INTERIM PAYMENTS	1,729,408	908,063
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

PROVIDER NO:	15-0082	PERIOD:	FROM 10/ 1/2008	PREPARED 2/28/2010
HHA NO:	15-7132	TO	9/30/2009	WORKSHEET H-8

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,729,408		908,063
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99			
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		1,729,408		908,063
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99			
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY		1,729,408		908,063

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.

PROVIDER NO: 15-0082 HHA NO: 15-7132
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/28/2010 WORKSHEET H-6 PARTS I II & III HHA 1

[] TITLE V [] TITLE XVIII [X] 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	PATIENT SERVICES	FROM	FACILITY COSTS	SHARED ANCI LLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
		WKST H-5 PART I COL. 29, LINE:	(FROM PART I) WKST H-5 PART I)	(FROM PART II) WKST H-5 PART II)				PART A
1 SKILLED NURSING	2	2,177,221	2,177,221	2	2,177,221	14,270	152.57	1,386
2 PHYSICAL THERAPY	3	1,300,462	1,300,462	2	1,300,462	6,651	195.53	272
3 OCCUPATIONAL THERAPY	4	452,079	452,079	2	452,079	2,853	158.46	178
4 SPEECH PATHOLOGY	5	13,687	13,687	2	13,687	70	195.53	
5 MEDICAL SOCIAL SERVICES	6	89,771	89,771	2	89,771	196	458.02	13
6 HOME HEALTH AIDE SERVICE	7	235,217	235,217	2	235,217	2,872	81.90	349
7 TOTAL		4,268,437	4,268,437		4,268,437	26,912		2,198

PATIENT SERVICES	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		
1 SKILLED NURSING	7	8	9	10	11	12
2 PHYSICAL THERAPY			211,462			211,462
3 OCCUPATIONAL THERAPY			53,184			53,184
4 SPEECH PATHOLOGY			28,206			28,206
5 MEDICAL SOCIAL SERVICES			5,954			5,954
6 HOME HEALTH AIDE SERVICES			28,583			28,583
7 TOTAL			327,389			327,389

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

PATIENT SERVICES	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		
8 SKILLED NURSING	7	8	9	10	11	12
8.01 SKILLED NURSING						
9 PHYSICAL THERAPY						
9.01 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
10.01 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
11.01 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
12.01 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
13.01 HOME HEALTH AIDE SERVICE						
14 TOTAL						

[] TITLE V [] TITLE XVIII [X] 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	123,745		123,745			
16 COST OF DRUGS	9.00	5,172		5,172			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES				
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		
17 PER BENE COST LIMITATION (FRM FI)		
17.01 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PART 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	.276836			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	.447981			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.243617			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 COSTS -----		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY	1	195.53	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	158.46					
3 SPEECH PATHOLOGY	4	195.53					
4 TOTAL (SUM OF LINES 1-3)							

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K
15-1512		

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			57,234	
5 VOLUNTEER SERVICE COORDINATION	46,047			
6 ADMINISTRATIVE AND GENERAL	376,327			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	392,697			
8 INPATIENT - RESPIRE CARE	42,167			
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	338,633			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				1,140
12 OCCUPATIONAL THERAPY				780
13 SPEECH/LANGUAGE PATHOLOGY				330
14 MEDICAL SOCIAL SERVICES	45,777			
15 SPIRITUAL COUNSELING	38,495			
16 DIETARY COUNSELING	39			
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	134,580			
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			15,599	
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,414,762		72,833	2,250

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K
15-1512		

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		57,234		57,234
5 VOLUNTEER SERVICE COORDINATION		46,047		46,047
6 ADMINISTRATIVE AND GENERAL	666,490	1,042,817		1,042,817
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		392,697		392,697
8 INPATIENT - RESPIRE CARE		42,167		42,167
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		338,633		338,633
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		1,140		1,140
12 OCCUPATIONAL THERAPY		780		780
13 SPEECH/LANGUAGE PATHOLOGY		330		330
14 MEDICAL SOCIAL SERVICES		45,777		45,777
15 SPIRITUAL COUNSELING		38,495		38,495
16 DIETARY COUNSELING		39		39
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		134,580		134,580
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	348,045	348,045		348,045
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN	98,128	98,128		98,128
22 PATIENT TRANSPORTATION		15,599		15,599
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS	125	125		125
25 MEDICAL SUPPLIES	19,939	19,939		19,939
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,132,727	2,622,572		2,622,572

