

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	16-0080	I	FROM 7/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/30/2009 TIME 16:29

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:
 MERCY MEDICAL CENTER 16-0080
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2008 AND ENDING 6/30/2009 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		TITLE XVIII		TITLE XIX	
1	0	A 2	B 3	4	0
1 HOSPITAL	0	1,126,178	33,177		0
2 SUBPROVIDER	0	0	0		0
2 .01 SUBPROVIDER II	0	-8,407	0		0
5 HOSPITAL-BASED SNF	0	0	0		0
7 HOSPITAL-BASED HHA	0	0	0		0
100 TOTAL	0	1,117,771	33,177		0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 1410 NORTH FORTH STREET P.O. BOX:
 1.01 CITY: CLINTON STATE: IA ZIP CODE: 52732- COUNTY: CLINTON

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	MERCY MEDICAL CENTER	16-0080	7/ 1/1966	N	P	O
03.00	SUBPROVIDER	MERCY MEDICAL CENTER - PSYCH	16-S080	7/ 1/1991	N	P	N
03.01	SUBPROVIDER 2	MERCY MEDICAL CENTER - REHAB	16-T080	7/ 1/2006	N	P	N
06.00	HOSPITAL-BASED SNF	MERCY MEDICAL CENTER SNF	16-5119	4/ 1/1983	N	P	N
09.00	HOSPITAL-BASED HHA	MERCY HOMECARE AND HOSPICE	16-7154	7/ 1/1998	N	O	O
12.00	HOSP-BASED HOSPICE	MERCY HOSPICE	16-1527	7/ 1/1998			
16.00	RENAL DIALYSIS	MERCY RENAL DIALYSIS	16-2313	7/ 1/1991			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2008 TO: 6/30/2009
 18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER
 20.01 SUBPROVIDER II

OTHER INFORMATION

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

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

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N 16

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

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? Y

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N				
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			1			
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: 7/ 1/2008 ENDING: 6/30/2009						
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /						
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/	/	/	/	
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02	N					
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3	4	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		100	0.8566	0.8804		
			0.00	2	9916	99916	
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)		%	Y/N			
28.03	STAFFING		19.08%	N			
28.04	RECRUITMENT		0.00%				
28.05	RETENTION		0.00%				
28.06	TRAINING		0.01%	N			
28.07			0.00%				
28.08			0.00%				
28.09			0.00%				
28.10			0.00%				
28.11			0.00%				
28.12			0.00%				
28.13			0.00%				
28.14			0.00%				
28.15			0.00%				
28.16			0.00%				
28.17			0.00%				
28.18			0.00%				
28.19			0.00%				
28.20			0.00%				
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N					
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N					
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70						
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N					
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N					
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N					
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
	MISCELLANEOUS COST REPORT INFORMATION						
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N					
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N					
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N					
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N					
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N					
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N					
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N					
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N					
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL		V	XVIII	XIX		
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	1	2	3			
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	Y	N			
		N	N	N			

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

TITLE XIX INPATIENT SERVICES

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? Y 902022
 IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS).
 40.01 NAME: TRINITY HEALTH SYSTEMS FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: 34605 12 MILE ROAD P.O. BOX:
 40.03 CITY: FARMINGTON HILLS STATE: MI ZIP CODE: 48331-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N
49.00 SNF	N	N			
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 95,025
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0					
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0					
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0					
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0					

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

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

MULTICAMPUS

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

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

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).
Y 10/28/2009

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
I 16-0080 I FROM 7/ 1/2008 I WORKSHEET S-3
I TO 6/30/2009 I PART I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / O/P VISITS / NOT LTCH N/A 4	TRIPS 5
1	ADULTS & PEDIATRICS	122	44,530			10,625	3,283
2	HMO						
2	01 HMO - (IRF PPS SUBPROVIDER)						
3	ADULTS & PED-SB SNF						
4	ADULTS & PED-SB NF						
5	TOTAL ADULTS AND PEDS	122	44,530			10,625	3,283
6	INTENSIVE CARE UNIT	10	3,650			994	70
11	NURSERY						702
12	TOTAL	132	48,180			11,619	4,055
13	RPCH VISITS						
14	SUBPROVIDER	14	5,110			749	634
14	01 ACUTE REHAB UNIT	12	4,380			1,173	19
15	SKILLED NURSING FACILITY	97	35,405			4,523	12,000
18	HOME HEALTH AGENCY					11,678	
21	HOSPICE						
25	TOTAL	255					
26	OBSERVATION BED DAYS						144
26	01 OBSERVATION BED DAYS-SUB I						
26	02 OBSERVATION BED DAYS-SUB II						
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 OBSERVATION BEDS ADMITTED 6.01	O/P VISITS / TRIPS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			17,382				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			17,382				
6	INTENSIVE CARE UNIT			1,396				
11	NURSERY			1,294				
12	TOTAL			20,072				
13	RPCH VISITS							
14	SUBPROVIDER			1,983				
14	01 ACUTE REHAB UNIT			1,536				
15	SKILLED NURSING FACILITY			22,935				
18	HOME HEALTH AGENCY			20,361				
21	HOSPICE							
25	TOTAL							
26	OBSERVATION BED DAYS		144	606		606		
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS			224				
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12	DISCHARGES TITLE XVIII 13	DISCHARGES TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					2,671	993	5,010
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							
11	NURSERY							
12	TOTAL		560.06			2,671	993	5,010
13	RPCH VISITS							
14	SUBPROVIDER		15.11			111	180	489
14	01 ACUTE REHAB UNIT		10.09			104	2	127
15	SKILLED NURSING FACILITY		56.81					
18	HOME HEALTH AGENCY		34.27					
21	HOSPICE		5.95					
25	TOTAL		682.29					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
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	33,056,494	-31,887	33,024,607	1,565,820.00	21.09	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF	1,975,916	19,604	1,995,520	119,200.00	16.74	
8.01	EXCLUDED AREA SALARIES	6,217,971	107,536	6,325,507	288,412.00	21.93	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	397,325		397,325	4,006.86	99.16	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	504,642		504,642	3,929.00	128.44	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	4,419,010		4,419,010	67,527.00	65.44	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	6,901,508		6,901,508			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	2,277,428		2,277,428			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS	531,196		531,196	41,447.00	12.82	
22	ADMINISTRATIVE & GENERAL	3,130,323	-321,607	2,808,716	129,043.00	21.77	
22.01	A & G UNDER CONTRACT	143,071		143,071	1,355.98	105.51	
23	MAINTENANCE & REPAIRS	386,745		386,745	22,269.00	17.37	
24	OPERATION OF PLANT						
25	LAUNDRY & LINEN SERVICE	83,009		83,009	7,621.00	10.89	
26	HOUSEKEEPING	597,836	26,042	623,878	50,366.00	12.39	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	1,249,919	13,176	1,263,095	91,258.00	13.84	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA						
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	1,257,571	7,500	1,265,071	44,848.00	28.21	
31	CENTRAL SERVICE AND SUPPLY	116,170		116,170	8,665.00	13.41	
32	PHARMACY						
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	828,976	10,089	839,065	46,031.00	18.23	
34	SOCIAL SERVICE	409,868		409,868	16,197.00	25.31	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	33,199,565	-31,887	33,167,678	1,567,175.98	21.16	
2	EXCLUDED AREA SALARIES	8,193,887	127,140	8,321,027	407,612.00	20.41	
3	SUBTOTAL SALARIES	25,005,678	-159,027	24,846,651	1,159,563.98	21.43	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	5,320,977		5,320,977	75,462.86	70.51	
5	SUBTOTAL WAGE-RELATED COSTS	6,901,508		6,901,508		27.78	
6	TOTAL	37,228,163	-159,027	37,069,136	1,235,026.84	30.01	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	8,734,684	-264,800	8,469,884	459,100.98	18.45	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
I 16-0080 I FROM 7/ 1/2008 I WORKSHEET S-4
I HHA NO: I TO 6/30/2009 I
I 16-7154 I
COUNTY: CLINTON

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	13,206	5,447	2,478
2 UNDUPLICATED CENSUS COUNT		786.00		

TOTAL
5

1 HOME HEALTH AIDE HOURS	21,131
2 UNDUPLICATED CENSUS COUNT	

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)	1.38		1.38
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE	11.50		11.50
7 NURSING SUPERVISOR	1.11		1.11
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	7.01	.98	7.99
17 HOME HEALTH AIDE SUPERVISOR	1.04		1.04
18 OTHER	12.23		12.23

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 3

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). 50031

20.01 99914
20.02 99916

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		

21 SKILLED NURSING VISITS	7,094	44	117	101
22 SKILLED NURSING VISIT CHARGES	816,717	5,104	13,434	11,638
23 PHYSICAL THERAPY VISITS	2,919	8	8	44
24 PHYSICAL THERAPY VISIT CHARGES	380,997	1,048	1,042	5,764
25 OCCUPATIONAL THERAPY VISITS	0	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0	0
27 SPEECH PATHOLOGY VISITS	46	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	6,008	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	98	0	4	2
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	15,715	0	641	324
31 HOME HEALTH AIDE VISITS	1,188	1	0	4
32 HOME HEALTH AIDE VISIT CHARGES	71,280	60	0	240
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	11,345	53	129	151
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	1,290,717	6,212	15,117	17,966
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	862	0	53	16
37 TOTAL NUMBER OF OUTLIER EPISODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	14,689	44	611	176

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET S-4
 I HHA NO: I TO 6/30/2009 I
 I 16-7154 I
 COUNTY: CLINTON

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 EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	7,356
22 SKILLED NURSING VISIT CHARGES	0	0	846,893
23 PHYSICAL THERAPY VISITS	0	0	2,979
24 PHYSICAL THERAPY VISIT CHARGES	0	0	388,851
25 OCCUPATIONAL THERAPY VISITS	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0
27 SPEECH PATHOLOGY VISITS	0	0	46
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	6,008
29 MEDICAL SOCIAL SERVICE VISITS	0	0	104
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	16,680
31 HOME HEALTH AIDE VISITS	0	0	1,193
32 HOME HEALTH AIDE VISIT CHARGES	0	0	71,580
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	11,678
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	1,330,012
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	931
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	15,520

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
I 16-0080 I FROM 7/ 1/2008 I
I SATELLITE NO: I TO 6/30/2009 I WORKSHEET S-5
I I I

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----	----- HOME -----		
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	60					
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.50					
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312					
6 NUMBER OF STATIONS	13					
7 TREATMENT CAPACITY PER DAY PER STATION	3					
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYSIZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST	11					
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT						
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [X] INITIAL METHOD []						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	SERVICES ON/AFTER 10/1 RATE	SRVCS 4/1/01 TO 9/30/01 RATE
1	2	3	4	4.03
1	RUC		76	
2	RUB		98	
3	RUA		28	
3 .01	RUX			
3 .02	RUL		185	
4	RVC		44	
5	RVB		477	
6	RVA		254	
6 .01	RVX		140	
6 .02	RVL		958	
7	RHC		197	
8	RHB		183	
9	RHA		77	
9 .01	RHX			
9 .02	RHL			
10	RMC		7	
11	RMB		20	
12	RMA		18	
12 .01	RMX		579	
12 .02	RML		1,039	
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3		49	
16	SE2		38	
17	SE1		6	
18	SSC			
19	SSB		1	
20	SSA		40	
21	CC2			
22	CC1			
23	CB2			
24	CB1		1	
25	CA2			
26	CA1		7	
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		1	
43	PA2			
44	PA1			
45	Default			
46	TOTAL		4,523	

(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): 0.8566
 Wage Index Factor (after 10/01) : 0.8804
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9916
 SNF CBSA Code : 99916

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF DAYS	TOTAL
			RUGS	DAYS		
	1	2	4.05	4.06	5	
1	RUC					
2	RUB					
3	RUA					
3	.01 RUX					
3	.02 RUL					
4	RVC					
5	RVB					
6	RVA					
6	.01 RVX					
6	.02 RVL					
7	RHC					
8	RHB					
9	RHA					
9	.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): 0.8566
 Wage Index Factor (after 10/01) : 0.8804
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9916
 SNF CBSA Code : 99916

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET S-9
 I HOSPICE NO: I TO 6/30/2009 I
 I 16-1527 I

HOSPICE IDENTIFICATION DATA

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	6,728			
3 INPATIENT RESPITE CARE	18			
4 GENERAL INPATIENT CARE	19			
5 TOTAL HOSPICE DAYS	6,765			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	362	7,090
3 INPATIENT RESPITE CARE	9	27
4 GENERAL INPATIENT CARE	1,854	1,873
5 TOTAL HOSPICE DAYS	2,225	8,990

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				
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)				
9 UNDUPLICATED CENSUS COUNT	232			

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)		
9 UNDUPLICATED CENSUS COUNT		232

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET S-10
 I I TO 6/30/2009 I
 I I I

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	5,275,266
17.01	GROSS MEDICAID REVENUES	17,905,042
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	23,180,308
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)	.366953
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	17,905,042
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	6,570,309
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	5,275,266
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,935,775

HOSPITAL UNCOMPENSATED CARE DATA

		IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
I	PROVIDER NO:	I PERIOD:
I	16-0080	I FROM 7/ 1/2008 I PREPARED 11/30/2009
I		I TO 6/30/2009 I WORKSHEET S-10
I		I

DESCRIPTION

32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	6,570,309
----	--	-----------

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 16-0080
I

I PERIOD:
I FROM 7/ 1/2008
I TO 6/30/2009 I

I PREPARED 11/30/2009
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
3	0300 GENERAL SERVICE COST CNTR					
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT		4,853,302	4,853,302	-881,286	3,972,016
3.02	0302 NEW CAP SOUTH 1970 BUILDING				492,270	492,270
3.03	0303 NEW CAP BLUFF BUILDING				70,284	70,284
3.03	0303 NEW CAP REL COSTS-RAD ONCOLOGY BLDG				154,655	154,655
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	531,196	300,118	831,314	8,644	839,958
6.02	0620 INFORMATION SYSTEMS	173,319	4,288,594	4,461,913	-1,205	4,460,708
6.03	0630 PURCHASING, RECEIVING AND STORES	366,649	305,246	671,895	4,590	676,485
6.04	0640 ADMITTING	420,169	122,299	542,468	34,330	576,798
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	466,555	381,445	848,000	-769	847,231
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	1,703,631	9,047,377	10,751,008	-376,398	10,374,610
7	0700 MAINTENANCE & REPAIRS	386,745	1,710,656	2,097,401	-20	2,097,381
8	0800 OPERATION OF PLANT		1,486,903	1,486,903		1,486,903
9	0900 LAUNDRY & LINEN SERVICE	83,009	82,575	165,584	320,102	485,686
10	1000 HOUSEKEEPING	597,836	349,577	947,413	27,922	975,335
11	1100 DIETARY	1,249,919	1,109,701	2,359,620	154,344	2,513,964
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	1,257,571	419,290	1,676,861	6,141	1,683,002
15	1500 CENTRAL SERVICES & SUPPLY	116,170	123,126	239,296	-7,550	231,746
17	1700 MEDICAL RECORDS & LIBRARY	828,976	286,108	1,115,084	10,504	1,125,588
18	1800 SOCIAL SERVICE	409,868	83,931	493,799	-699	493,100
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,400,776	1,800,929	7,201,705	-123,479	7,078,226
26	2600 INTENSIVE CARE UNIT	825,896	334,649	1,160,545	-22,846	1,137,699
31	3100 SUBPROVIDER	755,772	237,373	993,145	-15,741	977,404
31.01	3101 ACUTE REHAB UNIT	513,915	425,981	939,896	-1,819	938,077
33	3300 NURSERY	396,095	134,249	530,344	6,448	536,792
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	1,975,916	833,074	2,808,990	-55,433	2,753,557
37	3700 OPERATING ROOM	1,483,733	3,295,150	4,778,883	-23,122	4,755,761
39	3900 DELIVERY ROOM & LABOR ROOM	247,980	134,742	382,722	-6,258	376,464
41	4100 RADIOLOGY-DIAGNOSTIC	1,456,921	2,270,810	3,727,731	2,248	3,729,979
44	4400 LABORATORY	1,290,783	1,971,150	3,261,933	24,583	3,286,516
49	4900 RESPIRATORY THERAPY	745,101	264,599	1,009,700	36,890	1,046,590
50	5000 PHYSICAL THERAPY	797,711	430,065	1,227,776	-3,618	1,224,158
52	5200 SPEECH PATHOLOGY	120,106	45,265	165,371	-22	165,349
53	5300 ELECTROCARDIOLOGY	370,318	354,445	724,763	-2,577	722,186
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS	985,139	3,401,285	4,386,424	6,990	4,393,414
57	5700 RENAL DIALYSIS	562,685	388,245	950,930	-2,773	948,157
59	3120 SPECIAL PROCEDURES	392,064	2,325,809	2,717,873	-2,590	2,715,283
59.02	3950 PARTIAL HOSPITALIZATION OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	1,195,686	4,720,357	5,916,043	-31,186	5,884,857
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	1,488,607	1,335,113	2,823,720	-276	2,823,444
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	300,419	401,775	702,194	40,043	742,237
95	SUBTOTALS	29,897,236	50,055,313	79,952,549	-158,679	79,793,870
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	10,152	96,238	106,390	3,921	110,311
100	7950 OTHER NON-REIMBURSABLE					
100.01	7951 RESPITE					
100.02	7952 LIFELINE	28,327	67,327	95,654	8,376	104,030
100.03	7953 OUTREACH	26,171	8,877	35,048		35,048
100.04	7954 ENT	365,026	215,769	580,795	6,142	586,937
100.05	7955 GASTRO CLINIC	736,571	217,997	954,568		954,568
100.09	7959 SENIOR SERVICES	22,728	31,667	54,395	4,315	58,710
100.11	7961 GUEST MEALS					
100.12	7962 OTHER	6,298	12,154	18,452	-1,001	17,451
100.13	7963 RURAL OUTREACH	1,323	3,993	5,316	-753	4,563
100.16	7966 WYNDREST NURSING HOME	1,962,662	1,038,730	3,001,392	137,679	3,139,071
101	TOTAL	33,056,494	51,748,065	84,804,559	-0-	84,804,559

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 16-0080
II PERIOD:
I FROM 7/ 1/2008
I TO 6/30/2009 II PREPARED 11/30/2009
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-125,696	3,846,320
3.01	0301 NEW CAP SOUTH 1970 BUILDING		492,270
3.02	0302 NEW CAP BLUFF BUILDING		70,284
3.03	0303 NEW CAP REL COSTS-RAD ONCOLOGY BLDG		154,655
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		
5	0500 EMPLOYEE BENEFITS	1,789,310	2,629,268
6.02	0620 INFORMATION SYSTEMS	-922,929	3,537,779
6.03	0630 PURCHASING, RECEIVING AND STORES		676,485
6.04	0640 ADMITTING		576,798
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	-127,438	719,793
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-4,886,857	5,487,753
7	0700 MAINTENANCE & REPAIRS		2,097,381
8	0800 OPERATION OF PLANT	-18,264	1,468,639
9	0900 LAUNDRY & LINEN SERVICE	-50,861	434,825
10	1000 HOUSEKEEPING		975,335
11	1100 DIETARY	-385,999	2,127,965
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-14,335	1,668,667
15	1500 CENTRAL SERVICES & SUPPLY		231,746
17	1700 MEDICAL RECORDS & LIBRARY	-28,456	1,097,132
18	1800 SOCIAL SERVICE	-90	493,010
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		7,078,226
26	2600 INTENSIVE CARE UNIT		1,137,699
31	3100 SUBPROVIDER	-29,034	948,370
31.01	3101 ACUTE REHAB UNIT		938,077
33	3300 NURSERY		536,792
34	3400 SKILLED NURSING FACILITY	-1,545	2,752,012
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-257,067	4,498,694
39	3900 DELIVERY ROOM & LABOR ROOM	-3,520	372,944
41	4100 RADIOLOGY-DIAGNOSTIC	-11,219	3,718,760
44	4400 LABORATORY	-25,471	3,261,045
49	4900 RESPIRATORY THERAPY		1,046,590
50	5000 PHYSICAL THERAPY	-4,111	1,220,047
52	5200 SPEECH PATHOLOGY	-6,154	159,195
53	5300 ELECTROCARDIOLOGY		722,186
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS	-254,767	4,138,647
57	5700 RENAL DIALYSIS	-13,558	934,599
59	3120 SPECIAL PROCEDURES	-6,834	2,708,449
59.02	3950 PARTIAL HOSPITALIZATION		
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-3,912,400	1,972,457
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-66,048	2,757,396
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE	-4,741	737,496
95	SUBTOTALS	-9,368,084	70,425,786
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		110,311
100	7950 OTHER NON-REIMBURSABLE		
100.01	7951 RESPITE		
100.02	7952 LIFELINE		104,030
100.03	7953 OUTREACH		35,048
100.04	7954 ENT	-29,603	557,334
100.05	7955 GASTRO CLINIC	-28,198	926,370
100.09	7959 SENIOR SERVICES		58,710
100.11	7961 GUEST MEALS		
100.12	7962 OTHER		17,451
100.13	7963 RURAL OUTREACH		4,563
100.16	7966 WYNDREST NURSING HOME		3,139,071
101	TOTAL	-9,425,885	75,378,674

