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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 18-0102	PERIOD FROM 1/ 1/2009 TO 12/31/2009	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --REOPENED --INITIAL --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2010 TIME 11:21

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 IMPRISIONMENT 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:
LOURDES HOSPITAL INC, 18-0102
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII A	TITLE XVIII B	TITLE XIX
		1	2	3	4
1	HOSPITAL	0	-89,907	-56,190	5,783,079
2	SUBPROVIDER	0	-99,356	0	81,258
2 .01	SUBPROVIDER II	0	19,303	0	174,506
5	HOSPITAL-BASED SNF	0	-104	0	0
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	-170,064	-56,190	6,038,843

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: 1530 LONE OAK RD. P.O. BOX: 7100
1.01 CITY: PADUCAH STATE: KY ZIP CODE: 42003- COUNTY: MCCRACKEN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N) V	XVIII	XIX
0	1	2	2.01	3	4	5	6
02.00 HOSPITAL	LOURDES HOSPITAL INC,	18-0102		7/ 1/1966	N	P	O
03.00 SUBPROVIDER	LOURDES REHAB UNIT	18-T102		1/10/1985	N	P	N
03.01 SUBPROVIDER 2	LOURDES PSYCH UNIT	18-S102		10/ 1/1988	N	P	N
06.00 HOSPITAL-BASED SNF	LOURDES SNF UNIT	18-5412		6/12/1995	N	P	N
09.00 HOSPITAL-BASED HHA	LOURDES HOMECARE	18-7100		1/ 1/1988	N	P	N
12.00 HOSP-BASED HOSPICE	LOURDES HOSPICE	18-1507		1/27/1987			
12.01 HOSP-BASED HOSPICE 2	LOURDES HOSPICE IL	14-1548		4/15/1992			

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

		1	2
18	TYPE OF CONTROL	1	

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1
20	SUBPROVIDER	5
20.01	SUBPROVIDER II	4

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.			
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.	Y		
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION 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	17300
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		
21.08	WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.			
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.	0	
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /		
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	

		1	2	3	4
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)	100	0.7793	0.7803	
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	0.00	2	18	99918

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	31.20%	Y
28.04	RECRUITMENT	0.00%	
28.05	RETENTION	0.00%	
28.06	TRAINING	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)	
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).	
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	
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)?	
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	

		V	XVIII	XIX
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	1	2	3
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	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?			

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?	Y
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	Y
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? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 368006

40.01	NAME: CATHOLIC HEALTHCARE PARTNERS	FI/CONTRACTOR NAME	FI/CONTRACTOR #
40.02	STREET: 615 ELSINORE PLACE, 8TH FL	P.O. BOX:	
40.03	CITY: CINCINNATI	STATE: OH ZIP CODE: 45202-	

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?	Y
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.	N 00/00/0000
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:	0
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

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.

		DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
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.		N	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	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	
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

SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010 | WORKSHEET S-3 PART I

	COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS / O/P VISITS / TRIPS: TITLE V	TITLE XVIII	NOT LTCH N/A	TOTAL TITLE XIX
		1	2	2.01	3	4	4.01	5
1	ADULTS & PEDIATRICS	173	64,655			22,547		1,993
2	HMO					1,056		938
2 01	HMO - (IRF PPS SUBPROVIDER)							154
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	173	64,655			22,547		1,993
6	INTENSIVE CARE UNIT	14	5,110			2,346		273
7	CORONARY CARE UNIT	12	4,380			1,549		363
11	NURSERY							38
12	TOTAL	199	74,145			26,442		2,667
13	RPCH VISITS							
14	SUBPROVIDER	28	10,220			5,704		288
14 01	SUBPROVIDER 2 PSYCH	30	10,950			3,045		1,543
15	SKILLED NURSING FACILITY	20	7,300			5,072		
18	HOME HEALTH AGENCY					28,823		1,298
21	HOSPICE							
21 01	HOSPICE 2							
25	TOTAL	277						
26	OBSERVATION BED DAYS							123
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							
29	LABOR & DELIVERY DAYS							

	COMPONENT	I/P DAYS / O/P VISITS / TRIPS: TITLE XIX ADMITTED	OBSERVATION BEDS NOT ADMITTED	TOTAL ALL PATS	TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	INTERNS & RES. FTES: TOTAL	LESS I&R REPL NON-PHYS ANES
		5.01	5.02	6	6.01	6.02	7	8
1	ADULTS & PEDIATRICS			36,470				
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			36,470				
6	INTENSIVE CARE UNIT			3,699				
7	CORONARY CARE UNIT			2,312				
11	NURSERY			785				
12	TOTAL			43,266				
13	RPCH VISITS							
14	SUBPROVIDER			7,479				
14 01	SUBPROVIDER 2 PSYCH			8,656				
15	SKILLED NURSING FACILITY			5,851				
18	HOME HEALTH AGENCY			36,914				
21	HOSPICE							
21 01	HOSPICE 2							
25	TOTAL							
26	OBSERVATION BED DAYS	33	90	1,714	480	1,234		
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							
29	LABOR & DELIVERY DAYS							

	COMPONENT	I & R FTES: NET	FULL TIME EQUIV: EMPLOYEES ON PAYROLL	NONPAID WORKERS	DISCHARGES: TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
1	ADULTS & PEDIATRICS					5,340	656	10,028
2	HMO							
2 01	HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
7	CORONARY CARE UNIT							
11	NURSERY							
12	TOTAL		828.00			5,340	656	10,028
13	RPCH VISITS							
14	SUBPROVIDER		25.00			376	21	498
14 01	SUBPROVIDER 2 PSYCH		34.00			336	258	1,237
15	SKILLED NURSING FACILITY		20.00					
18	HOME HEALTH AGENCY		50.00					
21	HOSPICE		34.00					
21 01	HOSPICE 2		2.00					
25	TOTAL		993.00					
26	OBSERVATION BED DAYS							
26 01	OBSERVATION BED DAYS-SUB I							

	COMPONENT	I & R FTES NET	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL	NONPAID WORKERS	---------- DISCHARGES ---------- TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

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	54,846,948		54,846,948	2,476,310.00	22.15	
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	952,248		952,248	48,274.00	19.73	
8.01 EXCLUDED AREA SALARIES	12,487,170		12,487,170	493,600.00	25.30	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	15,178,886		15,178,886			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,456,232		3,456,232			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	1,052,783		1,052,783	71,744.00	14.67	
22 ADMINISTRATIVE & GENERAL	7,860,645		7,860,645	307,203.00	25.59	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	679,107		679,107	34,215.00	19.85	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,290,327		1,290,327	36,834.00	35.03	
31 CENTRAL SERVICE AND SUPPLY	568,878		568,878	42,688.00	13.33	
32 PHARMACY	1,963,797		1,963,797	67,479.00	29.10	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,216,156		1,216,156	86,511.00	14.06	
34 SOCIAL SERVICE	621,923		621,923	28,086.00	22.14	
35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY					
1 NET SALARIES	54,846,948		54,846,948	2,476,310.00	22.15
2 EXCLUDED AREA SALARIES	13,439,418		13,439,418	541,874.00	24.80
3 SUBTOTAL SALARIES	41,407,530		41,407,530	1,934,436.00	21.41
4 SUBTOTAL OTHER WAGES & RELATED COSTS					
5 SUBTOTAL WAGE-RELATED COSTS	15,178,886		15,178,886		36.66
6 TOTAL	56,586,416		56,586,416	1,934,436.00	29.25
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	15,253,616		15,253,616	674,760.00	22.61

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET S-4
HHA NO:	TO 12/31/2009	
18-7100		
COUNTY:		

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

		TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1	HOME HEALTH AIDE HOURS	0	0	0	5,275
2	UNDUPLICATED CENSUS COUNT				

		TOTAL 5
1	HOME HEALTH AIDE HOURS	5,275
2	UNDUPLICATED CENSUS COUNT	

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

		STAFF 1	CONTRACT 2	TOTAL 3
3	ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4	DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00		1.00
5	OTHER ADMINISTRATIVE PERSONEL	10.64		10.64
6	DIRECTING NURSING SERVICE	28.80		28.80
7	NURSING SUPERVISOR	1.75		1.75
8	PHYSICAL THERAPY SERVICE	13.25		13.25
9	PHYSICAL THERAPY SUPERVISOR	1.00		1.00
10	OCCUPATIONAL THERAPY SERVICE	3.17		3.17
11	OCCUPATIONAL THERAPY SUPERVISOR			
12	SPEECH PATHOLOGY SERVICE	1.72		1.72
13	SPEECH PATHOLOGY SUPERVISOR			
14	MEDICAL SOCIAL SERVICE	1.00		1.00
15	MEDICAL SOCIAL SERVICE SUPERVISOR			
16	HOME HEALTH AIDE	2.54		2.54
17	HOME HEALTH AIDE SUPERVISOR			
18				

	HOME HEALTH AGENCY MSA CODES	1	1.01
19	HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	0
20	LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		

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

		FULL EPISODES WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21	SKILLED NURSING VISITS	11,155	177	408	51
22	SKILLED NURSING VISIT CHARGES	2,677,125	42,480	102,240	12,240
23	PHYSICAL THERAPY VISITS	10,724	26	69	95
24	PHYSICAL THERAPY VISIT CHARGES	1,769,535	4,290	11,385	15,675
25	OCCUPATIONAL THERAPY VISITS	2,181	26	8	16
26	OCCUPATIONAL THERAPY VISIT CHARGES	403,485	4,810	1,480	2,960
27	SPEECH PATHOLOGY VISITS	764	18	3	0
28	SPEECH PATHOLOGY VISIT CHARGES	141,340	3,330	555	0
29	MEDICAL SOCIAL SERVICE VISITS	362	4	5	4
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	66,396	732	916	732
31	HOME HEALTH AIDE VISITS	2,697	8	7	15
32	HOME HEALTH AIDE VISIT CHARGES	190,139	564	494	1,058
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	27,883	259	500	181
34	OTHER CHARGES	0	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	5,248,020	56,206	117,070	32,665
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	1,540	0	195	15
37	TOTAL NUMBER OF OUTLIER EPISODES	0	5	0	1
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	152,055	2,133	7,070	970

HOSPITAL-BASED HOME HEALTH AGENCY	PROVIDER NO: 18-0102	PERIOD: FROM 1/ 1/2009	PREPARED 5/26/2010
STATISTICAL DATA	HHA NO: 18-7100	TO 12/31/2009	WORKSHEET S-4
HOME HEALTH AGENCY STATISTICAL DATA	COUNTY:		

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	11,791
22	SKILLED NURSING VISIT CHARGES	0	0	2,834,085
23	PHYSICAL THERAPY VISITS	0	0	10,914
24	PHYSICAL THERAPY VISIT CHARGES	0	0	1,800,885
25	OCCUPATIONAL THERAPY VISITS	0	0	2,231
26	OCCUPATIONAL THERAPY VISIT CHARGES	0	0	412,735
27	SPEECH PATHOLOGY VISITS	0	0	785
28	SPEECH PATHOLOGY VISIT CHARGES	0	0	145,225
29	MEDICAL SOCIAL SERVICE VISITS	0	0	375
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	68,776
31	HOME HEALTH AIDE VISITS	0	0	2,727
32	HOME HEALTH AIDE VISIT CHARGES	0	0	192,255
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	28,823
34	OTHER CHARGES	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	5,453,961
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	1,750
37	TOTAL NUMBER OF OUTLIER EPISODES	0	0	6
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	162,228

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010 | WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	SERVICES PRIOR TO 10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	SERVICES ON/AFTER 10/1 DAYS	SRVCS 4/1/01 T0 9/30/01 RATE	SRVCS 4/1/01 T0 9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX		20				
6 .02	RVL						
7	RHC		80				
8	RHB		81				
9	RHA		373				
9 .01	RHX						
9 .02	RHL						
10	RMC		10				
11	RMB		34				
12	RMA		440				
12 .01	RMX		1,425				
12 .02	RML		2,121				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		142				
16	SE2		84				
17	SE1						
18	SSC						
19	SSB						
20	SSA		255				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
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						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		5,072				

(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)	0.7793
Wage Index Factor (after 10/01)	0.7803
SNF Facility Specific Rate	0.00
Urban/Rural Designation	RURAL
SNF MSA Code	18
SNF CBSA Code	99918

PROSPECTIVE PAYMENT FOR SNF	PROVIDER NO: 18-0102	PERIOD: FROM 1/ 1/2009 TO 12/31/2009	PREPARED 5/26/2010
STATISTICAL DATA			WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs DAYS	SWING BED SNF DAYS	TOTAL
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)	0.7793
Wage Index Factor (after 10/01)	0.7803
SNF Facility Specific Rate	0.00
Urban/Rural Designation	RURAL
SNF MSA Code	18
SNF CBSA Code	99918

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET S-9
HOSPICE NO:	TO 12/31/2009	
18-1507		

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	27,542	1,846	5,612	175
3	INPATIENT RESPITE CARE	110			
4	GENERAL INPATIENT CARE	464	24		
5	TOTAL HOSPICE DAYS	28,116	1,870	5,612	175

PART I - ENROLLMENT DAYS (CONTINUED)

		OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1	CONTINUOUS HOME CARE		
2	ROUTINE HOME CARE	3,664	33,052
3	INPATIENT RESPITE CARE		110
4	GENERAL INPATIENT CARE	82	570
5	TOTAL HOSPICE DAYS	3,746	33,732

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	588	40	175	10
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE	107.00			
8	AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	47.82	46.75	32.07	17.50
9	UNDUPLICATED CENSUS COUNT	588	40	175	10

PART II - CENSUS DATA (CONTINUED)

		OTHER 5	TOTAL 6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	106	734
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8	AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	35.34	45.96
9	UNDUPLICATED CENSUS COUNT	106	734

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET S-9
HOSPICE NO:	TO 12/31/2009	
14-1548		

HOSPICE 2

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	3,860	377	2,394	51
3	INPATIENT RESPITE CARE		4		
4	GENERAL INPATIENT CARE	71	2		
5	TOTAL HOSPICE DAYS	3,931	383	2,394	51

PART I - ENROLLMENT DAYS (CONTINUED)

		OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1	CONTINUOUS HOME CARE		
2	ROUTINE HOME CARE	496	4,733
3	INPATIENT RESPITE CARE	4	8
4	GENERAL INPATIENT CARE	9	82
5	TOTAL HOSPICE DAYS	509	4,823

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	83	4	47	3
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8	AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	47.36	95.75	50.94	17.00
9	UNDUPLICATED CENSUS COUNT	83	4	47	3

PART II - CENSUS DATA (CONTINUED)

		OTHER 5	TOTAL 6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	12	99
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8	AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	42.42	48.72
9	UNDUPLICATED CENSUS COUNT	12	99

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET S-10
	TO 12/31/2009	

DESCRIPTION

	UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
	UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	8,262,743
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	1,257,399
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	9,520,142
	UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	8,999,980
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.314024
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	2,826,210
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	31,992,373

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET S-10
	TO 12/31/2009	

	DESCRIPTION	
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	10,046,373
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	11,128,077
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,494,483
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	12,872,583

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010 | WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		4,857,800	4,857,800	3,064,332	7,922,132
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		4,783,966	4,783,966	2,363,534	7,147,500
5	0500	EMPLOYEE BENEFITS	1,052,783	11,594,513	12,647,296	6,074,436	18,721,732
6.01	0610	NONPATIENT TELEPHONES	195,795	396,954	592,749	-52,606	540,143
6.02	0611	DATA PROCESSING	866,542	1,994,253	2,860,795	-948,933	1,911,862
6.03	0612	PURCHASING, RECEIVING		2,107	2,107	-2,107	
6.04	0630	BUSINESS OFFICE	525,773	2,095,867	2,621,640	-49,182	2,572,458
6.05	0613	REGIONAL TEAM	3,678,803	5,946,584	9,625,387	-263,276	9,362,111
6.06	0640	ADMITTING	941,511	296,914	1,238,425	-80,034	1,158,391
6.07	0660	OTHER ADMINISTRATIVE AND GENERAL	1,652,221	3,584,512	5,236,733	610,336	5,847,069
7	0700	MAINTENANCE & REPAIRS	679,107	5,165,961	5,845,068	1,911,354	7,756,422
9	0900	LAUNDRY & LINEN SERVICE					
10	1000	HOUSEKEEPING		1,870,600	1,870,600	-480,326	1,390,274
11	1100	DIETARY		835,128	835,128	-6,240	828,888
12	1200	CAFETERIA		1,978,478	1,978,478	-578,162	1,400,316
14	1400	NURSING ADMINISTRATION	1,290,327	160,761	1,451,088	-113,849	1,337,239
15	1500	CENTRAL SERVICES & SUPPLY	568,878	1,265,307	1,834,185	-1,072,859	761,326
16	1600	PHARMACY	1,963,797	8,553,218	10,517,015	-8,557,019	1,959,996
17	1700	MEDICAL RECORDS & LIBRARY	1,216,156	481,787	1,697,943	-358,124	1,339,819
18	1800	SOCIAL SERVICE	621,923	269,310	891,233	-71,948	819,285
19	1950	CENTRAL TRANSPORTATION		415,551	415,551	-109,505	306,046
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	7,565,442	1,812,186	9,377,628	-1,096,111	8,281,517
26	2600	INTENSIVE CARE UNIT	1,738,047	402,368	2,140,415	-313,264	1,827,151
27	2700	CORONARY CARE UNIT	1,034,361	200,860	1,235,221	-144,611	1,090,610
31	3100	SUBPROVIDER	1,159,006	1,247,520	2,406,526	-135,893	2,270,633
31.01	3101	SUBPROVIDER 2 PSYCH	1,509,067	1,239,885	2,748,952	-367,788	2,381,164
33	3300	NURSERY	1,088,561	271,173	1,359,734	-570,203	789,531
34	3400	SKILLED NURSING FACILITY	952,248	212,359	1,164,607	-130,867	1,033,740
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	3,512,687	15,245,692	18,758,379	-13,666,666	5,091,713
37.01	3701	REHAB MEDICINE	23,538	1,012,267	1,035,805	-15,729	1,020,076
38	3800	RECOVERY ROOM	305,623	134,357	439,980	-45,888	394,092
39	3900	DELIVERY ROOM & LABOR ROOM				339,933	339,933
40	4000	ANESTHESIOLOGY	324,546	423,806	748,352	-409,148	339,204
41	4100	RADIOLOGY-DIAGNOSTIC	1,450,455	1,589,191	3,039,646	-1,169,718	1,869,928
42	4200	RADIOLOGY-THERAPEUTIC	1,633	124	1,757	-124	1,633
42.01	4201	CT SCAN	342,708	678,440	1,021,148	-560,082	461,066
43	4300	RADIOISOTOPE					
43.01	4301	NUCLEAR MEDICINE	149,380	496,206	645,586	-84,933	560,653
43.02	4302	ULTRASOUND	302,209	158,698	460,907	-230,526	230,381
44	4400	LABORATORY	2,069,577	3,571,184	5,640,761	-274,261	5,366,500
48	4800	INTRAVENOUS THERAPY		782	782	369,667	370,449
49	4900	RESPIRATORY THERAPY	854,822	302,298	1,157,120	-227,385	929,735
50	5000	PHYSICAL THERAPY	733,335	85,796	819,131	-71,157	747,974
51	5100	OCCUPATIONAL THERAPY	150,595	13,266	163,861	-12,989	150,872
52	5200	SPEECH PATHOLOGY	170,883	29,907	200,790	-28,176	172,614
53	5300	ELECTROCARDIOLOGY	703,898	318,068	1,021,966	-234,637	787,329
54	5400	ELECTROENCEPHALOGRAPHY	307,181	48,734	355,915	-33,629	322,286
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				20,134,145	20,134,145
56	5600	DRUGS CHARGED TO PATIENTS				9,126,904	9,126,904
57	5700	RENAL DIALYSIS		740,126	740,126	-12,912	727,214
58	5800	ASC (NON-DISTINCT PART)					
58.01	5801	CARDIAC CATHETERIZATION	954,246	4,540,880	5,495,126	-4,574,047	921,079
59	3950	LITHOTRIPTER				582,456	582,456
59.01	3020	DIABETES CENTER	33,595	15,772	49,367	-15,263	34,104
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	335,449	594,752	930,201	-245,571	684,630
60.01	6001	PARTIAL HOSP PRG	222,121	220,881	443,002	219,630	662,632
61	6100	EMERGENCY	1,779,022	616,072	2,395,094	-437,812	1,957,282
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
68	5950	HOMECARE SUPPORT					
71	7100	HOME HEALTH AGENCY	2,930,157	1,867,808	4,797,965	-1,379,887	3,418,078
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		2,182,408	2,182,408	-2,182,408	
93	9300	HOSPICE	1,850,707	3,086,942	4,937,649	-1,640,792	3,296,857
93.01	9301	HOSPICE 2	118,289	306,525	424,814	-104,959	319,855
95		SUBTOTALS	49,927,004	100,216,904	150,143,908	1,635,121	151,779,029
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES					
98.01	9801	CENTER FOR AGING	24,911	39,988	64,899	-2,008	62,891
100	7950	ADULT DAYCARES		169	169		169
100.01	7951	MEDICAL BUILDING AND OTHER	4,782,540	2,797,925	7,580,465	-1,610,521	5,969,944
100.02	7952	MARCUM AND WALLACE HOSP					
100.05	7955	FOUNDATION	112,493	691,144	803,637	-22,592	781,045
101		TOTAL	54,846,948	103,746,130	158,593,078	-0-	158,593,078

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	-1,191,504	6,730,628
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	745	7,148,245
5	0500	EMPLOYEE BENEFITS	-668,538	18,053,194
6.01	0610	NONPATIENT TELEPHONES	-10,001	530,142
6.02	0611	DATA PROCESSING	-24	1,911,838
6.03	0612	PURCHASING, RECEIVING		
6.04	0630	BUSINESS OFFICE		2,572,458
6.05	0613	REGIONAL TEAM	862,662	10,224,773
6.06	0640	ADMITTING		1,158,391
6.07	0660	OTHER ADMINISTRATIVE AND GENERAL	-1,301,094	4,545,975
7	0700	MAINTENANCE & REPAIRS	-18,898	7,737,524
9	0900	LAUNDRY & LINEN SERVICE		
10	1000	HOUSEKEEPING	-2,972	1,387,302
11	1100	DIETARY	-46,215	782,673
12	1200	CAFETERIA	-593,934	806,382
14	1400	NURSING ADMINISTRATION		1,337,239
15	1500	CENTRAL SERVICES & SUPPLY	-27	761,299
16	1600	PHARMACY		1,959,996
17	1700	MEDICAL RECORDS & LIBRARY	-36,501	1,303,318
18	1800	SOCIAL SERVICE		819,285
19	1950	CENTRAL TRANSPORTATION		306,046
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS		8,281,517
26	2600	INTENSIVE CARE UNIT		1,827,151
27	2700	CORONARY CARE UNIT		1,090,610
31	3100	SUBPROVIDER		2,270,633
31.01	3101	SUBPROVIDER 2 PSYCH	-7,262	2,373,902
33	3300	NURSERY		789,531
34	3400	SKILLED NURSING FACILITY		1,033,740
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-8,100	5,083,613
37.01	3701	REHAB MEDICINE		1,020,076
38	3800	RECOVERY ROOM		394,092
39	3900	DELIVERY ROOM & LABOR ROOM		339,933
40	4000	ANESTHESIOLOGY		339,204
41	4100	RADIOLOGY-DIAGNOSTIC	-10,272	1,859,656
42	4200	RADIOLOGY-THERAPEUTIC		1,633
42.01	4201	CT SCAN		461,066
43	4300	RADIOISOTOPE		
43.01	4301	NUCLEAR MEDICINE		560,653
43.02	4302	ULTRASOUND		230,381
44	4400	LABORATORY		5,366,500
48	4800	INTRAVENOUS THERAPY		370,449
49	4900	RESPIRATORY THERAPY		929,735
50	5000	PHYSICAL THERAPY		747,974
51	5100	OCCUPATIONAL THERAPY		150,872
52	5200	SPEECH PATHOLOGY		172,614
53	5300	ELECTROCARDIOLOGY	-59	787,270
54	5400	ELECTROENCEPHALOGRAPHY		322,286
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		20,134,145
56	5600	DRUGS CHARGED TO PATIENTS		9,126,904
57	5700	RENAL DIALYSIS		727,214
58	5800	ASC (NON-DISTINCT PART)		
58.01	5801	CARDIAC CATHETERIZATION		921,079
59	3950	LITHOTRIPTER		582,456
59.01	3020	DIABETES CENTER	-2,938	31,166
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC	-12,452	672,178
60.01	6001	PARTIAL HOSP PRG	-1,802	660,830
61	6100	EMERGENCY		1,957,282
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
68	5950	HOMECARE SUPPORT		
71	7100	HOME HEALTH AGENCY	-3,761	3,414,317
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
93	9300	HOSPICE	-30,253	3,266,604
93.01	9301	HOSPICE 2	-6	319,849
95		SUBTOTALS	-3,083,206	148,695,823
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800	PHYSICIANS' PRIVATE OFFICES		
98.01	9801	CENTER FOR AGING		62,891
100	7950	ADULT DAYCARES		169
100.01	7951	MEDICAL BUILDING AND OTHER	-366	5,969,578
100.02	7952	MARCUM AND WALLACE HOSP	12,201,808	12,201,808
100.05	7955	FOUNDATION		781,045
101		TOTAL	9,118,236	167,711,314

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0611	NONPATIENT TELEPHONES
6.03	PURCHASING, RECEIVING	0612	NONPATIENT TELEPHONES
6.04	BUSINESS OFFICE	0630	PURCHASING, RECEIVING AND STORES
6.05	REGIONAL TEAM	0613	NONPATIENT TELEPHONES
6.06	ADMITTING	0640	ADMITTING
6.07	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	CENTRAL TRANSPORTATION	1950	OTHER GENERAL SERVICE COST CENTERS
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2 PSYCH	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	REHAB MEDICINE	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	CT SCAN	4201	RADIOLOGY-THERAPEUTIC
43	RADIOISOTOPE	4300	
43.01	NUCLEAR MEDICINE	4301	RADIOISOTOPE
43.02	ULTRASOUND	4302	RADIOISOTOPE
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
58.01	CARDIAC CATHETERIZATION	5801	ASC (NON-DISTINCT PART)
59	LITHOTRIPTER	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	DIABETES CENTER	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	PARTIAL HOSP PRG	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
68	HOMECARE SUPPORT	5950	OTHER REIMBURSABLE COST CENTERS
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
93.01	HOSPICE 2	9301	HOSPICE #####
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	CENTER FOR AGING	9801	PHYSICIANS' PRIVATE OFFICES
100	ADULT DAYCARES	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MEDICAL BUILDING AND OTHER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARCUM AND WALLACE HOSP	7952	OTHER NONREIMBURSABLE COST CENTERS
100.05	FOUNDATION	7955	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	INTEREST EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		2,060,186
2			NEW CAP REL COSTS-MVBLE EQUIP	4		122,222
3	EMPLOYEE BENEFITS	B	EMPLOYEE BENEFITS	5		6,092,313
4						
5						
6						
7						
8			OTHER ADMINISTRATIVE AND GENERAL	6.07		415,418
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1	EMPLOYEE BENEFITS	B				
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16						
17	HOMECARE/HOSPICE	C	OTHER ADMINISTRATIVE AND GENERAL	6.07		364,607
18						
19						
20	RENT EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		1,004,146
21			NEW CAP REL COSTS-MVBLE EQUIP	4		2,241,312
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	EXPLANATION OF RECLASSIFICATION	INCREASE CODE (1) COST CENTER 1	2	LINE NO 3	SALARY 4	OTHER 5
1	RENT EXPENSE	D				
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27						
28						
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		20,134,145
30						
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1	MEDICAL SUPPLIES CHARGED TO PATIENTS	E				
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	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	MEDICAL SUPPLIES CHARGED TO PATIENTS	E				
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3						
4						
5						
6	REPAIRS AND MAINTENANCE	F	MAINTENANCE & REPAIRS	7		3,474,992
7						
8						
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15						
16						
17						
18						
19						
20						
21			SUBPROVIDER 2 PSYCH	31.01		36
22						
23						
24						
25						
26						
27						
28						
29			CLINIC	60		1,216
30						
31						
32						
33						
34						
35						

1	REPAIRS AND MAINTENANCE	F				
2						
3						
4	DRUGS CHARGED TO PATIENTS	G	DRUGS CHARGED TO PATIENTS	56		9,126,904
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	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	INCREASE LINE NO 3	SALARY 4	OTHER 5
1	DRUGS CHARGED TO PATIENTS	G				
2	INTRAVENOUS THERAPY	H	INTRAVENOUS THERAPY	48		370,352
3						
4						
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6						
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24						
25						
26						
27						
28						
29						
30						
31	LITHOTRIPTER	I	LITHOTRIPTER	59		582,456
32	DELIVERY ROOM & LABOR	J	DELIVERY ROOM & LABOR ROOM	39	272,140	67,793
33	PARTIAL HOSPITALIZATION	K	PARTIAL HOSP PRG	60.01		236,347
36	TOTAL RECLASSIFICATIONS				272,140	46,294,445

(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.