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K
15-1512		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		57,234
5 VOLUNTEER SERVICE COORDINATION		46,047
6 ADMINISTRATIVE AND GENERAL		1,042,817
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		392,697
8 INPATIENT - RESPIRE CARE		42,167
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		338,633
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		1,140
12 OCCUPATIONAL THERAPY		780
13 SPEECH/LANGUAGE PATHOLOGY		330
14 MEDICAL SOCIAL SERVICES		45,777
15 SPIRITUAL COUNSELING		38,495
16 DIETARY COUNSELING		39
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		134,580
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		348,045
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		98,128
22 PATIENT TRANSPORTATION		15,599
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		125
25 MEDICAL SUPPLIES		19,939
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)		2,622,572

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-1
15-1512		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL		52,415		74,931
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			45,777	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)		52,415	45,777	74,931

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-1
15-1512		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				46,047
6 ADMINISTRATIVE AND GENERAL				248,981
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	255,145		137,552	
8 INPATIENT - RESPIRE CARE	27,397		14,770	
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	338,633			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				38,495
16 DIETARY COUNSELING				39
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	134,580			
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)	755,755		152,322	333,562

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-1
15-1512		

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	46,047
6	ADMINISTRATIVE AND GENERAL	376,327
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	392,697
8	INPATIENT - RESPIRE CARE	42,167
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	338,633
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	45,777
15	SPIRITUAL COUNSELING	38,495
16	DIETARY COUNSELING	39
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	134,580
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
OTHER HOSPICE SERVICE COSTS		
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	1,414,762

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-3
15-1512		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-3
15-1512		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		1,140		
12 OCCUPATIONAL THERAPY		780		
13 SPEECH/LANGUAGE PATHOLOGY		330		
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)		2,250		

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-3
15-1512		

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	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	1,140
16	OCCUPATIONAL THERAPY	780
17	SPEECH/LANGUAGE PATHOLOGY	330
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)	2,250

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
15-1512		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUI LDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF	57,234			
5 VOLUNTEER SERVICE COORDINATION	46,047			
6 ADMINISTRATIVE AND GENERAL	1,042,817			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	392,697			
8 INPATIENT - RESPI TE CARE	42,167			
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	338,633			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	1,140			
12 OCCUPATIONAL THERAPY	780			
13 SPEECH/LANGUAGE PATHOLOGY	330			
14 MEDICAL SOCIAL SERVICES	45,777			
15 SPIRITUAL COUNSELING	38,495			
16 DIETARY COUNSELING	39			
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	134,580			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	348,045			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN	98,128			
22 PATIENT TRANSPORTATION	15,599			
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS	125			
25 MEDICAL SUPPLIES	19,939			
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)	2,622,572			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
15-1512		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	57,234			
6 VOLUNTEER SERVICE COORDINATION		46,047		
7 ADMINISTRATIVE AND GENERAL	57,234	46,047	1,146,098	1,146,098
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			392,697	304,829
10 INPATIENT - RESPIRE CARE			42,167	32,732
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			338,633	262,860
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			1,140	885
16 OCCUPATIONAL THERAPY			780	605
17 SPEECH/LANGUAGE PATHOLOGY			330	256
18 MEDICAL SOCIAL SERVICES			45,777	35,534
19 SPIRITUAL COUNSELING			38,495	29,881
20 DIETARY COUNSELING			39	30
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			134,580	104,466
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			348,045	270,166
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			98,128	76,171
31 PATIENT TRANSPORTATION			15,599	12,109
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS			125	97
34 MEDICAL SUPPLIES			19,939	15,477
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)	57,234	46,047	1,476,474	1,146,098