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 6/30/2009 I

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 SOUTH 1970 BUILDING	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP BLUFF BUILDING	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-RAD ONCOLOGY BLDG	0303	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.02	INFORMATION SYSTEMS	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	ACUTE REHAB UNIT	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	SPECIAL PROCEDURES	3120	CARDIAC CATHETERIZATION LABORATORY
59.02	PARTIAL HOSPITALIZATION	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
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	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NON-REIMBURSABLE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	RESPIRE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	LIFELINE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	OUTREACH	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	ENT	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	GASTRO CLINIC	7955	OTHER NONREIMBURSABLE COST CENTERS
100.09	SENIOR SERVICES	7959	OTHER NONREIMBURSABLE COST CENTERS
100.11	GUEST MEALS	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	OTHER	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	RURAL OUTREACH	7963	OTHER NONREIMBURSABLE COST CENTERS
100.16	WYNDREST NURSING HOME	7966	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/30/2009
160080	FROM 7/ 1/2008	WORKSHEET A-6
	TO 6/30/2009	

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
1 LAUNDRY EXPENSE	A	LAUNDRY & LINEN SERVICE	9		320,238
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23 DEPRECIATION TO WYNDCREST	B	WYNDREST NURSING HOME	100.16		135,871
24 DEPRECIATION TO CHILDCARE	C	EMPLOYEE BENEFITS	5		28,206
25 DIETARY EXPENSE	D	DIETARY	11		142,767
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 DIETARY EXPENSE	D				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17 PRINTING TRANSFERS	E	OTHER ADMINISTRATIVE AND GENERAL	6.06		19,664
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 PRINTING TRANSFERS	E				
2					
3					
4					
5					
6					

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/30/2009
160080	FROM 7/ 1/2008	WORKSHEET A-6
	TO 6/30/2009	CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	DEPRECIATION EXPENSE	F	NEW CAP SOUTH 1970 BUILDING	3.01		492,270
19			NEW CAP BLUFF BUILDING	3.02		70,284
20			NEW CAP REL COSTS-RAD ONCOLOGY BLDG	3.03		154,655
21	TO DIRECTLY ASSIGN SEVERANCE COSTS	G	DRUGS CHARGED TO PATIENTS	56	6,792	520
22			ADULTS & PEDIATRICS	25	12,917	988
23			NURSERY	33	7,744	592
24			NURSING ADMINISTRATION	14	7,500	574
25			ADMITTING	6.04	32,197	2,463
26			PURCHASING, RECEIVING AND STORES	6.03	4,481	343
27			RESPIRATORY THERAPY	49	34,446	2,635
28			SENIOR SERVICES	100.09	5,558	425
29			HOSPICE	93	37,411	2,862
30			HOUSEKEEPING	10	26,042	1,992
31			LABORATORY	44	23,745	1,817
32			WYNDREST NURSING HOME	100.16	47,347	3,622
33			SKILLED NURSING FACILITY	34	19,604	1,500
34			RADIOLOGY-DIAGNOSTIC	41	16,626	1,272
35			PHYSICIANS' PRIVATE OFFICES	98	3,642	279
1	TO DIRECTLY ASSIGN SEVERANCE COSTS	G	DIETARY	11	13,176	1,008
2			ENT	100.04	5,706	436
3			OPERATING ROOM	37	3,503	268
4			MEDICAL RECORDS & LIBRARY	17	10,089	771
5			OTHER ADMINISTRATIVE AND GENERAL	6.06		6,918
6			LIFELINE	100.02	7,872	602
36	TOTAL RECLASSIFICATIONS				326,398	1,395,842

(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:	PERIOD:	PREPARED
160080	FROM 7/ 1/2008	11/30/2009
	TO 6/30/2009	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF
			LINE	SALARY	OTHER	
	1	6	7	8	9	10
1 LAUNDRY EXPENSE	A	DIETARY	11		70	
2		NURSING ADMINISTRATION	14		56	
3		CENTRAL SERVICES & SUPPLY	15		7,417	
4		HOUSEKEEPING	10		14	
5		ADULTS & PEDIATRICS	25		96,628	
6		INTENSIVE CARE UNIT	26		14,323	
7		SUBPROVIDER	31		6,392	
8		NURSERY	33		1,887	
9		OPERATING ROOM	37		25,198	
10		DELIVERY ROOM & LABOR ROOM	39		6,202	
11		RADIOLOGY-DIAGNOSTIC	41		15,118	
12		LABORATORY	44		215	
13		RESPIRATORY THERAPY	49		100	
14		PHYSICAL THERAPY	50		2,083	
15		ELECTROCARDIOLOGY	53		1,614	
16		DRUGS CHARGED TO PATIENTS	56		42	
17		RENAL DIALYSIS	57		2,214	
18		SPECIAL PROCEDURES	59		2,378	
19		EMERGENCY	61		28,624	
20		SKILLED NURSING FACILITY	34		60,744	
21		WYNDREST NURSING HOME	100.16		48,768	
22		ACUTE REHAB UNIT	31.01		151	
23 DEPRECIATION TO WYNDCREST	B	NEW CAP REL COSTS-BLDG & FIXT	3		135,871	9
24 DEPRECIATION TO CHILDCARE	C	NEW CAP REL COSTS-BLDG & FIXT	3		28,206	9
25 DIETARY EXPENSE	D	EMPLOYEE BENEFITS	5		18,152	
26		INFORMATION SYSTEMS	6.02		141	
27		OTHER ADMINISTRATIVE AND GENERAL	6.06		44,695	
28		ADMITTING	6.04		22	
29		NURSING ADMINISTRATION	14		720	
30		SOCIAL SERVICE	18		321	
31		ADULTS & PEDIATRICS	25		37,850	
32		INTENSIVE CARE UNIT	26		8,248	
33		SUBPROVIDER	31		9,119	
34		ACUTE REHAB UNIT	31.01		1,609	
35		OPERATING ROOM	37		1,226	
1 DIETARY EXPENSE	D	RADIOLOGY-DIAGNOSTIC	41		314	
2		LABORATORY	44		60	
3		RESPIRATORY THERAPY	49		16	
4		PHYSICAL THERAPY	50		44	
5		ELECTROCARDIOLOGY	53		658	
6		RENAL DIALYSIS	57		189	
7		SPECIAL PROCEDURES	59		83	
8		EMERGENCY	61		2,279	
9		HOME HEALTH AGENCY	71		88	
10		HOSPICE	93		72	
11		SENIOR SERVICES	100.09		636	
12		SKILLED NURSING FACILITY	34		14,743	
13		OTHER	100.12		701	
14		RURAL OUTREACH	100.13		753	
15		SPEECH PATHOLOGY	52		22	
16		LIFELINE	100.02		6	
17 PRINTING TRANSFERS	E	EMPLOYEE BENEFITS	5		1,410	
18		INFORMATION SYSTEMS	6.02		1,064	
19		PURCHASING, RECEIVING AND STORES	6.03		234	
20		ADMITTING	6.04		308	
21		CASHIERING/ACCOUNTS RECEIVABLE	6.05		769	
22		MAINTENANCE & REPAIRS	7		20	
23		HOUSEKEEPING	10		98	
24		DIETARY	11		2,537	
25		NURSING ADMINISTRATION	14		1,157	
26		CENTRAL SERVICES & SUPPLY	15		133	
27		MEDICAL RECORDS & LIBRARY	17		356	
28		SOCIAL SERVICE	18		378	
29		ADULTS & PEDIATRICS	25		2,906	
30		INTENSIVE CARE UNIT	26		275	
31		SUBPROVIDER	31		230	
32		ACUTE REHAB UNIT	31.01		59	
33		NURSERY	33		1	
34		OPERATING ROOM	37		469	
35		DELIVERY ROOM & LABOR ROOM	39		56	
1 PRINTING TRANSFERS	E	RADIOLOGY-DIAGNOSTIC	41		218	
2		LABORATORY	44		704	
3		RESPIRATORY THERAPY	49		75	
4		PHYSICAL THERAPY	50		1,491	
5		ELECTROCARDIOLOGY	53		305	
6		DRUGS CHARGED TO PATIENTS	56		280	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/30/2009
160080	FROM 7/ 1/2008	WORKSHEET A-6
	TO 6/30/2009	CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	
7		RENAL DIALYSIS	57		370	
8		SPECIAL PROCEDURES	59		129	
9		EMERGENCY	61		283	
10		HOME HEALTH AGENCY	71		188	
11		HOSPICE	93		158	
12		SENIOR SERVICES	100.09		1,032	
13		SKILLED NURSING FACILITY	34		1,050	
14		OTHER	100.12		300	
15		WYNDREST NURSING HOME	100.16		393	
16		LAUNDRY & LINEN SERVICE	9		136	
17		LIFELINE	100.02		92	
18 DEPRECIATION EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		717,209	9
19						9
20						9
21 TO DIRECTLY ASSIGN SEVERANCE COSTS	G	OTHER ADMINISTRATIVE AND GENERAL	6.06	358,285		
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
1 TO DIRECTLY ASSIGN SEVERANCE COSTS	G					
2						
3						
4						
5						
6						
36 TOTAL RECLASSIFICATIONS				358,285	1,363,955	

(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:	PERIOD:	PREPARED
160080	FROM 7/ 1/2008	11/30/2009
	TO 6/30/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : LAUNDRY EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	320,238	DIETARY	11	70	
2.00			0	NURSING ADMINISTRATION	14	56	
3.00			0	CENTRAL SERVICES & SUPPLY	15	7,417	
4.00			0	HOUSEKEEPING	10	14	
5.00			0	ADULTS & PEDIATRICS	25	96,628	
6.00			0	INTENSIVE CARE UNIT	26	14,323	
7.00			0	SUBPROVIDER	31	6,392	
8.00			0	NURSERY	33	1,887	
9.00			0	OPERATING ROOM	37	25,198	
10.00			0	DELIVERY ROOM & LABOR ROOM	39	6,202	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	15,118	
12.00			0	LABORATORY	44	215	
13.00			0	RESPIRATORY THERAPY	49	100	
14.00			0	PHYSICAL THERAPY	50	2,083	
15.00			0	ELECTROCARDIOLOGY	53	1,614	
16.00			0	DRUGS CHARGED TO PATIENTS	56	42	
17.00			0	RENAL DIALYSIS	57	2,214	
18.00			0	SPECIAL PROCEDURES	59	2,378	
19.00			0	EMERGENCY	61	28,624	
20.00			0	SKILLED NURSING FACILITY	34	60,744	
21.00			0	WYNDREST NURSING HOME	100.16	48,768	
22.00			0	ACUTE REHAB UNIT	31.01	151	
TOTAL RECLASSIFICATIONS FOR CODE A			320,238				320,238

RECLASS CODE: B
EXPLANATION : DEPRECIATION TO WYNDCREST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	WYNDREST NURSING HOME	100.16	135,871	NEW CAP REL COSTS-BLDG & FIXT	3	135,871	
TOTAL RECLASSIFICATIONS FOR CODE B			135,871				135,871

RECLASS CODE: C
EXPLANATION : DEPRECIATION TO CHILDCARE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	28,206	NEW CAP REL COSTS-BLDG & FIXT	3	28,206	
TOTAL RECLASSIFICATIONS FOR CODE C			28,206				28,206

RECLASS CODE: D
EXPLANATION : DIETARY EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIETARY	11	142,767	EMPLOYEE BENEFITS	5	18,152	
2.00			0	INFORMATION SYSTEMS	6.02	141	
3.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	44,695	
4.00			0	ADMITTING	6.04	22	
5.00			0	NURSING ADMINISTRATION	14	720	
6.00			0	SOCIAL SERVICE	18	321	
7.00			0	ADULTS & PEDIATRICS	25	37,850	
8.00			0	INTENSIVE CARE UNIT	26	8,248	
9.00			0	SUBPROVIDER	31	9,119	
10.00			0	ACUTE REHAB UNIT	31.01	1,609	
11.00			0	OPERATING ROOM	37	1,226	
12.00			0	RADIOLOGY-DIAGNOSTIC	41	314	
13.00			0	LABORATORY	44	60	
14.00			0	RESPIRATORY THERAPY	49	16	
15.00			0	PHYSICAL THERAPY	50	44	
16.00			0	ELECTROCARDIOLOGY	53	658	
17.00			0	RENAL DIALYSIS	57	189	
18.00			0	SPECIAL PROCEDURES	59	83	
19.00			0	EMERGENCY	61	2,279	
20.00			0	HOME HEALTH AGENCY	71	88	
21.00			0	HOSPICE	93	72	
22.00			0	SENIOR SERVICES	100.09	636	
23.00			0	SKILLED NURSING FACILITY	34	14,743	
24.00			0	OTHER	100.12	701	
25.00			0	RURAL OUTREACH	100.13	753	
26.00			0	SPEECH PATHOLOGY	52	22	
27.00			0	LIFELINE	100.02	6	
TOTAL RECLASSIFICATIONS FOR CODE D			142,767				142,767

RECLASS CODE: E
EXPLANATION : PRINTING TRANSFERS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	19,664	EMPLOYEE BENEFITS	5	1,410	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/30/2009
160080	FROM 7/ 1/2008	WORKSHEET A-6
	TO 6/30/2009	NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION : PRINTING TRANSFERS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
2.00			0	INFORMATION SYSTEMS	6.02	1,064	
3.00			0	PURCHASING, RECEIVING AND STOR	6.03	234	
4.00			0	ADMITTING	6.04	308	
5.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	769	
6.00			0	MAINTENANCE & REPAIRS	7	20	
7.00			0	HOUSEKEEPING	10	98	
8.00			0	DIETARY	11	2,537	
9.00			0	NURSING ADMINISTRATION	14	1,157	
10.00			0	CENTRAL SERVICES & SUPPLY	15	133	
11.00			0	MEDICAL RECORDS & LIBRARY	17	356	
12.00			0	SOCIAL SERVICE	18	378	
13.00			0	ADULTS & PEDIATRICS	25	2,906	
14.00			0	INTENSIVE CARE UNIT	26	275	
15.00			0	SUBPROVIDER	31	230	
16.00			0	ACUTE REHAB UNIT	31.01	59	
17.00			0	NURSERY	33	1	
18.00			0	OPERATING ROOM	37	469	
19.00			0	DELIVERY ROOM & LABOR ROOM	39	56	
20.00			0	RADIOLOGY-DIAGNOSTIC	41	218	
21.00			0	LABORATORY	44	704	
22.00			0	RESPIRATORY THERAPY	49	75	
23.00			0	PHYSICAL THERAPY	50	1,491	
25.00			0	ELECTROCARDIOLOGY	53	305	
26.00			0	DRUGS CHARGED TO PATIENTS	56	280	
27.00			0	RENAL DIALYSIS	57	370	
28.00			0	SPECIAL PROCEDURES	59	129	
30.00			0	EMERGENCY	61	283	
31.00			0	HOME HEALTH AGENCY	71	188	
32.00			0	HOSPICE	93	158	
33.00			0	SENIOR SERVICES	100.09	1,032	
34.00			0	SKILLED NURSING FACILITY	34	1,050	
35.00			0	OTHER	100.12	300	
37.00			0	WYNDREST NURSING HOME	100.16	393	
38.00			0	LAUNDRY & LINEN SERVICE	9	136	
40.00			0	LIFELINE	100.02	92	
TOTAL RECLASSIFICATIONS FOR CODE E			19,664				19,664

RECLASS CODE: F
EXPLANATION : DEPRECIATION EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP SOUTH 1970 BUILDING	3.01	492,270	NEW CAP REL COSTS-BLDG & FIXT	3	717,209	
2.00	NEW CAP BLUFF BUILDING	3.02	70,284			0	
3.00	NEW CAP REL COSTS-RAD ONCOLOGY	3.03	154,655			0	
TOTAL RECLASSIFICATIONS FOR CODE F			717,209				717,209

RECLASS CODE: G
EXPLANATION : TO DIRECTLY ASSIGN SEVERANCE COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	7,312	OTHER ADMINISTRATIVE AND GENER	6.06	358,285	
2.00	ADULTS & PEDIATRICS	25	13,905			0	
3.00	NURSERY	33	8,336			0	
4.00	NURSING ADMINISTRATION	14	8,074			0	
5.00	ADMITTING	6.04	34,660			0	
6.00	PURCHASING, RECEIVING AND STOR	6.03	4,824			0	
7.00	RESPIRATORY THERAPY	49	37,081			0	
8.00	SENIOR SERVICES	100.09	5,983			0	
9.00	HOSPICE	93	40,273			0	
10.00	HOUSEKEEPING	10	28,034			0	
11.00	LABORATORY	44	25,562			0	
12.00	WYNDREST NURSING HOME	100.16	50,969			0	
13.00	SKILLED NURSING FACILITY	34	21,104			0	
14.00	RADIOLOGY-DIAGNOSTIC	41	17,898			0	
15.00	PHYSICIANS' PRIVATE OFFICES	98	3,921			0	
16.00	DIETARY	11	14,184			0	
17.00	ENT	100.04	6,142			0	
18.00	OPERATING ROOM	37	3,771			0	
19.00	MEDICAL RECORDS & LIBRARY	17	10,860			0	
20.00	OTHER ADMINISTRATIVE AND GENER	6.06	6,918			0	
21.00	LIFELINE	100.02	8,474			0	
TOTAL RECLASSIFICATIONS FOR CODE G			358,285				358,285

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
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	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	512,212					512,212	
2	LAND IMPROVEMENTS	2,021,504	32,300		32,300		2,053,804	
3	BUILDINGS & FIXTURE	65,092,879	392,014		392,014	24,059	65,460,834	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	37,643,294	1,712,174		1,712,174	312,765	39,042,703	
7	SUBTOTAL	105,269,889	2,136,488		2,136,488	336,824	107,069,553	
8	RECONCILING ITEMS							
9	TOTAL	105,269,889	2,136,488		2,136,488	336,824	107,069,553	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITIALIZED 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	67,514,638		67,514,638	.631466				
3 01	NEW CAP SOUTH 1970 B								
3 02	NEW CAP BLUFF BUILDI								
3 03	NEW CAP REL COSTS-RA								
4	NEW CAP REL COSTS-MV	39,402,703		39,402,703	.368534				
5	TOTAL	106,917,341		106,917,341	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,801,888		2,044,432				3,846,320
3 01	NEW CAP SOUTH 1970 B	492,270						492,270
3 02	NEW CAP BLUFF BUILDI	70,284						70,284
3 03	NEW CAP REL COSTS-RA	154,655						154,655
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,519,097		2,044,432				4,563,529