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	INTEREST EXPENSE	A	INTEREST EXPENSE	88		2,182,408	11
2							11
3	EMPLOYEE BENEFITS	B	NONPATIENT TELEPHONES	6.01		14,070	
4			DATA PROCESSING	6.02		67,864	
5			BUSINESS OFFICE	6.04		38,885	
6			REGIONAL TEAM	6.05		176,314	
7			ADMITTING	6.06		66,621	
8							
9			MAINTENANCE & REPAIRS	7		51,065	
10			HOUSEKEEPING	10		458,133	
11			CAFETERIA	12		578,162	
12			NURSING ADMINISTRATION	14		99,786	
13			CENTRAL SERVICES & SUPPLY	15		41,521	
14			PHARMACY	16		125,931	
15			MEDICAL RECORDS & LIBRARY	17		87,983	
16			SOCIAL SERVICE	18		46,087	
17			CENTRAL TRANSPORTATION	19		101,256	
18			ADULTS & PEDIATRICS	25		565,317	
19			INTENSIVE CARE UNIT	26		134,268	
20			CORONARY CARE UNIT	27		83,397	
21			SUBPROVIDER	31		86,230	
22			SUBPROVIDER 2 PSYCH	31.01		113,118	
23			NURSERY	33		80,337	
24			SKILLED NURSING FACILITY	34		67,974	
25			OPERATING ROOM	37		255,354	
26			REHAB MEDICINE	37.01		1,747	
27			RECOVERY ROOM	38		23,001	
28			RADIOLOGY-DIAGNOSTIC	41		104,339	
29			RADIOLOGY-THERAPEUTIC	42		124	
30			CT SCAN	42.01		25,126	
31			NUCLEAR MEDICINE	43.01		11,291	
32			ULTRASOUND	43.02		22,102	
33			LABORATORY	44		149,908	
34			RESPIRATORY THERAPY	49		63,658	
35			PHYSICAL THERAPY	50		53,149	
1	EMPLOYEE BENEFITS	B	OCCUPATIONAL THERAPY	51		11,346	
2			SPEECH PATHOLOGY	52		13,418	
3			ELECTROCARDIOLOGY	53		50,717	
4			ELECTROENCEPHALOGRAPHY	54		22,845	
5			CARDIAC CATHETERIZATION	58.01		69,505	
6			DIABETES CENTER	59.01		5,128	
7			CLINIC	60		24,702	
8			PARTIAL HOSP PRG	60.01		16,549	
9			EMERGENCY	61		131,494	
10			HOME HEALTH AGENCY	71		933,158	
11			HOSPICE	93		634,799	
12			HOSPICE 2	93.01		8,664	
13			CENTER FOR AGING	98.01		1,913	
14			MEDICAL BUILDING AND OTHER	100.01		741,016	
15			FOUNDATION	100.05		22,065	
16			ANESTHESIOLOGY	40		26,294	
17	HOMECARE/HOSPICE	C	HOSPICE	93		195,885	
18			HOSPICE 2	93.01		73	
19			HOME HEALTH AGENCY	71		168,649	
20	RENT EXPENSE	D	EMPLOYEE BENEFITS	5		9,197	10
21			DATA PROCESSING	6.02		11,655	10
22			PURCHASING, RECEIVING	6.03		2,107	
23			BUSINESS OFFICE	6.04		10,297	
24			REGIONAL TEAM	6.05		14,239	
25			ADMITTING	6.06		12,027	
26			OTHER ADMINISTRATIVE AND GENERAL	6.07		85,742	
27			MAINTENANCE & REPAIRS	7		3,216	
28			DIETARY	11		3,056	
29			NURSING ADMINISTRATION	14		2,241	
30			CENTRAL SERVICES & SUPPLY	15		704,850	
31			PHARMACY	16		325,813	
32			MEDICAL RECORDS & LIBRARY	17		23,685	
33			SOCIAL SERVICE	18		2,821	
34			ADULTS & PEDIATRICS	25		8,867	
35			INTENSIVE CARE UNIT	26		2,375	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	RENT EXPENSE	D	CORONARY CARE UNIT	27		1,440	
2			SUBPROVIDER	31		641	
3			SUBPROVIDER 2 PSYCH	31.01		6,344	
4			NURSERY	33		1,748	
5			SKILLED NURSING FACILITY	34		2,937	
6			OPERATING ROOM	37		140,203	
7			REHAB MEDICINE	37.01		1,890	
8			RECOVERY ROOM	38		2,062	
9			RADIOLOGY-DIAGNOSTIC	41		435,297	
10			CT SCAN	42.01		385,177	
11			NUCLEAR MEDICINE	43.01		19,113	
12			ULTRASOUND	43.02		135,503	
13			LABORATORY	44		8,279	
14			RESPIRATORY THERAPY	49		32,274	
15			PHYSICAL THERAPY	50		2,008	
16			ELECTROCARDIOLOGY	53		104,250	
17			ELECTROENCEPHALOGRAPHY	54		1,784	
18			CARDIAC CATHETERIZATION	58.01		6,271	
19			DIABETES CENTER	59.01		10,103	
20			CLINIC	60		55,274	
21			EMERGENCY	61		4,114	
22			HOME HEALTH AGENCY	71		101,089	
23			HOSPICE	93		320,913	
24			HOSPICE 2	93.01		41,612	
25			MEDICAL BUILDING AND OTHER	100.01		202,256	
26			FOUNDATION	100.05		527	
27			NONPATIENT TELEPHONES	6.01		129	
28			PARTIAL HOSP PRG	60.01		32	
29	MEDICAL SUPPLIES CHARGED TO PATIENTS	E	EMPLOYEE BENEFITS	5		2,389	
30			NONPATIENT TELEPHONES	6.01		85	
31			DATA PROCESSING	6.02		14	
32			REGIONAL TEAM	6.05		725	
33			ADMITTING	6.06		1,386	
34			OTHER ADMINISTRATIVE AND GENERAL	6.07		51,103	
35			MAINTENANCE & REPAIRS	7		2,064	
1	MEDICAL SUPPLIES CHARGED TO PATIENTS	E	HOUSEKEEPING	10		11,810	
2			DIETARY	11		1,420	
3			NURSING ADMINISTRATION	14		412	
4			CENTRAL SERVICES & SUPPLY	15		323,405	
5			PHARMACY	16		27,821	
6			MEDICAL RECORDS & LIBRARY	17		11	
7			CENTRAL TRANSPORTATION	19		7,234	
8			ADULTS & PEDIATRICS	25		426,097	
9			INTENSIVE CARE UNIT	26		148,116	
10			CORONARY CARE UNIT	27		47,541	
11			SUBPROVIDER	31		44,767	
12			SUBPROVIDER 2 PSYCH	31.01		11,213	
13			NURSERY	33		100,498	
14			SKILLED NURSING FACILITY	34		38,930	
15			OPERATING ROOM	37		12,493,955	
16			REHAB MEDICINE	37.01		12,092	
17			RECOVERY ROOM	38		18,790	
18			ANESTHESIOLOGY	40		215,007	
19			RADIOLOGY-DIAGNOSTIC	41		503,591	
20			CT SCAN	42.01		86,649	
21			NUCLEAR MEDICINE	43.01		9,100	
22			ULTRASOUND	43.02		14,284	
23			LABORATORY	44		44,316	
24			RESPIRATORY THERAPY	49		131,442	
25			PHYSICAL THERAPY	50		15,894	
26			OCCUPATIONAL THERAPY	51		1,643	
27			SPEECH PATHOLOGY	52		14,758	
28			ELECTROCARDIOLOGY	53		35,043	
29			ELECTROENCEPHALOGRAPHY	54		9,000	
30			RENAL DIALYSIS	57		11,720	
31			CARDIAC CATHETERIZATION	58.01		4,491,497	
32			DIABETES CENTER	59.01		22	
33			CLINIC	60		161,260	
34			PARTIAL HOSP PRG	60.01		136	
35			EMERGENCY	61		277,495	

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 6	DECREASE LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	MEDICAL SUPPLIES CHARGED TO PATIENTS	E	HOME HEALTH AGENCY	71		142,027	
2			HOSPICE	93		65,897	
3			HOSPICE 2	93.01		7,091	
4			MEDICAL BUILDING AND OTHER	100.01		123,710	
5			INTRAVENOUS THERAPY	48		685	
6	REPAIRS AND MAINTENANCE	F	EMPLOYEE BENEFITS	5		1,441	
7			NONPATIENT TELEPHONES	6.01		38,322	
8			DATA PROCESSING	6.02		869,400	
9			REGIONAL TEAM	6.05		71,998	
10			OTHER ADMINISTRATIVE AND GENERAL	6.07		27,181	
11			MAINTENANCE & REPAIRS	7		1,507,293	
12			HOUSEKEEPING	10		10,317	
13			DIETARY	11		1,764	
14			NURSING ADMINISTRATION	14		11,367	
15			CENTRAL SERVICES & SUPPLY	15		26	
16			PHARMACY	16		105,191	
17			MEDICAL RECORDS & LIBRARY	17		246,445	
18			SOCIAL SERVICE	18		23,040	
19			CENTRAL TRANSPORTATION	19		1,015	
20			ADULTS & PEDIATRICS	25		19	
21							
22			NURSERY	33		41,814	
23			SKILLED NURSING FACILITY	34		42	
24			OPERATING ROOM	37		131,729	
25			RADIOLOGY-DIAGNOSTIC	41		96,627	
26			NUCLEAR MEDICINE	43.01		20,395	
27			LABORATORY	44		70,922	
28			ELECTROCARDIOLOGY	53		24,029	
29							
30			HOME HEALTH AGENCY	71		33,132	
31			HOSPICE	93		15,214	
32			CENTER FOR AGING	98.01		95	
33			MEDICAL BUILDING AND OTHER	100.01		9,516	
34			CT SCAN	42.01		59,212	
35			ULTRASOUND	43.02		55,362	
1	REPAIRS AND MAINTENANCE	F	CARDIAC CATHETERIZATION	58.01		3,150	
2			EMERGENCY	61		150	
3			HOSPICE 2	93.01		36	
4	DRUGS CHARGED TO PATIENTS	G	EMPLOYEE BENEFITS	5		4,850	
5			OTHER ADMINISTRATIVE AND GENERAL	6.07		5,387	
6			NURSING ADMINISTRATION	14		43	
7			CENTRAL SERVICES & SUPPLY	15		544	
8			PHARMACY	16		7,870,944	
9			ADULTS & PEDIATRICS	25		8,138	
10			INTENSIVE CARE UNIT	26		610	
11			CORONARY CARE UNIT	27		646	
12			SUBPROVIDER	31		686	
13			SUBPROVIDER 2 PSYCH	31.01		637	
14			NURSERY	33		3,788	
15			SKILLED NURSING FACILITY	34		578	
16			OPERATING ROOM	37		3,589	
17			RECOVERY ROOM	38		935	
18			ANESTHESIOLOGY	40		166,272	
19			RADIOLOGY-DIAGNOSTIC	41		28,916	
20			NUCLEAR MEDICINE	43.01		23,544	
21			RESPIRATORY THERAPY	49		10	
22			PHYSICAL THERAPY	50		79	
23			ELECTROCARDIOLOGY	53		10,612	
24			RENAL DIALYSIS	57		658	
25			CARDIAC CATHETERIZATION	58.01		699	
26			DIABETES CENTER	59.01		10	
27			CLINIC	60		5,544	
28			EMERGENCY	61		1,113	
29			HOME HEALTH AGENCY	71		1,016	
30			HOSPICE	93		407,278	
31			HOSPICE 2	93.01		47,483	
32			MEDICAL BUILDING AND OTHER	100.01		531,880	
33			HOUSEKEEPING	10		66	
34			CT SCAN	42.01		10	
35			ULTRASOUND	43.02		10	

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	DECREASE SALARY	DECREASE OTHER	A-7 REF
		1	6	7	8	9	10
1	DRUGS CHARGED TO PATIENTS	G	LABORATORY	44		329	
2	INTRAVENOUS THERAPY	H					
3			CENTRAL SERVICES & SUPPLY	15		2,513	
4			PHARMACY	16		101,319	
5			ADULTS & PEDIATRICS	25		87,673	
6			INTENSIVE CARE UNIT	26		27,895	
7			CORONARY CARE UNIT	27		11,587	
8			SUBPROVIDER	31		3,569	
9			SUBPROVIDER 2 PSYCH	31.01		165	
10			NURSERY	33		2,085	
11			SKILLED NURSING FACILITY	34		20,406	
12			OPERATING ROOM	37		59,380	
13			RECOVERY ROOM	38		1,100	
14			ANESTHESIOLOGY	40		1,575	
15			RADIOLOGY-DIAGNOSTIC	41		948	
16			CT SCAN	42.01		3,908	
17			NUCLEAR MEDICINE	43.01		1,490	
18			ULTRASOUND	43.02		3,265	
19			LABORATORY	44		507	
20			PHYSICAL THERAPY	50		27	
21			RENAL DIALYSIS	57		534	
22			CARDIAC CATHETERIZATION	58.01		2,925	
23			CLINIC	60		7	
24			EMERGENCY	61		23,446	
25			HOME HEALTH AGENCY	71		816	
26			HOSPICE	93		806	
27			MEDICAL BUILDING AND OTHER	100.01		2,143	
28			OTHER ADMINISTRATIVE AND GENERAL	6.07		276	
29			RESPIRATORY THERAPY	49		1	
30			ELECTROCARDIOLOGY	53		9,986	
31	LITHOTRIPTER	I	OPERATING ROOM	37		582,456	
32	DELIVERY ROOM & LABOR	J	NURSERY	33	272,140	67,793	
33	PARTIAL HOSPITALIZATION	K	SUBPROVIDER 2 PSYCH	31.01		236,347	
36	TOTAL RECLASSIFICATIONS				272,140	46,294,445	

(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.

RECLASS CODE: A
EXPLANATION : INTEREST EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,060,186	INTEREST EXPENSE	88	2,182,408
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	122,222			0
TOTAL RECLASSIFICATIONS FOR CODE A			2,182,408			2,182,408

RECLASS CODE: B
EXPLANATION : EMPLOYEE BENEFITS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	6,092,313	NONPATIENT TELEPHONES	6.01	14,070
2.00			0	DATA PROCESSING	6.02	67,864
3.00			0	BUSINESS OFFICE	6.04	38,885
4.00			0	REGIONAL TEAM	6.05	176,314
5.00			0	ADMITTING	6.06	66,621
6.00	OTHER ADMINISTRATIVE AND GENER	6.07	415,418			0
7.00			0	MAINTENANCE & REPAIRS	7	51,065
8.00			0	HOUSEKEEPING	10	458,133
9.00			0	CAFETERIA	12	578,162
10.00			0	NURSING ADMINISTRATION	14	99,786
11.00			0	CENTRAL SERVICES & SUPPLY	15	41,521
12.00			0	PHARMACY	16	125,931
13.00			0	MEDICAL RECORDS & LIBRARY	17	87,983
14.00			0	SOCIAL SERVICE	18	46,087
15.00			0	CENTRAL TRANSPORTATION	19	101,256
16.00			0	ADULTS & PEDIATRICS	25	565,317
17.00			0	INTENSIVE CARE UNIT	26	134,268
18.00			0	CORONARY CARE UNIT	27	83,397
19.00			0	SUBPROVIDER	31	86,230
20.00			0	SUBPROVIDER 2 PSYCH	31.01	113,118
21.00			0	NURSERY	33	80,337
22.00			0	SKILLED NURSING FACILITY	34	67,974
23.00			0	OPERATING ROOM	37	255,354
24.00			0	REHAB MEDICINE	37.01	1,747
25.00			0	RECOVERY ROOM	38	23,001
26.00			0	RADIOLOGY-DIAGNOSTIC	41	104,339
27.00			0	RADIOLOGY-THERAPEUTIC	42	124
28.00			0	CT SCAN	42.01	25,126
29.00			0	NUCLEAR MEDICINE	43.01	11,291
30.00			0	ULTRASOUND	43.02	22,102
31.00			0	LABORATORY	44	149,908
32.00			0	RESPIRATORY THERAPY	49	63,658
33.00			0	PHYSICAL THERAPY	50	53,149
34.00			0	OCCUPATIONAL THERAPY	51	11,346
35.00			0	SPEECH PATHOLOGY	52	13,418
36.00			0	ELECTROCARDIOLOGY	53	50,717
37.00			0	ELECTROENCEPHALOGRAPHY	54	22,845
38.00			0	CARDIAC CATHETERIZATION	58.01	69,505
39.00			0	DIABETES CENTER	59.01	5,128
40.00			0	CLINIC	60	24,702
41.00			0	PARTIAL HOSP PRG	60.01	16,549
42.00			0	EMERGENCY	61	131,494
43.00			0	HOME HEALTH AGENCY	71	933,158
44.00			0	HOSPICE	93	634,799
45.00			0	HOSPICE 2	93.01	8,664
46.00			0	CENTER FOR AGING	98.01	1,913
47.00			0	MEDICAL BUILDING AND OTHER	100.01	741,016
48.00			0	FOUNDATION	100.05	22,065
49.00			0	ANESTHESIOLOGY	40	26,294
TOTAL RECLASSIFICATIONS FOR CODE B			6,507,731			6,507,731

RECLASS CODE: C
EXPLANATION : HOMECARE/HOSPICE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.07	364,607	HOSPICE	93	195,885
2.00			0	HOSPICE 2	93.01	73
3.00			0	HOME HEALTH AGENCY	71	168,649
TOTAL RECLASSIFICATIONS FOR CODE C			364,607			364,607

RECLASS CODE: D
EXPLANATION : RENT EXPENSE

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,004,146	EMPLOYEE BENEFITS	5	9,197

RECLASS CODE: D
EXPLANATION : RENT EXPENSE

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,241,312	DATA PROCESSING	6.02	11,655
3.00			0	PURCHASING, RECEIVING	6.03	2,107
4.00			0	BUSINESS OFFICE	6.04	10,297
5.00			0	REGIONAL TEAM	6.05	14,239
6.00			0	ADMITTING	6.06	12,027
7.00			0	OTHER ADMINISTRATIVE AND GENER	6.07	85,742
8.00			0	MAINTENANCE & REPAIRS	7	3,216
9.00			0	DIETARY	11	3,056
10.00			0	NURSING ADMINISTRATION	14	2,241
11.00			0	CENTRAL SERVICES & SUPPLY	15	704,850
12.00			0	PHARMACY	16	325,813
13.00			0	MEDICAL RECORDS & LIBRARY	17	23,685
14.00			0	SOCIAL SERVICE	18	2,821
15.00			0	ADULTS & PEDIATRICS	25	8,867
16.00			0	INTENSIVE CARE UNIT	26	2,375
17.00			0	CORONARY CARE UNIT	27	1,440
18.00			0	SUBPROVIDER	31	641
19.00			0	SUBPROVIDER 2 PSYCH	31.01	6,344
20.00			0	NURSERY	33	1,748
21.00			0	SKILLED NURSING FACILITY	34	2,937
22.00			0	OPERATING ROOM	37	140,203
23.00			0	REHAB MEDICINE	37.01	1,890
24.00			0	RECOVERY ROOM	38	2,062
25.00			0	RADIOLOGY-DIAGNOSTIC	41	435,297
26.00			0	CT SCAN	42.01	385,177
27.00			0	NUCLEAR MEDICINE	43.01	19,113
28.00			0	ULTRASOUND	43.02	135,503
29.00			0	LABORATORY	44	8,279
30.00			0	RESPIRATORY THERAPY	49	32,274
31.00			0	PHYSICAL THERAPY	50	2,008
32.00			0	ELECTROCARDIOLOGY	53	104,250
33.00			0	ELECTROENCEPHALOGRAPHY	54	1,784
34.00			0	CARDIAC CATHETERIZATION	58.01	6,271
35.00			0	DIABETES CENTER	59.01	10,103
36.00			0	CLINIC	60	55,274
37.00			0	EMERGENCY	61	4,114
38.00			0	HOME HEALTH AGENCY	71	101,089
39.00			0	HOSPICE	93	320,913
40.00			0	HOSPICE 2	93.01	41,612
41.00			0	MEDICAL BUILDING AND OTHER	100.01	202,256
42.00			0	FOUNDATION	100.05	527
43.00			0	NONPATIENT TELEPHONES	6.01	129
44.00			0	PARTIAL HOSP PRG	60.01	32
TOTAL RECLASSIFICATIONS FOR CODE D			3,245,458			3,245,458

RECLASS CODE: E
EXPLANATION : MEDICAL SUPPLIES CHARGED TO PATIENTS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	20,134,145	EMPLOYEE BENEFITS	5	2,389
2.00			0	NONPATIENT TELEPHONES	6.01	85
3.00			0	DATA PROCESSING	6.02	14
4.00			0	REGIONAL TEAM	6.05	725
5.00			0	ADMITTING	6.06	1,386
6.00			0	OTHER ADMINISTRATIVE AND GENER	6.07	51,103
7.00			0	MAINTENANCE & REPAIRS	7	2,064
8.00			0	HOUSEKEEPING	10	11,810
9.00			0	DIETARY	11	1,420
10.00			0	NURSING ADMINISTRATION	14	412
11.00			0	CENTRAL SERVICES & SUPPLY	15	323,405
12.00			0	PHARMACY	16	27,821
13.00			0	MEDICAL RECORDS & LIBRARY	17	11
15.00			0	CENTRAL TRANSPORTATION	19	7,234
16.00			0	ADULTS & PEDIATRICS	25	426,097
17.00			0	INTENSIVE CARE UNIT	26	148,116
18.00			0	CORONARY CARE UNIT	27	47,541
19.00			0	SUBPROVIDER	31	44,767
20.00			0	SUBPROVIDER 2 PSYCH	31.01	11,213
21.00			0	NURSERY	33	100,498
22.00			0	SKILLED NURSING FACILITY	34	38,930
23.00			0	OPERATING ROOM	37	12,493,955
24.00			0	REHAB MEDICINE	37.01	12,092
25.00			0	RECOVERY ROOM	38	18,790