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
15-1512		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	697,526
10	INPATIENT - RESPIRE CARE	74,899
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	601,493
14	10.20 NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	2,025
16	OCCUPATIONAL THERAPY	1,385
17	SPEECH/LANGUAGE PATHOLOGY	586
18	MEDICAL SOCIAL SERVICES	81,311
19	SPIRITUAL COUNSELING	68,376
20	DIETARY COUNSELING	69
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	239,046
23	18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	618,211
27	20.30 ANALGESICS	
28	20.31 SEDATIVES / HYPNOTICS	
29	20.32 OTHER - SPECIFY	
30	21 DURABLE MEDICAL EQUIPMENT/OXYGEN	174,299
31	22 PATIENT TRANSPORTATION	27,708
32	23 IMAGING SERVICES	
33	24 LABS AND DIAGNOSTICS	222
34	25 MEDICAL SUPPLIES	35,416
35	26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	27 RADIATION THERAPY	
37	28 CHEMOTHERAPY	
38	29 OTHER	
39	30 BEREAVEMENT PROGRAM COSTS	
40	31 VOLUNTEER PROGRAM COSTS	
41	32 FUNDRAISING	
42	33 OTHER PROGRAM COSTS	
43	34 TOTAL (SUM OF LINES 1 THRU 33)	2,622,572

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
15-1512		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
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				100
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				100
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30				
31				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 COST TO BE ALLOCATED (PER WKST K-4, PART I)				57,234
35 UNIT COST MULTIPLIER	.000000	.000000	.000000	572.340000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-4
15-1512		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	100		
7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	100	-1,146,098	1,476,474
8 INPATIENT - GENERAL CARE			392,697
9 INPATIENT - RESPIRE CARE			42,167
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			
12 NURSING CARE			338,633
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			1,140
15 OCCUPATIONAL THERAPY			780
16 SPEECH/LANGUAGE PATHOLOGY			330
17 MEDICAL SOCIAL SERVICES			45,777
18 SPIRITUAL COUNSELING			38,495
19 DIETARY COUNSELING			39
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOMEMAKER			134,580
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			348,045
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			98,128
30 PATIENT TRANSPORTATION			15,599
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			125
33 MEDICAL SUPPLIES			19,939
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)	46,047		1,146,098
45 UNIT COST MULTIPLIER	460.470000		.776240

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0082
 HOSPICE NO: 15-1512
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/28/2010
 WORKSHEET K-5
 PART I

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- BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP
		0	3	3.01	4
1.00 ADMINISTRATIVE AND GENERAL	6		65,459		4,096
2.00 INPATIENT - GENERAL CARE	7	697,526			
3.00 INPATIENT - RESPIRE CARE	8	74,899			
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	601,493			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	2,025			
7.00 OCCUPATIONAL THERAPY	12	1,385			
8.00 SPEECH/LANGUAGE PATHOLOGY	13	586			
9.00 MEDICAL SOCIAL SERVICES	14	81,311			
10.00 SPIRITUAL COUNSELING	15	68,376			
11.00 DIETARY COUNSELING	16	69			
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	239,046			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	618,211			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21	174,299			
17.00 PATIENT TRANSPORTATION	22	27,708			
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24	222			
20.00 MEDICAL SUPPLIES	25	35,416			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		2,622,572	65,459		4,096
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	5	5A	6	8
1.00 ADMINISTRATIVE AND GENERAL	107,193	176,748	31,629	107,019
2.00 INPATIENT - GENERAL CARE	99,660	797,186	142,654	
3.00 INPATIENT - RESPIRE CARE	10,701	85,600	15,318	
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	85,940	687,433	123,014	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		2,025	362	
7.00 OCCUPATIONAL THERAPY		1,385	248	
8.00 SPEECH/LANGUAGE PATHOLOGY		586	105	
9.00 MEDICAL SOCIAL SERVICES	11,617	92,928	16,629	
10.00 SPIRITUAL COUNSELING	9,769	78,145	13,984	
11.00 DIETARY COUNSELING	10	79	14	
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	34,154	273,200	48,888	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		618,211	110,627	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		174,299	31,190	
17.00 PATIENT TRANSPORTATION		27,708	4,958	
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS		222	40	
20.00 MEDICAL SUPPLIES		35,416	6,338	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	359,044	3,051,171	545,998	107,019
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0082
 HOSPICE NO: 15-1512
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/28/2010
 WORKSHEET K-5
 PART I