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

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	2,604,829		2,248,473				4,853,302
3 01	NEW CAP SOUTH 1970 B							
3 02	NEW CAP BLUFF BUILDI							
3 03	NEW CAP REL COSTS-RA							
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,604,829		2,248,473				4,853,302

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

I PROVIDER NO:
I 16-0080
I

I PERIOD: I PREPARED 11/30/2009
I FROM 7/ 1/2008 I WORKSHEET A-8
I TO 6/30/2009 I

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-204,041	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-2,264	OTHER ADMINISTRATIVE AND	6.06	
10 TELEVISION AND RADIO SERVICE	A	-18,264	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,020,823			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,228,691			
15 LAUNDRY AND LINEN SERVICE	B	-50,861	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-385,999	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-27,995	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER INCOME	B	-254,767	DRUGS CHARGED TO PATIENTS	56	
38 OTHER INCOME	B	-4,111	PHYSICAL THERAPY	50	
38.01 OTHER INCOME	B	-6,154	SPEECH PATHOLOGY	52	
39 CE AND CPR REVENUE	B	-14,113	NURSING ADMINISTRATION	14	
40 WELLNES REV	B	-14,622	EMPLOYEE BENEFITS	5	
41 VOLUNTEER SERVICES	B	-15,973	OTHER ADMINISTRATIVE AND	6.06	
42 DIAGNOSTIC IMAGING	B	-367	RADIOLOGY-DIAGNOSTIC	41	
43 MOBILE ULTRASOUND	B	-10,669	RADIOLOGY-DIAGNOSTIC	41	
44 CLINIC LAB	B	-12,705	LABORATORY	44	
45 OTHER INCOME	B	-52	OTHER ADMINISTRATIVE AND	6.06	
46 OB OTHER INCOME	B	-3,520	DELIVERY ROOM & LABOR ROO	39	
47					
48 HOME CARE OTHER INCOME	B	-3,521	HOME HEALTH AGENCY	71	
49 HOSPICE OTHER INCOME	B	-186	HOSPICE	93	
49.01 DME OTHER INCOME	B	-46,378	HOME HEALTH AGENCY	71	
49.02 OTHER INCOME	B	-584	OTHER ADMINISTRATIVE AND	6.06	
49.03 OTHER INCOME	B	-372,326	OTHER ADMINISTRATIVE AND	6.06	
49.04 OTHER INCOME	B	-90	SOCIAL SERVICE	18	
49.05 OTHER INCOME - PATIENT FINANCIAL SER	B	-127,438	CASHIERING/ACCOUNTS RECEI	6.05	
49.06 OTHER INCOME - INFORMATION RESOURCES	B	-3,633	INFORMATION SYSTEMS	6.02	
49.07 OTHER INCOME	B	-461	MEDICAL RECORDS & LIBRARY	17	
49.08					
49.09 OTHER INCOME	B	-821	EMPLOYEE BENEFITS	5	
49.10					
49.11 EMPLOYEE WELLNESS	B	-25,549	EMPLOYEE BENEFITS	5	
49.12 PRINT SHOP	B	-40	OTHER ADMINISTRATIVE AND	6.06	
49.13 CHILD DAYCARE	B	-253,539	EMPLOYEE BENEFITS	5	
49.14 LOBBYING EXPENSE	A	-29,187	OTHER ADMINISTRATIVE AND	6.06	
49.15 ADVERTISING EXPENSE	A	-190,226	OTHER ADMINISTRATIVE AND	6.06	
49.16 BAD DEBT	A	-4,175,725	OTHER ADMINISTRATIVE AND	6.06	
49.17 ER BAD DEBT	A	-947,945	EMERGENCY	61	
49.18 HOME CARE AND DME BAD DEBTS	A	-16,149	HOME HEALTH AGENCY	71	
49.19 HOSPICE BAD DEBTS	A	-4,555	HOSPICE	93	
49.20 ENT CLINIC BAD DEBTS	A	-29,603	ENT	100.04	
49.21 GASTRO CLINIC BAD DEBTS	A	-28,198	GASTRO CLINIC	100.05	
49.22 DONATIONS	A	-31,883	OTHER ADMINISTRATIVE AND	6.06	
49.23 MISC INCOME - NURSE ADMIN	B	-222	NURSING ADMINISTRATION	14	
49.24 MISC INCOME - EMPLOYEE BENEFITS	B	-50,836	EMPLOYEE BENEFITS	5	
49.25 PHYSICIAN INCOME GUARANTEE	A	-239,958	OPERATING ROOM	37	
49.26 PHYSICIAN INCOME GUARANTEE-HOSPITALI	A	-739,551	EMERGENCY	61	
49.27 RECRUITMENT - HOSPITALIST	A	-248,672	EMERGENCY	61	
49.28 RECRUITMENT - ER CONTRACT	A	-40,000	EMERGENCY	61	
50 TOTAL (SUM OF LINES 1 THRU 49)		-9,425,885			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6 2	INFORMATION SYSTEMS	TIS FEES	2,936,295	3,855,591	-919,296	
2	5	EMPLOYEE BENEFITS	PENSION	2,093,948		2,093,948	
3	5	EMPLOYEE BENEFITS	WORKER COMP	72,581	384,622	-312,041	
4	5	EMPLOYEE BENEFITS	STOP LOSS	689,432	311,037	378,395	
4.01	6 6	OTHER ADMINISTRATIVE AND	MALPRACTICE INSURANCE	48,884	95,025	-46,141	
4.02	6 6	OTHER ADMINISTRATIVE AND	OTHER INSURANCE	229,528	239,610	-10,082	
4.03	6 6	OTHER ADMINISTRATIVE AND	INTERCOMPANY DEBT COST	715,237	793,562	-78,325	
4.04	6 6	OTHER ADMINISTRATIVE AND	TRINITY MANAGEMENT FEES	2,633,151	1,383,822	1,249,329	
4.05	3	NEW CAP REL COSTS-BLDG &	TRINITY CAPITAL COSTS	78,345		78,345	9
4.06	6 6	OTHER ADMINISTRATIVE AND	TRINITY OVERHEAD FEES PAI		1,179,816	-1,179,816	
4.07	5	EMPLOYEE BENEFITS	TRINITY OVERHEAD FEES PAI		25,625	-25,625	
5		TOTALS		9,497,401	8,268,710	1,228,691	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I
I 16-0080 I
I I

I PERIOD: I
I FROM 7/ 1/2008 I
I TO 6/30/2009 I

I PREPARED 11/30/2009 I
I WORKSHEET A-8-2 I
I GROUP 1 I

LINE NO.	WKSHT A	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	44	LAB	235,266		235,266	208,000	2,225	222,500	11,125
2	57	RENAL DIALYSIS	30,000		30,000	142,500	240	16,442	822
3	61	ER	1,764,453	1,764,453		142,500			
4	61	ER MED DIRECTOR	24,000		24,000	142,500	120	8,221	411
5	31	SUBPROVIDER	55,440		55,440	138,700	396	26,406	1,320
6	37	ANESTHESIOLOGY	38,213		38,213	182,900	240	21,104	1,055
7	41	RADIOLOGY	1,125		1,125	217,600	9	942	47
8	59	SPECIAL PROCEDURES	13,000		13,000	142,500	90	6,166	308
9	34	SNF	3,600		3,600	142,500	30	2,055	103
10	61	HOSPITALIST	156,000	156,000					
11	6	6 UTILIZATION MANAGEMENT ME	6,508		6,508	142,500	43	2,946	147
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	2,327,605	1,920,453	407,152		3,393	306,782	15,338

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 16-0080
I

I PERIOD:
I FROM 7/ 1/2008
I TO 6/30/2009

I PREPARED 11/30/2009
I WORKSHEET A-8-2
I GROUP 1

LINE NO.	WKSHT A	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
			12	13	14	15	16	17	18
1	44	LAB					222,500	12,766	12,766
2	57	RENAL DIALYSIS					16,442	13,558	13,558
3	61	ER							1,764,453
4	61	ER MED DIRECTOR					8,221	15,779	15,779
5	31	SUBPROVIDER					26,406	29,034	29,034
6	37	ANESTHESIOLOGY					21,104	17,109	17,109
7	41	RADIOLOGY					942	183	183
8	59	SPECIAL PROCEDURES					6,166	6,834	6,834
9	34	SNF					2,055	1,545	1,545
10	61	HOSPITALIST							156,000
11	6	6 UTILIZATION MANAGEMENT ME					2,946	3,562	3,562
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					306,782	100,370	2,020,823

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 6/30/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3.01	NEW CAP SOUTH 1970 BUILDING	2	SQUARE	FEET	ENTERED
3.02	NEW CAP BLUFF BUILDING	3	SQUARE	FEET	ENTERED
3.03	NEW CAP REL COSTS-RAD ONCOLOGY BLDG	4	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	5	DOLLAR	VALUE	NOT ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.02	INFORMATION SYSTEMS	8	ADMIN &	GEN	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	COSTED	REQUISTION	ENTERED
6.04	ADMITTING	10	GROSS	CHARGES	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	10	GROSS	CHARGES	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	12	TOTAL	FACILISQUA	ENTERED
8	OPERATION OF PLANT	12	TOTAL	FACILISQUA	ENTERED
9	LAUNDRY & LINEN SERVICE	13	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	14	HOURS OF	SERVICE	ENTERED
11	DIETARY	15	MEALS	SERVED	ENTERED
12	CAFETERIA	16	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	18	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	9	COSTED	REQUISTION	ENTERED
17	MEDICAL RECORDS & LIBRARY	10	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	20	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP SOUTH 1970 BUILDI 3.01	NEW CAP BLUFF BUILDING 3.02	NEW CAP REL C OSTS-RAD ONC 3.03	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5
003	GENERAL SERVICE COST CNTR							
	NEW CAP REL COSTS-BLDG &	3,846,320	3,846,320					
003 01	NEW CAP SOUTH 1970 BUILDI	492,270		492,270				
003 02	NEW CAP BLUFF BUILDING	70,284			70,284			
003 03	NEW CAP REL COSTS-RAD ONC	154,655				154,655		
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS	2,629,268	24,844	43,336				2,697,448
006 02	INFORMATION SYSTEMS	3,537,779	116,918					14,388
006 03	PURCHASING, RECEIVING AND	676,485	102,862					30,809
006 04	ADMITTING	576,798	29,377					37,553
006 05	CASHIERING/ACCOUNTS RECEI	719,793	34,520					38,731
006 06	OTHER ADMINISTRATIVE AND	5,487,753	377,996	9,975	36,002			111,684
007	MAINTENANCE & REPAIRS	2,097,381	52,739	4,551				32,106
008	OPERATION OF PLANT	1,468,639						
009	LAUNDRY & LINEN SERVICE	434,825	21,967	13,558				6,891
010	HOUSEKEEPING	975,335	25,868	7,462				51,791
011	DIETARY	2,127,965	160,526	32,593				104,856
012	CAFETERIA							
014	NURSING ADMINISTRATION	1,668,667	24,975					105,020
015	CENTRAL SERVICES & SUPPLY	231,746	63,221					9,644
017	MEDICAL RECORDS & LIBRARY	1,097,132	89,089					69,655
018	SOCIAL SERVICE	493,010	44,239					34,025
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	7,078,226	1,044,091					449,424
026	INTENSIVE CARE UNIT	1,137,699	109,422					68,562
031	SUBPROVIDER	948,370	113,061					62,740
031 01	ACUTE REHAB UNIT	938,077		55,522				42,663
033	NURSERY	536,792	24,321					33,525
034	SKILLED NURSING FACILITY	2,752,012		167,153				165,658
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	4,498,694	324,299					123,463
039	DELIVERY ROOM & LABOR ROO	372,944	72,526					20,586
041	RADIOLOGY-DIAGNOSTIC	3,718,760	273,652			154,655		122,327
044	LABORATORY	3,261,045	118,400					109,126
049	RESPIRATORY THERAPY	1,046,590	49,361					64,714
050	PHYSICAL THERAPY	1,220,047	29,028	49,292				66,222
052	SPEECH PATHOLOGY	159,195		1,539				9,971
053	ELECTROCARDIOLOGY	722,186	43,629					30,742
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS	4,138,647	53,567					82,345
057	RENAL DIALYSIS	934,599	4,533	23,145				46,711
059	SPECIAL PROCEDURES	2,708,449	135,922					32,547
059 02	PARTIAL HOSPITALIZATION							
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	1,972,457	207,773					99,260
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	2,757,396		39,763	8,939			123,577
	SPEC PURPOSE COST CENTERS							
093	HOSPICE	737,496			18			28,045
095	SUBTOTALS	70,425,786	3,772,726	447,889	44,959	154,655		2,429,361
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		28,265	5,381				
098	PHYSICIANS' PRIVATE OFFIC	110,311	45,329	29,667	16,977			1,145
100	OTHER NON-REIMBURSABLE							
100 01	RESPIRE			6,374				
100 02	LIFELINE	104,030						3,005
100 03	OUTREACH	35,048						2,173
100 04	ENT	557,334						30,776
100 05	GASTRO CLINIC	926,370						61,146
100 09	SENIOR SERVICES	58,710		2,959				2,348
100 11	GUEST MEALS							
100 12	OTHER	17,451			8,348			523
100 13	RURAL OUTREACH	4,563						110
100 16	WYNDREST NURSING HOME	3,139,071						166,861
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	75,378,674	3,846,320	492,270	70,284	154,655		2,697,448

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	INFORMATION S	PURCHASING, R	ADMITTING	CASHIERING/AC	SUBTOTAL	OTHER ADMINIS	MAINTENANCE &
	YSTEMS	RECEIVING AND		COUNTS RECEI		TRATIVE AND	REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP BLUFF BUILDING							
003 03 NEW CAP REL COSTS-RAD ONC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 02 INFORMATION SYSTEMS	3,669,085						
006 03 PURCHASING, RECEIVING AND		810,156					
006 04 ADMITTING		3,624	647,352				
006 05 CASHIERING/ACCOUNTS RECEI		902		793,946			
006 06 OTHER ADMINISTRATIVE AND	3,669,085	10,301			9,702,796	9,702,796	
007 MAINTENANCE & REPAIRS		26,860			2,213,637	327,038	2,540,675
008 OPERATION OF PLANT					1,468,639	216,974	
009 LAUNDRY & LINEN SERVICE		6,630			483,871	71,486	36,373
010 HOUSEKEEPING		14,856			1,075,312	158,864	26,016
011 DIETARY		10,182			2,436,122	359,908	134,320
012 CAFETERIA							
014 NURSING ADMINISTRATION		3,379			1,802,041	266,230	10,869
015 CENTRAL SERVICES & SUPPLY		565			305,176	45,086	27,515
017 MEDICAL RECORDS & LIBRARY		2,011			1,257,887	185,838	38,773
018 SOCIAL SERVICE		453			571,727	84,466	19,254
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		27,863	73,793	90,514	8,763,911	1,294,735	454,404
026 INTENSIVE CARE UNIT		7,275	10,984	13,473	1,347,415	199,064	47,622
031 SUBPROVIDER		2,398	6,967	8,546	1,142,082	168,729	49,206
031 01 ACUTE REHAB UNIT		1,021	5,357	6,571	1,049,211	155,008	109,802
033 NURSERY		3,788	6,066	7,440	611,932	90,406	10,585
034 SKILLED NURSING FACILITY		14,284	38,383	47,080	3,184,570	470,482	330,564
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		257,401	85,643	105,050	5,394,550	796,980	141,139
039 DELIVERY ROOM & LABOR ROO		816	5,578	6,842	479,292	70,810	31,564
041 RADIOLOGY-DIAGNOSTIC		20,153	90,410	110,803	4,490,760	663,456	211,856
044 LABORATORY		103,374	85,624	105,026	3,782,595	558,833	51,529
049 RESPIRATORY THERAPY		16,523	9,064	11,118	1,197,370	176,897	21,482
050 PHYSICAL THERAPY		5,071	15,074	18,490	1,403,224	207,310	110,115
052 SPEECH PATHOLOGY		117	1,330	1,631	173,783	25,674	3,045
053 ELECTROCARDIOLOGY		1,133	18,689	22,924	839,303	123,997	18,988
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		92,059	85,605	105,003	4,557,226	673,275	23,313
057 RENAL DIALYSIS		3,926	11,453	14,049	1,038,416	153,414	47,745
059 SPECIAL PROCEDURES		67,739	69,506	85,255	3,099,418	457,902	59,155
059 02 PARTIAL HOSPITALIZATION							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		9,837	27,826	34,131	2,351,284	347,374	90,425
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		70,182			2,999,857	443,193	140,323
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE					765,559	113,102	123
095 SUBTOTALS	3,669,085	784,723	647,352	793,946	69,988,966	8,906,531	2,246,105
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					33,646	4,971	22,943
098 PHYSICIANS' PRIVATE OFFIC		6,082			209,511	30,953	195,561
100 OTHER NON-REIMBURSABLE		4,576			4,576	676	
100 01 RESPITE					6,374	942	12,605
100 02 LIFELINE					107,035	15,813	
100 03 OUTREACH					37,221	5,499	
100 04 ENT					588,110	86,886	
100 05 GASTRO CLINIC					987,516	145,894	
100 09 SENIOR SERVICES		147			64,164	9,479	5,852
100 11 GUEST MEALS							
100 12 OTHER					26,322	3,889	57,609
100 13 RURAL OUTREACH		840			5,513	814	
100 16 WYNDREST NURSING HOME		13,788			3,319,720	490,449	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,669,085	810,156	647,352	793,946	75,378,674	9,702,796	2,540,675

COST ALLOCATION - GENERAL SERVICE 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 &							
003 02 NEW CAP BLUFF BUILDING							
003 03 NEW CAP REL COSTS-RAD ONC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 02 INFORMATION SYSTEMS							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,685,613						
009 LAUNDRY & LINEN SERVICE	24,132	615,862					
010 HOUSEKEEPING	17,260	30	1,277,482				
011 DIETARY	89,115	142	14,269	3,033,876			
012 CAFETERIA			16,750	879,896	896,646		
014 NURSING ADMINISTRATION	7,211		8,065		33,076	2,127,492	
015 CENTRAL SERVICES & SUPPLY	18,255	14,855	19,232		7,796		437,915
017 MEDICAL RECORDS & LIBRARY	25,724		11,539		36,589		1,202
018 SOCIAL SERVICE	12,774		6,617		14,570		271
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	301,472	193,796	449,277	507,445	210,210	993,264	16,649
026 INTENSIVE CARE UNIT	31,595	28,741	74,445	33,510	27,518	130,026	4,347
031 SUBPROVIDER	32,646	12,814	54,345	51,015	28,261	133,544	1,433
031 01 ACUTE REHAB UNIT	72,848	305		36,378	18,877		610
033 NURSERY	7,022	3,813	3,102		12,205	57,661	2,264
034 SKILLED NURSING FACILITY	219,313	121,896	116,011	708,315	106,271		8,536
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	93,639	38,219	159,933		50,846	240,273	153,807
039 DELIVERY ROOM & LABOR ROO	20,941	12,446	12,614		7,787	36,786	488
041 RADIOLOGY-DIAGNOSTIC	140,556	27,069	69,524		55,407		12,042
044 LABORATORY	34,187	431	29,985		51,902		61,771
049 RESPIRATORY THERAPY	14,253	201	10,919		28,793		9,873
050 PHYSICAL THERAPY	73,056	4,185	24,691		32,932		3,030
052 SPEECH PATHOLOGY	2,020		5,749		2,872		70
053 ELECTROCARDIOLOGY	12,598	3,239	17,826		14,494		677
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	15,467		10,712			168,146	55,010
057 RENAL DIALYSIS	31,677	4,450	29,654	38,127	22,856	107,991	2,346
059 SPECIAL PROCEDURES	39,246	3,721	11,539		11,808	55,808	40,477
059 02 PARTIAL HOSPITALIZATION							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	59,993	47,649	87,473		43,169	203,993	5,878
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	93,098		19,736		64,107		41,937
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	82		33		11,124		
095 SUBTOTALS	1,490,180	518,002	1,264,040	2,254,686	893,470	2,127,492	422,718
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	15,222						
098 PHYSICIANS' PRIVATE OFFIC	129,745		8,272				3,634
100 OTHER NON-REIMBURSABLE							2,734
100 01 RESPITE	8,363		5,170				
100 02 LIFELINE							
100 03 OUTREACH							
100 04 ENT							
100 05 GASTRO CLINIC							
100 09 SENIOR SERVICES	3,882				3,176		88
100 11 GUEST MEALS				39,196			
100 12 OTHER	38,221						
100 13 RURAL OUTREACH							502
100 16 WYNDREST NURSING HOME		97,860		739,994			8,239
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,685,613	615,862	1,277,482	3,033,876	896,646	2,127,492	437,915