RECLASS CODE: E
EXPLANATION : MEDICAL SUPPLIES CHARGED TO PATIENTS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
26.00			0	ANESTHESIOLOGY	40	215,007
27.00			0	RADIOLOGY-DIAGNOSTIC	41	503,591
28.00			0	CT SCAN	42.01	86,649
29.00			0	NUCLEAR MEDICINE	43.01	9,100
30.00			0	ULTRASOUND	43.02	14,284
31.00			0	LABORATORY	44	44,316
32.00			0	RESPIRATORY THERAPY	49	131,442
33.00			0	PHYSICAL THERAPY	50	15,894
34.00			0	OCCUPATIONAL THERAPY	51	1,643
35.00			0	SPEECH PATHOLOGY	52	14,758
36.00			0	ELECTROCARDIOLOGY	53	35,043
37.00			0	ELECTROENCEPHALOGRAPHY	54	9,000
38.00			0	RENAL DIALYSIS	57	11,720
39.00			0	CARDIAC CATHETERIZATION	58.01	4,491,497
40.00			0	DIABETES CENTER	59.01	22
41.00			0	CLINIC	60	161,260
42.00			0	PARTIAL HOSP PRG	60.01	136
43.00			0	EMERGENCY	61	277,495
44.00			0	HOME HEALTH AGENCY	71	142,027
45.00			0	HOSPICE	93	65,897
46.00			0	HOSPICE 2	93.01	7,091
48.00			0	MEDICAL BUILDING AND OTHER	100.01	123,710
50.00			0	INTRAVENOUS THERAPY	48	685
TOTAL RECLASSIFICATIONS FOR CODE E			20,134,145			20,134,145

RECLASS CODE: F
EXPLANATION : REPAIRS AND MAINTENANCE

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MAINTENANCE & REPAIRS	7	3,474,992	EMPLOYEE BENEFITS	5	1,441
2.00			0	NONPATIENT TELEPHONES	6.01	38,322
3.00			0	DATA PROCESSING	6.02	869,400
5.00			0	REGIONAL TEAM	6.05	71,998
7.00			0	OTHER ADMINISTRATIVE AND GENER	6.07	27,181
8.00			0	MAINTENANCE & REPAIRS	7	1,507,293
9.00			0	HOUSEKEEPING	10	10,317
10.00			0	DIETARY	11	1,764
11.00			0	NURSING ADMINISTRATION	14	11,367
12.00			0	CENTRAL SERVICES & SUPPLY	15	26
13.00			0	PHARMACY	16	105,191
14.00			0	MEDICAL RECORDS & LIBRARY	17	246,445
15.00			0	SOCIAL SERVICE	18	23,040
16.00			0	CENTRAL TRANSPORTATION	19	1,015
17.00			0	ADULTS & PEDIATRICS	25	19
20.00	SUBPROVIDER 2 PSYCH	31.01	36			0
21.00			0	NURSERY	33	41,814
22.00			0	SKILLED NURSING FACILITY	34	42
23.00			0	OPERATING ROOM	37	131,729
24.00			0	RADIOLOGY-DIAGNOSTIC	41	96,627
25.00			0	NUCLEAR MEDICINE	43.01	20,395
26.00			0	LABORATORY	44	70,922
29.00			0	ELECTROCARDIOLOGY	53	24,029
30.00	CLINIC	60	1,216			0
31.00			0	HOME HEALTH AGENCY	71	33,132
32.00			0	HOSPICE	93	15,214
33.00			0	CENTER FOR AGING	98.01	95
34.00			0	MEDICAL BUILDING AND OTHER	100.01	9,516
35.00			0	CT SCAN	42.01	59,212
36.00			0	ULTRASOUND	43.02	55,362
37.00			0	CARDIAC CATHETERIZATION	58.01	3,150
38.00			0	EMERGENCY	61	150
39.00			0	HOSPICE 2	93.01	36
TOTAL RECLASSIFICATIONS FOR CODE F			3,476,244			3,476,244

RECLASS CODE: G
EXPLANATION : DRUGS CHARGED TO PATIENTS

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	9,126,904	EMPLOYEE BENEFITS	5	4,850
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.07	5,387
3.00			0	NURSING ADMINISTRATION	14	43

RECLASS CODE: G
EXPLANATION : DRUGS CHARGED TO PATIENTS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
4.00			0	CENTRAL SERVICES & SUPPLY	15	544
5.00			0	PHARMACY	16	7,870,944
6.00			0	ADULTS & PEDIATRICS	25	8,138
7.00			0	INTENSIVE CARE UNIT	26	610
8.00			0	CORONARY CARE UNIT	27	646
9.00			0	SUBPROVIDER	31	686
10.00			0	SUBPROVIDER 2 PSYCH	31.01	637
11.00			0	NURSERY	33	3,788
12.00			0	SKILLED NURSING FACILITY	34	578
13.00			0	OPERATING ROOM	37	3,589
14.00			0	RECOVERY ROOM	38	935
15.00			0	ANESTHESIOLOGY	40	166,272
16.00			0	RADIOLOGY-DIAGNOSTIC	41	28,916
17.00			0	NUCLEAR MEDICINE	43.01	23,544
18.00			0	RESPIRATORY THERAPY	49	10
19.00			0	PHYSICAL THERAPY	50	79
20.00			0	ELECTROCARDIOLOGY	53	10,612
21.00			0	RENAL DIALYSIS	57	658
22.00			0	CARDIAC CATHETERIZATION	58.01	699
23.00			0	DIABETES CENTER	59.01	10
24.00			0	CLINIC	60	5,544
25.00			0	EMERGENCY	61	1,113
26.00			0	HOME HEALTH AGENCY	71	1,016
27.00			0	HOSPICE	93	407,278
28.00			0	HOSPICE 2	93.01	47,483
29.00			0	MEDICAL BUILDING AND OTHER	100.01	531,880
30.00			0	HOUSEKEEPING	10	66
31.00			0	CT SCAN	42.01	10
32.00			0	ULTRASOUND	43.02	10
33.00			0	LABORATORY	44	329
TOTAL RECLASSIFICATIONS FOR CODE G			9,126,904			9,126,904

RECLASS CODE: H
EXPLANATION : INTRAVENOUS THERAPY

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	INTRAVENOUS THERAPY	48	370,352			0
2.00			0	CENTRAL SERVICES & SUPPLY	15	2,513
3.00			0	PHARMACY	16	101,319
4.00			0	ADULTS & PEDIATRICS	25	87,673
5.00			0	INTENSIVE CARE UNIT	26	27,895
6.00			0	CORONARY CARE UNIT	27	11,587
7.00			0	SUBPROVIDER	31	3,569
8.00			0	SUBPROVIDER 2 PSYCH	31.01	165
9.00			0	NURSERY	33	2,085
10.00			0	SKILLED NURSING FACILITY	34	20,406
11.00			0	OPERATING ROOM	37	59,380
12.00			0	RECOVERY ROOM	38	1,100
13.00			0	ANESTHESIOLOGY	40	1,575
14.00			0	RADIOLOGY-DIAGNOSTIC	41	948
15.00			0	CT SCAN	42.01	3,908
16.00			0	NUCLEAR MEDICINE	43.01	1,490
17.00			0	ULTRASOUND	43.02	3,265
18.00			0	LABORATORY	44	507
19.00			0	PHYSICAL THERAPY	50	27
20.00			0	RENAL DIALYSIS	57	534
21.00			0	CARDIAC CATHETERIZATION	58.01	2,925
22.00			0	CLINIC	60	7
23.00			0	EMERGENCY	61	23,446
24.00			0	HOME HEALTH AGENCY	71	816
25.00			0	HOSPICE	93	806
26.00			0	MEDICAL BUILDING AND OTHER	100.01	2,143
27.00			0	OTHER ADMINISTRATIVE AND GENER	6.07	276
28.00			0	RESPIRATORY THERAPY	49	1
29.00			0	ELECTROCARDIOLOGY	53	9,986
TOTAL RECLASSIFICATIONS FOR CODE H			370,352			370,352

RECLASS CODE: I
EXPLANATION : LITHOTRIPTER

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	LITHOTRIPTER	59	582,456	OPERATING ROOM	37	582,456
TOTAL RECLASSIFICATIONS FOR CODE I			582,456			582,456

RECLASS CODE: J
EXPLANATION : DELIVERY ROOM & LABOR

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	339,933	NURSERY	33	339,933
TOTAL RECLASSIFICATIONS FOR CODE J			339,933			339,933

RECLASS CODE: K
EXPLANATION : PARTIAL HOSPITALIZATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PARTIAL HOSP PRG	60.01	236,347	SUBPROVIDER 2 PSYCH	31.01	236,347
TOTAL RECLASSIFICATIONS FOR CODE K			236,347			236,347

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		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 BALANCES	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	453,242					453,242	
2	LAND IMPROVEMENTS	2,807,619					2,807,619	
3	BUILDINGS & FIXTURE	80,853,921	7,699,551		7,699,551		88,553,472	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	31,158,730	411,606		411,606		31,570,336	
6	MOVABLE EQUIPMENT	60,869,133	6,670,248		6,670,248	178,514	67,360,867	
7	SUBTOTAL	176,142,645	14,781,405		14,781,405	178,514	190,745,536	
8	RECONCILING ITEMS							
9	TOTAL	176,142,645	14,781,405		14,781,405	178,514	190,745,536	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
		GROSS ASSETS	CAPITLIZED GROSS ASSETS LEASES	FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL	122,931,426		122,931,426	.646014				
4	NEW CAP REL COSTS-MV	67,360,868		67,360,868	.353986				
5	TOTAL	190,292,294		190,292,294	1.000000				

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	4,643,894	1,004,146	868,682	213,906			6,730,628
4	NEW CAP REL COSTS-MV	4,783,966	2,241,312	122,967				7,148,245
5	TOTAL	9,427,860	3,245,458	991,649	213,906			13,878,873

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

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	4,643,894			213,906			4,857,800
4	NEW CAP REL COSTS-MV	4,783,966						4,783,966
5	TOTAL	9,427,860			213,906			9,641,766

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

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES	B	-8,616	NEW CAP REL COSTS-BLDG &	3	11
4	INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-550	NEW CAP REL COSTS-MVBLE E	4	11
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	-8,223	NONPATIENT TELEPHONES	6.01	
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,550,083			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-378,320			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-593,934	CAFETERIA	12	
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-36,501	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES	B	-46,215	DIETARY	11	
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		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37	PROVIDER TAX EXPENSE	A	2,904,137	OTHER ADMINISTRATIVE AND	6.07	
38	OFFSET LOSS ON BOND DEFEASENCE	A	71,102	NEW CAP REL COSTS-BLDG &	3	11
39	OFFSET LOSS ON BOND DEFEASENCE	A	1,295	NEW CAP REL COSTS-MVBLE E	4	11
40	OFFSET LOSS ON BOND DEFEASENCE	A	525	OTHER ADMINISTRATIVE AND	6.07	
41	OFFSET CRNA	A	-436,200	OTHER ADMINISTRATIVE AND	6.07	
42	CHILDCARE REVENUE	B	-665,865	EMPLOYEE BENEFITS	5	
43	OFFSET TO PBX BENEFIT	A	-2,673	EMPLOYEE BENEFITS	5	
44	MISC A&G REVENUE	B	-969,036	OTHER ADMINISTRATIVE AND	6.07	
44.01	BIOMED REVENUE	B	-2,972	HOUSEKEEPING	10	
44.02	BEEPER REVENUE	B	-1,778	NONPATIENT TELEPHONES	6.01	
44.03	DIABETES REVENUE	B	-2,938	DIABETES CENTER	59.01	
44.04	NEURO REVENUE	B	-366	MEDICAL BUILDING AND OTHE	100.01	
44.05	HOSPICE MISC REVENUE	B	-24,598	HOSPICE	93	
44.06	EXCLUDE KHA DUES	A	-8,923	REGIONAL TEAM	6.05	
44.07	OFFSET HOSPICE ADVERTISING	A	-5,605	HOSPICE	93	
44.08	OFFSET HOMECARE ADVERTISING	A	-3,761	HOME HEALTH AGENCY	71	
44.09	EXCLUDE PHYSICIAN RECRUITMENT	A	-412,439	OTHER ADMINISTRATIVE AND	6.07	
45	OFFSET BUSINESS DEVELOPMENT ADV	A	-8,100	OPERATING ROOM	37	
46	OFFSET CABLE EXPENSE TO CLINIC	A	-372	CLINIC	60	
46.01	OFFSET CABLE EXPENSE TO HOSPITAL	A	-18,898	MAINTENANCE & REPAIRS	7	
46.02	OFFSET OTHER A&G ADVERTISING	A	-837,925	OTHER ADMINISTRATIVE AND	6.07	
46.03						
46.04	OFFSET WOUND CARE ADVERTISING	A	-12,080	CLINIC	60	
46.06	OFFSET ADMIN ADVERTISING	A	-3,585	REGIONAL TEAM	6.05	
46.07	OFFSET ALCOHOL EXPENSE	A	-24	DATA PROCESSING	6.02	
46.08	OFFSET ALCOHOL EXPENSE	A	-73	OTHER ADMINISTRATIVE AND	6.07	
46.10	OFFSET ALCOHOL EXPENSE	A	-27	CENTRAL SERVICES & SUPPLY	15	
46.11	OFFSET ALCOHOL EXPENSE	A	-500	REGIONAL TEAM	6.05	
46.14	OFFSET ALCOHOL EXPENSE	A	-6	HOSPICE 2	93.01	
46.15	OFFSET SUBPROV II ADVERTISING	A	-7,262	SUBPROVIDER 2 PSYCH	31.01	
46.16	OFFSET RADIOLOGY ADVERTISING	A	-9,858	RADIOLOGY-DIAGNOSTIC	41	
46.17	OFFSET OP PSYCH ADVERTISING	A	-1,802	PARTIAL HOSP PRG	60.01	
46.18	OFFSET CABLE EXPENSE TO RADIOLOGY	A	-414	RADIOLOGY-DIAGNOSTIC	41	
46.19	OFFSET CABLE EXPENSE TO ELECTROCARD	A	-59	ELECTROCARDIOLOGY	53	
46.20	OFFSET ALCOHOL EXPENSE	A	-50	HOSPICE	93	
47	ADJUSTMENT TO M&W	A	12,201,808	MARCUM AND WALLACE HOSP	100.02	
48	OTHER ADJUSTMENTS (SPECIFY)					
49	OTHER ADJUSTMENTS (SPECIFY)					
50	TOTAL (SUM OF LINES 1 THRU 49)		9,118,236			

(1) Description - all chapter references in this columnpertain 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* ADJUST-MENTS	WKSHT A-7 COL. REF.
	1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE INTEREST	2,406,557	3,660,547	-1,253,990	11
2	6	5 REGIONAL TEAM	REGIONAL TEAM	323,205		323,205	
3	6	5 REGIONAL TEAM	CHP HOME OFFICE	3,534,946	3,337,760	197,186	
4	6	5 REGIONAL TEAM	MERCY HEALTH PARTNERS	355,279		355,279	
5		TOTALS		6,619,987	6,998,307	-378,320	

* 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	MERCY HEALTH PARTNERS	100.00	MERCY HEALTH PARTNERS	100.00	HEALTHCARE MANAGEMENT
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 INTERELATIONSHIP 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.

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN-ERATION	PROFES-SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
	1	2	3	4	5	6	7	8	9
1	6 7	OTHER ADMINISTRATIVE AND	1,682,880	1,215,544	233,668	150,200	1,839	132,797	6,640
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30									
101		TOTAL	1,682,880	1,215,544	233,668		1,839	132,797	6,640

	WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS-ALLOWANCE	ADJUSTMENT
	10	11	12	13	14	15	16	17	18
1	6	7 OTHER ADMINISTRATIVE AND					132,797	100,871	1,550,083
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30									
101		TOTAL					132,797	100,871	1,550,083

COST ALLOCATION STATISTICS

I PROVIDER NO: 18-0102 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/26/2010 I NOT A CMS WORKSHEET I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	4	NO. OF	PHONE	ENTERED
6.02	DATA PROCESSING	5	TIME	SPENT	ENTERED
6.03	PURCHASING, RECEIVING	6	REQUISITIO	O ON	ENTERED
6.04	BUSINESS OFFICE	7	GROSS	CHARGES	ENTERED
6.05	REGIONAL TEAM	-8	ACCUM.	COST	ENTERED
6.06	ADMITTING	9	GROSS	CHARGES	ENTERED
6.07	OTHER ADMINISTRATIVE AND GENERAL	-10	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	11	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	LBS.OF	LAUND	ENTERED
10	HOUSEKEEPING	13	TIME	SPENT	ENTERED
11	DIETARY	14	MEALS	SERVED	ENTERED
12	CAFETERIA	15	FTES		ENTERED
14	NURSING ADMINISTRATION	16	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED	REQUIS.	ENTERED
16	PHARMACY	18	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	20	TIME	SPENT	ENTERED
19	CENTRAL TRANSPORTATION	9	GROSS	CHARGES	ENTERED

		COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING
			0	3	4	5	6.01	6.02	6.03
		GENERAL SERVICE COST CNTR							
003		NEW CAP REL COSTS-BLDG &	6,730,628	6,730,628					
004		NEW CAP REL COSTS-MVBLE E	7,148,245		7,148,245				
005		EMPLOYEE BENEFITS	18,053,194	151,101	233,065	18,437,360			
006	01	NONPATIENT TELEPHONES	530,142	4,456	5,947	67,107	607,652		
006	02	DATA PROCESSING	1,911,838	64,450	370,608	296,998	15,052	2,658,946	
006	03	PURCHASING, RECEIVING		133,201	42,642		8,920	8,115	192,878
006	04	BUSINESS OFFICE	2,572,458		21,492	180,203	11,150	316,477	58
006	05	REGIONAL TEAM	10,224,773	150,960	849,268	1,260,869	35,679	146,066	869
006	06	ADMITTING	1,158,391	72,385	6,158	322,693	13,937	40,574	268
006	07	OTHER ADMINISTRATIVE AND	4,545,975	228,944	36,258	566,281	41,811	70,328	1,644
007		MAINTENANCE & REPAIRS	7,737,524	1,427,019	336,307	232,756	16,167	8,115	5,551
009		LAUNDRY & LINEN SERVICE		28,880			557		
010		HOUSEKEEPING	1,387,302	35,480	4,961		2,230	5,410	154
011		DIETARY	782,673	130,761	63,530		8,362	45,984	176
012		CAFETERIA	806,382	58,735	7,025		1,115		
014		NURSING ADMINISTRATION	1,337,239	54,832	2,261	442,245	8,362	292,132	607
015		CENTRAL SERVICES & SUPPLY	761,299	142,331	36,162	194,977	557		4,370
016		PHARMACY	1,959,996	74,645	36,925	673,070	5,017	321,887	4,934
017		MEDICAL RECORDS & LIBRARY	1,303,318	107,223	19,390	416,824	16,724	56,804	639
018		SOCIAL SERVICE	819,285	7,358	20,269	213,157	2,787	21,639	201
019		CENTRAL TRANSPORTATION	306,046						1
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	8,281,517	708,431	257,545	2,592,974	17,839	113,607	1,080
026		INTENSIVE CARE UNIT	1,827,151	117,599	26,792	595,696	4,460	16,230	4,546
027		CORONARY CARE UNIT	1,090,610	98,478	22,678	354,516	2,230	13,525	537
031		SUBPROVIDER	2,270,633	156,764	17,300	397,237	16,167	13,525	173
031	01	SUBPROVIDER 2 PSYCH	2,373,902	102,999		517,216	17,839	32,459	456
033		NURSERY	789,531	109,149	118,836	279,819	12,822	13,525	309
034		SKILLED NURSING FACILITY	1,033,740	83,390	53,118	326,373	5,575	24,344	93
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	5,083,613	589,574	911,144	1,203,935	32,334	224,509	89,440
037	01	REHAB MEDICINE	1,020,076	106,710	323	8,067	1,115	8,115	198
038		RECOVERY ROOM	394,092	39,204	1,785	104,749	1,672		32
039		DELIVERY ROOM & LABOR ROO	339,933	36,032		93,273			
040		ANESTHESIOLOGY	339,204		84,574	111,235	557	5,410	3,886
041		RADIOLOGY-DIAGNOSTIC	1,859,656	136,206	1,189,181	497,127	14,494	75,738	12,093
042		RADIOLOGY-THERAPEUTIC	1,633			560			
042	01	CT SCAN	461,066	11,326	344,973	117,459	1,672		14,973
043		RADIOISOTOPE							
043	01	NUCLEAR MEDICINE	560,653	21,111	40,248	51,198	1,672		329
043	02	ULTRASOUND	230,381	15,974	86,374	103,579	1,115	2,705	199
044		LABORATORY	5,366,500	133,252	406,744	709,325	27,316	83,853	13,995
048		INTRAVENOUS THERAPY	370,449	7,705					
049		RESPIRATORY THERAPY	929,735	21,457	32,624	292,981	2,230	10,820	1,147
050		PHYSICAL THERAPY	747,974	33,990	9,027	251,343	557	8,115	217
051		OCCUPATIONAL THERAPY	150,872	4,944		51,615	5,575		18
052		SPEECH PATHOLOGY	172,614	5,278	248	58,568	557		176
053		ELECTROCARDIOLOGY	787,270	66,710	176,866	241,253	12,265	21,639	1,403
054		ELECTROENCEPHALOGRAPHY	322,286	66,735	78,330	105,283	5,017	8,115	319
055		MEDICAL SUPPLIES CHARGED	20,134,145					5,410	
056		DRUGS CHARGED TO PATIENTS	9,126,904						
057		RENAL DIALYSIS	727,214	117,047	4,789		1,672	2,705	62
058		ASC (NON-DISTINCT PART)							
058	01	CARDIAC CATHETERIZATION	921,079	36,186	775,900	327,057	4,460	8,115	22,327
059		LITHOTRIPTER	582,456						
059	01	DIABETES CENTER	31,166		1,113	11,514	1,115		
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	672,178		10,469	114,971	3,902	5,410	1,570
060	01	PARTIAL HOSP PRG	660,830	16,976	19,088	76,130			34
061		EMERGENCY	1,957,282	114,581	165,066	609,740	15,052	27,049	965
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
068		HOMECARE SUPPORT							
071		HOME HEALTH AGENCY	3,414,317		53,814	1,004,279	52,403	43,279	985
		SPEC PURPOSE COST CENTERS							
093		HOSPICE	3,266,604		1,346	634,309	23,972	13,525	212
093	01	HOSPICE 2	319,849		4	40,542		2,705	
095		SUBTOTALS	148,695,823	5,830,569	6,982,567	16,751,103	476,083	2,117,963	191,246
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP		23,705					
098		PHYSICIANS' PRIVATE OFFIC							
098	01	CENTER FOR AGING	62,891			8,538	3,345		
100		ADULT DAYCARES	169						
100	01	MEDICAL BUILDING AND OTHE	5,969,578	864,669	165,678	1,639,163	27,316	127,132	1,632
100	02	MARCUM AND WALLACE HOSP	12,201,808				97,563	408,441	
100	05	FOUNDATION	781,045	11,685		38,556	3,345	5,410	
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	167,711,314	6,730,628	7,148,245	18,437,360	607,652	2,658,946	192,878