HOSPICE 1

LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA

HOSPICE COST CENTER	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL		43,708		3,931
2.00 INPATIENT - GENERAL CARE			43,067	3,312
3.00 INPATIENT - RESPIRE CARE			2,927	353
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				2,296
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				442
10.00 SPIRITUAL COUNSELING				442
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				1,678
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		43,708	45,994	12,454
30.00 UNIT COST MULTIPLIER				

NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY

HOSPICE COST CENTER	14	15	16	17
1.00 ADMINISTRATIVE AND GENERAL				17,194
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			188,172	
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		21,741		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		21,741	188,172	17,194
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPI CE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPI CE NO:	TO 9/30/2009	WORKSHEET K-5
15-1512		PART I

HOSPI CE 1

SOCI AL SERVI CE

I & R
SERVI CES-SALARY
& FRINGES
APPRVD
22

I & R
SERVI CES-OTHER
PRGM COSTS
APPRVD
23

PARAMED ED PRGM

HOSPI CE COST CENTER

18

24

- 1.00 ADMINI STRATIVE AND GENERAL
- 2.00 INPATI ENT - GENERAL CARE
- 3.00 INPATI ENT - RESPI TE CARE
- 4.00 PHYSI CI AN SERVI CES
- 5.00 NURSI NG CARE
- 5.20 NURSI NG CARE-CONTI NUOUS HOME CARE
- 6.00 PHYSI CAL THERAPY
- 7.00 OCCUPATI ONAL THERAPY
- 8.00 SPEECH/LANGU AGE PATHOLOGY
- 9.00 MEDI CAL SOCI AL SERVI CES
- 10.00 SPI RI TUAL COUNSEL I NG
- 11.00 DI ETARY COUNSEL I NG
- 12.00 COUNSEL I NG - OTHER
- 13.00 HOME HEALTH AI DE AND HOME MAKER
- 13.20 HH AI DE&HOME MAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY
- 15.30 ANALGESI CS
- 15.31 SEDATI VES / HYPNOTI CS
- 15.32 OTHER
- 16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN
- 17.00 PATI ENT TRANSPORTATI ON
- 18.00 I MAGI NG SERVI CES
- 19.00 LABS AND DI AGNOSTI CS
- 20.00 MEDI CAL SUPPL I ES
- 21.00 OUTPATI ENT SERVI CES (INCL. E/R DEPT.)
- 22.00 RADI ATI ON THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEM ENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAI SI NG
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LI NE 1 THRU 28) (2)
- 30.00 UNI T COST MULI PLI ER

PARAMED ED
PRGM- (CHAPLI N
RESI DENCY)

PARAMED ED
PRGM- (NURSI NG)

SUBTOTAL

I NTRN & RSDNT
COST & POST
STEPDWN AD

HOSPI CE COST CENTER

24.01

24.03

25

26

- 1.00 ADMINI STRATIVE AND GENERAL
- 2.00 INPATI ENT - GENERAL CARE
- 3.00 INPATI ENT - RESPI TE CARE
- 4.00 PHYSI CI AN SERVI CES
- 5.00 NURSI NG CARE
- 5.20 NURSI NG CARE-CONTI NUOUS HOME CARE
- 6.00 PHYSI CAL THERAPY
- 7.00 OCCUPATI ONAL THERAPY
- 8.00 SPEECH/LANGU AGE PATHOLOGY
- 9.00 MEDI CAL SOCI AL SERVI CES
- 10.00 SPI RI TUAL COUNSEL I NG
- 11.00 DI ETARY COUNSEL I NG
- 12.00 COUNSEL I NG - OTHER
- 13.00 HOME HEALTH AI DE AND HOME MAKER
- 13.20 HH AI DE&HOME MAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY
- 15.30 ANALGESI CS
- 15.31 SEDATI VES / HYPNOTI CS
- 15.32 OTHER
- 16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN
- 17.00 PATI ENT TRANSPORTATI ON
- 18.00 I MAGI NG SERVI CES
- 19.00 LABS AND DI AGNOSTI CS
- 20.00 MEDI CAL SUPPL I ES
- 21.00 OUTPATI ENT SERVI CES (INCL. E/R DEPT.)
- 22.00 RADI ATI ON THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEM ENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAI SI NG
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LI NE 1 THRU 28) (2)
- 30.00 UNI T COST MULI PLI ER