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	18	25		27
003 GENERAL SERVICE COST CNTR					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 NEW CAP BLUFF BUILDING					
003 03 NEW CAP REL COSTS-RAD ONC					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 02 INFORMATION SYSTEMS					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
017 MEDICAL RECORDS & LIBRARY	1,557,552				
018 SOCIAL SERVICE		709,679			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	177,564		13,362,727		13,362,727
026 INTENSIVE CARE UNIT	26,430		1,950,713		1,950,713
031 SUBPROVIDER	16,765		1,690,840		1,690,840
031 01 ACUTE REHAB UNIT	12,891		1,455,930		1,455,930
033 NURSERY	14,596		813,586		813,586
034 SKILLED NURSING FACILITY	92,359		5,358,317		5,358,317
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	206,080		7,275,466		7,275,466
039 DELIVERY ROOM & LABOR ROO	13,422	13,047	699,197		699,197
041 RADIOLOGY-DIAGNOSTIC	217,406		5,888,076		5,888,076
044 LABORATORY	206,033		4,777,266		4,777,266
049 RESPIRATORY THERAPY	21,811		1,481,599		1,481,599
050 PHYSICAL THERAPY	36,272		1,894,815		1,894,815
052 SPEECH PATHOLOGY	3,200		216,413		216,413
053 ELECTROCARDIOLOGY	44,971		1,076,093		1,076,093
055 MEDICAL SUPPLIES CHARGED					
056 DRUGS CHARGED TO PATIENTS	205,988		5,709,137		5,709,137
057 RENAL DIALYSIS	27,560	660,044	2,164,280		2,164,280
059 SPECIAL PROCEDURES	167,248	1	3,946,323		3,946,323
059 02 PARTIAL HOSPITALIZATION					
OUTPAT SERVICE COST CNTRS					
061 EMERGENCY	66,956	36,587	3,340,781		3,340,781
062 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY			3,802,251		3,802,251
SPEC PURPOSE COST CENTERS					
093 HOSPICE			890,023		890,023
095 SUBTOTALS	1,557,552	709,679	67,793,833		67,793,833
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			76,782		76,782
098 PHYSICIANS' PRIVATE OFFIC			577,676		577,676
100 OTHER NON-REIMBURSABLE			7,986		7,986
100 01 RESPITE			33,454		33,454
100 02 LIFELINE			122,848		122,848
100 03 OUTREACH			42,720		42,720
100 04 ENT			674,996		674,996
100 05 GASTRO CLINIC			1,133,410		1,133,410
100 09 SENIOR SERVICES			86,641		86,641
100 11 GUEST MEALS			39,196		39,196
100 12 OTHER			126,041		126,041
100 13 RURAL OUTREACH			6,829		6,829
100 16 WYNDREST NURSING HOME			4,656,262		4,656,262
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	1,557,552	709,679	75,378,674		75,378,674

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP SOUTH 1970 BUILDI	NEW CAP BLUFF BUILDING	NEW CAP REL C OSTS-RAD ONC	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
	0	3	3.01	3.02	3.03	4	4a
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP SOUTH 1970 BUILDI							
003 02 NEW CAP BLUFF BUILDING							
003 03 NEW CAP REL COSTS-RAD ONC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS			43,336				68,180
006 02 INFORMATION SYSTEMS		24,844					116,918
006 03 PURCHASING, RECEIVING AND	24,509	116,918					127,371
006 04 ADMITTING		102,862					29,377
006 05 CASHIERING/ACCOUNTS RECEI		29,377					34,520
006 06 OTHER ADMINISTRATIVE AND	3,542	34,520					427,515
007 MAINTENANCE & REPAIRS		377,996	9,975	36,002			57,290
008 OPERATION OF PLANT		52,739	4,551				
009 LAUNDRY & LINEN SERVICE	222		13,558				35,747
010 HOUSEKEEPING		21,967	7,462				33,330
011 DIETARY		25,868	32,593				193,119
012 CAFETERIA		160,526					
014 NURSING ADMINISTRATION		24,975					24,975
015 CENTRAL SERVICES & SUPPLY	9,889	63,221					73,110
017 MEDICAL RECORDS & LIBRARY		89,089					89,089
018 SOCIAL SERVICE		44,239					44,239
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	8,847	1,044,091					1,052,938
031 INTENSIVE CARE UNIT	1,060	109,422					110,482
031 01 ACUTE REHAB UNIT	907	113,061					113,061
033 NURSERY			55,522				56,429
034 SKILLED NURSING FACILITY		24,321					24,321
037 ANCILLARY SRVC COST CNTRS	11,967		167,153				179,120
039 OPERATING ROOM	975	324,299					325,274
041 DELIVERY ROOM & LABOR ROO		72,526					72,526
044 RADIOLOGY-DIAGNOSTIC		273,652			154,655		428,307
049 LABORATORY	17,825	118,400					136,225
050 RESPIRATORY THERAPY	8,722	49,361					58,083
052 PHYSICAL THERAPY	4,308	29,028	49,292				82,628
053 SPEECH PATHOLOGY			1,539				1,539
055 ELECTROCARDIOLOGY	164,958	43,629					208,587
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS	31,429	53,567					84,996
059 RENAL DIALYSIS		4,533	23,145				27,678
059 02 SPECIAL PROCEDURES		135,922					135,922
061 PARTIAL HOSPITALIZATION							
062 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		207,773					207,773
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	20,748		39,763	8,939			69,450
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE					18		18
095 SUBTOTALS	309,908	3,772,726	447,889	44,959	154,655		4,730,137
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		28,265	5,381				33,646
100 PHYSICIANS' PRIVATE OFFIC	18,260	45,329	29,667	16,977			110,233
100 OTHER NON-REIMBURSABLE							
100 01 RESPITE			6,374				6,374
100 02 LIFELINE							
100 03 OUTREACH							
100 04 ENT							
100 05 GASTRO CLINIC							
100 09 SENIOR SERVICES			2,959				2,959
100 11 GUEST MEALS							
100 12 OTHER				8,348			8,348
100 13 RURAL OUTREACH							
100 16 WYNDREST NURSING HOME							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	328,168	3,846,320	492,270	70,284	154,655		4,891,697

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	INFORMATION SYSTEMS	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEIVED	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	5	6.02	6.03	6.04	6.05	6.06	7
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP BLUFF BUILDING							
003 03 NEW CAP REL COSTS-RAD ONC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	68,180						
006 02 INFORMATION SYSTEMS	364	117,282					
006 03 PURCHASING, RECEIVING AND	779		128,150				
006 04 ADMITTING	949		573	30,899			
006 05 CASHIERING/ACCOUNTS RECEI	979		143		35,642		
006 06 OTHER ADMINISTRATIVE AND	2,823	117,282	1,629			549,249	
007 MAINTENANCE & REPAIRS	811		4,249			18,513	80,863
008 OPERATION OF PLANT						12,282	
009 LAUNDRY & LINEN SERVICE	174		1,049			4,047	1,158
010 HOUSEKEEPING	1,309		2,350			8,993	828
011 DIETARY	2,650		1,611			20,373	4,275
012 CAFETERIA							
014 NURSING ADMINISTRATION	2,654		535			15,070	346
015 CENTRAL SERVICES & SUPPLY	244		89			2,552	876
017 MEDICAL RECORDS & LIBRARY	1,760		318			10,520	1,234
018 SOCIAL SERVICE	860		72			4,781	613
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,364		4,407	3,523	4,061	73,296	14,460
026 INTENSIVE CARE UNIT	1,733		1,151	524	604	11,268	1,516
031 SUBPROVIDER	1,586		379	333	383	9,551	1,566
031 01 ACUTE REHAB UNIT	1,078		162	256	295	8,775	3,495
033 NURSERY	847		599	290	334	5,118	337
034 SKILLED NURSING FACILITY	4,187		2,259	1,833	2,112	26,633	10,521
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,120		40,715	4,089	4,713	45,115	4,492
039 DELIVERY ROOM & LABOR ROO	520		129	266	307	4,008	1,005
041 RADIOLOGY-DIAGNOSTIC	3,092		3,188	4,307	4,994	37,556	6,743
044 LABORATORY	2,758		16,352	4,088	4,712	31,634	1,640
049 RESPIRATORY THERAPY	1,635		2,614	433	499	10,014	684
050 PHYSICAL THERAPY	1,674		802	720	830	11,735	3,505
052 SPEECH PATHOLOGY	252		18	63	73	1,453	97
053 ELECTROCARDIOLOGY	777		179	892	1,028	7,019	604
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	2,081		14,562	4,087	4,711	38,112	742
057 RENAL DIALYSIS	1,181		621	547	630	8,684	1,520
059 SPECIAL PROCEDURES	823		10,715	3,319	3,825	25,920	1,883
059 02 PARTIAL HOSPITALIZATION							
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	2,509		1,556	1,329	1,531	19,664	2,878
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	3,123		11,101			25,088	4,466
SPEC PURPOSE COST CENTERS							
093 HOSPICE	709					6,402	4
095 SUBTOTALS	61,405	117,282	124,127	30,899	35,642	504,176	71,488
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						281	730
098 PHYSICIANS' PRIVATE OFFIC	29		962			1,752	6,224
100 OTHER NON-REIMBURSABLE			724			38	
100 01 RESPITE						53	401
100 02 LIFELINE	76					895	
100 03 OUTREACH	55					311	
100 04 ENT	778					4,918	
100 05 GASTRO CLINIC	1,545					8,259	
100 09 SENIOR SERVICES	59		23			537	186
100 11 GUEST MEALS							
100 12 OTHER	13					220	1,834
100 13 RURAL OUTREACH	3		133			46	
100 16 WYNDREST NURSING HOME	4,217		2,181			27,763	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	68,180	117,282	128,150	30,899	35,642	549,249	80,863

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 &							
003 02 NEW CAP BLUFF BUILDING							
003 03 NEW CAP REL COSTS-RAD ONC							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 02 INFORMATION SYSTEMS							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	12,282						
009 LAUNDRY & LINEN SERVICE	176	42,351					
010 HOUSEKEEPING	126	2	46,938				
011 DIETARY	649	10		524	223,211		
012 CAFETERIA				615	64,738	65,353	
014 NURSING ADMINISTRATION	53			296		2,411	46,340
015 CENTRAL SERVICES & SUPPLY	133	1,022	707			568	79,301
017 MEDICAL RECORDS & LIBRARY	187		424			2,667	218
018 SOCIAL SERVICE	93		243			1,062	49
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,197	13,326	16,509	37,334	15,320	21,636	3,015
026 INTENSIVE CARE UNIT	230	1,976	2,735	2,465	2,006	2,832	787
031 SUBPROVIDER	238	881	1,997	3,753	2,060	2,909	259
031 01 ACUTE REHAB UNIT	531	21		2,676	1,376		111
033 NURSERY	51	262	114		890	1,256	410
034 SKILLED NURSING FACILITY	1,598	8,382	4,263	52,113	7,746		1,546
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	682	2,628	5,876		3,706	5,233	27,851
039 DELIVERY ROOM & LABOR ROO	153	856	463		568	801	88
041 RADIOLOGY-DIAGNOSTIC	1,024	1,861	2,554		4,038		2,181
044 LABORATORY	249	30	1,102		3,783		11,186
049 RESPIRATORY THERAPY	104	14	401		2,099		1,788
050 PHYSICAL THERAPY	532	288	907		2,400		549
052 SPEECH PATHOLOGY	15		211		209		13
053 ELECTROCARDIOLOGY	92	223	655		1,056		123
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	113		394			3,662	9,962
057 RENAL DIALYSIS	231	306	1,090	2,805	1,666	2,352	425
059 SPECIAL PROCEDURES	286	256	424		861	1,216	7,330
059 02 PARTIAL HOSPITALIZATION							
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	437	3,277	3,214		3,146	4,443	1,064
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	678		725		4,673		7,594
SPEC PURPOSE COST CENTERS							
093 HOSPICE	1		1		811		
095 SUBTOTALS	10,859	35,621	46,444	165,884	65,122	46,340	76,549
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	111						
098 PHYSICIANS' PRIVATE OFFIC	945		304				658
100 OTHER NON-REIMBURSABLE							495
100 01 RESPITE	61		190				
100 02 LIFELINE							
100 03 OUTREACH							
100 04 ENT							
100 05 GASTRO CLINIC							
100 09 SENIOR SERVICES	28				231		16
100 11 GUEST MEALS				2,884			
100 12 OTHER	278						
100 13 RURAL OUTREACH							91
100 16 WYNDREST NURSING HOME		6,730		54,443			1,492
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	12,282	42,351	46,938	223,211	65,353	46,340	79,301

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
003 GENERAL SERVICE COST CNTR					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 NEW CAP BLUFF BUILDING					
003 03 NEW CAP REL COSTS-RAD ONC					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 02 INFORMATION SYSTEMS					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
017 MEDICAL RECORDS & LIBRARY	106,417				
018 SOCIAL SERVICE		52,012			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	12,123		1,285,509		1,285,509
031 INTENSIVE CARE UNIT	1,804		142,113		142,113
031 01 SUBPROVIDER	1,145		140,101		140,101
031 01 ACUTE REHAB UNIT	880		76,085		76,085
033 NURSERY	997		35,826		35,826
034 SKILLED NURSING FACILITY	6,306		308,619		308,619
037 ANCILLARY SRVC COST CNTRS					
039 OPERATING ROOM	14,070		487,564		487,564
041 DELIVERY ROOM & LABOR ROO	916	956	83,562		83,562
044 RADIOLOGY-DIAGNOSTIC	14,920		514,765		514,765
049 LABORATORY	14,067		227,826		227,826
050 RESPIRATORY THERAPY	1,489		79,857		79,857
052 PHYSICAL THERAPY	2,476		109,046		109,046
053 SPEECH PATHOLOGY	218		4,161		4,161
055 ELECTROCARDIOLOGY	3,070		224,305		224,305
056 MEDICAL SUPPLIES CHARGED					
056 DRUGS CHARGED TO PATIENTS	14,064		177,486		177,486
057 RENAL DIALYSIS	1,882	48,375	99,993		99,993
059 SPECIAL PROCEDURES	11,419		204,199		204,199
059 02 PARTIAL HOSPITALIZATION					
061 OUTPAT SERVICE COST CNTRS					
062 EMERGENCY	4,571	2,681	260,073		260,073
071 OBSERVATION BEDS (NON-DIS					
093 OTHER REIMBURS COST CNTRS					
095 HOME HEALTH AGENCY			126,898		126,898
095 SPEC PURPOSE COST CENTERS					
095 HOSPICE			7,946		7,946
095 SUBTOTALS	106,417	52,012	4,595,934		4,595,934
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			34,768		34,768
098 PHYSICIANS' PRIVATE OFFIC			121,107		121,107
100 OTHER NON-REIMBURSABLE			1,257		1,257
100 01 RESPITE			7,079		7,079
100 02 LIFELINE			971		971
100 03 OUTREACH			366		366
100 04 ENT			5,696		5,696
100 05 GASTRO CLINIC			9,804		9,804
100 09 SENIOR SERVICES			4,039		4,039
100 11 GUEST MEALS			2,884		2,884
100 12 OTHER			10,693		10,693
100 13 RURAL OUTREACH			273		273
100 16 WYNDREST NURSING HOME			96,826		96,826
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	106,417	52,012	4,891,697		4,891,697