	COST CENTER DESCRIPTION	BUSINESS OFFICE	SUBTOTAL	REGIONAL TEAM	ADMITTING	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
		6.04	6a.04	6.05	6.06	6a.06	6.07	7
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	BUSINESS OFFICE	3,101,838						
006 05	REGIONAL TEAM		12,668,484	12,668,484				
006 06	ADMITTING		1,614,406	131,913	1,746,319			
006 07	OTHER ADMINISTRATIVE AND		5,491,241	448,689		5,939,930	5,939,930	
007	MAINTENANCE & REPAIRS		9,763,439	797,771		10,561,210	387,787	10,948,997
009	LAUNDRY & LINEN SERVICE		29,437	2,405		31,842	1,169	70,297
010	HOUSEKEEPING		1,435,537	117,298		1,552,835	57,017	86,363
011	DIETARY		1,031,486	84,283		1,115,769	40,969	318,290
012	CAFETERIA		873,257	71,354		944,611	34,684	142,969
014	NURSING ADMINISTRATION		2,137,678	174,670		2,312,348	84,905	133,467
015	CENTRAL SERVICES & SUPPLY		1,139,696	93,125		1,232,821	45,267	346,452
016	PHARMACY		3,076,474	251,379		3,327,853	122,192	181,697
017	MEDICAL RECORDS & LIBRARY		1,920,922	156,959		2,077,881	76,296	260,996
018	SOCIAL SERVICE		1,084,696	88,631		1,173,327	43,082	17,910
019	CENTRAL TRANSPORTATION		306,047	25,007		331,054	12,156	
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	198,203	12,171,196	994,508	120,199	13,285,903	487,832	1,724,415
026	INTENSIVE CARE UNIT	35,716	2,628,190	214,749	21,660	2,864,599	105,182	286,251
027	CORONARY CARE UNIT	22,566	1,605,140	131,156	13,685	1,749,981	64,256	239,710
031	SUBPROVIDER	37,737	2,909,536	237,738	22,885	3,170,159	116,402	381,585
031 01	SUBPROVIDER 2 PSYCH	69,053	3,113,924	254,439	41,877	3,410,240	125,217	250,712
033	NURSERY	14,612	1,338,603	109,377	8,861	1,456,841	53,492	265,684
034	SKILLED NURSING FACILITY	24,522	1,551,155	126,745	14,871	1,692,771	62,155	202,983
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	295,666	8,430,215	688,833	179,306	9,298,354	341,417	1,435,100
037 01	REHAB MEDICINE	32,751	1,177,355	96,202	19,862	1,293,419	47,492	259,745
038	RECOVERY ROOM	17,118	558,652	45,647	10,381	614,680	22,570	95,427
039	DELIVERY ROOM & LABOR ROO	6,497	475,735	38,872	3,940	518,547	19,040	87,707
040	ANESTHESIOLOGY	36,131	580,997	47,473	21,912	650,382	23,881	
041	RADIOLOGY-DIAGNOSTIC	198,533	3,983,028	325,453	120,400	4,428,881	162,620	331,542
042	RADIOLOGY-THERAPEUTIC	2,712	4,905	401	1,644	6,950	255	
042 01	CT SCAN	238,153	1,189,622	97,204	144,427	1,431,253	52,553	27,569
043	RADIOISOTOPE							
043 01	NUCLEAR MEDICINE	57,197	732,408	59,845	34,687	826,940	30,364	51,386
043 02	ULTRASOUND	22,377	462,704	37,808	13,570	514,082	18,876	38,884
044	LABORATORY	294,448	7,035,433	574,865	178,567	7,788,865	285,992	324,353
048	INTRAVENOUS THERAPY	9,421	387,575	31,669	5,713	424,957	15,604	18,754
049	RESPIRATORY THERAPY	61,600	1,352,594	110,520	37,357	1,500,471	55,094	52,230
050	PHYSICAL THERAPY	27,917	1,079,140	88,177	16,930	1,184,247	43,483	82,737
051	OCCUPATIONAL THERAPY	6,365	219,389	17,926	3,860	241,175	8,855	12,034
052	SPEECH PATHOLOGY	4,982	242,423	19,808	3,021	265,252	9,740	12,847
053	ELECTROCARDIOLOGY	107,708	1,415,114	115,629	65,319	1,596,062	58,604	162,380
054	ELECTROENCEPHALOGRAPHY	26,146	612,231	50,025	15,856	678,112	24,899	162,442
055	MEDICAL SUPPLIES CHARGED	303,974	20,443,529	1,670,386	184,329	22,298,244	818,757	
056	DRUGS CHARGED TO PATIENTS	277,918	9,404,822	768,468	168,542	10,341,832	379,731	
057	RENAL DIALYSIS	16,712	870,201	71,104	10,135	951,440	34,935	284,907
058	ASC (NON-DISTINCT PART)							
058 01	CARDIAC CATHETERIZATION	244,147	2,339,271	191,142	148,063	2,678,476	98,348	88,082
059	LITHOTRIPTER	30,804	613,260	50,109	18,681	682,050	25,044	
059 01	DIABETES CENTER	152	45,060	3,682	92	48,834	1,793	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	33,867	842,367	68,830	20,539	931,736	34,211	
060 01	PARTIAL HOSP PRG	11,536	784,594	64,109	6,996	855,699	31,420	41,322
061	EMERGENCY	112,380	3,002,115	245,303	68,152	3,315,570	121,741	278,906
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
068	HOMECARE SUPPORT							
071	HOME HEALTH AGENCY		4,569,077	373,339		4,942,416	181,476	
	SPEC PURPOSE COST CENTERS							
093	HOSPICE		3,939,968	321,935		4,261,903	156,489	
093 01	HOSPICE 2		363,100	29,669		392,769	14,422	
095	SUBTOTALS	2,879,621	145,047,428	10,816,629	1,746,319	143,195,573	5,039,766	8,758,135
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		23,705	1,937		25,642	942	57,700
098	PHYSICIANS' PRIVATE OFFIC							
098 01	CENTER FOR AGING		74,774	6,110		80,884	2,970	
100	ADULT DAYCARES		169	2		171	1	
100 01	MEDICAL BUILDING AND OTHE		8,795,168	718,653		9,513,821	349,328	2,104,718
100 02	MARCUM AND WALLACE HOSP	222,217	12,930,029	1,056,513		13,986,542	513,558	
100 05	FOUNDATION		840,041	68,640		908,681	33,365	28,444
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	3,101,838	167,711,314	12,668,484	1,746,319	167,711,314	5,939,930	10,948,997

	COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
		9	10	11	12	14	15	16
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	BUSINESS OFFICE							
006 05	REGIONAL TEAM							
006 06	ADMITTING							
006 07	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
009	LAUNDRY & LINEN SERVICE	103,308						
010	HOUSEKEEPING	1	1,696,216					
011	DIETARY			1,475,028				
012	CAFETERIA				1,122,264			
014	NURSING ADMINISTRATION	10	4,164		23,029	2,557,923		
015	CENTRAL SERVICES & SUPPLY				27,634		1,652,174	
016	PHARMACY		20,859		41,452		3,524	3,697,577
017	MEDICAL RECORDS & LIBRARY		12,511		53,734		848	
018	SOCIAL SERVICE				18,423		87	
019	CENTRAL TRANSPORTATION							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	44,816	626,993	841,892	259,461	1,055,452	2,428	
026	INTENSIVE CARE UNIT	5,100	63,014	51,750	46,057	186,257	222	
027	CORONARY CARE UNIT	2,219	39,745	47,762	24,564	99,337	78	
031	SUBPROVIDER	5,569	128,578	168,098	38,381	155,214	236	
031 01	SUBPROVIDER 2 PSYCH	2,589	148,819	200,785	52,198	211,091	1,047	
033	NURSERY	2,630	13,487		18,423	74,503	122	
034	SKILLED NURSING FACILITY	5,750	100,587	153,976	30,705	124,171	341	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	11,062	119,533		102,861	415,973	2,051	
037 01	REHAB MEDICINE						246	
038	RECOVERY ROOM	639	16,675		7,676		117	
039	DELIVERY ROOM & LABOR ROO				7,676	31,043		
040	ANESTHESIOLOGY				3,070		6	
041	RADIOLOGY-DIAGNOSTIC	5,650	61,161		39,916		808	
042	RADIOLOGY-THERAPEUTIC							
042 01	CT SCAN				9,211		51	
043	RADIOISOTOPE							
043 01	NUCLEAR MEDICINE				3,070		11	
043 02	ULTRASOUND				7,676		181	
044	LABORATORY	3	38,928		69,086		722	
048	INTRAVENOUS THERAPY						8	
049	RESPIRATORY THERAPY	6	4,164		26,099		155	
050	PHYSICAL THERAPY	1,377	38,928		18,423		140	
051	OCCUPATIONAL THERAPY				3,070		5	
052	SPEECH PATHOLOGY				3,070		23	
053	ELECTROCARDIOLOGY	1,195	27,791		18,423		527	
054	ELECTROENCEPHALOGRAPHY	815	27,791		7,676		171	
055	MEDICAL SUPPLIES CHARGED						1,632,447	
056	DRUGS CHARGED TO PATIENTS							3,697,577
057	RENAL DIALYSIS	496	8,347	6,500			1	
058	ASC (NON-DISTINCT PART)		30,122					
058 01	CARDIAC CATHETERIZATION	2,785	19,464		23,029		106	
059	LITHOTRIPTER							
059 01	DIABETES CENTER				1,535		16	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	348			10,747		565	
060 01	PARTIAL HOSP PRG				9,211		323	
061	EMERGENCY	8,906	144,555	4,265	50,663	204,882	942	
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
068	HOMECARE SUPPORT							
071	HOME HEALTH AGENCY						1,113	
	SPEC PURPOSE COST CENTERS							
093	HOSPICE						475	
093 01	HOSPICE 2							
095	SUBTOTALS	101,966	1,696,216	1,475,028	1,056,249	2,557,923	1,650,143	3,697,577
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC							
098 01	CENTER FOR AGING							
100	ADULT DAYCARES							
100 01	MEDICAL BUILDING AND OTHE	1,342			62,945		1,922	
100 02	MARCUM AND WALLACE HOSP							
100 05	FOUNDATION				3,070		109	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	103,308	1,696,216	1,475,028	1,122,264	2,557,923	1,652,174	3,697,577

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CENTRAL TRANSPORTATION	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
		17	18	19	25	26	27
	GENERAL SERVICE COST CNTR						
003	NEW CAP REL COSTS-BLDG &						
004	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006 01	NONPATIENT TELEPHONES						
006 02	DATA PROCESSING						
006 03	PURCHASING, RECEIVING						
006 04	BUSINESS OFFICE						
006 05	REGIONAL TEAM						
006 06	ADMITTING						
006 07	OTHER ADMINISTRATIVE AND						
007	MAINTENANCE & REPAIRS						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY	2,482,266					
018	SOCIAL SERVICE		1,252,829				
019	CENTRAL TRANSPORTATION			343,210			
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	701,917	1,039,193	23,625	20,093,927		20,093,927
026	INTENSIVE CARE UNIT	71,011	78,877	4,257	3,762,577		3,762,577
027	CORONARY CARE UNIT	44,479	63,628	2,690	2,378,449		2,378,449
031	SUBPROVIDER	143,973		4,498	4,312,693		4,312,693
031 01	SUBPROVIDER 2 PSYCH	166,603		8,231	4,577,532		4,577,532
033	NURSERY	15,217		1,742	1,902,141		1,902,141
034	SKILLED NURSING FACILITY	112,759		2,923	2,489,121		2,489,121
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	222,787		35,243	11,984,381		11,984,381
037 01	REHAB MEDICINE			3,904	1,604,806		1,604,806
038	RECOVERY ROOM			2,040	759,824		759,824
039	DELIVERY ROOM & LABOR ROO			774	664,787		664,787
040	ANESTHESIOLOGY			4,307	681,646		681,646
041	RADIOLOGY-DIAGNOSTIC	373,784		23,665	5,428,027		5,428,027
042	RADIOLOGY-THERAPEUTIC			323	7,528		7,528
042 01	CT SCAN			28,387	1,549,024		1,549,024
043	RADIOISOTOPE						
043 01	NUCLEAR MEDICINE			6,818	918,589		918,589
043 02	ULTRASOUND			2,667	582,366		582,366
044	LABORATORY	196,256		35,097	8,739,302		8,739,302
048	INTRAVENOUS THERAPY			1,123	460,446		460,446
049	RESPIRATORY THERAPY	35,896		7,343	1,681,458		1,681,458
050	PHYSICAL THERAPY			3,328	1,372,663		1,372,663
051	OCCUPATIONAL THERAPY	6,243		759	272,141		272,141
052	SPEECH PATHOLOGY	5,072		594	296,598		296,598
053	ELECTROCARDIOLOGY	84,667		12,839	1,962,488		1,962,488
054	ELECTROENCEPHALOGRAPHY	37,066		3,117	942,089		942,089
055	MEDICAL SUPPLIES CHARGED			36,198	24,785,646		24,785,646
056	DRUGS CHARGED TO PATIENTS			33,127	14,452,267		14,452,267
057	RENAL DIALYSIS			1,992	1,288,618		1,288,618
058	ASC (NON-DISTINCT PART)				30,122		30,122
058 01	CARDIAC CATHETERIZATION	82,716		29,102	3,022,108		3,022,108
059	LITHOTRIPTER			3,672	710,766		710,766
059 01	DIABETES CENTER			18	52,196		52,196
	OUTPAT SERVICE COST CNTRS						
060	CLINIC			4,037	981,644		981,644
060 01	PARTIAL HOSP PRG			1,375	939,350		939,350
061	EMERGENCY	120,953	71,131	13,395	4,335,909		4,335,909
062	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
068	HOMECARE SUPPORT						
071	HOME HEALTH AGENCY				5,125,005		5,125,005
	SPEC PURPOSE COST CENTERS						
093	HOSPICE				4,418,867		4,418,867
093 01	HOSPICE 2				407,191		407,191
095	SUBTOTALS	2,421,399	1,252,829	343,210	139,974,292		139,974,292
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP				84,284		84,284
098	PHYSICIANS' PRIVATE OFFIC						
098 01	CENTER FOR AGING				83,854		83,854
100	ADULT DAYCARES				172		172
100 01	MEDICAL BUILDING AND OTHE				12,034,076		12,034,076
100 02	MARCUM AND WALLACE HOSP				14,500,100		14,500,100
100 05	FOUNDATION	60,867			1,034,536		1,034,536
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL	2,482,266	1,252,829	343,210	167,711,314		167,711,314

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 18-0102 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/26/2010 I WORKSHEET B I PART III

	COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES	DATA PROCESSI NG
		0	3	4	4a	5	6.01	6.02
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS		151,101	233,065	384,166	384,166		
006 01	NONPATIENT TELEPHONES		4,456	5,947	10,403	1,398	11,801	
006 02	DATA PROCESSING		64,450	370,608	435,058	6,188	292	441,538
006 03	PURCHASING, RECEIVING		133,201	42,642	175,843		173	1,348
006 04	BUSINESS OFFICE			21,492	21,492	3,755	217	52,553
006 05	REGIONAL TEAM		150,960	849,268	1,000,228	26,270	693	24,255
006 06	ADMITTING		72,385	6,158	78,543	6,723	271	6,738
006 07	OTHER ADMINISTRATIVE AND		228,944	36,258	265,202	11,799	812	11,679
007	MAINTENANCE & REPAIRS		1,427,019	336,307	1,763,326	4,850	314	1,348
009	LAUNDRY & LINEN SERVICE		28,880		28,880		11	
010	HOUSEKEEPING		35,480	4,961	40,441		43	898
011	DIETARY		130,761	63,530	194,291		162	7,636
012	CAFETERIA		58,735	7,025	65,760		22	
014	NURSING ADMINISTRATION		54,832	2,261	57,093	9,214	162	48,511
015	CENTRAL SERVICES & SUPPLY		142,331	36,162	178,493	4,062	11	
016	PHARMACY		74,645	36,925	111,570	14,023	97	53,452
017	MEDICAL RECORDS & LIBRARY		107,223	19,390	126,613	8,685	325	9,433
018	SOCIAL SERVICE		7,358	20,269	27,627	4,441	54	3,593
019	CENTRAL TRANSPORTATION							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		708,431	257,545	965,976	54,049	346	18,865
026	INTENSIVE CARE UNIT		117,599	26,792	144,391	12,411	87	2,695
027	CORONARY CARE UNIT		98,478	22,678	121,156	7,386	43	2,246
031	SUBPROVIDER		156,764	17,300	174,064	8,276	314	2,246
031 01	SUBPROVIDER 2 PSYCH		102,999		102,999	10,776	346	5,390
033	NURSERY		109,149	118,836	227,985	5,830	249	2,246
034	SKILLED NURSING FACILITY		83,390	53,118	136,508	6,800	108	4,043
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		589,574	911,144	1,500,718	25,084	628	37,281
037 01	REHAB MEDICINE		106,710	323	107,033	168	22	1,348
038	RECOVERY ROOM		39,204	1,785	40,989	2,182	32	
039	DELIVERY ROOM & LABOR ROO		36,032		36,032	1,943		
040	ANESTHESIOLOGY			84,574	84,574	2,318	11	898
041	RADIOLOGY-DIAGNOSTIC		136,206	1,189,181	1,325,387	10,358	281	12,577
042	RADIOLOGY-THERAPEUTIC					12		
042 01	CT SCAN		11,326	344,973	356,299	2,447	32	
043	RADIOISOTOPE							
043 01	NUCLEAR MEDICINE		21,111	40,248	61,359	1,067	32	
043 02	ULTRASOUND		15,974	86,374	102,348	2,158	22	449
044	LABORATORY		133,252	406,744	539,996	14,779	531	13,924
048	INTRAVENOUS THERAPY		7,705		7,705			
049	RESPIRATORY THERAPY		21,457	32,624	54,081	6,104	43	1,797
050	PHYSICAL THERAPY		33,990	9,027	43,017	5,237	11	1,348
051	OCCUPATIONAL THERAPY		4,944		4,944	1,075	108	
052	SPEECH PATHOLOGY		5,278	248	5,526	1,220	11	
053	ELECTROCARDIOLOGY		66,710	176,866	243,576	5,027	238	3,593
054	ELECTROENCEPHALOGRAPHY		66,735	78,330	145,065	2,194	97	1,348
055	MEDICAL SUPPLIES CHARGED							898
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS		117,047	4,789	121,836		32	449
058	ASC (NON-DISTINCT PART)							
058 01	CARDIAC CATHETERIZATION		36,186	775,900	812,086	6,814	87	1,348
059	LITHOTRIPTER							
059 01	DIABETES CENTER			1,113	1,113	240	22	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC			10,469	10,469	2,395	76	898
060 01	PARTIAL HOSP PRG		16,976	19,088	36,064	1,586		
061	EMERGENCY		114,581	165,066	279,647	12,704	292	4,492
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
068	HOMECARE SUPPORT							
071	HOME HEALTH AGENCY			53,814	53,814	20,924	1,018	7,187
	SPEC PURPOSE COST CENTERS							
093	HOSPICE			1,346	1,346	13,216	466	2,246
093 01	HOSPICE 2			4	4	845		449
095	SUBTOTALS		5,830,569	6,982,567	12,813,136	349,033	9,244	351,705
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		23,705		23,705			
098	PHYSICIANS' PRIVATE OFFIC							
098 01	CENTER FOR AGING					178	65	
100	ADULT DAYCARES							
100 01	MEDICAL BUILDING AND OTHE		864,669	165,678	1,030,347	34,152	531	21,111
100 02	MARCUM AND WALLACE HOSP						1,896	67,824
100 05	FOUNDATION		11,685		11,685	803	65	898
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		6,730,628	7,148,245	13,878,873	384,166	11,801	441,538

	COST CENTER DESCRIPTION	PURCHASING, RECEIVING	BUSINESS OFFICE	REGIONAL TEAM	ADMITTING	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE
		6.03	6.04	6.05	6.06	6.07	7	9
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING	177,364						
006 04	BUSINESS OFFICE	54	78,071					
006 05	REGIONAL TEAM	799		1,052,245				
006 06	ADMITTING	246		10,957	103,478			
006 07	OTHER ADMINISTRATIVE AND	1,511		37,269		328,272		
007	MAINTENANCE & REPAIRS	5,105		66,264		21,429	1,862,636	
009	LAUNDRY & LINEN SERVICE			200		65	11,959	41,115
010	HOUSEKEEPING	141		9,743		3,151	14,692	
011	DIETARY	162		7,001		2,264	54,147	
012	CAFETERIA			5,927		1,917	24,322	
014	NURSING ADMINISTRATION	558		14,508		4,692	22,705	4
015	CENTRAL SERVICES & SUPPLY	4,019		7,735		2,501	58,938	
016	PHARMACY	4,537		20,880		6,752	30,910	
017	MEDICAL RECORDS & LIBRARY	588		13,037		4,216	44,400	
018	SOCIAL SERVICE	185		7,362		2,381	3,047	
019	CENTRAL TRANSPORTATION	1		2,077		672		
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	993	4,998	82,606	7,127	26,957	293,356	17,838
026	INTENSIVE CARE UNIT	4,180	901	17,838	1,284	5,812	48,697	2,030
027	CORONARY CARE UNIT	494	569	10,894	811	3,551	40,779	883
031	SUBPROVIDER	160	952	19,747	1,357	6,432	64,915	2,216
031 01	SUBPROVIDER 2 PSYCH	420	1,741	21,134	2,483	6,919	42,651	1,030
033	NURSERY	284	368	9,085	525	2,956	45,198	1,047
034	SKILLED NURSING FACILITY	86	618	10,528	882	3,435	34,531	2,289
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	82,244	7,455	57,216	10,632	18,866	244,138	4,402
037 01	REHAB MEDICINE	182	826	7,991	1,178	2,624	44,188	
038	RECOVERY ROOM	29	432	3,792	616	1,247	16,234	254
039	DELIVERY ROOM & LABOR ROO		164	3,229	234	1,052	14,921	
040	ANESTHESIOLOGY	3,574	911	3,943	1,299	1,320		
041	RADIOLOGY-DIAGNOSTIC	11,121	5,006	27,033	7,139	8,986	56,402	2,249
042	RADIOLOGY-THERAPEUTIC		68	33	98	14		
042 01	CT SCAN	13,768	6,005	8,074	8,564	2,904	4,690	
043	RADIOISOTOPE							
043 01	NUCLEAR MEDICINE	302	1,442	4,971	2,057	1,678	8,742	
043 02	ULTRASOUND	183	564	3,140	805	1,043	6,615	
044	LABORATORY	12,869	7,424	47,749	10,588	15,804	55,179	1
048	INTRAVENOUS THERAPY		238	2,630	339	862	3,190	
049	RESPIRATORY THERAPY	1,055	1,553	9,180	2,215	3,044	8,885	2
050	PHYSICAL THERAPY	199	704	7,324	1,004	2,403	14,075	548
051	OCCUPATIONAL THERAPY	17	160	1,489	229	489	2,047	
052	SPEECH PATHOLOGY	162	126	1,645	179	538	2,185	
053	ELECTROCARDIOLOGY	1,290	2,716	9,604	3,873	3,238	27,624	476
054	ELECTROENCEPHALOGRAPHY	293	659	4,155	940	1,376	27,635	324
055	MEDICAL SUPPLIES CHARGED		7,523	138,723	10,858	45,282		
056	DRUGS CHARGED TO PATIENTS		7,008	63,831	9,994	20,984		
057	RENAL DIALYSIS	57	421	5,906	601	1,930	48,468	197
058	ASC (NON-DISTINCT PART)							
058 01	CARDIAC CATHETERIZATION	20,531	6,156	15,877	8,780	5,435	14,984	1,109
059	LITHOTRIPTER		777	4,162	1,108	1,384		
059 01	DIABETES CENTER		4	306	5	99		
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	1,444	854	5,717	1,218	1,890		138
060 01	PARTIAL HOSP PRG	31	291	5,325	415	1,736	7,030	
061	EMERGENCY	888	2,834	20,375	4,041	6,727	47,447	3,544
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
068	HOMECARE SUPPORT							
071	HOME HEALTH AGENCY	906		31,010		10,028		
	SPEC PURPOSE COST CENTERS							
093	HOSPICE	195		26,741		8,647		
093 01	HOSPICE 2			2,464		797		
095	SUBTOTALS	175,863	72,468	898,427	103,478	278,529	1,489,926	40,581
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP			161		52	9,816	
098	PHYSICIANS' PRIVATE OFFIC							
098 01	CENTER FOR AGING			507		164		
100	ADULT DAYCARES							
100 01	MEDICAL BUILDING AND OTHE	1,501		59,693		19,304	358,055	534
100 02	MARCUM AND WALLACE HOSP		5,603	87,756		28,379		
100 05	FOUNDATION			5,701		1,844	4,839	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	177,364	78,071	1,052,245	103,478	328,272	1,862,636	41,115

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		10	11	12	14	15	16	17
	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	BUSINESS OFFICE							
006 05	REGIONAL TEAM							
006 06	ADMITTING							
006 07	OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	69,109						
011	DIETARY		265,663					
012	CAFETERIA			97,948				
014	NURSING ADMINISTRATION	170		2,010	159,627			
015	CENTRAL SERVICES & SUPPLY			2,412		258,171		
016	PHARMACY	850		3,618		551	247,240	
017	MEDICAL RECORDS & LIBRARY	510		4,690		133		212,630
018	SOCIAL SERVICE			1,608		14		
019	CENTRAL TRANSPORTATION							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	25,546	151,630	22,641	65,866	379		60,126
026	INTENSIVE CARE UNIT	2,567	9,321	4,020	11,623	35		6,083
027	CORONARY CARE UNIT	1,619	8,602	2,144	6,199	12		3,810
031	SUBPROVIDER	5,239	30,276	3,350	9,686	37		12,333
031 01	SUBPROVIDER 2 PSYCH	6,063	36,163	4,556	13,173	164		14,271
033	NURSERY	550		1,608	4,649	19		1,303
034	SKILLED NURSING FACILITY	4,098	27,732	2,680	7,749	53		9,659
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	4,870		8,977	25,959	321		19,084
037 01	REHAB MEDICINE					38		
038	RECOVERY ROOM	679		670		18		
039	DELIVERY ROOM & LABOR ROO			670	1,937			
040	ANESTHESIOLOGY			268		1		
041	RADIOLOGY-DIAGNOSTIC	2,492		3,484		126		32,018
042	RADIOLOGY-THERAPEUTIC							
042 01	CT SCAN			804		8		
043	RADIOISOTOPE							
043 01	NUCLEAR MEDICINE			268		2		
043 02	ULTRASOUND			670		28		
044	LABORATORY	1,586		6,030		113		16,811
048	INTRAVENOUS THERAPY					1		
049	RESPIRATORY THERAPY	170		2,278		24		3,075
050	PHYSICAL THERAPY	1,586		1,608		22		
051	OCCUPATIONAL THERAPY			268		1		535
052	SPEECH PATHOLOGY			268		4		434
053	ELECTROCARDIOLOGY	1,132		1,608		82		7,253
054	ELECTROENCEPHALOGRAPHY	1,132		670		27		3,175
055	MEDICAL SUPPLIES CHARGED					255,087		
056	DRUGS CHARGED TO PATIENTS						247,240	
057	RENAL DIALYSIS	340	1,171					
058	ASC (NON-DISTINCT PART)	1,227						
058 01	CARDIAC CATHETERIZATION	793		2,010		17		7,085
059	LITHOTRIPTER							
059 01	DIABETES CENTER			134		3		
	OUTPAT SERVICE COST CNTRS							
060	CLINIC			938		88		
060 01	PARTIAL HOSP PRG			804		51		
061	EMERGENCY	5,890	768	4,422	12,786	147		10,361
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
068	HOMECARE SUPPORT							
071	HOME HEALTH AGENCY					174		
	SPEC PURPOSE COST CENTERS							
093	HOSPICE					74		
093 01	HOSPICE 2							
095	SUBTOTALS	69,109	265,663	92,186	159,627	257,854	247,240	207,416
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC							
098 01	CENTER FOR AGING							
100	ADULT DAYCARES							
100 01	MEDICAL BUILDING AND OTHE			5,494		300		
100 02	MARCUM AND WALLACE HOSP							
100 05	FOUNDATION			268		17		5,214
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	69,109	265,663	97,948	159,627	258,171	247,240	212,630