380,229
986,219
104,198
812,743
2,387
1,633
691
109,999
92,571
93
323,766
917,010
205,489
32,666
262
63,495
4,033,451

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-5
15-1512		PART I

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	27	28	29
1.00 ADMINISTRATIVE AND GENERAL	380,229		
2.00 INPATIENT - GENERAL CARE	986,219	102,647	1,088,866
3.00 INPATIENT - RESPIRE CARE	104,198	10,845	115,043
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE	812,743	84,590	897,333
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY	2,387	248	2,635
7.00 OCCUPATIONAL THERAPY	1,633	170	1,803
8.00 SPEECH/LANGUAGE PATHOLOGY	691	72	763
9.00 MEDICAL SOCIAL SERVICES	109,999	11,449	121,448
10.00 SPIRITUAL COUNSELING	92,571	9,635	102,206
11.00 DIETARY COUNSELING	93	10	103
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER	323,766	33,698	357,464
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	917,010	95,442	1,012,452
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	205,489	21,387	226,876
17.00 PATIENT TRANSPORTATION	32,666	3,400	36,066
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS	262	27	289
20.00 MEDICAL SUPPLIES	63,495	6,609	70,104
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	4,033,451		4,033,451
30.00 UNIT COST MULTIPLIER		.104080	

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

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

PROVIDER NO: 15-0082
HOSPICE NO: 15-1512
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/28/2010
WORKSHEET K-5
PART 11

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET - A) 3	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET - B) 3.01	NEW CAP REL COSTS-MVBLE EQUIP (DEPRECIATION EXPENSE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5
1.00 ADMINISTRATIVE AND GENERAL	5,264		2,349	422,374
2.00 INPATIENT - GENERAL CARE				392,697
3.00 INPATIENT - RESPIRE CARE				42,167
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				338,633
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				45,777
10.00 SPIRITUAL COUNSELING				38,495
11.00 DIETARY COUNSELING				39
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				134,580
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)	5,264		2,349	1,414,762
30.00 TOTAL COST TO BE ALLOCATED	65,459		4,096	359,044
31.00 UNIT COST MULTIPLIER	12.435220	.000000	1.743721	.253784

HOSPICE COST CENTER	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET - A) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9
1.00 ADMINISTRATIVE AND GENERAL		176,748	5,264	
2.00 INPATIENT - GENERAL CARE		797,186		
3.00 INPATIENT - RESPIRE CARE		85,600		
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		687,433		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		2,025		
7.00 OCCUPATIONAL THERAPY		1,385		
8.00 SPEECH/LANGUAGE PATHOLOGY		586		
9.00 MEDICAL SOCIAL SERVICES		92,928		
10.00 SPIRITUAL COUNSELING		78,145		
11.00 DIETARY COUNSELING		79		
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		273,200		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		618,211		
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		174,299		
17.00 PATIENT TRANSPORTATION		27,708		
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS		222		
20.00 MEDICAL SUPPLIES		35,416		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

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

PROVIDER NO: 15-0082
 HOSPICE NO: 15-1512
 PERIOD: FROM 10/1/2008 TO 9/30/2009
 PREPARED 2/28/2010
 WORKSHEET K-5
 PART 11