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET	C NEW CAP SOUTH 1970 BUILDING (SQUARE FEET	NEW CAP BLUFF BUILDING (SQUARE FEET	NEW CAP REL COSTS-RAD ONC (SQUARE FEET	C NEW CAP REL COSTS-MVBLE (DOLLAR VALUE	C EMPLOYEE BENEFITS (GROSS SALARIES)
	3	3.01	3.02	3.03	4	5
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD	176,495					
003 02 NEW CAP SOUTH 1970 BU		102,644				
003 03 NEW CAP BLUFF BUILDIN			51,141			
004 03 NEW CAP REL COSTS-RAD				9,780		
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS	1,140	9,036				32,493,411
006 02 INFORMATION SYSTEMS	5,365					173,319
006 03 PURCHASING, RECEIVING	4,720					371,130
006 04 ADMITTING	1,348					452,366
006 05 CASHIERING/ACCOUNTS R	1,584					466,555
006 06 OTHER ADMINISTRATIVE	17,345	2,080	26,197			1,345,346
007 MAINTENANCE & REPAIRS	2,420	949				386,745
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI	1,008	2,827				83,009
010 HOUSEKEEPING	1,187	1,556				623,878
011 DIETARY	7,366	6,796				1,263,095
012 CAFETERIA						
014 NURSING ADMINISTRATIO	1,146					1,265,071
015 CENTRAL SERVICES & SU	2,901					116,170
017 MEDICAL RECORDS & LIB	4,088					839,065
018 SOCIAL SERVICE	2,030					409,868
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	47,910					5,413,693
031 INTENSIVE CARE UNIT	5,021					825,896
031 01 SUBPROVIDER	5,188					755,772
031 01 ACUTE REHAB UNIT		11,577				513,915
033 NURSERY	1,116					403,839
034 SKILLED NURSING FACIL		34,853				1,995,520
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	14,881					1,487,236
039 DELIVERY ROOM & LABOR	3,328					247,980
041 RADIOLOGY-DIAGNOSTIC	12,557			9,780		1,473,547
044 LABORATORY	5,433					1,314,528
049 RESPIRATORY THERAPY	2,265					779,547
050 PHYSICAL THERAPY	1,332	10,278				797,711
052 SPEECH PATHOLOGY		321				120,106
053 ELECTROCARDIOLOGY	2,002					370,318
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI	2,458					991,931
057 RENAL DIALYSIS	208	4,826				562,685
059 SPECIAL PROCEDURES	6,237					392,064
059 02 PARTIAL HOSPITALIZATI						
061 OUTPAT SERVICE COST C						
061 EMERGENCY	9,534					1,195,686
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY		8,291	6,504			1,488,607
071 SPEC PURPOSE COST CEN						
093 HOSPICE			13			337,830
095 SUBTOTALS	173,118	93,390	32,714	9,780		29,264,028
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,297	1,122				
098 PHYSICIANS' PRIVATE O	2,080	6,186	12,353			13,794
100 OTHER NON-REIMBURSABL						
100 01 RESPITE		1,329				
100 02 LIFELINE						36,199
100 03 OUTREACH						26,171
100 04 ENT						370,732
100 05 GASTRO CLINIC						736,571
100 09 SENIOR SERVICES		617				28,286
100 11 GUEST MEALS						
100 12 OTHER			6,074			6,298
100 13 RURAL OUTREACH						1,323
100 16 WYNDREST NURSING HOME						2,010,009
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	3,846,320	492,270	70,284	154,655		2,697,448
103 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	21.792799		1.374318			
104 (WRKSHT B, PT I)		4.795896		15.813395		.083015
105 COST TO BE ALLOCATED						
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						68,180
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						.002098
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	INFORMATION SYSTEMS (ADMIN & GEN)	PURCHASING, RECEIVING (COSTED) REQUISITION	R ADMITTING (GROSS) ARGES	CASHIERING/AC COUNTS RECEI (CH(GROSS) ARGES)	OTHER ADMINIS TRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (TOTAL) FACILISQUA)	
	6.02	6.03	6.04	6.05	6a.06	6.06	7
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP SOUTH 1970 BU							
003 02 NEW CAP BLUFF BUILDIN							
003 03 NEW CAP REL COSTS-RAD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 02 INFORMATION SYSTEMS	100,000						
006 03 PURCHASING, RECEIVING		4,245,606					
006 04 ADMITTING		18,991	174,606,556				
006 05 CASHIERING/ACCOUNTS R		4,725		174,606,556			
006 06 OTHER ADMINISTRATIVE	100,000	53,982			-9,702,796	65,675,878	
007 MAINTENANCE & REPAIRS		140,762				2,213,637	267,876
008 OPERATION OF PLANT						1,468,639	
009 LAUNDRY & LINEN SERVI		34,744				483,871	3,835
010 HOUSEKEEPING		77,855				1,075,312	2,743
011 DIETARY		53,359				2,436,122	14,162
012 CAFETERIA							
014 NURSING ADMINISTRATIO		17,710				1,802,041	1,146
015 CENTRAL SERVICES & SU		2,960				305,176	2,901
017 MEDICAL RECORDS & LIB		10,538				1,257,887	4,088
018 SOCIAL SERVICE		2,376				571,727	2,030
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		146,015	19,906,319	19,906,319		8,763,911	47,910
026 INTENSIVE CARE UNIT		38,123	2,962,980	2,962,980		1,347,415	5,021
031 SUBPROVIDER		12,567	1,879,462	1,879,462		1,142,082	5,188
031 01 ACUTE REHAB UNIT		5,353	1,445,151	1,445,151		1,049,211	11,577
033 NURSERY		19,853	1,636,305	1,636,305		611,932	1,116
034 SKILLED NURSING FACIL		74,857	10,354,150	10,354,150		3,184,570	34,853
ANCILLARY SRVC COST C							
037 OPERATING ROOM		1,348,893	23,103,172	23,103,172		5,394,550	14,881
039 DELIVERY ROOM & LABOR		4,278	1,504,729	1,504,729		479,292	3,328
041 RADIOLOGY-DIAGNOSTIC		105,610	24,365,870	24,365,870		4,490,760	22,337
044 LABORATORY		541,728	23,097,902	23,097,902		3,782,595	5,433
049 RESPIRATORY THERAPY		86,588	2,445,155	2,445,155		1,197,370	2,265
050 PHYSICAL THERAPY		26,577	4,066,409	4,066,409		1,403,224	11,610
052 SPEECH PATHOLOGY		611	358,725	358,725		173,783	321
053 ELECTROCARDIOLOGY		5,936	5,041,631	5,041,631		839,303	2,002
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI		482,435	23,092,812	23,092,812		4,557,226	2,458
057 RENAL DIALYSIS		20,575	3,089,639	3,089,639		1,038,416	5,034
059 SPECIAL PROCEDURES		354,983	18,749,815	18,749,815		3,099,418	6,237
059 02 PARTIAL HOSPITALIZATI							
OUTPAT SERVICE COST C							
061 EMERGENCY		51,549	7,506,330	7,506,330		2,351,284	9,534
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY		367,790				2,999,857	14,795
SPEC PURPOSE COST CEN							
093 HOSPICE						765,559	13
095 SUBTOTALS	100,000	4,112,323	174,606,556	174,606,556	-9,702,796	60,286,170	236,818
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE						33,646	2,419
098 PHYSICIANS' PRIVATE O		31,874				209,511	20,619
100 OTHER NON-REIMBURSABL		23,981				4,576	
100 01 RESPITE						6,374	1,329
100 02 LIFELINE						107,035	
100 03 OUTREACH						37,221	
100 04 ENT						588,110	
100 05 GASTRO CLINIC						987,516	
100 09 SENIOR SERVICES		768				64,164	617
100 11 GUEST MEALS							
100 12 OTHER						26,322	6,074
100 13 RURAL OUTREACH		4,404				5,513	
100 16 WYNDREST NURSING HOME		72,256				3,319,720	
CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,669,085	810,156	647,352	793,946		9,702,796	2,540,675
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.190822		.004547		.147738	
(WRKSHT B, PT I)	36.690850		.003707				9.484519
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	117,282	128,150	30,899	35,642		549,249	80,863
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.030184		.000204		.008363	
(WRKSHT B, PT III)	1.172820		.000177				.301867

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
		(TOTAL FACILISQUA)	(POUNDS OF)LAUNDRY	(HOURS OF)SERVICE	(MEALS)SERVED	(MEALS)SERVED	(DIRECT)NRSING HRS	(COSTED)REQUISTION
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST							
003 01	NEW CAP REL COSTS-BLD							
003 02	NEW CAP SOUTH 1970 BU							
003 03	NEW CAP BLUFF BUILDIN							
004	NEW CAP REL COSTS-RAD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
006 02	INFORMATION SYSTEMS							
006 03	PURCHASING, RECEIVING							
006 04	ADMITTING							
006 05	CASHIERING/ACCOUNTS R							
006 06	OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	267,876						
009	LAUNDRY & LINEN SERVI	3,835	887,058					
010	HOUSEKEEPING	2,743	43	154,440				
011	DIETARY	14,162	205	1,725	366,036			
012	CAFETERIA			2,025	106,159	106,159		
014	NURSING ADMINISTRATIO	1,146		975		3,916	500,615	
015	CENTRAL SERVICES & SU	2,901	21,396	2,325		923		3,840,518
017	MEDICAL RECORDS & LIB	4,088		1,395		4,332		10,538
018	SOCIAL SERVICE	2,030		800		1,725		2,376
025	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	47,910	279,132	54,315	61,223	24,888	233,723	146,015
026	INTENSIVE CARE UNIT	5,021	41,397	9,000	4,043	3,258	30,596	38,123
031	SUBPROVIDER	5,188	18,457	6,570	6,155	3,346	31,424	12,567
031 01	ACUTE REHAB UNIT	11,577	439		4,389	2,235		5,353
033	NURSERY	1,116	5,492	375		1,445	13,568	19,853
034	SKILLED NURSING FACIL	34,853	175,573	14,025	85,458	12,582		74,857
037	ANCILLARY SRVC COST C							
037	OPERATING ROOM	14,881	55,049	19,335		6,020	56,538	1,348,893
039	DELIVERY ROOM & LABOR	3,328	17,926	1,525		922	8,656	4,278
041	RADIOLOGY-DIAGNOSTIC	22,337	38,989	8,405		6,560		105,610
044	LABORATORY	5,433	621	3,625		6,145		541,728
049	RESPIRATORY THERAPY	2,265	290	1,320		3,409		86,588
050	PHYSICAL THERAPY	11,610	6,028	2,985		3,899		26,577
052	SPEECH PATHOLOGY	321		695		340		611
053	ELECTROCARDIOLOGY	2,002	4,666	2,155		1,716		5,936
055	MEDICAL SUPPLIES CHAR							
056	DRUGS CHARGED TO PATI	2,458		1,295			39,566	482,435
057	RENAL DIALYSIS	5,034	6,410	3,585	4,600	2,706	25,411	20,575
059	SPECIAL PROCEDURES	6,237	5,360	1,395		1,398	13,132	354,983
059 02	PARTIAL HOSPITALIZATI							
061	OUTPAT SERVICE COST C							
061	EMERGENCY	9,534	68,632	10,575		5,111	48,001	51,549
062	OBSERVATION BEDS (NON							
062	OTHER REIMBURS COST C							
071	HOME HEALTH AGENCY	14,795		2,386		7,590		367,790
071	SPEC PURPOSE COST CEN							
093	HOSPICE	13		4		1,317		
095	SUBTOTALS	236,818	746,105	152,815	272,027	105,783	500,615	3,707,235
096	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	2,419						
098	PHYSICIANS' PRIVATE O	20,619		1,000				31,874
100	OTHER NON-REIMBURSABL							23,981
100 01	RESPIRE	1,329		625				
100 02	LIFELINE							
100 03	OUTREACH							
100 04	ENT							
100 05	GASTRO CLINIC							
100 09	SENIOR SERVICES	617				376		768
100 11	GUEST MEALS				4,729			
100 12	OTHER	6,074						
100 13	RURAL OUTREACH							4,404
100 16	WYNDREST NURSING HOME		140,953		89,280			72,256
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	1,685,613	615,862	1,277,482	3,033,876	896,646	2,127,492	437,915
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.694275		8.288463		4.249757	
104	(WRKSHT B, PT I)	6.292512		8.271704		8.446255		.114025
105	COST TO BE ALLOCATED							
105	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
106	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	12,282	42,351	46,938	223,211	65,353	46,340	79,301
107	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.047743		.609806		.092566	
108	(WRKSHT B, PT III)	.045850		.303924		.615614		.020649

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECOR SOCIAL SERVIC DS & LIBRARY E	
	(GROSS ARGES	CH(TIME)SPENT)
	17	18
GENERAL SERVICE COST		
003 NEW CAP REL COSTS-BLD		
003 01 NEW CAP SOUTH 1970 BU		
003 02 NEW CAP BLUFF BUILDIN		
003 03 NEW CAP REL COSTS-RAD		
004 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
006 02 INFORMATION SYSTEMS		
006 03 PURCHASING, RECEIVING		
006 04 ADMITTING		
006 05 CASHIERING/ACCOUNTS R		
006 06 OTHER ADMINISTRATIVE		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
015 CENTRAL SERVICES & SU		
017 MEDICAL RECORDS & LIB	174,606,556	
018 SOCIAL SERVICE		724,826
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS	19,906,319	
026 INTENSIVE CARE UNIT	2,962,980	
031 SUBPROVIDER	1,879,462	
031 01 ACUTE REHAB UNIT	1,445,151	
033 NURSERY	1,636,305	
034 SKILLED NURSING FACIL	10,354,150	
ANCILLARY SRVC COST C		
037 OPERATING ROOM	23,103,172	
039 DELIVERY ROOM & LABOR	1,504,729	13,325
041 RADIOLOGY-DIAGNOSTIC	24,365,870	
044 LABORATORY	23,097,902	
049 RESPIRATORY THERAPY	2,445,155	
050 PHYSICAL THERAPY	4,066,409	
052 SPEECH PATHOLOGY	358,725	
053 ELECTROCARDIOLOGY	5,041,631	
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI	23,092,812	
057 RENAL DIALYSIS	3,089,639	674,132
059 SPECIAL PROCEDURES	18,749,815	1
059 02 PARTIAL HOSPITALIZATI		
OUTPAT SERVICE COST C		
061 EMERGENCY	7,506,330	37,368
062 OBSERVATION BEDS (NON		
OTHER REIMBURS COST C		
071 HOME HEALTH AGENCY		
SPEC PURPOSE COST CEN		
093 HOSPICE		
095 SUBTOTALS	174,606,556	724,826
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
098 PHYSICIANS' PRIVATE O		
100 OTHER NON-REIMBURSABL		
100 01 RESPITE		
100 02 LIFELINE		
100 03 OUTREACH		
100 04 ENT		
100 05 GASTRO CLINIC		
100 09 SENIOR SERVICES		
100 11 GUEST MEALS		
100 12 OTHER		
100 13 RURAL OUTREACH		
100 16 WYNDREST NURSING HOME		
CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	1,557,552	709,679
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		.979103
(WRKSHT B, PT I)	.008920	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		
107 COST TO BE ALLOCATED	106,417	52,012
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		.071758
(WRKSHT B, PT III)	.000609	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	13,362,727		13,362,727		13,362,727
26	INTENSIVE CARE UNIT	1,950,713		1,950,713		1,950,713
31	SUBPROVIDER	1,690,840		1,690,840	29,034	1,719,874
31	01 ACUTE REHAB UNIT	1,455,930		1,455,930		1,455,930
33	NURSERY	813,586		813,586		813,586
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	5,358,317		5,358,317	1,545	5,359,862
37	OPERATING ROOM	7,275,466		7,275,466	17,109	7,292,575
39	DELIVERY ROOM & LABOR ROO	699,197		699,197		699,197
41	RADIOLOGY-DIAGNOSTIC	5,888,076		5,888,076	183	5,888,259
44	LABORATORY	4,777,266		4,777,266	12,766	4,790,032
49	RESPIRATORY THERAPY	1,481,599		1,481,599		1,481,599
50	PHYSICAL THERAPY	1,894,815		1,894,815		1,894,815
52	SPEECH PATHOLOGY	216,413		216,413		216,413
53	ELECTROCARDIOLOGY	1,076,093		1,076,093		1,076,093
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	5,709,137		5,709,137		5,709,137
57	RENAL DIALYSIS	2,164,280		2,164,280	13,558	2,177,838
59	SPECIAL PROCEDURES	3,946,323		3,946,323	6,834	3,953,157
59	02 PARTIAL HOSPITALIZATION OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,340,781		3,340,781	15,779	3,356,560
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	450,179		450,179		450,179
101	SUBTOTAL	63,551,738		63,551,738	96,808	63,648,546
102	LESS OBSERVATION BEDS	450,179		450,179		450,179
103	TOTAL	63,101,559		63,101,559	96,808	63,198,367

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET C
 I I TO 6/30/2009 I PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	19,371,753		19,371,753			
26	INTENSIVE CARE UNIT	2,891,070		2,891,070			
31	SUBPROVIDER	1,869,514		1,869,514			
31	01 ACUTE REHAB UNIT	1,445,151		1,445,151			
33	NURSERY	1,612,285		1,612,285			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	10,351,865		10,351,865			
37	OPERATING ROOM	10,907,909	11,454,560	22,362,469	.325343	.325343	.326108
39	DELIVERY ROOM & LABOR ROO	1,238,481	241,178	1,479,659	.472539	.472539	.472539
41	RADIOLOGY-DIAGNOSTIC	9,340,720	14,510,009	23,850,729	.246872	.246872	.246880
44	LABORATORY	13,437,941	9,169,550	22,607,491	.211313	.211313	.211878
49	RESPIRATORY THERAPY	2,260,417	161,549	2,421,966	.611734	.611734	.611734
50	PHYSICAL THERAPY	3,260,505	745,030	4,005,535	.473049	.473049	.473049
52	SPEECH PATHOLOGY	271,408	87,317	358,725	.603284	.603284	.603284
53	ELECTROCARDIOLOGY	2,962,396	2,009,294	4,971,690	.216444	.216444	.216444
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	15,533,988	7,261,100	22,795,088	.250455	.250455	.250455
57	RENAL DIALYSIS	95,195	2,994,444	3,089,639	.700496	.700496	.704884
59	SPECIAL PROCEDURES	7,897,335	10,716,876	18,614,211	.212006	.212006	.212373
59	02 PARTIAL HOSPITALIZATION OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,518,143	4,912,820	7,430,963	.449576	.449576	.451699
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	10,000	421,005	431,005	1.044487	1.044487	1.044487
101	SUBTOTAL	107,276,076	64,684,732	171,960,808			
102	LESS OBSERVATION BEDS						
103	TOTAL	107,276,076	64,684,732	171,960,808			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

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	13,362,727		13,362,727		13,362,727
26	INTENSIVE CARE UNIT	1,950,713		1,950,713		1,950,713
31	SUBPROVIDER	1,690,840		1,690,840	29,034	1,719,874
31	01 ACUTE REHAB UNIT	1,455,930		1,455,930		1,455,930
33	NURSERY	813,586		813,586		813,586
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	5,358,317		5,358,317	1,545	5,359,862
37	OPERATING ROOM	7,275,466		7,275,466	17,109	7,292,575
39	DELIVERY ROOM & LABOR ROO	699,197		699,197		699,197
41	RADIOLOGY-DIAGNOSTIC	5,888,076		5,888,076	183	5,888,259
44	LABORATORY	4,777,266		4,777,266	12,766	4,790,032
49	RESPIRATORY THERAPY	1,481,599		1,481,599		1,481,599
50	PHYSICAL THERAPY	1,894,815		1,894,815		1,894,815
52	SPEECH PATHOLOGY	216,413		216,413		216,413
53	ELECTROCARDIOLOGY	1,076,093		1,076,093		1,076,093
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	5,709,137		5,709,137		5,709,137
57	RENAL DIALYSIS	2,164,280		2,164,280	13,558	2,177,838
59	SPECIAL PROCEDURES	3,946,323		3,946,323	6,834	3,953,157
59	02 PARTIAL HOSPITALIZATION OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	3,340,781		3,340,781	15,779	3,356,560
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	450,179		450,179		450,179
101	SUBTOTAL	63,551,738		63,551,738	96,808	63,648,546
102	LESS OBSERVATION BEDS	450,179		450,179		450,179
103	TOTAL	63,101,559		63,101,559	96,808	63,198,367

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	19,371,753		19,371,753			
26	INTENSIVE CARE UNIT	2,891,070		2,891,070			
31	SUBPROVIDER	1,869,514		1,869,514			
31	01 ACUTE REHAB UNIT	1,445,151		1,445,151			
33	NURSERY	1,612,285		1,612,285			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	10,351,865		10,351,865			
37	OPERATING ROOM	10,907,909	11,454,560	22,362,469	.325343	.325343	.326108
39	DELIVERY ROOM & LABOR ROO	1,238,481	241,178	1,479,659	.472539	.472539	.472539
41	RADIOLOGY-DIAGNOSTIC	9,340,720	14,510,009	23,850,729	.246872	.246872	.246880
44	LABORATORY	13,437,941	9,169,550	22,607,491	.211313	.211313	.211878
49	RESPIRATORY THERAPY	2,260,417	161,549	2,421,966	.611734	.611734	.611734
50	PHYSICAL THERAPY	3,260,505	745,030	4,005,535	.473049	.473049	.473049
52	SPEECH PATHOLOGY	271,408	87,317	358,725	.603284	.603284	.603284
53	ELECTROCARDIOLOGY	2,962,396	2,009,294	4,971,690	.216444	.216444	.216444
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	15,533,988	7,261,100	22,795,088	.250455	.250455	.250455
57	RENAL DIALYSIS	95,195	2,994,444	3,089,639	.700496	.700496	.704884
59	SPECIAL PROCEDURES	7,897,335	10,716,876	18,614,211	.212006	.212006	.212373
59	02 PARTIAL HOSPITALIZATION OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,518,143	4,912,820	7,430,963	.449576	.449576	.451699
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	10,000	421,005	431,005	1.044487	1.044487	1.044487
101	SUBTOTAL	107,276,076	64,684,732	171,960,808			
102	LESS OBSERVATION BEDS						
103	TOTAL	107,276,076	64,684,732	171,960,808			

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	7,275,466	487,564	6,787,902			7,275,466
39	DELIVERY ROOM & LABOR ROO	699,197	83,562	615,635			699,197
41	RADIOLOGY-DIAGNOSTIC	5,888,076	514,765	5,373,311			5,888,076
44	LABORATORY	4,777,266	227,826	4,549,440			4,777,266
49	RESPIRATORY THERAPY	1,481,599	79,857	1,401,742			1,481,599
50	PHYSICAL THERAPY	1,894,815	109,046	1,785,769			1,894,815
52	SPEECH PATHOLOGY	216,413	4,161	212,252			216,413
53	ELECTROCARDIOLOGY	1,076,093	224,305	851,788			1,076,093
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	5,709,137	177,486	5,531,651			5,709,137
57	RENAL DIALYSIS	2,164,280	99,993	2,064,287			2,164,280
59	SPECIAL PROCEDURES	3,946,323	204,199	3,742,124			3,946,323
59	02 PARTIAL HOSPITALIZATION OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,340,781	260,073	3,080,708			3,340,781
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	450,179	43,308	406,871			450,179
101	SUBTOTAL	38,919,625	2,516,145	36,403,480			38,919,625
102	LESS OBSERVATION BEDS	450,179	43,308	406,871			450,179
103	TOTAL	38,469,446	2,472,837	35,996,609			38,469,446