	COST CENTER DESCRIPTION	SOCIAL SERVICE	CENTRAL TRANSPORTATION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		18	19	25	26	27
	GENERAL SERVICE COST CNTR					
003	NEW CAP REL COSTS-BLDG &					
004	NEW CAP REL COSTS-MVBLE E					
005	EMPLOYEE BENEFITS					
006 01	NONPATIENT TELEPHONES					
006 02	DATA PROCESSING					
006 03	PURCHASING, RECEIVING					
006 04	BUSINESS OFFICE					
006 05	REGIONAL TEAM					
006 06	ADMITTING					
006 07	OTHER ADMINISTRATIVE AND					
007	MAINTENANCE & REPAIRS					
009	LAUNDRY & LINEN SERVICE					
010	HOUSEKEEPING					
011	DIETARY					
012	CAFETERIA					
014	NURSING ADMINISTRATION					
015	CENTRAL SERVICES & SUPPLY					
016	PHARMACY					
017	MEDICAL RECORDS & LIBRARY					
018	SOCIAL SERVICE	50,312				
019	CENTRAL TRANSPORTATION		2,750			
	INPAT ROUTINE SRVC CNTRS					
025	ADULTS & PEDIATRICS	41,732	199	1,841,230		1,841,230
026	INTENSIVE CARE UNIT	3,168	36	277,179		277,179
027	CORONARY CARE UNIT	2,555	23	213,776		213,776
031	SUBPROVIDER		38	341,638		341,638
031 01	SUBPROVIDER 2 PSYCH		69	270,348		270,348
033	NURSERY		15	303,917		303,917
034	SKILLED NURSING FACILITY		25	251,824		251,824
	ANCILLARY SRVC COST CNTRS					
037	OPERATING ROOM		297	2,048,172		2,048,172
037 01	REHAB MEDICINE		33	165,631		165,631
038	RECOVERY ROOM		17	67,191		67,191
039	DELIVERY ROOM & LABOR ROO		7	60,189		60,189
040	ANESTHESIOLOGY		36	99,153		99,153
041	RADIOLOGY-DIAGNOSTIC		199	1,504,858		1,504,858
042	RADIOLOGY-THERAPEUTIC		3	228		228
042 01	CT SCAN		239	403,834		403,834
043	RADIOISOTOPE					
043 01	NUCLEAR MEDICINE		57	81,977		81,977
043 02	ULTRASOUND		22	118,047		118,047
044	LABORATORY		295	743,679		743,679
048	INTRAVENOUS THERAPY		9	14,974		14,974
049	RESPIRATORY THERAPY		62	93,568		93,568
050	PHYSICAL THERAPY		28	79,114		79,114
051	OCCUPATIONAL THERAPY		6	11,368		11,368
052	SPEECH PATHOLOGY		5	12,303		12,303
053	ELECTROCARDIOLOGY		108	311,438		311,438
054	ELECTROENCEPHALOGRAPHY		26	189,116		189,116
055	MEDICAL SUPPLIES CHARGED		165	458,536		458,536
056	DRUGS CHARGED TO PATIENTS		279	349,336		349,336
057	RENAL DIALYSIS		17	181,425		181,425
058	ASC (NON-DISTINCT PART)			1,227		1,227
058 01	CARDIAC CATHETERIZATION		245	903,357		903,357
059	LITHOTRIPTER		31	7,462		7,462
059 01	DIABETES CENTER			1,926		1,926
	OUTPAT SERVICE COST CNTRS					
060	CLINIC		34	26,159		26,159
060 01	PARTIAL HOSP PRG		12	53,345		53,345
061	EMERGENCY	2,857	113	420,335		420,335
062	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
068	HOMECARE SUPPORT					
071	HOME HEALTH AGENCY			125,061		125,061
	SPEC PURPOSE COST CENTERS					
093	HOSPICE			52,931		52,931
093 01	HOSPICE 2			4,559		4,559
095	SUBTOTALS	50,312	2,750	12,090,411		12,090,411
	NONREIMBURS COST CENTERS					
096	GIFT, FLOWER, COFFEE SHOP			33,734		33,734
098	PHYSICIANS' PRIVATE OFFIC					
098 01	CENTER FOR AGING			914		914
100	ADULT DAYCARES					
100 01	MEDICAL BUILDING AND OTHE			1,531,022		1,531,022
100 02	MARCUM AND WALLACE HOSP			191,458		191,458
100 05	FOUNDATION			31,334		31,334
101	CROSS FOOT ADJUSTMENTS					
102	NEGATIVE COST CENTER					
103	TOTAL	50,312	2,750	13,878,873		13,878,873

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONE)	DATA PROCESSING (TIME SPENT)	PURCHASING, RECEIVING (REQUISITION)
		3	4	5	6.01	6.02	6.03
	GENERAL SERVICE COST						
003	NEW CAP REL COSTS-BLD	524,147					
004	NEW CAP REL COSTS-MVB		8,347,139				
005	EMPLOYEE BENEFITS	11,767	272,154	53,794,165			
006 01	NONPATIENT TELEPHONES	347	6,945	195,795	1,090		
006 02	DATA PROCESSING	5,019	432,766	866,542	27	983	
006 03	PURCHASING, RECEIVING	10,373	49,794		16	3	16,665,341
006 04	BUSINESS OFFICE		25,097	525,773	20	117	5,042
006 05	REGIONAL TEAM	11,756	991,706	3,678,803	64	54	75,073
006 06	ADMITTING	5,637	7,191	941,511	25	15	23,134
006 07	OTHER ADMINISTRATIVE	17,829	42,339	1,652,221	75	26	142,013
007	MAINTENANCE & REPAIRS	111,129	392,712	679,107	29	3	479,631
009	LAUNDRY & LINEN SERVI	2,249			1		
010	HOUSEKEEPING	2,763	5,793		4	2	13,295
011	DIETARY	10,183	74,185		15	17	15,222
012	CAFETERIA	4,574	8,203		2		
014	NURSING ADMINISTRATIO	4,270	2,640	1,290,327	15	108	52,439
015	CENTRAL SERVICES & SU	11,084	42,227	568,878	1		377,601
016	PHARMACY	5,813	43,118	1,963,797	9	119	426,302
017	MEDICAL RECORDS & LIB	8,350	22,642	1,216,156	30	21	55,240
018	SOCIAL SERVICE	573	23,668	621,923	5	8	17,357
019	CENTRAL TRANSPORTATIO						69
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	55,169	300,740	7,565,442	32	42	93,324
026	INTENSIVE CARE UNIT	9,158	31,286	1,738,047	8	6	392,783
027	CORONARY CARE UNIT	7,669	26,481	1,034,361	4	5	46,373
031	SUBPROVIDER	12,208	20,201	1,159,006	29	5	14,987
031 01	SUBPROVIDER 2 PSYCH	8,021		1,509,067	32	12	39,427
033	NURSERY	8,500	138,767	816,421	23	5	26,701
034	SKILLED NURSING FACIL	6,494	62,027	952,248	10	9	8,037
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	45,913	1,063,959	3,512,687	58	83	7,728,231
037 01	REHAB MEDICINE	8,310	377	23,538	2	3	17,067
038	RECOVERY ROOM	3,053	2,084	305,623	3		2,724
039	DELIVERY ROOM & LABOR	2,806		272,140			
040	ANESTHESIOLOGY		98,759	324,546	1	2	335,764
041	RADIOLOGY-DIAGNOSTIC	10,607	1,388,631	1,450,455	26	28	1,044,871
042	RADIOLOGY-THERAPEUTIC			1,633			
042 01	CT SCAN	882	402,831	342,708	3		1,293,639
043	RADIOISOTOPE						
043 01	NUCLEAR MEDICINE	1,644	46,998	149,380	3		28,394
043 02	ULTRASOUND	1,244	100,860	302,209	2	1	17,194
044	LABORATORY	10,377	474,962	2,069,577	49	31	1,209,159
048	INTRAVENOUS THERAPY	600					
049	RESPIRATORY THERAPY	1,671	38,096	854,822	4	4	99,136
050	PHYSICAL THERAPY	2,647	10,541	733,335	1	3	18,725
051	OCCUPATIONAL THERAPY	385		150,595	10		1,565
052	SPEECH PATHOLOGY	411	290	170,883	1		15,204
053	ELECTROCARDIOLOGY	5,195	206,530	703,898	22	8	121,179
054	ELECTROENCEPHALOGRAPH	5,197	91,467	307,181	9	3	27,556
055	MEDICAL SUPPLIES CHAR					2	
056	DRUGS CHARGED TO PATI						
057	RENAL DIALYSIS	9,115	5,592		3	1	5,343
058	ASC (NON-DISTINCT PAR						
058 01	CARDIAC CATHETERIZATI	2,818	906,033	954,246	8	3	1,929,090
059	LITHOTRIPTER						
059 01	DIABETES CENTER		1,300	33,595	2		
	OUTPAT SERVICE COST C						
060	CLINIC		12,225	335,449	7	2	135,643
060 01	PARTIAL HOSP PRG	1,322	22,289	222,121			2,918
061	EMERGENCY	8,923	192,751	1,779,022	27	10	83,394
062	OBSERVATION BEDS (NON						
	OTHER REIMBURS COST C						
068	HOMECARE SUPPORT						
071	HOME HEALTH AGENCY		62,840	2,930,157	94	16	85,100
	SPEC PURPOSE COST CEN						
093	HOSPICE		1,572	1,850,707	43	5	18,321
093 01	HOSPICE 2		5	118,289		1	36
095	SUBTOTALS	454,055	8,153,674	48,874,221	854	783	16,524,303
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE	1,846					
098	PHYSICIANS' PRIVATE O						
098 01	CENTER FOR AGING			24,911	6		
100	ADULT DAYCARES						
100 01	MEDICAL BUILDING AND	67,336	193,465	4,782,540	49	47	141,038
100 02	MARCUM AND WALLACE HO				175	151	
100 05	FOUNDATION	910		112,493	6	2	
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	6,730,628	7,148,245	18,437,360	607,652	2,658,946	192,878
104	UNIT COST MULTIPLIER	12.841108		.342739		2,704.929807	

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONE)	DATA PROCESSING (TIME SPENT)	PURCHASING, RECEIVING (REQUISITION)
		3	4	5	6.01	6.02	6.03
	NONREIMBURS COST CENT (WRKSHT B, PT I)		.856371		557.478899		.011574
105	COST TO BE ALLOCATED (WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III			384,166	11,801	441,538	177,364
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)			.007141	10.826606	449.173957	.010643

	COST CENTER DESCRIPTION	BUSINESS OFFICE (GROSS CHARGES)	BUSINESS OFFICE RECONCILIATION	REGIONAL TEAM ADMITTING (ACCUM. COST)	REGIONAL TEAM ADMITTING (GROSS CHARGES)	REGIONAL TEAM ADMITTING RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)
		6.04	6a.05	6.05	6.06	6a.07	6.07	7
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	BUSINESS OFFICE	444,376,035						
006 05	REGIONAL TEAM		-12,668,484	155,042,685				
006 06	ADMITTING			1,614,406	412,539,748			
006 07	OTHER ADMINISTRATIVE			5,491,241		-5,939,930	161,771,237	
007	MAINTENANCE & REPAIRS			9,763,439			10,561,210	350,290
009	LAUNDRY & LINEN SERVI			29,437			31,842	2,249
010	HOUSEKEEPING			1,435,537			1,552,835	2,763
011	DIETARY			1,031,486			1,115,769	10,183
012	CAFETERIA			873,257			944,611	4,574
014	NURSING ADMINISTRATIO			2,137,678			2,312,348	4,270
015	CENTRAL SERVICES & SU			1,139,696			1,232,821	11,084
016	PHARMACY			3,076,474			3,327,853	5,813
017	MEDICAL RECORDS & LIB			1,920,922			2,077,881	8,350
018	SOCIAL SERVICE			1,084,696			1,173,327	573
019	CENTRAL TRANSPORTATIO			306,047			331,054	
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	28,395,782		12,171,196	28,395,782		13,285,903	55,169
026	INTENSIVE CARE UNIT	5,116,893		2,628,190	5,116,893		2,864,599	9,158
027	CORONARY CARE UNIT	3,232,897		1,605,140	3,232,897		1,749,981	7,669
031	SUBPROVIDER	5,406,419		2,909,536	5,406,419		3,170,159	12,208
031 01	SUBPROVIDER 2 PSYCH	9,893,027		3,113,924	9,893,027		3,410,240	8,021
033	NURSERY	2,093,402		1,338,603	2,093,402		1,456,841	8,500
034	SKILLED NURSING FACIL	3,513,135		1,551,155	3,513,135		1,692,771	6,494
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	42,359,027		8,430,215	42,359,027		9,298,354	45,913
037 01	REHAB MEDICINE	4,692,123		1,177,355	4,692,123		1,293,419	8,310
038	RECOVERY ROOM	2,452,411		558,652	2,452,411		614,680	3,053
039	DELIVERY ROOM & LABOR	930,751		475,735	930,751		518,547	2,806
040	ANESTHESIOLOGY	5,176,357		580,997	5,176,357		650,382	
041	RADIOLOGY-DIAGNOSTIC	28,443,093		3,983,028	28,443,093		4,428,881	10,607
042	RADIOLOGY-THERAPEUTIC	388,475		4,905	388,475		6,950	
042 01	CT SCAN	34,119,401		1,189,622	34,119,401		1,431,253	882
043	RADIOISOTOPE							
043 01	NUCLEAR MEDICINE	8,194,446		732,408	8,194,446		826,940	1,644
043 02	ULTRASOUND	3,205,852		462,704	3,205,852		514,082	1,244
044	LABORATORY	42,184,492		7,035,433	42,184,492		7,788,865	10,377
048	INTRAVENOUS THERAPY	1,349,745		387,575	1,349,745		424,957	600
049	RESPIRATORY THERAPY	8,825,220		1,352,594	8,825,220		1,500,471	1,671
050	PHYSICAL THERAPY	3,999,574		1,079,140	3,999,574		1,184,247	2,647
051	OCCUPATIONAL THERAPY	911,909		219,389	911,909		241,175	385
052	SPEECH PATHOLOGY	713,697		242,423	713,697		265,252	411
053	ELECTROCARDIOLOGY	15,430,914		1,415,114	15,430,914		1,596,062	5,195
054	ELECTROENCEPHALOGRAPH	3,745,805		612,231	3,745,805		678,112	5,197
055	MEDICAL SUPPLIES CHAR	43,536,112		20,443,529	43,536,112		22,298,244	
056	DRUGS CHARGED TO PATI	39,816,292		9,404,822	39,816,292		10,341,832	
057	RENAL DIALYSIS	2,394,305		870,201	2,394,305		951,440	9,115
058	ASC (NON-DISTINCT PAR							
058 01	CARDIAC CATHETERIZATI	34,978,151		2,339,271	34,978,151		2,678,476	2,818
059	LITHOTRIPTER	4,413,241		613,260	4,413,241		682,050	
059 01	DIABETES CENTER	21,807		45,060	21,807		48,834	
	OUTPAT SERVICE COST C							
060	CLINIC	4,852,064		842,367	4,852,064		931,736	
060 01	PARTIAL HOSP PRG	1,652,664		784,594	1,652,664		855,699	1,322
061	EMERGENCY	16,100,265		3,002,115	16,100,265		3,315,570	8,923
062	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
068	HOMECARE SUPPORT							
071	HOME HEALTH AGENCY			4,569,077			4,942,416	
	SPEC PURPOSE COST CEN							
093	HOSPICE			3,939,968			4,261,903	
093 01	HOSPICE 2			363,100			392,769	
095	SUBTOTALS	412,539,748	-12,668,484	132,378,944	412,539,748	-5,939,930	137,255,643	280,198
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE			23,705			25,642	1,846
098	PHYSICIANS' PRIVATE O							
098 01	CENTER FOR AGING			74,774			80,884	
100	ADULT DAYCARES		-145	24		-147	24	
100 01	MEDICAL BUILDING AND			8,795,168			9,513,821	67,336
100 02	MARCUM AND WALLACE HO	31,836,287		12,930,029			13,986,542	
100 05	FOUNDATION			840,041			908,681	910
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	3,101,838		12,668,484	1,746,319		5,939,930	10,948,997
104	UNIT COST MULTIPLIER				.004233		.036718	

	COST CENTER DESCRIPTION	BUSINESS OFFICE		REGIONAL TEAM ADMITTING			OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
		(GROSS CHARGES)	RECONCIL-IATION	(ACCUM. COST)	(GROSS CHARGES)	RECONCIL-IATION	(ACCUM. COST)	(SQUARE FEET)
		6.04	6a.05	6.05	6.06	6a.07	6.07	7
	NONREIMBURS COST CENT (WRKSHT B, PT I)	.006980		.081710				31.256950
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III	78,071		1,052,245	103,478		328,272	1,862,636
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000176		.006787		.000251	.002029	5.317411

	COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE (LBS.OF LAUND)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
		9	10	11	12	14	15	16
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING							
006 03	PURCHASING, RECEIVING							
006 04	BUSINESS OFFICE							
006 05	REGIONAL TEAM							
006 06	ADMITTING							
006 07	OTHER ADMINISTRATIVE							
007	MAINTENANCE & REPAIRS							
009	LAUNDRY & LINEN SERVI	1,247,925						
010	HOUSEKEEPING	12	85,142					
011	DIETARY			191,966				
012	CAFETERIA				731			
014	NURSING ADMINISTRATIO	115	209		15	412		
015	CENTRAL SERVICES & SU				18		20,351,036	
016	PHARMACY		1,047		27		43,410	100
017	MEDICAL RECORDS & LIB		628		35		10,448	
018	SOCIAL SERVICE				12		1,067	
019	CENTRAL TRANSPORTATIO							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	541,378	31,472	109,567	169	170	29,911	
026	INTENSIVE CARE UNIT	61,608	3,163	6,735	30	30	2,734	
027	CORONARY CARE UNIT	26,805	1,995	6,216	16	16	965	
031	SUBPROVIDER	67,269	6,454	21,877	25	25	2,910	
031 01	SUBPROVIDER 2 PSYCH	31,276	7,470	26,131	34	34	12,895	
033	NURSERY	31,768	677		12	12	1,501	
034	SKILLED NURSING FACIL	69,461	5,049	20,039	20	20	4,206	
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	133,623	6,000		67	67	25,266	
037 01	REHAB MEDICINE						3,025	
038	RECOVERY ROOM	7,723	837		5		1,438	
039	DELIVERY ROOM & LABOR				5	5		
040	ANESTHESIOLOGY				2		80	
041	RADIOLOGY-DIAGNOSTIC	68,252	3,070		26		9,952	
042	RADIOLOGY-THERAPEUTIC							
042 01	CT SCAN				6		624	
043	RADIOISOTOPE							
043 01	NUCLEAR MEDICINE				2		131	
043 02	ULTRASOUND				5		2,233	
044	LABORATORY	33	1,954		45		8,888	
048	INTRAVENOUS THERAPY						97	
049	RESPIRATORY THERAPY	69	209		17		1,913	
050	PHYSICAL THERAPY	16,631	1,954		12		1,719	
051	OCCUPATIONAL THERAPY				2		60	
052	SPEECH PATHOLOGY				2		284	
053	ELECTROCARDIOLOGY	14,434	1,395		12		6,491	
054	ELECTROENCEPHALOGRAPH	9,841	1,395		5		2,105	
055	MEDICAL SUPPLIES CHAR						20,108,043	
056	DRUGS CHARGED TO PATI							100
057	RENAL DIALYSIS	5,992	419	846			9	
058	ASC (NON-DISTINCT PAR		1,512					
058 01	CARDIAC CATHETERIZATI	33,646	977		15		1,309	
059	LITHOTRIPTER							
059 01	DIABETES CENTER				1		201	
	OUTPAT SERVICE COST C							
060	CLINIC	4,199			7		6,959	
060 01	PARTIAL HOSP PRG				6		3,981	
061	EMERGENCY	107,576	7,256	555	33	33	11,600	
062	OBSERVATION BEDS (NON							
	OTHER REIMBURS COST C							
068	HOMECARE SUPPORT							
071	HOME HEALTH AGENCY						13,715	
	SPEC PURPOSE COST CEN							
093	HOSPICE						5,850	
093 01	HOSPICE 2							
095	SUBTOTALS	1,231,711	85,142	191,966	688	412	20,326,020	100
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE							
098	PHYSICIANS' PRIVATE O							
098 01	CENTER FOR AGING							
100	ADULT DAYCARES							
100 01	MEDICAL BUILDING AND	16,214			41		23,674	
100 02	MARCUM AND WALLACE HO							
100 05	FOUNDATION				2		1,342	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	103,308	1,696,216	1,475,028	1,122,264	2,557,923	1,652,174	3,697,577
104	UNIT COST MULTIPLIER		19.922201		1,535.244870		.081184	

	COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
		(LBS.OF LAUND)	(TIME SPENT)	(MEALS SERVED)	(FTES)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)
		9	10	11	12	14	15	16
	NONREIMBURS COST CENT (WRKSHT B, PT I)	.082784		7.683798		6,208.550971		36,975.770000
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III	41,115	69,109	265,663	97,948	159,627	258,171	247,240
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.032947	.811691	1.383907	133.991792	387.444175	.012686	2,472.400000

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	CENTRAL TRANSPORTATION (GROSS CHARGES)
		17	18	19
	GENERAL SERVICE COST			
003	NEW CAP REL COSTS-BLD			
004	NEW CAP REL COSTS-MVB			
005	EMPLOYEE BENEFITS			
006 01	NONPATIENT TELEPHONES			
006 02	DATA PROCESSING			
006 03	PURCHASING, RECEIVING			
006 04	BUSINESS OFFICE			
006 05	REGIONAL TEAM			
006 06	ADMITTING			
006 07	OTHER ADMINISTRATIVE			
007	MAINTENANCE & REPAIRS			
009	LAUNDRY & LINEN SERVI			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATIO			
015	CENTRAL SERVICES & SU			
016	PHARMACY			
017	MEDICAL RECORDS & LIB	6,362		
018	SOCIAL SERVICE		25,715	
019	CENTRAL TRANSPORTATIO			412,539,748
	INPAT ROUTINE SRVC CN			
025	ADULTS & PEDIATRICS	1,799	21,330	28,395,782
026	INTENSIVE CARE UNIT	182	1,619	5,116,893
027	CORONARY CARE UNIT	114	1,306	3,232,897
031	SUBPROVIDER	369		5,406,419
031 01	SUBPROVIDER 2 PSYCH	427		9,893,027
033	NURSERY	39		2,093,402
034	SKILLED NURSING FACIL	289		3,513,135
	ANCILLARY SRVC COST C			
037	OPERATING ROOM	571		42,359,027
037 01	REHAB MEDICINE			4,692,123
038	RECOVERY ROOM			2,452,411
039	DELIVERY ROOM & LABOR			930,751
040	ANESTHESIOLOGY			5,176,357
041	RADIOLOGY-DIAGNOSTIC	958		28,443,093
042	RADIOLOGY-THERAPEUTIC			388,475
042 01	CT SCAN			34,119,401
043	RADIOISOTOPE			
043 01	NUCLEAR MEDICINE			8,194,446
043 02	ULTRASOUND			3,205,852
044	LABORATORY	503		42,184,492
048	INTRAVENOUS THERAPY			1,349,745
049	RESPIRATORY THERAPY	92		8,825,220
050	PHYSICAL THERAPY			3,999,574
051	OCCUPATIONAL THERAPY	16		911,909
052	SPEECH PATHOLOGY	13		713,697
053	ELECTROCARDIOLOGY	217		15,430,914
054	ELECTROENCEPHALOGRAPH	95		3,745,805
055	MEDICAL SUPPLIES CHAR			43,536,112
056	DRUGS CHARGED TO PATI			39,816,292
057	RENAL DIALYSIS			2,394,305
058	ASC (NON-DISTINCT PAR			
058 01	CARDIAC CATHETERIZATI	212		34,978,151
059	LITHOTRIPTER			4,413,241
059 01	DIABETES CENTER			21,807
	OUTPAT SERVICE COST C			
060	CLINIC			4,852,064
060 01	PARTIAL HOSP PRG			1,652,664
061	EMERGENCY	310	1,460	16,100,265
062	OBSERVATION BEDS (NON			
	OTHER REIMBURS COST C			
068	HOMECARE SUPPORT			
071	HOME HEALTH AGENCY			
	SPEC PURPOSE COST CEN			
093	HOSPICE			
093 01	HOSPICE 2			
095	SUBTOTALS	6,206	25,715	412,539,748
	NONREIMBURS COST CENT			
096	GIFT, FLOWER, COFFEE			
098	PHYSICIANS' PRIVATE O			
098 01	CENTER FOR AGING			
100	ADULT DAYCARES			
100 01	MEDICAL BUILDING AND			
100 02	MARCUM AND WALLACE HO			
100 05	FOUNDATION	156		
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	COST TO BE ALLOCATED	2,482,266	1,252,829	343,210
	(PER WRKSHT B, PART			
104	UNIT COST MULTIPLIER		48.719774	

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	CENTRAL TRANSPORTATION (GROSS CHARGES)
		17	18	19
	NONREIMBURS COST CENT (WRKSHT B, PT I)	390.170701		.000832
105	COST TO BE ALLOCATED (PER WRKSHT B, PART			
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)			
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	212,630	50,312	2,750
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	33.421880	1.956523	.000007