HOSPICE 1

RECONCILIATION ADMINISTRATIVE & GENERAL OPERATION OF PLANT LAUNDRY & LINEN SERVICE

HOSPICE COST CENTER

6A 6 8 9

29.00 TOTAL (SUM OF LINE 1 THRU 28) 3,051,171 5,264
 30.00 TOTAL COST TO BE ALLOCATED 545,998 107,019
 31.00 UNIT COST MULTIPLIER .178947 20.330357 .000000

HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION

HOSPICE COST CENTER

(SQUARE FEET - A) (MEALS) (FTES) (FTE'S -NRSG)
 10 11 12 14

1.00 ADMINISTRATIVE AND GENERAL 5,264 89
 2.00 INPATIENT - GENERAL CARE 4,591 75
 3.00 INPATIENT - RESPIRE CARE 312 8
 4.00 PHYSICIAN SERVICES
 5.00 NURSING CARE 52
 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
 10.00 SPIRITUAL COUNSELING 10
 11.00 DIETARY COUNSELING
 12.00 COUNSELING - OTHER
 13.00 HOME HEALTH AIDE AND HOMEMAKER 38
 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) 5,264 4,903 282
 30.00 TOTAL COST TO BE ALLOCATED 43,708 45,994 12,454
 31.00 UNIT COST MULTIPLIER 8.303191 9.380787 44.163121 .000000

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

PROVIDER NO: 15-0082
HOSPICE NO: 15-1512
PERIOD: FROM 10/1/2008 TO 9/30/2009
PREPARED 2/28/2010
WORKSHEET K-5
PART II

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(COSTED REQ U.S.)	(COSTED REQ U.S.)	(GROSS REVENUE)	(HOURS - A)
	15	16	17	18
1.00 ADMINISTRATIVE AND GENERAL			4,385,115	
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		348,045		
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	466,237			
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)	466,237	348,045	4,385,115	
30.00 TOTAL COST TO BE ALLOCATED	21,741	188,172	17,194	
31.00 UNIT COST MULTIPLIER	.046631	.540654	.003921	.000000

HOSPICE COST CENTER	I&R SERVICES-SALARY & FRINGES APPRVD (HOURS - B)	I&R SERVICES-OTHER PRGM COSTS APPRVD (HOURS - B)	PARAMED ED PRGM (HOURS - C)	PARAMED ED PRGM-(CHAPLIN RESIDENCY) (HOURS - D)
		22	23	24
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

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

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-5
15-1512		PART II

HOSPICE 1

	I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD	PARAMED PRGM	PARAMED PRGM-(CHAPLIN RESIDENCY)
HOSPICE COST CENTER	22	23	24	24.01

29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

PARAMED
PRGM-(NURSING)

HOSPICE COST CENTER

(HOURS - F)

24.03

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

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

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-5
15-1512		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3	
1	PHYSICAL THERAPY	50	. 276836	9, 166	2, 537
2	OCCUPATIONAL THERAPY	51			
3	SPEECH PATHOLOGY	52			
4	DRUGS CHARGED TO PATIENTS	56	. 243617	395, 591	96, 373
5	DURABLE MEDICAL EQUIP-SOLD	67			
6	LABORATORY	44	. 237221	24, 814	5, 886
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	. 447981	80, 857	36, 222
8	EMERGENCY	61	. 190026	13, 437	2, 553
9	RADIOLOGY-DIAGNOSTIC	41	. 144409	5, 140	742
10	BEHAVIORAL HEALTH SERVICES	59	. 722972		
11	TOTAL (SUM OF LINES 1-10)				144, 313

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2008	2/28/2010
HOSPICE NO:	TO 9/30/2009	WORKSHEET K-6
15-1512		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				4,177,764
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				12,882
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				324.31
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	11,618			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	3,767,834			
6 UNDUPLICATED MEDICAID DAYS		438		
7 AGGREGATE MEDICAID COST		142,048		
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)			826	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			267,880	

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

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	6,355,761
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	484,051
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	328.10
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	16.78
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.45
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	92,159
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	5.58
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	12.97
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	18.55
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.83
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	243,426
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	7,175,397
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)	

CALCULATION OF CAPITAL PAYMENT

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
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)	