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	22,362,469	.325343	.325343
39	DELIVERY ROOM & LABOR ROO	1,479,659	.472539	.472539
41	RADIOLOGY-DIAGNOSTIC	23,850,729	.246872	.246872
44	LABORATORY	22,607,491	.211313	.211313
49	RESPIRATORY THERAPY	2,421,966	.611734	.611734
50	PHYSICAL THERAPY	4,005,535	.473049	.473049
52	SPEECH PATHOLOGY	358,725	.603284	.603284
53	ELECTROCARDIOLOGY	4,971,690	.216444	.216444
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	22,795,088	.250455	.250455
57	RENAL DIALYSIS	3,089,639	.700496	.700496
59	SPECIAL PROCEDURES	18,614,211	.212006	.212006
59	02 PARTIAL HOSPITALIZATION			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	7,430,963	.449576	.449576
62	OBSERVATION BEDS (NON-DIS	431,005	1.044487	1.044487
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	134,419,170		
102	LESS OBSERVATION BEDS	431,005		
103	TOTAL	133,988,165		

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	7,275,466	487,564	6,787,902			7,275,466
39	DELIVERY ROOM & LABOR ROO	699,197	83,562	615,635			699,197
41	RADIOLOGY-DIAGNOSTIC	5,888,076	514,765	5,373,311			5,888,076
44	LABORATORY	4,777,266	227,826	4,549,440			4,777,266
49	RESPIRATORY THERAPY	1,481,599	79,857	1,401,742			1,481,599
50	PHYSICAL THERAPY	1,894,815	109,046	1,785,769			1,894,815
52	SPEECH PATHOLOGY	216,413	4,161	212,252			216,413
53	ELECTROCARDIOLOGY	1,076,093	224,305	851,788			1,076,093
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	5,709,137	177,486	5,531,651			5,709,137
57	RENAL DIALYSIS	2,164,280	99,993	2,064,287			2,164,280
59	SPECIAL PROCEDURES	3,946,323	204,199	3,742,124			3,946,323
59	02 PARTIAL HOSPITALIZATION OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,340,781	260,073	3,080,708			3,340,781
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	450,179	43,308	406,871			450,179
101	SUBTOTAL	38,919,625	2,516,145	36,403,480			38,919,625
102	LESS OBSERVATION BEDS	450,179	43,308	406,871			450,179
103	TOTAL	38,469,446	2,472,837	35,996,609			38,469,446

Health Financial Systems MCRIF32 FOR MERCY MEDICAL CENTER
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET C
 I I TO 6/30/2009 I PART II

**NOT A CMS WORKSHEET **
 (09/2000)

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	22,362,469	.325343	.325343
39	DELIVERY ROOM & LABOR ROO	1,479,659	.472539	.472539
41	RADIOLOGY-DIAGNOSTIC	23,850,729	.246872	.246872
44	LABORATORY	22,607,491	.211313	.211313
49	RESPIRATORY THERAPY	2,421,966	.611734	.611734
50	PHYSICAL THERAPY	4,005,535	.473049	.473049
52	SPEECH PATHOLOGY	358,725	.603284	.603284
53	ELECTROCARDIOLOGY	4,971,690	.216444	.216444
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	22,795,088	.250455	.250455
57	RENAL DIALYSIS	3,089,639	.700496	.700496
59	SPECIAL PROCEDURES	18,614,211	.212006	.212006
59	02 PARTIAL HOSPITALIZATION OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	7,430,963	.449576	.449576
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	431,005	1.044487	1.044487
101	SUBTOTAL	134,419,170		
102	LESS OBSERVATION BEDS	431,005		
103	TOTAL	133,988,165		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D
 I I TO 6/30/2009 I PART I
 PPS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,285,509		1,285,509
26	INTENSIVE CARE UNIT				142,113		142,113
31	SUBPROVIDER				140,101		140,101
31 01	ACUTE REHAB UNIT				76,085		76,085
33	NURSERY				35,826		35,826
101	TOTAL				1,679,634		1,679,634

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D
 I I TO 6/30/2009 I PART I
 PPS

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	17,988	10,625			71.46	759,263
26	INTENSIVE CARE UNIT	1,396	994			101.80	101,189
31	SUBPROVIDER	1,983	749			70.65	52,917
31	01 ACUTE REHAB UNIT	1,536	1,173			49.53	58,099
33	NURSERY	1,294				27.69	
101	TOTAL	24,197	13,541				971,468

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART II
 I 16-0080 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		487,564	22,362,469	10,276,769		
39	DELIVERY ROOM & LABOR ROO		83,562	1,479,659			
41	RADIOLOGY-DIAGNOSTIC		514,765	23,850,729	5,677,264		
44	LABORATORY		227,826	22,607,491	8,722,287		
49	RESPIRATORY THERAPY		79,857	2,421,966	1,284,504		
50	PHYSICAL THERAPY		109,046	4,005,535	849,563		
52	SPEECH PATHOLOGY		4,161	358,725	98,532		
53	ELECTROCARDIOLOGY		224,305	4,971,690	766,513		
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS		177,486	22,795,088	8,254,648		
57	RENAL DIALYSIS		99,993	3,089,639	92,399		
59	SPECIAL PROCEDURES		204,199	18,614,211	2,966,409		
59	02 PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		260,073	7,430,963	1,381,814		
62	OBSERVATION BEDS (NON-DIS		43,308	431,005	7,205		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,516,145	134,419,170	40,377,907		

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART II
 I 16-0080 I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.021803	224,064
39	DELIVERY ROOM & LABOR ROO	.056474	
41	RADIOLOGY-DIAGNOSTIC	.021583	122,532
44	LABORATORY	.010077	87,894
49	RESPIRATORY THERAPY	.032972	42,353
50	PHYSICAL THERAPY	.027224	23,129
52	SPEECH PATHOLOGY	.011599	1,143
53	ELECTROCARDIOLOGY	.045116	34,582
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS	.007786	64,271
57	RENAL DIALYSIS	.032364	2,990
59	SPECIAL PROCEDURES	.010970	32,542
59 02	PARTIAL HOSPITALIZATION		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.034999	48,362
62	OBSERVATION BEDS (NON-DIS	.100481	724
	OTHER REIMBURS COST CNTRS		
101	TOTAL		684,586

PPS

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D
 I I TO 6/30/2009 I PART III
 PPS

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

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					17,988	
26	INTENSIVE CARE UNIT					1,396	
31	SUBPROVIDER					1,983	
31	01 ACUTE REHAB UNIT					1,536	
33	NURSERY					1,294	
34	SKILLED NURSING FACILITY					22,935	
101	TOTAL					47,132	

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D
 I I TO 6/30/2009 I PART III

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	10,625	
26	INTENSIVE CARE UNIT	994	
31	SUBPROVIDER	749	
31	01 ACUTE REHAB UNIT	1,173	
33	NURSERY		
34	SKILLED NURSING FACILITY	4,523	
101	TOTAL	18,064	

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART IV
 I 16-0080 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2		2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM							
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC							
44	LABORATORY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
59	SPECIAL PROCEDURES							
59	02 PARTIAL HOSPITALIZATION							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL							

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			22,362,469			10,276,769	
	OPERATING ROOM			1,479,659				
39	DELIVERY ROOM & LABOR ROO			23,850,729			5,677,264	
41	RADIOLOGY-DIAGNOSTIC			22,607,491			8,722,287	
44	LABORATORY			2,421,966			1,284,504	
49	RESPIRATORY THERAPY			4,005,535			849,563	
50	PHYSICAL THERAPY			358,725			98,532	
52	SPEECH PATHOLOGY			4,971,690			766,513	
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED			22,795,088			8,254,648	
56	DRUGS CHARGED TO PATIENTS			3,089,639			92,399	
57	RENAL DIALYSIS			18,614,211			2,966,409	
59	SPECIAL PROCEDURES							
59	02 PARTIAL HOSPITALIZATION							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			7,430,963			1,381,814	
62	OBSERVATION BEDS (NON-DIS			431,005			7,205	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			134,419,170			40,377,907	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	7,778,934					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	4,634,742					
44	LABORATORY	1,305,529					
49	RESPIRATORY THERAPY	60,399					
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	488,257					
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	560,022					
57	RENAL DIALYSIS	1,910,731					
59	SPECIAL PROCEDURES	2,923,902					
59	02 PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	941,138					
62	OBSERVATION BEDS (NON-DIS	162,095					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	20,765,749					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART V
 I 16-0080 I I

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	.325343	.325343			
39 DELIVERY ROOM & LABOR ROOM	.472539	.472539			
41 RADIOLOGY-DIAGNOSTIC	.246872	.246872			
44 LABORATORY	.211313	.211313			
49 RESPIRATORY THERAPY	.611734	.611734			
50 PHYSICAL THERAPY	.473049	.473049			
52 SPEECH PATHOLOGY	.603284	.603284			
53 ELECTROCARDIOLOGY	.216444	.216444			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.250455	.250455			
57 RENAL DIALYSIS	.700496	.700496			
59 SPECIAL PROCEDURES	.212006	.212006			
59 02 PARTIAL HOSPITALIZATION					
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.449576	.449576			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.044487	1.044487			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B		HOSPITAL				
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		7,778,934			
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC		4,634,742			
44	LABORATORY		1,305,529			
49	RESPIRATORY THERAPY		60,399			
50	PHYSICAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		488,257			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS		560,022	252		
57	RENAL DIALYSIS		1,910,731			
59	SPECIAL PROCEDURES		2,923,902			
59	02 PARTIAL HOSPITALIZATION					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		941,138			
62	OBSERVATION BEDS (NON-DISTINCT PART)		162,095			
101	SUBTOTAL		20,765,749	252		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		20,765,749	252		

TITLE XVIII, PART B		HOSPITAL				
		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				2,530,822	
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC				1,144,188	
44	LABORATORY				275,875	
49	RESPIRATORY THERAPY				36,948	
50	PHYSICAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY				105,680	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS				140,260	63
57	RENAL DIALYSIS				1,338,459	
59	SPECIAL PROCEDURES				619,885	
59	02 PARTIAL HOSPITALIZATION					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY				423,113	
62	OBSERVATION BEDS (NON-DISTINCT PART)				169,306	
101	SUBTOTAL				6,784,536	63
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES				6,784,536	63

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/30/2009
I	16-0080	I	FROM 7/ 1/2008	I	WORKSHEET D
I	COMPONENT NO:	I	TO 6/30/2009	I	PART VI
I	16-0080	I		I	

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.250455
2	PROGRAM VACCINE CHARGES		68,590
3	PROGRAM COSTS		17,179

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART II
 I 16-S080 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SUBPROVIDER 1

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		487,564	22,362,469			
39	DELIVERY ROOM & LABOR ROO		83,562	1,479,659			
41	RADIOLOGY-DIAGNOSTIC		514,765	23,850,729	15,723		
44	LABORATORY		227,826	22,607,491	90,170		
49	RESPIRATORY THERAPY		79,857	2,421,966	2,410		
50	PHYSICAL THERAPY		109,046	4,005,535	2,399		
52	SPEECH PATHOLOGY		4,161	358,725			
53	ELECTROCARDIOLOGY		224,305	4,971,690	4,235		
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS		177,486	22,795,088	124,536		
57	RENAL DIALYSIS		99,993	3,089,639			
59	SPECIAL PROCEDURES		204,199	18,614,211	3,801		
59	02 PARTIAL HOSPITALIZATION OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		260,073	7,430,963	32,847		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		43,308	431,005			
101	TOTAL		2,516,145	134,419,170	276,121		

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART II
 I 16-S080 I
 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.021803	
39	DELIVERY ROOM & LABOR ROO	.056474	
41	RADIOLOGY-DIAGNOSTIC	.021583	339
44	LABORATORY	.010077	909
49	RESPIRATORY THERAPY	.032972	79
50	PHYSICAL THERAPY	.027224	65
52	SPEECH PATHOLOGY	.011599	
53	ELECTROCARDIOLOGY	.045116	191
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS	.007786	970
57	RENAL DIALYSIS	.032364	
59	SPECIAL PROCEDURES	.010970	42
59 02	PARTIAL HOSPITALIZATION		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.034999	1,150
62	OBSERVATION BEDS (NON-DIS	.100481	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		3,745

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART IV
 I 16-S080 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SPECIAL PROCEDURES						
59	02 PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			22,362,469				
	OPERATING ROOM			1,479,659				
39	DELIVERY ROOM & LABOR ROO			23,850,729			15,723	
41	RADIOLOGY-DIAGNOSTIC			22,607,491			90,170	
44	LABORATORY			2,421,966			2,410	
49	RESPIRATORY THERAPY			4,005,535			2,399	
50	PHYSICAL THERAPY			358,725				
52	SPEECH PATHOLOGY			4,971,690			4,235	
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED			22,795,088			124,536	
56	DRUGS CHARGED TO PATIENTS			3,089,639				
57	RENAL DIALYSIS			18,614,211			3,801	
59	SPECIAL PROCEDURES							
59	02 PARTIAL HOSPITALIZATION							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			7,430,963			32,847	
62	OBSERVATION BEDS (NON-DIS			431,005				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			134,419,170			276,121	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SPECIAL PROCEDURES						
59	02 PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART II
 I 16-T080 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SUBPROVIDER 2

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		487,564	22,362,469	2,528		
39	DELIVERY ROOM & LABOR ROO		83,562	1,479,659			
41	RADIOLOGY-DIAGNOSTIC		514,765	23,850,729	18,507		
44	LABORATORY		227,826	22,607,491	115,690		
49	RESPIRATORY THERAPY		79,857	2,421,966	10,615		
50	PHYSICAL THERAPY		109,046	4,005,535	519,933		
52	SPEECH PATHOLOGY		4,161	358,725	65,872		
53	ELECTROCARDIOLOGY		224,305	4,971,690	968		
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS		177,486	22,795,088	240,275		
57	RENAL DIALYSIS		99,993	3,089,639	2,303		
59	SPECIAL PROCEDURES		204,199	18,614,211			
59	02 PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		260,073	7,430,963	331		
62	OBSERVATION BEDS (NON-DIS		43,308	431,005			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,516,145	134,419,170	977,022		

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART II
 I 16-T080 I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.021803	55
39	DELIVERY ROOM & LABOR ROO	.056474	
41	RADIOLOGY-DIAGNOSTIC	.021583	399
44	LABORATORY	.010077	1,166
49	RESPIRATORY THERAPY	.032972	350
50	PHYSICAL THERAPY	.027224	14,155
52	SPEECH PATHOLOGY	.011599	764
53	ELECTROCARDIOLOGY	.045116	44
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS	.007786	1,871
57	RENAL DIALYSIS	.032364	75
59	SPECIAL PROCEDURES	.010970	
59	02 PARTIAL HOSPITALIZATION		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.034999	12
62	OBSERVATION BEDS (NON-DIS	.100481	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		18,891

PPS

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART IV
 I 16-T080 I I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SPECIAL PROCEDURES						
59	02 PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			22,362,469			2,528	
39	DELIVERY ROOM & LABOR ROO			1,479,659				
41	RADIOLOGY-DIAGNOSTIC			23,850,729			18,507	
44	LABORATORY			22,607,491			115,690	
49	RESPIRATORY THERAPY			2,421,966			10,615	
50	PHYSICAL THERAPY			4,005,535			519,933	
52	SPEECH PATHOLOGY			358,725			65,872	
53	ELECTROCARDIOLOGY			4,971,690			968	
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS			22,795,088			240,275	
57	RENAL DIALYSIS			3,089,639			2,303	
59	SPECIAL PROCEDURES			18,614,211				
59	02 PARTIAL HOSPITALIZATION OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			7,430,963			331	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			431,005				
101	TOTAL			134,419,170			977,022	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SPECIAL PROCEDURES						
59	02 PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART II
 I 16-5119 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SPECIAL PROCEDURES						
59	02 PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2009 I PART II
 I 16-5119 I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
59	SPECIAL PROCEDURES		
59 02	PARTIAL HOSPITALIZATION		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2		2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM							
39	DELIVERY ROOM & LABOR ROO							
41	RADIOLOGY-DIAGNOSTIC							
44	LABORATORY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
59	SPECIAL PROCEDURES							
59	02 PARTIAL HOSPITALIZATION							
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL							

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	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			22,362,469			6,508	
39	DELIVERY ROOM & LABOR ROO			1,479,659				
41	RADIOLOGY-DIAGNOSTIC			23,850,729			36,352	
44	LABORATORY			22,607,491			249,748	
49	RESPIRATORY THERAPY			2,421,966			984	
50	PHYSICAL THERAPY			4,005,535			1,019,569	
52	SPEECH PATHOLOGY			358,725			41,473	
53	ELECTROCARDIOLOGY			4,971,690			605	
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS			22,795,088			978,868	
57	RENAL DIALYSIS			3,089,639				
59	SPECIAL PROCEDURES			18,614,211				
59	02 PARTIAL HOSPITALIZATION OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			7,430,963				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			431,005				
101	TOTAL			134,419,170			2,334,107	

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	SPECIAL PROCEDURES						
59	02 PARTIAL HOSPITALIZATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/30/2009
I	16-0080	I	FROM 7/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2009	I	PART I
I	16-0080	I		I	

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)	17,988
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	17,988
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	17,988
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)	10,625
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	13,362,727
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	13,362,727

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19,906,319
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,906,319
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.671281
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,106.64
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	13,362,727

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 742.87
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 7,892,994
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 7,892,994

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	1,950,713	1,396	1,397.36	994	1,388,976
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 11,408,235
 49 TOTAL PROGRAM INPATIENT COSTS 20,690,205

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 860,452
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 684,586
 52 TOTAL PROGRAM EXCLUDABLE COST 1,545,038
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 19,145,167

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2009 I PART III
 I 16-0080 I I

TITLE XVIII PART A HOSPITAL PPS

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

1

- 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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 606
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 742.87
- 85 OBSERVATION BED COST 450,179

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		13,362,727		450,179	
87 NEW CAPITAL-RELATED COST	1,285,509	13,362,727	.096201	450,179	43,308
88 NON PHYSICIAN ANESTHETIST		13,362,727		450,179	
89 MEDICAL EDUCATION		13,362,727		450,179	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/30/2009
I	16-0080	I	FROM 7/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2009	I	PART I
I	16-S080	I		I	

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,983
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,983
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,983
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)	749
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	1,719,874
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	1,719,874

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,879,462
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,879,462
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.915088
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	947.79
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	1,719,874

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 867.31
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 649,615
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 649,615

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					73,348
49 TOTAL PROGRAM INPATIENT COSTS					722,963

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 52,917
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 3,745
 52 TOTAL PROGRAM EXCLUDABLE COST 56,662
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 666,301

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2009 I PART III
 I 16-S080 I I

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 867.31
 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		1,719,874			
87 NEW CAPITAL-RELATED COST	140,101	1,719,874	.081460		
88 NON PHYSICIAN ANESTHETIST		1,719,874			
89 MEDICAL EDUCATION		1,719,874			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A

SUBPROVIDER II

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,536
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,536
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,536
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)	1,173
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	1,455,930
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	1,455,930

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,445,151
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,445,151
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.007459
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	940.85
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	1,455,930

TITLE XVIII PART A SUBPROVIDER II PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 947.87
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,111,852
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,111,852