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
			1	2	3	4	5
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	20,093,927		20,093,927		20,093,927
26		INTENSIVE CARE UNIT	3,762,577		3,762,577		3,762,577
27		CORONARY CARE UNIT	2,378,449		2,378,449		2,378,449
31		SUBPROVIDER	4,312,693		4,312,693		4,312,693
31	01	SUBPROVIDER 2 PSYCH	4,577,532		4,577,532		4,577,532
33		NURSERY	1,902,141		1,902,141		1,902,141
34		SKILLED NURSING FACILITY	2,489,121		2,489,121		2,489,121
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	11,984,381		11,984,381		11,984,381
37	01	REHAB MEDICINE	1,604,806		1,604,806		1,604,806
38		RECOVERY ROOM	759,824		759,824		759,824
39		DELIVERY ROOM & LABOR ROO	664,787		664,787		664,787
40		ANESTHESIOLOGY	681,646		681,646		681,646
41		RADIOLOGY-DIAGNOSTIC	5,428,027		5,428,027		5,428,027
42		RADIOLOGY-THERAPEUTIC	7,528		7,528		7,528
42	01	CT SCAN	1,549,024		1,549,024		1,549,024
43		RADIOISOTOPE					
43	01	NUCLEAR MEDICINE	918,589		918,589		918,589
43	02	ULTRASOUND	582,366		582,366		582,366
44		LABORATORY	8,739,302		8,739,302		8,739,302
48		INTRAVENOUS THERAPY	460,446		460,446		460,446
49		RESPIRATORY THERAPY	1,681,458		1,681,458		1,681,458
50		PHYSICAL THERAPY	1,372,663		1,372,663		1,372,663
51		OCCUPATIONAL THERAPY	272,141		272,141		272,141
52		SPEECH PATHOLOGY	296,598		296,598		296,598
53		ELECTROCARDIOLOGY	1,962,488		1,962,488		1,962,488
54		ELECTROENCEPHALOGRAPHY	942,089		942,089		942,089
55		MEDICAL SUPPLIES CHARGED	24,785,646		24,785,646		24,785,646
56		DRUGS CHARGED TO PATIENTS	14,452,267		14,452,267		14,452,267
57		RENAL DIALYSIS	1,288,618		1,288,618		1,288,618
58		ASC (NON-DISTINCT PART)	30,122		30,122		30,122
58	01	CARDIAC CATHETERIZATION	3,022,108		3,022,108		3,022,108
59		LITHOTRIPTER	710,766		710,766		710,766
59	01	DIABETES CENTER	52,196		52,196		52,196
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	981,644		981,644		981,644
60	01	PARTIAL HOSP PRG	939,350		939,350		939,350
61		EMERGENCY	4,335,909		4,335,909		4,335,909
62		OBSERVATION BEDS (NON-DIS	901,975		901,975		901,975
		OTHER REIMBURS COST CNTRS					
68		HOMECARE SUPPORT					
101		SUBTOTAL	130,925,204		130,925,204		130,925,204
102		LESS OBSERVATION BEDS	901,975		901,975		901,975
103		TOTAL	130,023,229		130,023,229		130,023,229

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: 18-0102 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/26/2010 I WORKSHEET C I PART I

WKST A LINE	NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	28,395,782		28,395,782			
26		INTENSIVE CARE UNIT	5,116,892		5,116,892			
27		CORONARY CARE UNIT	3,232,897		3,232,897			
31		SUBPROVIDER	5,406,419		5,406,419			
31	01	SUBPROVIDER 2 PSYCH	9,893,027		9,893,027			
33		NURSERY	2,093,402		2,093,402			
34		SKILLED NURSING FACILITY	3,513,135		3,513,135			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	22,981,617	19,377,411	42,359,028	.282924	.282924	.282924
37	01	REHAB MEDICINE	4,627,123		4,627,123	.346826	.346826	.346826
38		RECOVERY ROOM	1,075,734	1,376,677	2,452,411	.309827	.309827	.309827
39		DELIVERY ROOM & LABOR ROO	523,257	407,494	930,751	.714248	.714248	.714248
40		ANESTHESIOLOGY	2,533,479	2,642,878	5,176,357	.131685	.131685	.131685
41		RADIOLOGY-DIAGNOSTIC	8,485,900	19,957,193	28,443,093	.190838	.190838	.190838
42		RADIOLOGY-THERAPEUTIC	197,624	190,851	388,475	.019378	.019378	.019378
42	01	CT SCAN	10,040,816	24,078,584	34,119,400	.045400	.045400	.045400
43		RADIOISOTOPE						
43	01	NUCLEAR MEDICINE	1,306,367	6,888,079	8,194,446	.112099	.112099	.112099
43	02	ULTRASOUND	612,074	2,593,778	3,205,852	.181657	.181657	.181657
44		LABORATORY	27,044,922	15,139,570	42,184,492	.207169	.207169	.207169
48		INTRAVENOUS THERAPY	39,252	1,310,494	1,349,746	.341135	.341135	.341135
49		RESPIRATORY THERAPY	8,219,858	605,362	8,825,220	.190529	.190529	.190529
50		PHYSICAL THERAPY	2,785,198	1,214,376	3,999,574	.343202	.343202	.343202
51		OCCUPATIONAL THERAPY	822,294	89,616	911,910	.298430	.298430	.298430
52		SPEECH PATHOLOGY	471,831	306,866	778,697	.380890	.380890	.380890
53		ELECTROCARDIOLOGY	6,297,699	9,133,215	15,430,914	.127179	.127179	.127179
54		ELECTROENCEPHALOGRAPHY	392,958	3,352,847	3,745,805	.251505	.251505	.251505
55		MEDICAL SUPPLIES CHARGED	30,632,041	12,904,071	43,536,112	.569312	.569312	.569312
56		DRUGS CHARGED TO PATIENTS	27,619,391	12,196,901	39,816,292	.362974	.362974	.362974
57		RENAL DIALYSIS	2,158,179	236,126	2,394,305	.538201	.538201	.538201
58		ASC (NON-DISTINCT PART)						
58	01	CARDIAC CATHETERIZATION	19,968,900	15,009,251	34,978,151	.086400	.086400	.086400
59		LITHOTRIPTER	164,061	4,249,180	4,413,241	.161053	.161053	.161053
59	01	DIABETES CENTER		21,807	21,807	2.393543	2.393543	2.393543
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	24,130	4,827,934	4,852,064	.202315	.202315	.202315
60	01	PARTIAL HOSP PRG		1,652,664	1,652,664	.568385	.568385	.568385
61		EMERGENCY	4,513,077	11,587,189	16,100,266	.269307	.269307	.269307
62		OBSERVATION BEDS (NON-DIS	357,094	1,158,580	1,515,674	.595098	.595098	.595098
		OTHER REIMBURS COST CNTRS						
68		HOMECARE SUPPORT						
101		SUBTOTAL	241,546,430	172,508,994	414,055,424			
102		LESS OBSERVATION BEDS						
103		TOTAL	241,546,430	172,508,994	414,055,424			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 18-0102
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET C
PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	20,093,927		20,093,927		20,093,927
26		INTENSIVE CARE UNIT	3,762,577		3,762,577		3,762,577
27		CORONARY CARE UNIT	2,378,449		2,378,449		2,378,449
31		SUBPROVIDER	4,312,693		4,312,693		4,312,693
31	01	SUBPROVIDER 2 PSYCH	4,577,532		4,577,532		4,577,532
33		NURSERY	1,902,141		1,902,141		1,902,141
34		SKILLED NURSING FACILITY	2,489,121		2,489,121		2,489,121
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	11,984,381		11,984,381		11,984,381
37	01	REHAB MEDICINE	1,604,806		1,604,806		1,604,806
38		RECOVERY ROOM	759,824		759,824		759,824
39		DELIVERY ROOM & LABOR ROO	664,787		664,787		664,787
40		ANESTHESIOLOGY	681,646		681,646		681,646
41		RADIOLOGY-DIAGNOSTIC	5,428,027		5,428,027		5,428,027
42		RADIOLOGY-THERAPEUTIC	7,528		7,528		7,528
42	01	CT SCAN	1,549,024		1,549,024		1,549,024
43		RADIOISOTOPE					
43	01	NUCLEAR MEDICINE	918,589		918,589		918,589
43	02	ULTRASOUND	582,366		582,366		582,366
44		LABORATORY	8,739,302		8,739,302		8,739,302
48		INTRAVENOUS THERAPY	460,446		460,446		460,446
49		RESPIRATORY THERAPY	1,681,458		1,681,458		1,681,458
50		PHYSICAL THERAPY	1,372,663		1,372,663		1,372,663
51		OCCUPATIONAL THERAPY	272,141		272,141		272,141
52		SPEECH PATHOLOGY	296,598		296,598		296,598
53		ELECTROCARDIOLOGY	1,962,488		1,962,488		1,962,488
54		ELECTROENCEPHALOGRAPHY	942,089		942,089		942,089
55		MEDICAL SUPPLIES CHARGED	24,785,646		24,785,646		24,785,646
56		DRUGS CHARGED TO PATIENTS	14,452,267		14,452,267		14,452,267
57		RENAL DIALYSIS	1,288,618		1,288,618		1,288,618
58		ASC (NON-DISTINCT PART)	30,122		30,122		30,122
58	01	CARDIAC CATHETERIZATION	3,022,108		3,022,108		3,022,108
59		LITHOTRIPTER	710,766		710,766		710,766
59	01	DIABETES CENTER	52,196		52,196		52,196
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	981,644		981,644		981,644
60	01	PARTIAL HOSP PRG	939,350		939,350		939,350
61		EMERGENCY	4,335,909		4,335,909		4,335,909
62		OBSERVATION BEDS (NON-DIS	901,975		901,975		901,975
		OTHER REIMBURS COST CNTRS					
68		HOMECARE SUPPORT					
101		SUBTOTAL	130,925,204		130,925,204		130,925,204
102		LESS OBSERVATION BEDS	901,975		901,975		901,975
103		TOTAL	130,023,229		130,023,229		130,023,229

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 18-0102
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET C
PART I

WKST A LINE	NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	28,395,782		28,395,782			
26		INTENSIVE CARE UNIT	5,116,892		5,116,892			
27		CORONARY CARE UNIT	3,232,897		3,232,897			
31		SUBPROVIDER	5,406,419		5,406,419			
31	01	SUBPROVIDER 2 PSYCH	9,893,027		9,893,027			
33		NURSERY	2,093,402		2,093,402			
34		SKILLED NURSING FACILITY	3,513,135		3,513,135			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	22,981,617	19,377,411	42,359,028	.282924	.282924	.282924
37	01	REHAB MEDICINE	4,627,123		4,627,123	.346826	.346826	.346826
38		RECOVERY ROOM	1,075,734	1,376,677	2,452,411	.309827	.309827	.309827
39		DELIVERY ROOM & LABOR ROO	523,257	407,494	930,751	.714248	.714248	.714248
40		ANESTHESIOLOGY	2,533,479	2,642,878	5,176,357	.131685	.131685	.131685
41		RADIOLOGY-DIAGNOSTIC	8,485,900	19,957,193	28,443,093	.190838	.190838	.190838
42		RADIOLOGY-THERAPEUTIC	197,624	190,851	388,475	.019378	.019378	.019378
42	01	CT SCAN	10,040,816	24,078,584	34,119,400	.045400	.045400	.045400
43		RADIOISOTOPE						
43	01	NUCLEAR MEDICINE	1,306,367	6,888,079	8,194,446	.112099	.112099	.112099
43	02	ULTRASOUND	612,074	2,593,778	3,205,852	.181657	.181657	.181657
44		LABORATORY	27,044,922	15,139,570	42,184,492	.207169	.207169	.207169
48		INTRAVENOUS THERAPY	39,252	1,310,494	1,349,746	.341135	.341135	.341135
49		RESPIRATORY THERAPY	8,219,858	605,362	8,825,220	.190529	.190529	.190529
50		PHYSICAL THERAPY	2,785,198	1,214,376	3,999,574	.343202	.343202	.343202
51		OCCUPATIONAL THERAPY	822,294	89,616	911,910	.298430	.298430	.298430
52		SPEECH PATHOLOGY	471,831	306,866	778,697	.380890	.380890	.380890
53		ELECTROCARDIOLOGY	6,297,699	9,133,215	15,430,914	.127179	.127179	.127179
54		ELECTROENCEPHALOGRAPHY	392,958	3,352,847	3,745,805	.251505	.251505	.251505
55		MEDICAL SUPPLIES CHARGED	30,632,041	12,904,071	43,536,112	.569312	.569312	.569312
56		DRUGS CHARGED TO PATIENTS	27,619,391	12,196,901	39,816,292	.362974	.362974	.362974
57		RENAL DIALYSIS	2,158,179	236,126	2,394,305	.538201	.538201	.538201
58		ASC (NON-DISTINCT PART)						
58	01	CARDIAC CATHETERIZATION	19,968,900	15,009,251	34,978,151	.086400	.086400	.086400
59		LITHOTRIPTER	164,061	4,249,180	4,413,241	.161053	.161053	.161053
59	01	DIABETES CENTER		21,807	21,807	2.393543	2.393543	2.393543
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	24,130	4,827,934	4,852,064	.202315	.202315	.202315
60	01	PARTIAL HOSP PRG		1,652,664	1,652,664	.568385	.568385	.568385
61		EMERGENCY	4,513,077	11,587,189	16,100,266	.269307	.269307	.269307
62		OBSERVATION BEDS (NON-DIS	357,094	1,158,580	1,515,674	.595098	.595098	.595098
		OTHER REIMBURS COST CNTRS						
68		HOMECARE SUPPORT						
101		SUBTOTAL	241,546,430	172,508,994	414,055,424			
102		LESS OBSERVATION BEDS						
103		TOTAL	241,546,430	172,508,994	414,055,424			

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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	11,984,381	2,048,172	9,936,209			11,984,381
37	01	REHAB MEDICINE	1,604,806	165,631	1,439,175			1,604,806
38		RECOVERY ROOM	759,824	67,191	692,633			759,824
39		DELIVERY ROOM & LABOR ROO	664,787	60,189	604,598			664,787
40		ANESTHESIOLOGY	681,646	99,153	582,493			681,646
41		RADIOLOGY-DIAGNOSTIC	5,428,027	1,504,858	3,923,169			5,428,027
42		RADIOLOGY-THERAPEUTIC	7,528	228	7,300			7,528
42	01	CT SCAN	1,549,024	403,834	1,145,190			1,549,024
43		RADIOISOTOPE						
43	01	NUCLEAR MEDICINE	918,589	81,977	836,612			918,589
43	02	ULTRASOUND	582,366	118,047	464,319			582,366
44		LABORATORY	8,739,302	743,679	7,995,623			8,739,302
48		INTRAVENOUS THERAPY	460,446	14,974	445,472			460,446
49		RESPIRATORY THERAPY	1,681,458	93,568	1,587,890			1,681,458
50		PHYSICAL THERAPY	1,372,663	79,114	1,293,549			1,372,663
51		OCCUPATIONAL THERAPY	272,141	11,368	260,773			272,141
52		SPEECH PATHOLOGY	296,598	12,303	284,295			296,598
53		ELECTROCARDIOLOGY	1,962,488	311,438	1,651,050			1,962,488
54		ELECTROENCEPHALOGRAPHY	942,089	189,116	752,973			942,089
55		MEDICAL SUPPLIES CHARGED	24,785,646	458,536	24,327,110			24,785,646
56		DRUGS CHARGED TO PATIENTS	14,452,267	349,336	14,102,931			14,452,267
57		RENAL DIALYSIS	1,288,618	181,425	1,107,193			1,288,618
58		ASC (NON-DISTINCT PART)	30,122	1,227	28,895			30,122
58	01	CARDIAC CATHETERIZATION	3,022,108	903,357	2,118,751			3,022,108
59		LITHOTRIPTER	710,766	7,462	703,304			710,766
59	01	DIABETES CENTER	52,196	1,926	50,270			52,196
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	981,644	26,159	955,485			981,644
60	01	PARTIAL HOSP PRG	939,350	53,345	886,005			939,350
61		EMERGENCY	4,335,909	420,335	3,915,574			4,335,909
62		OBSERVATION BEDS (NON-DIS	901,975	82,649	819,326			901,975
		OTHER REIMBURS COST CNTRS						
68		HOMECARE SUPPORT						
101		SUBTOTAL	91,408,764	8,490,597	82,918,167			91,408,764
102		LESS OBSERVATION BEDS	901,975	82,649	819,326			901,975
103		TOTAL	90,506,789	8,407,948	82,098,841			90,506,789

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	42,359,028	.282924	.282924
37	01	REHAB MEDICINE	4,627,123	.346826	.346826
38		RECOVERY ROOM	2,452,411	.309827	.309827
39		DELIVERY ROOM & LABOR ROO	930,751	.714248	.714248
40		ANESTHESIOLOGY	5,176,357	.131685	.131685
41		RADIOLOGY-DIAGNOSTIC	28,443,093	.190838	.190838
42		RADIOLOGY-THERAPEUTIC	388,475	.019378	.019378
42	01	CT SCAN	34,119,400	.045400	.045400
43		RADIOISOTOPE			
43	01	NUCLEAR MEDICINE	8,194,446	.112099	.112099
43	02	ULTRASOUND	3,205,852	.181657	.181657
44		LABORATORY	42,184,492	.207169	.207169
48		INTRAVENOUS THERAPY	1,349,746	.341135	.341135
49		RESPIRATORY THERAPY	8,825,220	.190529	.190529
50		PHYSICAL THERAPY	3,999,574	.343202	.343202
51		OCCUPATIONAL THERAPY	911,910	.298430	.298430
52		SPEECH PATHOLOGY	778,697	.380890	.380890
53		ELECTROCARDIOLOGY	15,430,914	.127179	.127179
54		ELECTROENCEPHALOGRAPHY	3,745,805	.251505	.251505
55		MEDICAL SUPPLIES CHARGED	43,536,112	.569312	.569312
56		DRUGS CHARGED TO PATIENTS	39,816,292	.362974	.362974
57		RENAL DIALYSIS	2,394,305	.538201	.538201
58		ASC (NON-DISTINCT PART)			
58	01	CARDIAC CATHETERIZATION	34,978,151	.086400	.086400
59		LITHOTRIPTER	4,413,241	.161053	.161053
59	01	DIABETES CENTER	21,807	2.393543	2.393543
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	4,852,064	.202315	.202315
60	01	PARTIAL HOSP PRG	1,652,664	.568385	.568385
61		EMERGENCY	16,100,266	.269307	.269307
62		OBSERVATION BEDS (NON-DIS	1,515,674	.595098	.595098
		OTHER REIMBURS COST CNTRS			
68		HOMECARE SUPPORT			
101		SUBTOTAL	356,403,870		
102		LESS OBSERVATION BEDS	1,515,674		
103		TOTAL	354,888,196		

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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	11,984,381	2,048,172	9,936,209			11,984,381
37	01	REHAB MEDICINE	1,604,806	165,631	1,439,175			1,604,806
38		RECOVERY ROOM	759,824	67,191	692,633			759,824
39		DELIVERY ROOM & LABOR ROO	664,787	60,189	604,598			664,787
40		ANESTHESIOLOGY	681,646	99,153	582,493			681,646
41		RADIOLOGY-DIAGNOSTIC	5,428,027	1,504,858	3,923,169			5,428,027
42		RADIOLOGY-THERAPEUTIC	7,528	228	7,300			7,528
42	01	CT SCAN	1,549,024	403,834	1,145,190			1,549,024
43		RADIOISOTOPE						
43	01	NUCLEAR MEDICINE	918,589	81,977	836,612			918,589
43	02	ULTRASOUND	582,366	118,047	464,319			582,366
44		LABORATORY	8,739,302	743,679	7,995,623			8,739,302
48		INTRAVENOUS THERAPY	460,446	14,974	445,472			460,446
49		RESPIRATORY THERAPY	1,681,458	93,568	1,587,890			1,681,458
50		PHYSICAL THERAPY	1,372,663	79,114	1,293,549			1,372,663
51		OCCUPATIONAL THERAPY	272,141	11,368	260,773			272,141
52		SPEECH PATHOLOGY	296,598	12,303	284,295			296,598
53		ELECTROCARDIOLOGY	1,962,488	311,438	1,651,050			1,962,488
54		ELECTROENCEPHALOGRAPHY	942,089	189,116	752,973			942,089
55		MEDICAL SUPPLIES CHARGED	24,785,646	458,536	24,327,110			24,785,646
56		DRUGS CHARGED TO PATIENTS	14,452,267	349,336	14,102,931			14,452,267
57		RENAL DIALYSIS	1,288,618	181,425	1,107,193			1,288,618
58		ASC (NON-DISTINCT PART)	30,122	1,227	28,895			30,122
58	01	CARDIAC CATHETERIZATION	3,022,108	903,357	2,118,751			3,022,108
59		LITHOTRIPTER	710,766	7,462	703,304			710,766
59	01	DIABETES CENTER	52,196	1,926	50,270			52,196
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	981,644	26,159	955,485			981,644
60	01	PARTIAL HOSP PRG	939,350	53,345	886,005			939,350
61		EMERGENCY	4,335,909	420,335	3,915,574			4,335,909
62		OBSERVATION BEDS (NON-DIS	901,975	82,649	819,326			901,975
		OTHER REIMBURS COST CNTRS						
68		HOMECARE SUPPORT						
101		SUBTOTAL	91,408,764	8,490,597	82,918,167			91,408,764
102		LESS OBSERVATION BEDS	901,975	82,649	819,326			901,975
103		TOTAL	90,506,789	8,407,948	82,098,841			90,506,789

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
			7	8	9
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	42,359,028	.282924	.282924
37	01	REHAB MEDICINE	4,627,123	.346826	.346826
38		RECOVERY ROOM	2,452,411	.309827	.309827
39		DELIVERY ROOM & LABOR ROO	930,751	.714248	.714248
40		ANESTHESIOLOGY	5,176,357	.131685	.131685
41		RADIOLOGY-DIAGNOSTIC	28,443,093	.190838	.190838
42		RADIOLOGY-THERAPEUTIC	388,475	.019378	.019378
42	01	CT SCAN	34,119,400	.045400	.045400
43		RADIOISOTOPE			
43	01	NUCLEAR MEDICINE	8,194,446	.112099	.112099
43	02	ULTRASOUND	3,205,852	.181657	.181657
44		LABORATORY	42,184,492	.207169	.207169
48		INTRAVENOUS THERAPY	1,349,746	.341135	.341135
49		RESPIRATORY THERAPY	8,825,220	.190529	.190529
50		PHYSICAL THERAPY	3,999,574	.343202	.343202
51		OCCUPATIONAL THERAPY	911,910	.298430	.298430
52		SPEECH PATHOLOGY	778,697	.380890	.380890
53		ELECTROCARDIOLOGY	15,430,914	.127179	.127179
54		ELECTROENCEPHALOGRAPHY	3,745,805	.251505	.251505
55		MEDICAL SUPPLIES CHARGED	43,536,112	.569312	.569312
56		DRUGS CHARGED TO PATIENTS	39,816,292	.362974	.362974
57		RENAL DIALYSIS	2,394,305	.538201	.538201
58		ASC (NON-DISTINCT PART)			
58	01	CARDIAC CATHETERIZATION	34,978,151	.086400	.086400
59		LITHOTRIPTER	4,413,241	.161053	.161053
59	01	DIABETES CENTER	21,807	2.393543	2.393543
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	4,852,064	.202315	.202315
60	01	PARTIAL HOSP PRG	1,652,664	.568385	.568385
61		EMERGENCY	16,100,266	.269307	.269307
62		OBSERVATION BEDS (NON-DIS	1,515,674	.595098	.595098
		OTHER REIMBURS COST CNTRS			
68		HOMECARE SUPPORT			
101		SUBTOTAL	356,403,870		
102		LESS OBSERVATION BEDS	1,515,674		
103		TOTAL	354,888,196		

WKST A LINE NO.		COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS				1,841,230		1,841,230
26		INTENSIVE CARE UNIT				277,179		277,179
27		CORONARY CARE UNIT				213,776		213,776
31		SUBPROVIDER				341,638		341,638
31	01	SUBPROVIDER 2 PSYCH				270,348		270,348
33		NURSERY				303,917		303,917
101		TOTAL				3,248,088		3,248,088

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	38,184	22,547			48.22	1,087,216
26		INTENSIVE CARE UNIT	3,699	2,346			74.93	175,786
27		CORONARY CARE UNIT	2,312	1,549			92.46	143,221
31		SUBPROVIDER	7,479	5,704			45.68	260,559
31	01	SUBPROVIDER 2 PSYCH	8,656	3,045			31.23	95,095
33		NURSERY	785				387.16	
101		TOTAL	61,115	35,191				1,761,877