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					384,254
49 TOTAL PROGRAM INPATIENT COSTS					1,496,106

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 58,099
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 18,891
 52 TOTAL PROGRAM EXCLUDABLE COST 76,990
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,419,116

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2009 I PART III
 I 16-T080 I I

TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	947.87
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	1,455,930			
87	NEW CAPITAL-RELATED COST	76,085	.052259		
88	NON PHYSICIAN ANESTHETIST	1,455,930			
89	MEDICAL EDUCATION	1,455,930			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

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)	22,935
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	22,935
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	22,935
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)	4,523
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	5,359,862
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	5,359,862

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10,354,150
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10,354,150
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.517654
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	451.46
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	5,359,862

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2009 I PART III
 I 16-5119 I I

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	5,359,862
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	233.70	
68	PROGRAM ROUTINE SERVICE COST	1,057,025	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,057,025	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	308,619	
72	PER DIEM CAPITAL-RELATED COSTS	13.46	
73	PROGRAM CAPITAL-RELATED COSTS	60,880	
74	INPATIENT ROUTINE SERVICE COST	996,145	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	996,145	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,057,025	
80	PROGRAM INPATIENT ANCILLARY SERVICES	817,087	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	1,874,112	

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				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2009 I
 I 16-0080 I

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		11,667,515	
26	INTENSIVE CARE UNIT		1,980,230	
31	SUBPROVIDER			
31	01 ACUTE REHAB UNIT			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.326108	10,276,769	3,351,337
39	DELIVERY ROOM & LABOR ROOM	.472539		
41	RADIOLOGY-DIAGNOSTIC	.246880	5,677,264	1,401,603
44	LABORATORY	.211878	8,722,287	1,848,061
49	RESPIRATORY THERAPY	.611734	1,284,504	785,775
50	PHYSICAL THERAPY	.473049	849,563	401,885
52	SPEECH PATHOLOGY	.603284	98,532	59,443
53	ELECTROCARDIOLOGY	.216444	766,513	165,907
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.250455	8,254,648	2,067,418
57	RENAL DIALYSIS	.704884	92,399	65,131
59	SPECIAL PROCEDURES	.212373	2,966,409	629,985
59	02 PARTIAL HOSPITALIZATION			
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.451699	1,381,814	624,164
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.044487	7,205	7,526
	OTHER REIMBURS COST CNTRS			
101	TOTAL		40,377,907	11,408,235
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		40,377,907	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2009 I
 I 16-S080 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		699,972	
31	01 ACUTE REHAB UNIT			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.326108		
39	DELIVERY ROOM & LABOR ROOM	.472539		
41	RADIOLOGY-DIAGNOSTIC	.246880	15,723	3,882
44	LABORATORY	.211878	90,170	19,105
49	RESPIRATORY THERAPY	.611734	2,410	1,474
50	PHYSICAL THERAPY	.473049	2,399	1,135
52	SPEECH PATHOLOGY	.603284		
53	ELECTROCARDIOLOGY	.216444	4,235	917
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.250455	124,536	31,191
57	RENAL DIALYSIS	.704884		
59	SPECIAL PROCEDURES	.212373	3,801	807
59	02 PARTIAL HOSPITALIZATION			
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.451699	32,847	14,837
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.044487		
101	TOTAL		276,121	73,348
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		276,121	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2009 I
 I 16-T080 I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 ACUTE REHAB UNIT		1,086,621	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.326108	2,528	824
39	DELIVERY ROOM & LABOR ROOM	.472539		
41	RADIOLOGY-DIAGNOSTIC	.246880	18,507	4,569
44	LABORATORY	.211878	115,690	24,512
49	RESPIRATORY THERAPY	.611734	10,615	6,494
50	PHYSICAL THERAPY	.473049	519,933	245,954
52	SPEECH PATHOLOGY	.603284	65,872	39,740
53	ELECTROCARDIOLOGY	.216444	968	210
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.250455	240,275	60,178
57	RENAL DIALYSIS	.704884	2,303	1,623
59	SPECIAL PROCEDURES	.212373		
59	02 PARTIAL HOSPITALIZATION			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.451699	331	150
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.044487		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		977,022	384,254
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		977,022	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2009 I
 I 16-5119 I

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 ACUTE REHAB UNIT			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.325343	6,508	2,117
39	DELIVERY ROOM & LABOR ROOM	.472539		
41	RADIOLOGY-DIAGNOSTIC	.246872	36,352	8,974
44	LABORATORY	.211313	249,748	52,775
49	RESPIRATORY THERAPY	.611734	984	602
50	PHYSICAL THERAPY	.473049	1,019,569	482,306
52	SPEECH PATHOLOGY	.603284	41,473	25,020
53	ELECTROCARDIOLOGY	.216444	605	131
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.250455	978,868	245,162
57	RENAL DIALYSIS	.700496		
59	SPECIAL PROCEDURES	.212006		
59	02 PARTIAL HOSPITALIZATION			
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.449576		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.044487		
101	TOTAL		2,334,107	817,087
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,334,107	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	3,496,265	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3,880,739	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	8,103,052	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	230,185	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	130.34	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES	PLUS E-3, PT
	3.21 - 3.23	VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	3.88	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	19.98	
4.02 SUM OF LINES 4 AND 4.01	23.86	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	8.90	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,377,725	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2009 I PART A
 I 16-0080 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	17,087,966	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	17,767,366	
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)	17,767,366	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,289,741	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	19,057,107	
17 PRIMARY PAYER PAYMENTS	3,904	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	19,053,203	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,989,096	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	18,440	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	84,981	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	59,487	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	17,105,154	
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	17,105,154	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	15,978,976	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,126,178	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2009 I PART B
 I 16-0080 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	17,242
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	6,784,536
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	5,620,175
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)	17,242
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	68,842
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	68,842
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)	68,842
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	51,600
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	17,242
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	5,620,175
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	17,634
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,349,476
19	SUBTOTAL (SEE INSTRUCTIONS)	4,270,307
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	4,270,307
24	PRIMARY PAYER PAYMENTS	280
25	SUBTOTAL	4,270,027
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	694
27	BAD DEBTS (SEE INSTRUCTIONS)	46,618
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	32,633
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	4,303,354
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	4,303,354
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,270,177
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	33,177
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2009 I
 I 16-0080 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		15,919,026		4,270,177
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.		59,950		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
		15,978,976		4,270,177
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		1,126,178		33,177
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		17,105,154		4,303,354

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

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2009 I
 I 16-S080 I I

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		503,964		
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
			503,964	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			503,964	

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

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2009 I
 I 16-T080 I I

TITLE XVIII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,609,226		
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
		1,609,226		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
		8,407		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,600,819		

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

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2009 I
 I 16-5119 I I

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,653,042		
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
		1,653,042		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,653,042		

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

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET E-3
 I COMPONENT NO: I TO 6/30/2009 I PART I
 I 16-S080 I I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
 SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	575,635
1.09	NET IPF PPS OUTLIER PAYMENTS	261
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	5.432877
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16))\}$ RAISED TO THE POWER OF $.5150 - 1$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	575,896
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	575,896
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40))\}$ RAISED TO THE POWER OF $.9012 - 1$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	575,896
5	PRIMARY PAYER PAYMENTS	402
6	SUBTOTAL	575,494
7	DEDUCTIBLES	69,928
8	SUBTOTAL	505,566
9	COINSURANCE	1,602
10	SUBTOTAL	503,964
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	503,964
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	503,964
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/30/2009
I	16-0080	I	FROM 7/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2009	I	PART I
I	16-S080	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

19	INTERIM PAYMENTS	503,964
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50	ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3,I LN 1.05 (IRF) OR 1.09 (IPF).
51	ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
52	ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE OF MONEY. (SEE INSTRUCTIONS).
53	ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET E-3
 I COMPONENT NO: I TO 6/30/2009 I PART I
 I 16-T080 I I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
 SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	1,564,923
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0081
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	19,878
1.05	OUTLIER PAYMENTS	21,240
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	1,606,041
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16))\}$ RAISED TO THE POWER OF $.5150 - 1$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	4.208219
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40))\}$ RAISED TO THE POWER OF $.9012 - 1$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,606,041
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,606,041
7	DEDUCTIBLES	3,072
8	SUBTOTAL	1,602,969
9	COINSURANCE	2,816
10	SUBTOTAL	1,600,153
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	952
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	666
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,600,819
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,600,819
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/30/2009
I	16-0080	I	FROM 7/ 1/2008	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2009	I	PART I
I	16-T080	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

19	INTERIM PAYMENTS	1,609,226
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-8,407
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3,I LN 1.05 (IRF)
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET E-3
 I COMPONENT NO: I TO 6/30/2009 I PART III
 I 16-5119 I I

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
27	PROSPECTIVE PAYMENT AMOUNT			
28	OTHER THAN OUTLIER PAYMENTS			
29	OUTLIER PAYMENTS			
30	PROGRAM CAPITAL PAYMENTS			
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
34	SUBTOTAL			
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
37	XVIII ENTER AMOUNT FROM LINE 30			
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
39	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
40	EXCESS OF REASONABLE COST			
41	SUBTOTAL			
42	COINSURANCE			
43	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
44	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
46	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
47	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
48	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
49	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
50	UTILIZATION REVIEW			
51	SUBTOTAL (SEE INSTRUCTIONS)			
52	INPATIENT ROUTINE SERVICE COST			
53	MEDICARE INPATIENT ROUTINE CHARGES			
54	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
55	PAYMENT FOR SERVICES ON A CHARGE BASIS			
56	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
57	FOR PAYMENT OF PART A SERVICES			
58	RATIO OF LINE 43 TO 44			
59	TOTAL CUSTOMARY CHARGES			
60	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
61	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
62	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
63	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
66	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
67	SUBTOTAL			
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
71	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
72	INTERIM PAYMENTS			
73	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
74	BALANCE DUE PROVIDER/PROGRAM			
75	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
76	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,501,619			
2	TEMPORARY INVESTMENTS	15,334,170			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	21,431,223			
5	OTHER RECEIVABLES	965,546			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-13,624,501			
7	INVENTORY	1,334,988			
8	PREPAID EXPENSES	221,027			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	27,164,072			
FIXED ASSETS					
12	LAND	512,212			
12.01	LAND IMPROVEMENTS	2,053,804			
13.01	LESS ACCUMULATED DEPRECIATION	-1,524,984			
14	BUILDINGS	59,865,552			
14.01	LESS ACCUMULATED DEPRECIATION	-36,848,459			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	5,866,540			
16.01	LESS ACCUMULATED DEPRECIATION	-5,285,874			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	39,402,703			
18.01	LESS ACCUMULATED DEPRECIATION	-29,651,063			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	34,390,431			
OTHER ASSETS					
22	INVESTMENTS	27,976,794			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	5,903,257			
26	TOTAL OTHER ASSETS	33,880,051			
27	TOTAL ASSETS	95,434,554			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,183,147			
29 SALARIES, WAGES & FEES PAYABLE	4,887,094			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	403,933			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	10,474,174			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	19,687,410			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	712,077			
42 TOTAL LONG-TERM LIABILITIES	20,399,487			
43 TOTAL LIABILITIES	30,873,661			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	64,560,893			
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	64,560,893			
52 TOTAL LIABILITIES AND FUND BALANCES	95,434,554			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		72,483,164		
2 OF PERIOD				
3 NET INCOME (LOSS)		-6,207,410		
4 TOTAL		66,275,754		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		66,275,754		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 OTH CHNG IN NA (NA RELEAS	1,714,861			
15				
16				
17				
18 TOTAL DEDUCTIONS		1,714,861		
19 FUND BALANCE AT END OF		64,560,893		
PERIOD PER BALANCE SHEET				

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	19,906,319		19,906,319
2 00 SUBPROVIDER	1,879,462		1,879,462
2 01 ACUTE REHAB UNIT	1,445,151		1,445,151
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	10,354,150		10,354,150
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	33,585,082		33,585,082
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,962,980		2,962,980
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,962,980		2,962,980
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	36,548,062		36,548,062
17 00 ANCILLARY SERVICES	61,613,415	50,188,934	111,802,349
18 00 OUTPATIENT SERVICES	10,503,822	24,585,482	35,089,304
19 00 HOME HEALTH AGENCY		5,245,776	5,245,776
23 00 HOSPICE		1,256,317	1,256,317
24 00			
25 00 TOTAL PATIENT REVENUES	108,665,299	81,276,509	189,941,808

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		84,804,559	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		84,804,559	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	189,941,808
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	106,141,253
3	NET PATIENT REVENUES	83,800,555
4	LESS: TOTAL OPERATING EXPENSES	84,804,559
5	NET INCOME FROM SERVICE TO PATIENTS	-1,004,004
OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	27,177
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	411,665
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	46,378
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	254,767
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	365
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	12,017
22	RENTAL OF HOSPITAL SPACE	231,656
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	1,378,616
24.01	UNUSUAL ITEM	208,620
25	TOTAL OTHER INCOME	2,571,261
26	TOTAL	1,567,257
OTHER EXPENSES		
27	OTHER EXPENSES (SPECIFY)	
28	INVESTMENT LOSSES	7,646,295
29		
29.01	GAIN LOSS ACCOUNTS EXCLUDED FROM A	93,309
29.02	TAXES EXCLUDED FROM A	35,063
30	TOTAL OTHER EXPENSES	7,774,667
31	NET INCOME (OR LOSS) FOR THE PERIOD	-6,207,410

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	512,488	308,074	20,415	235,193	380,060	1,456,230
HHA REIMBURSABLE SERVICES						
6	638,497		50,610			689,107
7						
8						
9						
10			757			757
11	157,927		17,554			175,481
12					322,450	322,450
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23	179,695					179,695
23.50						
24	1,488,607	308,074	89,336	235,193	702,510	2,823,720

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-276	1,455,954	-66,048	1,389,906
HHA REIMBURSABLE SERVICES				
6		689,107		689,107
7				
8				
9				
10		757		757
11		175,481		175,481
12		322,450		322,450
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23		179,695		179,695
23.50				
24	-276	2,823,444	-66,048	2,757,396

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	1,389,906					1,389,906	1,389,906
HHA REIMBURSABLE SERVICES							
6	689,107					689,107	700,403
7							
8							
9							
10	757					757	769
11	175,481					175,481	178,357
12	322,450					322,450	327,736
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23	179,695					179,695	182,641
23.50							
24	2,757,396					2,757,396	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6	1,389,510						
7							
8							
9							
10	1,526						
11	353,838						
12	650,186						
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23	362,336						
23.50							
24	2,757,396						

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N (5A	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				-1,389,906	1,367,490
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					689,107
7	PHYSICAL THERAPY					
8	OCCUPATIONAL THERAPY					
9	SPEECH PATHOLOGY					
10	MEDICAL SOCIAL SERVICES					757
11	HOME HEALTH AIDE					175,481
12	SUPPLIES					322,450
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					179,695
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-1,389,906	1,367,490
25	COST TO BE ALLOCATED					1,389,906
26	UNIT COST MULTIPLIER					1.016392

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP SOUT H 1970 BUILD 3.01	NEW CAP BLUF F BUILDING 3.02	NEW CAP REL COSTS-RAD ON 3.03	NEW CAP REL COSTS-MVBLE 4
1 ADMIN & GENERAL			39,763	8,939		
2 SKILLED NURSING CARE	1,389,510					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	1,526					
7 HOME HEALTH AIDE	353,838					
8 SUPPLIES	650,186					
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	362,336					
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,757,396		39,763	8,939		
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	EMPLOYEE BEN EFITS 5	INFORMATION SYSTEMS 6.02	PURCHASING, RECEIVING AN 6.03	ADMITTING 6.04	CASHIERING/A CCOUNTS RECE 6.05	SUBTOTAL 6A.05
1 ADMIN & GENERAL	42,544		70,182			161,428
2 SKILLED NURSING CARE	53,006					1,442,516
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						1,526
7 HOME HEALTH AIDE	13,110					366,948
8 SUPPLIES						650,186
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	14,917					377,253
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	123,577		70,182			2,999,857
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	OTHER ADMINI STRATIVE AND 6.06	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	23,849	140,323	93,098		19,736	
2 SKILLED NURSING CARE	213,115					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	225					
7 HOME HEALTH AIDE	54,212					
8 SUPPLIES	96,057					
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	55,735					
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	443,193	140,323	93,098		19,736	
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	CAFETERIA 12	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18	SUBTOTAL 25
1 ADMIN & GENERAL	64,107		41,937			544,478
2 SKILLED NURSING CARE						1,655,631
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						1,751
7 HOME HEALTH AIDE						421,160
8 SUPPLIES						746,243
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						432,988
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	64,107		41,937			3,802,251
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	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		544,478		
2 SKILLED NURSING CARE		1,655,631	276,709	1,932,340
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES		1,751	293	2,044
7 HOME HEALTH AIDE		421,160	70,389	491,549
8 SUPPLIES		746,243	124,721	870,964
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		432,988	72,366	505,354
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19) (2)		3,802,251	544,478	3,802,251
21 UNIT COST MULTIPLIER			0.167132	

(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)	NEW CAP SOUT H 1970 BUILD (SQUARE FEET)	NEW CAP BLUF F BUILDING (SQUARE FEET)	NEW CAP REL COSTS-RAD ON (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BEN EFITS (GROSS SALARIES)
	3	3.01	3.02	3.03	4	5
1 ADMIN & GENERAL		8,291	6,504			512,488
2 SKILLED NURSING CARE						638,497
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						157,927
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						179,695
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		8,291	6,504			1,488,607
21 COST TO BE ALLOCATED		39,763	8,939			123,577
22 UNIT COST MULTIPLIER		4.795923	1.374385			0.083015

HHA COST CENTER	INFORMATION SYSTEMS (ADMIN & GEN)	PURCHASING, RECEIVING AN (COSTED) REQUISTION	ADMITTING (GROSS) ARGES	CASHIERING/A CCOUNTS RECE CH (GROSS) ARGES	RECONCILIATI ON	OTHER ADMINI STRATIVE AND (ACCUM.) COST
	6.02	6.03	6.04	6.05	6A.06	6.06
1 ADMIN & GENERAL		367,790				161,428
2 SKILLED NURSING CARE						1,442,516
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						1,526
7 HOME HEALTH AIDE						366,948
8 SUPPLIES						650,186
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						377,253
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		367,790				2,999,857
21 COST TO BE ALLOCATED		70,182				443,193
22 UNIT COST MULTIPLIER		0.190821				0.147738

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS (TOTAL FACILISQUA 7)	OPERATION OF PLANT (TOTAL FACILISQUA 8)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY 9)	HOUSEKEEPING (HOURS OF SERVICE 10)	DIETARY (MEALS SERVED 11)	CAFETERIA (MEALS SERVED 12)
1 ADMIN & GENERAL	14,795	14,795		2,386		7,590
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)	14,795	14,795		2,386		7,590
21 COST TO BE ALLOCATED	140,323	93,098		19,736		64,107
22 UNIT COST MULTIPLIER	9.484488	6.292531		8.271584		8.446245

HHA COST CENTER	NURSING ADMINISTRATION (DIRECT NRSING HRS 14)	CENTRAL SERVICES & SUPPLIES (COSTED REQUISITION 15)	MEDICAL RECORDS & LIBRARY (GROSS ARGES 17)	SOCIAL SERVICE (TIME SPENT 18)
1 ADMIN & GENERAL		367,790		
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)		367,790		
21 COST TO BE ALLOCATED		41,937		
22 UNIT COST MULTIPLIER		0.114024		

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET H-6
 I HHA NO: I TO 6/30/2009 I PARTS I II & III
 I 16-7154 I I HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A 6
PATIENT SERVICES							
1 SKILLED NURSING	2	1,932,340	2	1,932,340	12,799	150.98	5,366
2 PHYSICAL THERAPY	3		132,018	132,018	3,823	34.53	2,373
3 OCCUPATIONAL THERAPY	4						
4 SPEECH PATHOLOGY	5		2,985	2,985	63	47.38	40
5 MEDICAL SOCIAL SERVICES	6	2,044		2,044	141	14.50	74
6 HOME HEALTH AIDE SERVICE	7	491,549		491,549	3,535	139.05	586
7 TOTAL		2,425,933	135,003	2,560,936	20,361		8,439

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	12
1 SKILLED NURSING	1,990		810,159	300,450		1,110,609
2 PHYSICAL THERAPY	606		81,940	20,925		102,865
3 OCCUPATIONAL THERAPY						
4 SPEECH PATHOLOGY	6		1,895	284		2,179
5 MEDICAL SOCIAL SERVICES	30		1,073	435		1,508
6 HOME HEALTH AIDE SERVICES	607		81,483	84,403		165,886
7 TOTAL	3,239		976,550	406,497		1,383,047

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

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

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET H-6
 I HHA NO: I TO 6/30/2009 I PARTS I II & III
 I 16-7154 I I HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 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	870,964		870,964	3,509,234	.248192	5,901
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		COST OF SERVICES----- -----PART B-----	
	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	9,619		1,465	2,387
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.02 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)		
17.01 PER BENE COST LIMITATION (FRM FI)		
17.02 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 PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.473049	279,079	132,018	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52	.603284	4,948	2,985	COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55		12,633		COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.250455			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROGRAM COSTS ----		PROG VISITS ON OR AFTER 1/1/1999 5
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
1 PHYSICAL THERAPY		34.53	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY							
3 SPEECH PATHOLOGY		47.38					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 11/30/2009
I 16-0080	I FROM 7/ 1/2008	I WORKSHEET H-7
I HHA NO:	I TO 6/30/2009	I PARTS I & II
I 16-7154	I	I

TITLE XVIII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES		PART B	PART B
PART A		NOT SUBJECT TO	SUBJECT TO
		DED & COINS	DED & COINS
		2	3
1	REASONABLE COST OF SERVICES		
2	TOTAL CHARGES	986,070	359,463
	CUSTOMARY CHARGES		
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
4	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)		
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)		
6	TOTAL CUSTOMARY CHARGES	986,070	359,463
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	986,070	359,463
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
9	PRIMARY PAYOR AMOUNTS		

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A	PART B
		SERVICES	SERVICES
		1	2
10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	1,368,203	495,974
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	3,126	
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	6,760	5,715
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	12,069	2,951
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS		
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	1,390,158	504,640
13	EXCESS REASONABLE COST		
14	SUBTOTAL	1,390,158	504,640
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	1,390,158	504,640
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,390,158	504,640
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	1,390,158	504,640
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	1,390,158	504,640
25	INTERIM PAYMENTS	1,390,158	504,640
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-II SECTION 115.2		

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		1,390,158		504,640
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
		1,390,158		504,640
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,390,158		504,640

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 RENAL DIALYSIS DEPARTMENT COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I
 I SATELLITE NO: I TO 6/30/2009 I WORKSHEET I-1
 I I I

CHECK ONE:

XX RENAL DIALYSIS DEPARTMENT

HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTEs PER 2080 HOURS
	1	2	3	4
1 REGISTERED NURSES	300,798	HOURS OF SERVICE	10,841.00	5.21
2 LICENSED PRACTICAL NURSES	30,494	HOURS OF SERVICE	1,571.00	.76
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS	146,479	HOURS OF SERVICE	10,982.00	5.28
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	84,914	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	562,685			
10 EMPLOYEE BENEFITS	111,287	SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME		
14 SUPPLIES	172,206	REQUISITIONS		
15 DRUGS		REQUISITIONS		
16 OTHER	88,421	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	934,599			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	27,678	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	46,711	SALARY		
23 ADMINISTRATIVE AND GENERAL	182,842	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	109,076	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	2,346	REQUISITIONS		
27 PHARMACY		REQUISITIONS		
28 OTHER ALLOCATED COST	861,028	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	2,164,280			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	2,164,280			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I
 I SATELLITE NO: I TO 6/30/2009 I WORKSHEET I-2
 I I I

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT ___ HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNS	OTHER	
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	136,754		300,798	176,973	157,998
2	HEMODIALYSIS	136,754		300,798	176,973	157,998
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS					
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	136,754		300,798	176,973	157,998
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE		174,552		947,075	1,217,205
2	HEMODIALYSIS		174,552		947,075	1,217,205
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS					
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)		174,552		947,075	1,217,205
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	2,164,280
2	HEMODIALYSIS	2,164,280
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP HOME	
8	HEMODIALYSIS	
9	INTERMITTENT PERITONEAL	
10	CAPD	
11	CCDP	
OTHER BILLABLE SERVICES		
12	INPATIENT DIALYSIS	
13	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	2,164,280
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	2,164,280

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS
 I PROVIDER NO: 16-0080 I PERIOD: FROM 7/1/2008 TO 6/30/2009 I PREPARED 11/30/2009
 I SATELLITE NO: I TO 6/30/2009 I WORKSHEET I-3
 I I I

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT ___ HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		1	2	3	4	5
		(SQUARE FEET)	(% OF TIME)	(HOURS)	(HOURS)	(SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	136,754		300,798	176,973	157,998
2	HEMODIALYSIS	4,826	100.00	25,411.00	25,411.00	562,685
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS					0
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	4,826	100.00	25,411.00	25,411.00	562,685
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	28.336925		11.837315	6.964425	.280793

COMPOSITE PAYMENT SERVICES		6	7	8	9	10
		(REQUIST.)	(REQUIST.)	(CHARGES)	(SUM OF COLS. 1-8)	(ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE		174,552		947,075	1,217,205
2	HEMODIALYSIS		20,575			
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS					0
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS		20,575			947,075
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)		8.483694			1.285226

COMPUTATION OF AVERAGE COST PER TREATMENT
FOR OUTPATIENT RENAL DIALYSIS

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
I 16-0080 I FROM 7/ 1/2008 I
I SATELLITE NO: I TO 6/30/2009 I WORKSHEET I-4
I I I RATE 0

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT

___ HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. 1-2,COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005
1 MAINTENANCE - HEMODIALYSIS	1	2	3	4	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS	9,391	2,164,280	230.46	7,829	
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS		PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	9,391	2,164,280		7,829	

	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
	5	6	6.01	7
1 MAINTENANCE - HEMODIALYSIS	1,804,271	153.78		1,203,944
2 MAINTENANCE - PERITONEAL DIALYSIS				
3 TRAINING - HEMODIALYSIS				
4 TRAINING - PERITONEAL DIALYSIS				
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7 HOME PROGRAM - HEMODIALYSIS				
8 HOME PROGRAM - PERITONEAL DIALYSIS				
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	1,804,271			1,203,944

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I
 I SATELLITE NO: I TO 6/30/2009 I WORKSHEET I-5
 I I I RATE 0

CALCULATION OF REIMBURSABLE
 BAD DEBTS - TITLE XVIII - PART B

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	1,804,271
2	TOTAL PAYMENT (FROM WORKSHEET I-4, COLUMN 7, LINE 11)	1,203,944
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	1,532
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	240,478
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	694
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	241,316
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	961,930
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	698
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	694

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
I 16-0080 I FROM 7/ 1/2008 I WORKSHEET K
I HOSPICE NO: I TO 6/30/2009 I
I 16-1527 I

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 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	27,294	60,542	1,886	
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				29,703
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				11,600
10 NURSING CARE	153,707		12,645	168,770
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	18,063		4,678	
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER	101,355		2,626	2,141
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)	300,419	60,542	21,835	212,214

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
I 16-0080 I FROM 7/ 1/2008 I WORKSHEET K
I HOSPICE NO: I TO 6/30/2009 I
I 16-1527 I

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	39,306	129,028	40,043	169,071
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		29,703		29,703
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES		11,600		11,600
10 NURSING CARE		335,122		335,122
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		22,741		22,741
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER		106,122		106,122
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	64,386	64,386		64,386
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	3,492	3,492		3,492
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)	107,184	702,194	40,043	742,237

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
I 16-0080 I FROM 7/ 1/2008 I WORKSHEET K
I HOSPICE NO: I TO 6/30/2009 I
I 16-1527 I

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		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL	-4,741	164,330
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		29,703
8 INPATIENT - RESPITE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		11,600
10 NURSING CARE		335,122
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		22,741
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		106,122
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		64,386
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		3,492
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)	-4,741	737,496

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/30/2009
I	16-0080	I	FROM 7/ 1/2008	I	WORKSHEET K-1
I	HOSPICE NO:	I	TO 6/30/2009	I	
I	16-1527	I		I	

HOSPICE 1

	ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
	1	2	3	4

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	27,294
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	27,294

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
I 16-0080 I FROM 7/ 1/2008 I WORKSHEET K-1
I HOSPICE NO: I TO 6/30/2009 I
I 16-1527 I

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	153,707			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			18,063	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				101,355
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)	153,707		18,063	101,355

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
I 16-0080 I FROM 7/ 1/2008 I WORKSHEET K-1
I HOSPICE NO: I TO 6/30/2009 I
I 16-1527 I

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.
3	PLANT OPERATION AND MAINTENANCE
4	TRANSPORTATION - STAFF
5	VOLUNTEER SERVICE COORDINATION
6	ADMINISTRATIVE AND GENERAL
	INPATIENT CARE SERVICE
7	INPATIENT - GENERAL CARE
8	INPATIENT - RESPITE CARE
	VISITING SERVICES
9	PHYSICIAN SERVICES
10	NURSING CARE
	27,294
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
	18,063
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE
	OTHER HOSPICE SERVICE COSTS
19	OTHER
	101,355
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)
	300,419

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/30/2009
I	16-0080	I	FROM 7/ 1/2008	I	WORKSHEET K-2
I	HOSPICE NO:	I	TO 6/30/2009	I	
I	16-1527	I		I	

HOSPICE 1

	ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
	1	2	3	4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
I 16-0080 I FROM 7/ 1/2008 I WORKSHEET K-2
I HOSPICE NO: I TO 6/30/2009 I
I 16-1527 I

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				60,542
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)				60,542

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/30/2009
I	16-0080	I	FROM 7/ 1/2008	I	WORKSHEET K-2
I	HOSPICE NO:	I	TO 6/30/2009	I	
I	16-1527	I		I	

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	60,542
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	60,542

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/30/2009
I	16-0080	I	FROM 7/ 1/2008	I	WORKSHEET K-3
I	HOSPICE NO:	I	TO 6/30/2009	I	
I	16-1527	I		I	

HOSPICE 1

	ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
	1	2	3	4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
I 16-0080 I FROM 7/ 1/2008 I WORKSHEET K-3
I HOSPICE NO: I TO 6/30/2009 I
I 16-1527 I

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
6				
7				
8				29,703
9				
10				11,600
10.20				168,770
11				
12				
13				
14				
15				
16				
17				
18				
18.20				
19				
20				2,141
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				212,214

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/30/2009
I	16-0080	I	FROM 7/ 1/2008	I	WORKSHEET K-3
I	HOSPICE NO:	I	TO 6/30/2009	I	
I	16-1527	I		I	

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	29,703
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	11,600
10	NURSING CARE	168,770
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	2,141
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)	212,214

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET K-4
 I HOSPICE NO: I TO 6/30/2009 I PART I
 I 16-1527 I I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
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	164,330			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	29,703			
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	11,600			
10 NURSING CARE	335,122			
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	22,741			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER	106,122			
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	64,386			
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	3,492			
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)	737,496			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET K-4
 I HOSPICE NO: I TO 6/30/2009 I PART I
 I 16-1527 I I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			164,330	164,330
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			29,703	8,516
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			11,600	3,326
13 NURSING CARE			335,122	96,081
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			22,741	6,520
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER			106,122	30,426
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			64,386	18,460
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES			3,492	1,001
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)			573,166	164,330

COST ALLOCATION -
 HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/30/2009
I	16-0080	I	FROM 7/ 1/2008	I	WORKSHEET K-4
I	HOSPICE NO:	I	TO 6/30/2009	I	PART I
I	16-1527	I		I	

HOSPICE 1

TOTAL
 (COL. 5A
 + COL. 6)

7

1	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	38,219
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	14,926
10	NURSING CARE	431,203
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	29,261
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	136,548
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	82,846
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	4,493
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)	737,496

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET K-4
 I HOSPICE NO: I TO 6/30/2009 I PART II
 I 16-1527 I I

HOSPICE 1

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

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

.000000	.000000	.000000	.000000
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COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET K-4
 I HOSPICE NO: I TO 6/30/2009 I PART II
 I 16-1527 I

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL		-164,330	573,166
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			29,703
10 INPATIENT - RESPITE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			11,600
13 NURSING CARE			335,122
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			
19 SPIRITUAL COUNSELING			
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			22,741
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			106,122
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			64,386
27.30 ANALGESICS			
28.31 SEDATIVES / HYPNOTICS			
29.32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			3,492
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			164,330
45 UNIT COST MULTIPLIER	.000000		.286706

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET K-5
 I HOSPICE NO: I TO 6/30/2009 I PART I
 I 16-1527 I 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 SOUTH 1970 BUILDING	NEW CAP BLUFF BUILDING
		0	3	3.01	3.02
1.00 ADMINISTRATIVE AND GENERAL	6				18
2.00 INPATIENT - GENERAL CARE	7	38,219			
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9	14,926			
5.00 NURSING CARE	10	431,203			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	29,261			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19	136,548			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	82,846			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	4,493			
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)		737,496			18
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-RAD ONCOLOGY BLDG	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	INFORMATION SYSTEMS
	3.03	4	5	6.02
1.00 ADMINISTRATIVE AND GENERAL			5,371	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			12,761	
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			1,499	
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			8,414	
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)			28,045	
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

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HOSPICE 1

HOSPICE COST CENTER	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCO UNTS RECEIVABLE	SUBTOTAL
	6.03	6.04	6.05	6A.05
1.00 ADMINISTRATIVE AND GENERAL				5,389
2.00 INPATIENT - GENERAL CARE				38,219
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				14,926
5.00 NURSING CARE				443,964
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				30,760
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				136,548
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				82,846
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				4,493
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				8,414
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)				765,559
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.06	7	8	9
1.00 ADMINISTRATIVE AND GENERAL	796			
2.00 INPATIENT - GENERAL CARE	5,646	123	82	
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES	2,205			
5.00 NURSING CARE	65,591			
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	4,544			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00	20,173			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	12,240			
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	664			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	1,243			
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)	113,102	123	82	
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

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HOSPICE 1

HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION

HOSPICE COST CENTER	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL	33		11,124	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	33		11,124	
30.00 UNIT COST MULTIPLIER				

CENTRAL SERVICES & SUPPLY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE SUBTOTAL

HOSPICE COST CENTER	15	17	18	25
1.00 ADMINISTRATIVE AND GENERAL				17,547
2.00 INPATIENT - GENERAL CARE				43,865
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				17,131
5.00 NURSING CARE				509,555
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				35,304
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				156,721
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				95,086
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				5,157
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				9,657
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)				890,023
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

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HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL		17,547		
2.00 INPATIENT - GENERAL CARE		43,865	882	44,747
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES		17,131	345	17,476
5.00 NURSING CARE		509,555	10,248	519,803
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		35,304	710	36,014
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00		156,721	3,152	159,873
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		95,086	1,912	96,998
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		5,157	104	5,261
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00		9,657	194	9,851
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)		890,023		890,023
30.00 UNIT COST MULTIPLIER			.020112	

(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

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
I 16-0080 I FROM 7/ 1/2008 I WORKSHEET K-5
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HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP SOUTH 1970 BUILDING (SQUARE FEET)	NEW CAP BLUFF BUILDING (SQUARE FEET)	NEW CAP REL COSTS-RAD ONCOLOGY BLDG (SQUARE FEET)
	3	3.01	3.02	3.03
1.00 ADMINISTRATIVE AND GENERAL			13	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			13	
30.00 TOTAL COST TO BE ALLOCATED			18	
31.00 UNIT COST MULTIPLIER	.000000	.000000	1.384615	.000000

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	INFORMATION SYSTEMS (ADMIN & GEN)	PURCHASING, RECEIVING AND STORES (COSTED REQUISTION)
	4	5	6.02	6.03
1.00 ADMINISTRATIVE AND GENERAL		64,705		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		153,707		
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		18,063		
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		101,355		
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)		337,830		
30.00 TOTAL COST TO BE ALLOCATED		28,045		
31.00 UNIT COST MULTIPLIER	.000000	.083015	.000000	.000000

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

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	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	INFORMATION SYSTEMS	PURCHASING, RECEIVING AND STORES
HOSPICE COST CENTER	4	5	6.02	6.03
	ADMITTING	CASHIERING/ACCO UNTS RECEIVABLE	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL
HOSPICE COST CENTER	(GROSS CHARGES)	(GROSS CHARGES)		(ACCUMULATED COST)
	6.04	6.05	6A.06	6.06
1.00 ADMINISTRATIVE AND GENERAL				5,389
2.00 INPATIENT - GENERAL CARE				38,219
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				14,926
5.00 NURSING CARE				443,964
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				30,760
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				136,548
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				82,846
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				4,493
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				8,414
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)				765,559
30.00 TOTAL COST TO BE ALLOCATED				113,102
31.00 UNIT COST MULTIPLIER	.000000	.000000		.147738

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

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HOSPICE 1

HOSPICE COST CENTER	MAINTENANCE & REPAIRS (TOTAL FACILISQUA) 7	OPERATION OF PLANT (TOTAL FACILISQUA) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10
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1.00 ADMINISTRATIVE AND GENERAL	13	13		4
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	13	13		4
30.00 TOTAL COST TO BE ALLOCATED	123	82		33
31.00 UNIT COST MULTIPLIER	9.461538	6.307692	.000000	8.250000

HOSPICE COST CENTER	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUISTION) 15
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1.00 ADMINISTRATIVE AND GENERAL		1,317		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,317		
30.00 TOTAL COST TO BE ALLOCATED		11,124		
31.00 UNIT COST MULTIPLIER	.000000	8.446469	.000000	.000000

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

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HOSPICE 1

DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY

HOSPICE COST CENTER 11 12 14 15

MEDICAL RECORDS & LIBRARY SOCIAL SERVICE

HOSPICE COST CENTER (GROSS CHARGES) (TIME SPENT)
 17 18

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

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

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET K-5
 I HOSPICE NO: I TO 6/30/2009 I PART III
 I 16-1527 I I

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.473049	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52	.603284	
4	DRUGS CHARGED TO PATIENTS	56	.250455	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.211313	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		
8	EMERGENCY	61	.449576	
9	RADIOLOGY-DIAGNOSTIC	41	.246872	
10	SPECIAL PROCEDURES	59	.212006	
10.02	PARTIAL HOSPITALIZATION			
11	TOTAL (SUM OF LINES 1-10)	59.02		

CALCULATION OF PER DIEM COST

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET K-6
 I HOSPICE NO: I TO 6/30/2009 I
 I 16-1527 I

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)				890,023
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				8,990
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				99.00
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	6,765			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	669,735			
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			2,225	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			220,275	

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

I PROVIDER NO: I PERIOD: I PREPARED 11/30/2009
 I 16-0080 I FROM 7/ 1/2008 I WORKSHEET L
 I COMPONENT NO: I TO 6/30/2009 I PARTS I-IV
 I 16-0080 I I
 FULLY PROSPECTIVE METHOD

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	1,279,147
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3	.01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	10,594
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	52.06
	IN THE COST REPORTING PERIOD	
4	.01 NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4	.02 INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4	.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5	.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5	.02 SUM OF 5 AND 5.01	.00
5	.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5	.04 DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,289,741
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)	