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART II
18-0102		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		2,048,172	42,359,028	13,176,860		
37	01	REHAB MEDICINE		165,631	4,627,123	666,381		
38		RECOVERY ROOM		67,191	2,452,411	625,499		
39		DELIVERY ROOM & LABOR ROO		60,189	930,751	3,303		
40		ANESTHESIOLOGY		99,153	5,176,357	1,398,029		
41		RADIOLOGY-DIAGNOSTIC		1,504,858	28,443,093	4,881,463		
42		RADIOLOGY-THERAPEUTIC		228	388,475	74,619		
42	01	CT SCAN		403,834	34,119,400	6,145,486		
43		RADIOISOTOPE						
43	01	NUCLEAR MEDICINE		81,977	8,194,446	792,575		
43	02	ULTRASOUND		118,047	3,205,852	304,515		
44		LABORATORY		743,679	42,184,492	16,589,292		
48		INTRAVENOUS THERAPY		14,974	1,349,746	23,335		
49		RESPIRATORY THERAPY		93,568	8,825,220	4,181,485		
50		PHYSICAL THERAPY		79,114	3,999,574	961,119		
51		OCCUPATIONAL THERAPY		11,368	911,910	138,948		
52		SPEECH PATHOLOGY		12,303	778,697	236,779		
53		ELECTROCARDIOLOGY		311,438	15,430,914	4,628,814		
54		ELECTROENCEPHALOGRAPHY		189,116	3,745,805	218,114		
55		MEDICAL SUPPLIES CHARGED		458,536	43,536,112	21,292,336		
56		DRUGS CHARGED TO PATIENTS		349,336	39,816,292	10,363,912		
57		RENAL DIALYSIS		181,425	2,394,305	1,806,974		
58		ASC (NON-DISTINCT PART)		1,227				
58	01	CARDIAC CATHETERIZATION		903,357	34,978,151	12,733,776		
59		LITHOTRIPTER		7,462	4,413,241	16,406		
59	01	DIABETES CENTER		1,926	21,807			
		OUTPAT SERVICE COST CNTRS						
60		CLINIC		26,159	4,852,064	7,941		
60	01	PARTIAL HOSP PRG		53,345	1,652,664			
61		EMERGENCY		420,335	16,100,266	2,258,810		
62		OBSERVATION BEDS (NON-DIS		82,649	1,515,674	294,791		
		OTHER REIMBURS COST CNTRS						
68		HOMECARE SUPPORT						
101		TOTAL		8,490,597	356,403,870	103,821,562		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART II
18-0102		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.048353	637,141
37	01	REHAB MEDICINE	.035796	23,854
38		RECOVERY ROOM	.027398	17,137
39		DELIVERY ROOM & LABOR ROO	.064667	214
40		ANESTHESIOLOGY	.019155	26,779
41		RADIOLOGY-DIAGNOSTIC	.052908	258,268
42		RADIOLOGY-THERAPEUTIC	.000587	44
42	01	CT SCAN	.011836	72,738
43		RADIOISOTOPE		
43	01	NUCLEAR MEDICINE	.010004	7,929
43	02	ULTRASOUND	.036822	11,213
44		LABORATORY	.017629	292,453
48		INTRAVENOUS THERAPY	.011094	259
49		RESPIRATORY THERAPY	.010602	44,332
50		PHYSICAL THERAPY	.019781	19,012
51		OCCUPATIONAL THERAPY	.012466	1,732
52		SPEECH PATHOLOGY	.015799	3,741
53		ELECTROCARDIOLOGY	.020183	93,423
54		ELECTROENCEPHALOGRAPHY	.050487	11,012
55		MEDICAL SUPPLIES CHARGED	.010532	224,251
56		DRUGS CHARGED TO PATIENTS	.008774	90,933
57		RENAL DIALYSIS	.075774	136,922
58		ASC (NON-DISTINCT PART)		
58	01	CARDIAC CATHETERIZATION	.025826	328,862
59		LITHOTRIPTER	.001691	28
59	01	DIABETES CENTER	.088320	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.005391	43
60	01	PARTIAL HOSP PRG	.032278	
61		EMERGENCY	.026107	58,971
62		OBSERVATION BEDS (NON-DIS	.054530	16,075
		OTHER REIMBURS COST CNTRS		
68		HOMECARE SUPPORT		
101		TOTAL		2,377,366

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					38,184	
26	INTENSIVE CARE UNIT					3,699	
27	CORONARY CARE UNIT					2,312	
31	SUBPROVIDER					7,479	
31 01	SUBPROVIDER 2 PSYCH					8,656	
33	NURSERY					785	
34	SKILLED NURSING FACILITY					5,851	
101	TOTAL					66,966	

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

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010 | WORKSHEET D PART III

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
			7	8
25		ADULTS & PEDIATRICS	22,547	
26		INTENSIVE CARE UNIT	2,346	
27		CORONARY CARE UNIT	1,549	
31		SUBPROVIDER	5,704	
31	01	SUBPROVIDER 2 PSYCH	3,045	
33		NURSERY		
34		SKILLED NURSING FACILITY	5,072	
101		TOTAL	40,263	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART IV
18-0102		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
37	01	REHAB MEDICINE						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
42		RADIOLOGY-THERAPEUTIC						
42	01	CT SCAN						
43		RADIOISOTOPE						
43	01	NUCLEAR MEDICINE						
43	02	ULTRASOUND						
44		LABORATORY						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
58	01	CARDIAC CATHETERIZATION						
59		LITHOTRIPTER						
59	01	DIABETES CENTER						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	PARTIAL HOSP PRG						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
68		HOMECARE SUPPORT						
101		TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 18-0102
COMPONENT NO: 18-0102
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET D
PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM			42,359,028			13,176,860	
37	01	REHAB MEDICINE			4,627,123			666,381	
38		RECOVERY ROOM			2,452,411			625,499	
39		DELIVERY ROOM & LABOR ROO			930,751			3,303	
40		ANESTHESIOLOGY			5,176,357			1,398,029	
41		RADIOLOGY-DIAGNOSTIC			28,443,093			4,881,463	
42		RADIOLOGY-THERAPEUTIC			388,475			74,619	
42	01	CT SCAN			34,119,400			6,145,486	
43		RADIOISOTOPE							
43	01	NUCLEAR MEDICINE			8,194,446			792,575	
43	02	ULTRASOUND			3,205,852			304,515	
44		LABORATORY			42,184,492			16,589,292	
48		INTRAVENOUS THERAPY			1,349,746			23,335	
49		RESPIRATORY THERAPY			8,825,220			4,181,485	
50		PHYSICAL THERAPY			3,999,574			961,119	
51		OCCUPATIONAL THERAPY			911,910			138,948	
52		SPEECH PATHOLOGY			778,697			236,779	
53		ELECTROCARDIOLOGY			15,430,914			4,628,814	
54		ELECTROENCEPHALOGRAPHY			3,745,805			218,114	
55		MEDICAL SUPPLIES CHARGED			43,536,112			21,292,336	
56		DRUGS CHARGED TO PATIENTS			39,816,292			10,363,912	
57		RENAL DIALYSIS			2,394,305			1,806,974	
58		ASC (NON-DISTINCT PART)							
58	01	CARDIAC CATHETERIZATION			34,978,151			12,733,776	
59		LITHOTRIPTER			4,413,241			16,406	
59	01	DIABETES CENTER			21,807				
		OUTPAT SERVICE COST CNTRS							
60		CLINIC			4,852,064			7,941	
60	01	PARTIAL HOSP PRG			1,652,664				
61		EMERGENCY			16,100,266			2,258,810	
62		OBSERVATION BEDS (NON-DIS			1,515,674			294,791	
		OTHER REIMBURS COST CNTRS							
68		HOMECARE SUPPORT							
101		TOTAL			356,403,870			103,821,562	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 18-0102 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I COMPONENT NO: 18-0102 I PREPARED 5/26/2010 I WORKSHEET D I PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	7,395,559					
37	01	REHAB MEDICINE						
38		RECOVERY ROOM	440,716					
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY	922,518					
41		RADIOLOGY-DIAGNOSTIC	6,694,887					
42		RADIOLOGY-THERAPEUTIC	60,144					
42	01	CT SCAN	8,179,444					
43		RADIOISOTOPE						
43	01	NUCLEAR MEDICINE	3,008,129					
43	02	ULTRASOUND	483,277					
44		LABORATORY	1,413,122					
48		INTRAVENOUS THERAPY	582,840					
49		RESPIRATORY THERAPY	46,198					
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY	610					
53		ELECTROCARDIOLOGY	4,695,270					
54		ELECTROENCEPHALOGRAPHY	1,104,675					
55		MEDICAL SUPPLIES CHARGED	5,722,753					
56		DRUGS CHARGED TO PATIENTS	4,486,558					
57		RENAL DIALYSIS	48,198					
58		ASC (NON-DISTINCT PART)						
58	01	CARDIAC CATHETERIZATION	8,020,786					
59		LITHOTRIPTER	1,049,990					
59	01	DIABETES CENTER						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	2,079,709					
60	01	PARTIAL HOSP PRG	618,678					
61		EMERGENCY	2,378,365					
62		OBSERVATION BEDS (NON-DIS	370,560					
		OTHER REIMBURS COST CNTRS						
68		HOMECARE SUPPORT						
101		TOTAL	59,802,986					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART V
18-0102		

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9) 1	Cost/Charge Ratio (C, Pt II, col. 9) 1.02	Outpatient Ambulatory Surgical Ctr 2	Outpatient Radialogy 3	Other Outpatient Diagnostic 4
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.282924	.282924			
37	01	REHAB MEDICINE	.346826	.346826			
38		RECOVERY ROOM	.309827	.309827			
39		DELIVERY ROOM & LABOR ROOM	.714248	.714248			
40		ANESTHESIOLOGY	.131685	.131685			
41		RADIOLOGY-DIAGNOSTIC	.190838	.190838			
42		RADIOLOGY-THERAPEUTIC	.019378	.019378			
42	01	CT SCAN	.045400	.045400			
43		RADIOISOTOPE					
43	01	NUCLEAR MEDICINE	.112099	.112099			
43	02	ULTRASOUND	.181657	.181657			
44		LABORATORY	.207169	.207169			
48		INTRAVENOUS THERAPY	.341135	.341135			
49		RESPIRATORY THERAPY	.190529	.190529			
50		PHYSICAL THERAPY	.343202	.343202			
51		OCCUPATIONAL THERAPY	.298430	.298430			
52		SPEECH PATHOLOGY	.380890	.380890			
53		ELECTROCARDIOLOGY	.127179	.127179			
54		ELECTROENCEPHALOGRAPHY	.251505	.251505			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.569312	.569312			
56		DRUGS CHARGED TO PATIENTS	.362974	.362974			
57		RENAL DIALYSIS	.538201	.538201			
58		ASC (NON-DISTINCT PART)					
58	01	CARDIAC CATHETERIZATION	.086400	.086400			
59		LITHOTRIPTER	.161053	.161053			
59	01	DIABETES CENTER	2.393543	2.393543			
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	.202315	.202315			
60	01	PARTIAL HOSP PRG	.568385	.568385			
61		EMERGENCY	.269307	.269307			
62		OBSERVATION BEDS (NON-DISTINCT PART)	.595098	.595098			
		OTHER REIMBURS COST CNTRS					
68		HOMECARE SUPPORT					
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010
COMPONENT NO: 18-0102 | WORKSHEET D PART V

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		7,395,559			
37 01	REHAB MEDICINE					
38	RECOVERY ROOM		440,716			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		922,518			
41	RADIOLOGY-DIAGNOSTIC		6,694,887			
42	RADIOLOGY-THERAPEUTIC		60,144			
42 01	CT SCAN		8,179,444			
43	RADIOISOTOPE					
43 01	NUCLEAR MEDICINE		3,008,129			
43 02	ULTRASOUND		483,277			
44	LABORATORY		1,413,122			
48	INTRAVENOUS THERAPY		582,840			
49	RESPIRATORY THERAPY		46,198			
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY		610			
53	ELECTROCARDIOLOGY		4,695,270			
54	ELECTROENCEPHALOGRAPHY		1,104,675			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,722,753			
56	DRUGS CHARGED TO PATIENTS		4,486,558			
57	RENAL DIALYSIS		48,198			
58	ASC (NON-DISTINCT PART)					
58 01	CARDIAC CATHETERIZATION		8,020,786			
59	LITHOTRIPTER		1,049,990			
59 01	DIABETES CENTER					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		2,079,709			
60 01	PARTIAL HOSP PRG		618,678			
61	EMERGENCY		2,378,365			
62	OBSERVATION BEDS (NON-DISTINCT PART)		370,560			
	OTHER REIMBURS COST CNTRS					
68	HOMECARE SUPPORT					
101	SUBTOTAL		59,802,986			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		59,802,986			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART V
18-0102		

TITLE XVIII, PART B HOSPITAL

		Outpatient Radialogy	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				2,092,381	
37 01	REHAB MEDICINE					
38	RECOVERY ROOM				136,546	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY				121,482	
41	RADIOLOGY-DIAGNOSTIC				1,277,639	
42	RADIOLOGY-THERAPEUTIC				1,165	
42 01	CT SCAN				371,347	
43	RADIOISOTOPE					
43 01	NUCLEAR MEDICINE				337,208	
43 02	ULTRASOUND				87,791	
44	LABORATORY				292,755	
48	INTRAVENOUS THERAPY				198,827	
49	RESPIRATORY THERAPY				8,802	
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY				232	
53	ELECTROCARDIOLOGY				597,140	
54	ELECTROENCEPHALOGRAPHY				277,831	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				3,258,032	
56	DRUGS CHARGED TO PATIENTS				1,628,504	
57	RENAL DIALYSIS				25,940	
58	ASC (NON-DISTINCT PART)					
58 01	CARDIAC CATHETERIZATION				692,996	
59	LITHOTRIPTER				169,104	
59 01	DIABETES CENTER					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC				420,756	
60 01	PARTIAL HOSP PRG				351,647	
61	EMERGENCY				640,510	
62	OBSERVATION BEDS (NON-DISTINCT PART)				220,520	
	OTHER REIMBURS COST CNTRS					
68	HOMECARE SUPPORT					
101	SUBTOTAL				13,209,155	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES				13,209,155	

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART V
18-0102		

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37 01	REHAB MEDICINE			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
42	RADIOLOGY-THERAPEUTIC			
42 01	CT SCAN			
43	RADIOISOTOPE			
43 01	NUCLEAR MEDICINE			
43 02	ULTRASOUND			
44	LABORATORY			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS			
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
58 01	CARDIAC CATHETERIZATION			
59	LITHOTRIPTER			
59 01	DIABETES CENTER			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	PARTIAL HOSP PRG			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
68	HOMECARE SUPPORT			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104	NET CHARGES			

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 18-0102 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I COMPONENT NO: 18-T102 I PREPARED 5/26/2010 I WORKSHEET D I PART II

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	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		2,048,172	42,359,028	78,176		
37	01	REHAB MEDICINE		165,631	4,627,123	2,329,187		
38		RECOVERY ROOM		67,191	2,452,411	3,514		
39		DELIVERY ROOM & LABOR ROO		60,189	930,751			
40		ANESTHESIOLOGY		99,153	5,176,357	4,512		
41		RADIOLOGY-DIAGNOSTIC		1,504,858	28,443,093	119,171		
42		RADIOLOGY-THERAPEUTIC		228	388,475			
42	01	CT SCAN		403,834	34,119,400	182,348		
43		RADIOISOTOPE						
43	01	NUCLEAR MEDICINE		81,977	8,194,446	16,762		
43	02	ULTRASOUND		118,047	3,205,852	8,317		
44		LABORATORY		743,679	42,184,492	1,195,173		
48		INTRAVENOUS THERAPY		14,974	1,349,746			
49		RESPIRATORY THERAPY		93,568	8,825,220	184,577		
50		PHYSICAL THERAPY		79,114	3,999,574	755,370		
51		OCCUPATIONAL THERAPY		11,368	911,910	318,251		
52		SPEECH PATHOLOGY		12,303	778,697	139,685		
53		ELECTROCARDIOLOGY		311,438	15,430,914	140,100		
54		ELECTROENCEPHALOGRAPHY		189,116	3,745,805	14,159		
55		MEDICAL SUPPLIES CHARGED		458,536	43,536,112	172,907		
56		DRUGS CHARGED TO PATIENTS		349,336	39,816,292	895,550		
57		RENAL DIALYSIS		181,425	2,394,305	122,553		
58		ASC (NON-DISTINCT PART)		1,227				
58	01	CARDIAC CATHETERIZATION		903,357	34,978,151	257		
59		LITHOTRIPTER		7,462	4,413,241			
59	01	DIABETES CENTER		1,926	21,807			
		OUTPAT SERVICE COST CNTRS						
60		CLINIC		26,159	4,852,064			
60	01	PARTIAL HOSP PRG		53,345	1,652,664			
61		EMERGENCY		420,335	16,100,266	3,048		
62		OBSERVATION BEDS (NON-DIS		82,649	1,515,674			
		OTHER REIMBURS COST CNTRS						
68		HOMECARE SUPPORT						
101		TOTAL		8,490,597	356,403,870	6,683,617		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART II
18-T102		

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
			7	8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.048353	3,780
37	01	REHAB MEDICINE	.035796	83,376
38		RECOVERY ROOM	.027398	96
39		DELIVERY ROOM & LABOR ROO	.064667	
40		ANESTHESIOLOGY	.019155	86
41		RADIOLOGY-DIAGNOSTIC	.052908	6,305
42		RADIOLOGY-THERAPEUTIC	.000587	
42	01	CT SCAN	.011836	2,158
43		RADIOISOTOPE		
43	01	NUCLEAR MEDICINE	.010004	168
43	02	ULTRASOUND	.036822	306
44		LABORATORY	.017629	21,070
48		INTRAVENOUS THERAPY	.011094	
49		RESPIRATORY THERAPY	.010602	1,957
50		PHYSICAL THERAPY	.019781	14,942
51		OCCUPATIONAL THERAPY	.012466	3,967
52		SPEECH PATHOLOGY	.015799	2,207
53		ELECTROCARDIOLOGY	.020183	2,828
54		ELECTROENCEPHALOGRAPHY	.050487	715
55		MEDICAL SUPPLIES CHARGED	.010532	1,821
56		DRUGS CHARGED TO PATIENTS	.008774	7,858
57		RENAL DIALYSIS	.075774	9,286
58		ASC (NON-DISTINCT PART)		
58	01	CARDIAC CATHETERIZATION	.025826	7
59		LITHOTRIPTER	.001691	
59	01	DIABETES CENTER	.088320	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.005391	
60	01	PARTIAL HOSP PRG	.032278	
61		EMERGENCY	.026107	80
62		OBSERVATION BEDS (NON-DIS	.054530	
		OTHER REIMBURS COST CNTRS		
68		HOMECARE SUPPORT		
101		TOTAL		163,013

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 18-0102 I COMPONENT NO: 18-T102

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

I PREPARED 5/26/2010 I WORKSHEET D I PART IV

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
37	01	REHAB MEDICINE						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
42		RADIOLOGY-THERAPEUTIC						
42	01	CT SCAN						
43		RADIOISOTOPE						
43	01	NUCLEAR MEDICINE						
43	02	ULTRASOUND						
44		LABORATORY						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
58	01	CARDIAC CATHETERIZATION						
59		LITHOTRIPTER						
59	01	DIABETES CENTER						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	PARTIAL HOSP PRG						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
68		HOMECARE SUPPORT						
101		TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO: 18-0102
COMPONENT NO: 18-T102
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET D PART IV

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
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM			42,359,028			78,176	
37	01	REHAB MEDICINE			4,627,123			2,329,187	
38		RECOVERY ROOM			2,452,411			3,514	
39		DELIVERY ROOM & LABOR ROO			930,751				
40		ANESTHESIOLOGY			5,176,357			4,512	
41		RADIOLOGY-DIAGNOSTIC			28,443,093			119,171	
42		RADIOLOGY-THERAPEUTIC			388,475				
42	01	CT SCAN			34,119,400			182,348	
43		RADIOISOTOPE							
43	01	NUCLEAR MEDICINE			8,194,446			16,762	
43	02	ULTRASOUND			3,205,852			8,317	
44		LABORATORY			42,184,492			1,195,173	
48		INTRAVENOUS THERAPY			1,349,746				
49		RESPIRATORY THERAPY			8,825,220			184,577	
50		PHYSICAL THERAPY			3,999,574			755,370	
51		OCCUPATIONAL THERAPY			911,910			318,251	
52		SPEECH PATHOLOGY			778,697			139,685	
53		ELECTROCARDIOLOGY			15,430,914			140,100	
54		ELECTROENCEPHALOGRAPHY			3,745,805			14,159	
55		MEDICAL SUPPLIES CHARGED			43,536,112			172,907	
56		DRUGS CHARGED TO PATIENTS			39,816,292			895,550	
57		RENAL DIALYSIS			2,394,305			122,553	
58		ASC (NON-DISTINCT PART)							
58	01	CARDIAC CATHETERIZATION			34,978,151			257	
59		LITHOTRIPTER			4,413,241				
59	01	DIABETES CENTER			21,807				
		OUTPAT SERVICE COST CNTRS							
60		CLINIC			4,852,064				
60	01	PARTIAL HOSP PRG			1,652,664				
61		EMERGENCY			16,100,266			3,048	
62		OBSERVATION BEDS (NON-DIS			1,515,674				
		OTHER REIMBURS COST CNTRS							
68		HOMECARE SUPPORT							
101		TOTAL			356,403,870			6,683,617	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

I PROVIDER NO: 18-0102 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I COMPONENT NO: 18-T102 I PREPARED 5/26/2010 I WORKSHEET D I PART IV

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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
37	01	REHAB MEDICINE						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
42		RADIOLOGY-THERAPEUTIC						
42	01	CT SCAN						
43		RADIOISOTOPE						
43	01	NUCLEAR MEDICINE						
43	02	ULTRASOUND						
44		LABORATORY						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
58	01	CARDIAC CATHETERIZATION						
59		LITHOTRIPTER						
59	01	DIABETES CENTER						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	PARTIAL HOSP PRG						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
68		HOMECARE SUPPORT						
101		TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART II
18-S102		

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	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		2,048,172	42,359,028	1,755		
37	01	REHAB MEDICINE		165,631	4,627,123	1,554		
38		RECOVERY ROOM		67,191	2,452,411			
39		DELIVERY ROOM & LABOR ROO		60,189	930,751			
40		ANESTHESIOLOGY		99,153	5,176,357	266		
41		RADIOLOGY-DIAGNOSTIC		1,504,858	28,443,093	44,342		
42		RADIOLOGY-THERAPEUTIC		228	388,475	4		
42	01	CT SCAN		403,834	34,119,400	81,895		
43		RADIOISOTOPE						
43	01	NUCLEAR MEDICINE		81,977	8,194,446			
43	02	ULTRASOUND		118,047	3,205,852	2,264		
44		LABORATORY		743,679	42,184,492	328,130		
48		INTRAVENOUS THERAPY		14,974	1,349,746			
49		RESPIRATORY THERAPY		93,568	8,825,220	8,107		
50		PHYSICAL THERAPY		79,114	3,999,574	3,243		
51		OCCUPATIONAL THERAPY		11,368	911,910	261		
52		SPEECH PATHOLOGY		12,303	778,697	1,018		
53		ELECTROCARDIOLOGY		311,438	15,430,914	31,938		
54		ELECTROENCEPHALOGRAPHY		189,116	3,745,805	5,891		
55		MEDICAL SUPPLIES CHARGED		458,536	43,536,112	26,052		
56		DRUGS CHARGED TO PATIENTS		349,336	39,816,292	355,349		
57		RENAL DIALYSIS		181,425	2,394,305			
58		ASC (NON-DISTINCT PART)		1,227				
58	01	CARDIAC CATHETERIZATION		903,357	34,978,151	5,376		
59		LITHOTRIPTER		7,462	4,413,241			
59	01	DIABETES CENTER		1,926	21,807			
		OUTPAT SERVICE COST CNTRS						
60		CLINIC		26,159	4,852,064			
60	01	PARTIAL HOSP PRG		53,345	1,652,664			
61		EMERGENCY		420,335	16,100,266	179,938		
62		OBSERVATION BEDS (NON-DIS		82,649	1,515,674			
		OTHER REIMBURS COST CNTRS						
68		HOMECARE SUPPORT						
101		TOTAL		8,490,597	356,403,870	1,077,383		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART II
18-S102		

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.048353	85
37	01	REHAB MEDICINE	.035796	56
38		RECOVERY ROOM	.027398	
39		DELIVERY ROOM & LABOR ROO	.064667	
40		ANESTHESIOLOGY	.019155	5
41		RADIOLOGY-DIAGNOSTIC	.052908	2,346
42		RADIOLOGY-THERAPEUTIC	.000587	
42	01	CT SCAN	.011836	969
43		RADIOISOTOPE		
43	01	NUCLEAR MEDICINE	.010004	
43	02	ULTRASOUND	.036822	83
44		LABORATORY	.017629	5,785
48		INTRAVENOUS THERAPY	.011094	
49		RESPIRATORY THERAPY	.010602	86
50		PHYSICAL THERAPY	.019781	64
51		OCCUPATIONAL THERAPY	.012466	3
52		SPEECH PATHOLOGY	.015799	16
53		ELECTROCARDIOLOGY	.020183	645
54		ELECTROENCEPHALOGRAPHY	.050487	297
55		MEDICAL SUPPLIES CHARGED	.010532	274
56		DRUGS CHARGED TO PATIENTS	.008774	3,118
57		RENAL DIALYSIS	.075774	
58		ASC (NON-DISTINCT PART)		
58	01	CARDIAC CATHETERIZATION	.025826	139
59		LITHOTRIPTER	.001691	
59	01	DIABETES CENTER	.088320	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.005391	
60	01	PARTIAL HOSP PRG	.032278	
61		EMERGENCY	.026107	4,698
62		OBSERVATION BEDS (NON-DIS	.054530	
		OTHER REIMBURS COST CNTRS		
68		HOMECARE SUPPORT		
101		TOTAL		18,669

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART IV
18-S102		

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
37	01	REHAB MEDICINE						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
42		RADIOLOGY-THERAPEUTIC						
42	01	CT SCAN						
43		RADIOISOTOPE						
43	01	NUCLEAR MEDICINE						
43	02	ULTRASOUND						
44		LABORATORY						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
58	01	CARDIAC CATHETERIZATION						
59		LITHOTRIPTER						
59	01	DIABETES CENTER						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	PARTIAL HOSP PRG						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
68		HOMECARE SUPPORT						
101		TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010

COMPONENT NO: 18-S102 | WORKSHEET D PART IV

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
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM			42,359,028			1,755	
37	01	REHAB MEDICINE			4,627,123			1,554	
38		RECOVERY ROOM			2,452,411				
39		DELIVERY ROOM & LABOR ROO			930,751				
40		ANESTHESIOLOGY			5,176,357			266	
41		RADIOLOGY-DIAGNOSTIC			28,443,093			44,342	
42		RADIOLOGY-THERAPEUTIC			388,475			4	
42	01	CT SCAN			34,119,400			81,895	
43		RADIOISOTOPE							
43	01	NUCLEAR MEDICINE			8,194,446				
43	02	ULTRASOUND			3,205,852			2,264	
44		LABORATORY			42,184,492			328,130	
48		INTRAVENOUS THERAPY			1,349,746				
49		RESPIRATORY THERAPY			8,825,220			8,107	
50		PHYSICAL THERAPY			3,999,574			3,243	
51		OCCUPATIONAL THERAPY			911,910			261	
52		SPEECH PATHOLOGY			778,697			1,018	
53		ELECTROCARDIOLOGY			15,430,914			31,938	
54		ELECTROENCEPHALOGRAPHY			3,745,805			5,891	
55		MEDICAL SUPPLIES CHARGED			43,536,112			26,052	
56		DRUGS CHARGED TO PATIENTS			39,816,292			355,349	
57		RENAL DIALYSIS			2,394,305				
58		ASC (NON-DISTINCT PART)							
58	01	CARDIAC CATHETERIZATION			34,978,151			5,376	
59		LITHOTRIPTER			4,413,241				
59	01	DIABETES CENTER			21,807				
		OUTPAT SERVICE COST CNTRS							
60		CLINIC			4,852,064				
60	01	PARTIAL HOSP PRG			1,652,664				
61		EMERGENCY			16,100,266			179,938	
62		OBSERVATION BEDS (NON-DIS			1,515,674				
		OTHER REIMBURS COST CNTRS							
68		HOMECARE SUPPORT							
101		TOTAL			356,403,870			1,077,383	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 18-0102
COMPONENT NO: 18-S102
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET D
PART IV

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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
37	01	REHAB MEDICINE						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
42		RADIOLOGY-THERAPEUTIC						
42	01	CT SCAN						
43		RADIOISOTOPE						
43	01	NUCLEAR MEDICINE						
43	02	ULTRASOUND						
44		LABORATORY						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
58	01	CARDIAC CATHETERIZATION						
59		LITHOTRIPTER						
59	01	DIABETES CENTER						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	PARTIAL HOSP PRG						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
68		HOMECARE SUPPORT						
101		TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART II
18-5412		

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	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
37	01	REHAB MEDICINE						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
42		RADIOLOGY-THERAPEUTIC						
42	01	CT SCAN						
43		RADIOISOTOPE						
43	01	NUCLEAR MEDICINE						
43	02	ULTRASOUND						
44		LABORATORY						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
58	01	CARDIAC CATHETERIZATION						
59		LITHOTRIPTER						
59	01	DIABETES CENTER						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	PARTIAL HOSP PRG						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
68		HOMECARE SUPPORT						
101		TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 18-0102	PERIOD: FROM 1/ 1/2009 TO 12/31/2009	PREPARED 5/26/2010
COMPONENT NO: 18-5412		WORKSHEET D PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM		
37	01	REHAB MEDICINE		
38		RECOVERY ROOM		
39		DELIVERY ROOM & LABOR ROO		
40		ANESTHESIOLOGY		
41		RADIOLOGY-DIAGNOSTIC		
42		RADIOLOGY-THERAPEUTIC		
42	01	CT SCAN		
43		RADIOISOTOPE		
43	01	NUCLEAR MEDICINE		
43	02	ULTRASOUND		
44		LABORATORY		
48		INTRAVENOUS THERAPY		
49		RESPIRATORY THERAPY		
50		PHYSICAL THERAPY		
51		OCCUPATIONAL THERAPY		
52		SPEECH PATHOLOGY		
53		ELECTROCARDIOLOGY		
54		ELECTROENCEPHALOGRAPHY		
55		MEDICAL SUPPLIES CHARGED		
56		DRUGS CHARGED TO PATIENTS		
57		RENAL DIALYSIS		
58		ASC (NON-DISTINCT PART)		
58	01	CARDIAC CATHETERIZATION		
59		LITHOTRIPTER		
59	01	DIABETES CENTER		
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	PARTIAL HOSP PRG		
61		EMERGENCY		
62		OBSERVATION BEDS (NON-DIS		
		OTHER REIMBURS COST CNTRS		
68		HOMECARE SUPPORT		
101		TOTAL		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 18-0102
COMPONENT NO: 18-5412
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET D
PART IV

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1 1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM					
37	01	REHAB MEDICINE					
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROO					
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC					
42		RADIOLOGY-THERAPEUTIC					
42	01	CT SCAN					
43		RADIOISOTOPE					
43	01	NUCLEAR MEDICINE					
43	02	ULTRASOUND					
44		LABORATORY					
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY					
50		PHYSICAL THERAPY					
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
53		ELECTROCARDIOLOGY					
54		ELECTROENCEPHALOGRAPHY					
55		MEDICAL SUPPLIES CHARGED					
56		DRUGS CHARGED TO PATIENTS					
57		RENAL DIALYSIS					
58		ASC (NON-DISTINCT PART)					
58	01	CARDIAC CATHETERIZATION					
59		LITHOTRIPTER					
59	01	DIABETES CENTER					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	PARTIAL HOSP PRG					
61		EMERGENCY					
62		OBSERVATION BEDS (NON-DIS					
		OTHER REIMBURS COST CNTRS					
68		HOMECARE SUPPORT					
101		TOTAL					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | COMPONENT NO: 18-5412 | PREPARED 5/26/2010 | WORKSHEET D PART IV

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
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM			42,359,028			17,945	
37	01	REHAB MEDICINE			4,627,123			506,520	
38		RECOVERY ROOM			2,452,411				
39		DELIVERY ROOM & LABOR ROO			930,751				
40		ANESTHESIOLOGY			5,176,357			2,015	
41		RADIOLOGY-DIAGNOSTIC			28,443,093			102,559	
42		RADIOLOGY-THERAPEUTIC			388,475				
42	01	CT SCAN			34,119,400			8,566	
43		RADIOISOTOPE							
43	01	NUCLEAR MEDICINE			8,194,446			19,737	
43	02	ULTRASOUND			3,205,852			9,690	
44		LABORATORY			42,184,492			766,136	
48		INTRAVENOUS THERAPY			1,349,746			2,298	
49		RESPIRATORY THERAPY			8,825,220			326,722	
50		PHYSICAL THERAPY			3,999,574			325,341	
51		OCCUPATIONAL THERAPY			911,910			172,552	
52		SPEECH PATHOLOGY			778,697			39,736	
53		ELECTROCARDIOLOGY			15,430,914			68,515	
54		ELECTROENCEPHALOGRAPHY			3,745,805			5,538	
55		MEDICAL SUPPLIES CHARGED			43,536,112			297,324	
56		DRUGS CHARGED TO PATIENTS			39,816,292			956,641	
57		RENAL DIALYSIS			2,394,305			10,701	
58		ASC (NON-DISTINCT PART)							
58	01	CARDIAC CATHETERIZATION			34,978,151				
59		LITHOTRIPTER			4,413,241				
59	01	DIABETES CENTER			21,807				
		OUTPAT SERVICE COST CNTRS							
60		CLINIC			4,852,064				
60	01	PARTIAL HOSP PRG			1,652,664				
61		EMERGENCY			16,100,266				
62		OBSERVATION BEDS (NON-DIS			1,515,674				
		OTHER REIMBURS COST CNTRS							
68		HOMECARE SUPPORT							
101		TOTAL			356,403,870			3,638,536	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE
OTHER PASS THROUGH COSTS

PROVIDER NO: 18-0102
COMPONENT NO: 18-5412
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET D
PART IV

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.		COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM						
37	01	REHAB MEDICINE						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
42		RADIOLOGY-THERAPEUTIC						
42	01	CT SCAN						
43		RADIOISOTOPE						
43	01	NUCLEAR MEDICINE						
43	02	ULTRASOUND						
44		LABORATORY						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
58		ASC (NON-DISTINCT PART)						
58	01	CARDIAC CATHETERIZATION						
59		LITHOTRIPTER						
59	01	DIABETES CENTER						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	PARTIAL HOSP PRG						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
68		HOMECARE SUPPORT						
101		TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 18-0102 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I COMPONENT NO: 18-0102 I PREPARED 5/26/2010 I WORKSHEET D I PART V

TITLE XIX - O/P HOSPITAL

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9) 1	Outpatient Ambulatory Surgical Ctr 2	Outpatient Radialogy 3	Other Outpatient Diagnostic 4	All Other (1) 5
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.282924				166,621
37	01	REHAB MEDICINE	.346826				
38		RECOVERY ROOM	.309827				1,294
39		DELIVERY ROOM & LABOR ROOM	.714248				
40		ANESTHESIOLOGY	.131685				532
41		RADIOLOGY-DIAGNOSTIC	.190838				535,416
42		RADIOLOGY-THERAPEUTIC	.019378				
42	01	CT SCAN	.045400				
43		RADIOISOTOPE					
43	01	NUCLEAR MEDICINE	.112099				
43	02	ULTRASOUND	.181657				
44		LABORATORY	.207169				439,835
48		INTRAVENOUS THERAPY	.341135				63,885
49		RESPIRATORY THERAPY	.190529				160,073
50		PHYSICAL THERAPY	.343202				88,092
51		OCCUPATIONAL THERAPY	.298430				2,670
52		SPEECH PATHOLOGY	.380890				66,795
53		ELECTROCARDIOLOGY	.127179				98,763
54		ELECTROENCEPHALOGRAPHY	.251505				167,442
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.569312				60,661
56		DRUGS CHARGED TO PATIENTS	.362974				1,222,344
57		RENAL DIALYSIS	.538201				
58		ASC (NON-DISTINCT PART)					
58	01	CARDIAC CATHETERIZATION	.086400				
59		LITHOTRIPTER	.161053				
59	01	DIABETES CENTER	2.393543				
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	.202315				98,575
60	01	PARTIAL HOSP PRG	.568385				
61		EMERGENCY	.269307				
62		OBSERVATION BEDS (NON-DISTINCT PART)	.595098				416,518
		OTHER REIMBURS COST CNTRS					
68		HOMECARE SUPPORT					
101		SUBTOTAL					3,589,516
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES					3,589,516

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 18-0102 I COMPONENT NO: 18-0102
I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009
I PREPARED 5/26/2010 I WORKSHEET D I PART V

TITLE XIX - O/P HOSPITAL

	Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy
		5.01	5.02	5.03	6	7
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37 01	REHAB MEDICINE					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
42	RADIOLOGY-THERAPEUTIC					
42 01	CT SCAN					
43	RADIOISOTOPE					
43 01	NUCLEAR MEDICINE					
43 02	ULTRASOUND					
44	LABORATORY					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
58 01	CARDIAC CATHETERIZATION					
59	LITHOTRIPTER					
59 01	DIABETES CENTER					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60 01	PARTIAL HOSP PRG					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
68	HOMECARE SUPPORT					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 18-0102 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I COMPONENT NO: 18-0102 I PREPARED 5/26/2010 I WORKSHEET D I PART V

TITLE XIX - O/P HOSPITAL

		Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	Cost Center Description	8	9	9.01	9.02	9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		47,141			
37 01	REHAB MEDICINE					
38	RECOVERY ROOM		401			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		70			
41	RADIOLOGY-DIAGNOSTIC		102,178			
42	RADIOLOGY-THERAPEUTIC					
42 01	CT SCAN					
43	RADIOISOTOPE					
43 01	NUCLEAR MEDICINE					
43 02	ULTRASOUND					
44	LABORATORY		91,120			
48	INTRAVENOUS THERAPY		21,793			
49	RESPIRATORY THERAPY		30,499			
50	PHYSICAL THERAPY		30,233			
51	OCCUPATIONAL THERAPY		797			
52	SPEECH PATHOLOGY		25,442			
53	ELECTROCARDIOLOGY		12,561			
54	ELECTROENCEPHALOGRAPHY		42,113			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		34,535			
56	DRUGS CHARGED TO PATIENTS		443,679			
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
58 01	CARDIAC CATHETERIZATION					
59	LITHOTRIPTER					
59 01	DIABETES CENTER					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		19,943			
60 01	PARTIAL HOSP PRG					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)		247,869			
	OTHER REIMBURS COST CNTRS					
68	HOMECARE SUPPORT					
101	SUBTOTAL		1,150,374			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		1,150,374			

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

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)	38,184
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	38,184
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	38,184
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)	22,547
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	20,093,927
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	20,093,927
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	36,745,572
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	36,745,572
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.546839
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	962.33
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	20,093,927

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	526.24
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11,865,133
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	11,865,133

		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	3,762,577	3,699	1,017.19	2,346	2,386,328
44	CORONARY CARE UNIT	2,378,449	2,312	1,028.74	1,549	1,593,518
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	29,786,621
49	TOTAL PROGRAM INPATIENT COSTS	45,631,600
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,406,223
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2,377,366
52	TOTAL PROGRAM EXCLUDABLE COST	3,783,589
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	41,848,011
	TARGET AMOUNT AND LIMIT COMPUTATION	
54	PROGRAM DISCHARGES	
55	TARGET AMOUNT PER DISCHARGE	
56	TARGET AMOUNT	
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	
58	BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	
	PROGRAM INPATIENT ROUTINE SWING BED COST	
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & 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	1,714
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	526.24
85	OBSERVATION BED COST	901,975

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		20,093,927		901,975	
87	NEW CAPITAL-RELATED COST	1,841,230	20,093,927	.091631	901,975	82,649
88	NON PHYSICIAN ANESTHETIST		20,093,927		901,975	
89	MEDICAL EDUCATION		20,093,927		901,975	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

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)	7,479
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,479
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,479
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)	5,704
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,312,693
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,312,693
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,406,419
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,406,419
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.797699
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	722.88
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,312,693

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	576.64
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,289,155
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,289,155

		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	2,067,909
49	TOTAL PROGRAM INPATIENT COSTS	5,357,064
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	260,559
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	163,013
52	TOTAL PROGRAM EXCLUDABLE COST	423,572
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	4,933,492
	TARGET AMOUNT AND LIMIT COMPUTATION	
54	PROGRAM DISCHARGES	
55	TARGET AMOUNT PER DISCHARGE	
56	TARGET AMOUNT	
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	
58	BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	
	PROGRAM INPATIENT ROUTINE SWING BED COST	
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XVIII PART A SUBPROVIDER I PPS

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & 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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	576.64
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		4,312,693			
87	NEW CAPITAL-RELATED COST	341,638	4,312,693	.079217		
88	NON PHYSICIAN ANESTHETIST		4,312,693			
89	MEDICAL EDUCATION		4,312,693			
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2009	PART I
18-S102		

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)	8,656
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,656
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,656
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)	3,045
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	
	SWING-BED ADJUSTMENT	
17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,577,532
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,577,532
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,893,027
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,893,027
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.462703
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,142.91
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,577,532

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	528.83
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,610,287
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,610,287

		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	283,045
49	TOTAL PROGRAM INPATIENT COSTS	1,893,332
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	95,095
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	18,669
52	TOTAL PROGRAM EXCLUDABLE COST	113,764
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,779,568
	TARGET AMOUNT AND LIMIT COMPUTATION	
54	PROGRAM DISCHARGES	
55	TARGET AMOUNT PER DISCHARGE	
56	TARGET AMOUNT	
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	
58	BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	
	PROGRAM INPATIENT ROUTINE SWING BED COST	
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XVIII PART A SUBPROVIDER II PPS

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & 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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	528.83
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		4,577,532			
87	NEW CAPITAL-RELATED COST	270,348	4,577,532	.059060		
88	NON PHYSICIAN ANESTHETIST		4,577,532			
89	MEDICAL EDUCATION		4,577,532			
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

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)	5,851
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,851
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,851
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)	5,072
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	2,489,121
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	2,489,121
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,513,135
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,513,135
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.708518
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	600.43
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	2,489,121

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,489,121
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	425.42
68	PROGRAM ROUTINE SERVICE COST	2,157,730
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,157,730
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	251,824
72	PER DIEM CAPITAL-RELATED COSTS	43.04
73	PROGRAM CAPITAL-RELATED COSTS	218,299
74	INPATIENT ROUTINE SERVICE COST	1,939,431
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,939,431
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,157,730
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,137,363
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	3,295,093

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					

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	38,184
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	38,184
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	38,184
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)	1,993
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)	785
16	NURSERY DAYS (TITLE V OR XIX ONLY)	38
	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	20,093,927
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	20,093,927
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	36,745,572
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	36,745,572
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.546839
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	962.33
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	20,093,927

TITLE XIX - I/P HOSPITAL OTHER

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	526.24
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,048,796
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,048,796

		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)	1,902,141	785	2,423.11	38	92,078
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	3,762,577	3,699	1,017.19	273	277,693
44	CORONARY CARE UNIT	2,378,449	2,312	1,028.74	363	373,433
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	2,840,705
49	TOTAL PROGRAM INPATIENT COSTS	4,632,705

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

	TITLE XIX - I/P	HOSPITAL	OTHER

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & 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	1,714
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	526.24
85	OBSERVATION BED COST	901,975

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					

TITLE XIX - I/P SUBPROVIDER I OTHER

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	7,479
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,479
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,479
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)	288
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	
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	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,406,419
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,418,440
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	590.78
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	

TITLE XIX - I/P SUBPROVIDER I OTHER

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	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	

		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					81,258
49	TOTAL PROGRAM INPATIENT COSTS					81,258

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	
52	TOTAL PROGRAM EXCLUDABLE COST	
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	81,258

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES	21
55	TARGET AMOUNT PER DISCHARGE	
56	TARGET AMOUNT	
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	
58	BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & 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
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					

PART I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,656
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,656
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,656
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)	1,543
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	
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	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,893,027
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,889,367
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	911.43
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	

TITLE XIX - I/P SUBPROVIDER II OTHER

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	
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	

		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					174,506
49	TOTAL PROGRAM INPATIENT COSTS					174,506

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	
52	TOTAL PROGRAM EXCLUDABLE COST	
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	174,506

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES	258
55	TARGET AMOUNT PER DISCHARGE	
56	TARGET AMOUNT	
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	
58	BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P SUBPROVIDER II OTHER

PART III - SKILLED NURSING FACILITY, NURSINGFACILITY & 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	
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

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET D-4
COMPONENT NO:	TO 12/31/2009	
18-0102		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		18,188,372	
26	INTENSIVE CARE UNIT		3,205,908	
27	CORONARY CARE UNIT		2,119,088	
31	SUBPROVIDER			
31 01	SUBPROVIDER 2 PSYCH			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.282924	13,176,860	3,728,050
37 01	REHAB MEDICINE	.346826	666,381	231,118
38	RECOVERY ROOM	.309827	625,499	193,796
39	DELIVERY ROOM & LABOR ROOM	.714248	3,303	2,359
40	ANESTHESIOLOGY	.131685	1,398,029	184,099
41	RADIOLOGY-DIAGNOSTIC	.190838	4,881,463	931,569
42	RADIOLOGY-THERAPEUTIC	.019378	74,619	1,446
42 01	CT SCAN	.045400	6,145,486	279,005
43	RADIOISOTOPE			
43 01	NUCLEAR MEDICINE	.112099	792,575	88,847
43 02	ULTRASOUND	.181657	304,515	55,317
44	LABORATORY	.207169	16,589,292	3,436,787
48	INTRAVENOUS THERAPY	.341135	23,335	7,960
49	RESPIRATORY THERAPY	.190529	4,181,485	796,694
50	PHYSICAL THERAPY	.343202	961,119	329,858
51	OCCUPATIONAL THERAPY	.298430	138,948	41,466
52	SPEECH PATHOLOGY	.380890	236,779	90,187
53	ELECTROCARDIOLOGY	.127179	4,628,814	588,688
54	ELECTROENCEPHALOGRAPHY	.251505	218,114	54,857
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.569312	21,292,336	12,121,982
56	DRUGS CHARGED TO PATIENTS	.362974	10,363,912	3,761,831
57	RENAL DIALYSIS	.538201	1,806,974	972,515
58	ASC (NON-DISTINCT PART)			
58 01	CARDIAC CATHETERIZATION	.086400	12,733,776	1,100,198
59	LITHOTRIPTER	.161053	16,406	2,642
59 01	DIABETES CENTER	2.393543		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.202315	7,941	1,607
60 01	PARTIAL HOSP PRG	.568385		
61	EMERGENCY	.269307	2,258,810	608,313
62	OBSERVATION BEDS (NON-DISTINCT PART)	.595098	294,791	175,430
	OTHER REIMBURS COST CNTRS			
68	HOMECARE SUPPORT			
101	TOTAL		103,821,562	29,786,621
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		103,821,562	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET D-4
COMPONENT NO:	TO 12/31/2009	
18-T102		

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
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS			
26		INTENSIVE CARE UNIT			
27		CORONARY CARE UNIT			
31		SUBPROVIDER		4,106,876	
31	01	SUBPROVIDER 2 PSYCH			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.282924	78,176	22,118
37	01	REHAB MEDICINE	.346826	2,329,187	807,823
38		RECOVERY ROOM	.309827	3,514	1,089
39		DELIVERY ROOM & LABOR ROOM	.714248		
40		ANESTHESIOLOGY	.131685	4,512	594
41		RADIOLOGY-DIAGNOSTIC	.190838	119,171	22,742
42		RADIOLOGY-THERAPEUTIC	.019378		
42	01	CT SCAN	.045400	182,348	8,279
43		RADIOISOTOPE			
43	01	NUCLEAR MEDICINE	.112099	16,762	1,879
43	02	ULTRASOUND	.181657	8,317	1,511
44		LABORATORY	.207169	1,195,173	247,603
48		INTRAVENOUS THERAPY	.341135		
49		RESPIRATORY THERAPY	.190529	184,577	35,167
50		PHYSICAL THERAPY	.343202	755,370	259,244
51		OCCUPATIONAL THERAPY	.298430	318,251	94,976
52		SPEECH PATHOLOGY	.380890	139,685	53,205
53		ELECTROCARDIOLOGY	.127179	140,100	17,818
54		ELECTROENCEPHALOGRAPHY	.251505	14,159	3,561
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.569312	172,907	98,438
56		DRUGS CHARGED TO PATIENTS	.362974	895,550	325,061
57		RENAL DIALYSIS	.538201	122,553	65,958
58		ASC (NON-DISTINCT PART)			
58	01	CARDIAC CATHETERIZATION	.086400	257	22
59		LITHOTRIPTER	.161053		
59	01	DIABETES CENTER	2.393543		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	.202315		
60	01	PARTIAL HOSP PRG	.568385		
61		EMERGENCY	.269307	3,048	821
62		OBSERVATION BEDS (NON-DISTINCT PART)	.595098		
		OTHER REIMBURS COST CNTRS			
68		HOMECARE SUPPORT			
101		TOTAL		6,683,617	2,067,909
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		6,683,617	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET D-4
COMPONENT NO:	TO 12/31/2009	
18-S102		

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
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS			
26		INTENSIVE CARE UNIT			
27		CORONARY CARE UNIT			
31		SUBPROVIDER			
31	01	SUBPROVIDER 2 PSYCH		3,461,974	
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.282924	1,755	497
37	01	REHAB MEDICINE	.346826	1,554	539
38		RECOVERY ROOM	.309827		
39		DELIVERY ROOM & LABOR ROOM	.714248		
40		ANESTHESIOLOGY	.131685	266	35
41		RADIOLOGY-DIAGNOSTIC	.190838	44,342	8,462
42		RADIOLOGY-THERAPEUTIC	.019378	4	
42	01	CT SCAN	.045400	81,895	3,718
43		RADIOISOTOPE			
43	01	NUCLEAR MEDICINE	.112099		
43	02	ULTRASOUND	.181657	2,264	411
44		LABORATORY	.207169	328,130	67,978
48		INTRAVENOUS THERAPY	.341135		
49		RESPIRATORY THERAPY	.190529	8,107	1,545
50		PHYSICAL THERAPY	.343202	3,243	1,113
51		OCCUPATIONAL THERAPY	.298430	261	78
52		SPEECH PATHOLOGY	.380890	1,018	388
53		ELECTROCARDIOLOGY	.127179	31,938	4,062
54		ELECTROENCEPHALOGRAPHY	.251505	5,891	1,482
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.569312	26,052	14,832
56		DRUGS CHARGED TO PATIENTS	.362974	355,349	128,982
57		RENAL DIALYSIS	.538201		
58		ASC (NON-DISTINCT PART)			
58	01	CARDIAC CATHETERIZATION	.086400	5,376	464
59		LITHOTRIPTER	.161053		
59	01	DIABETES CENTER	2.393543		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	.202315		
60	01	PARTIAL HOSP PRG	.568385		
61		EMERGENCY	.269307	179,938	48,459
62		OBSERVATION BEDS (NON-DISTINCT PART)	.595098		
		OTHER REIMBURS COST CNTRS			
68		HOMECARE SUPPORT			
101		TOTAL		1,077,383	283,045
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		1,077,383	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET D-4
COMPONENT NO:	TO 12/31/2009	
18-5412		

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
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS			
26		INTENSIVE CARE UNIT			
27		CORONARY CARE UNIT			
31		SUBPROVIDER			
31	01	SUBPROVIDER 2 PSYCH			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.282924	17,945	5,077
37	01	REHAB MEDICINE	.346826	506,520	175,674
38		RECOVERY ROOM	.309827		
39		DELIVERY ROOM & LABOR ROOM	.714248		
40		ANESTHESIOLOGY	.131685	2,015	265
41		RADIOLOGY-DIAGNOSTIC	.190838	102,559	19,572
42		RADIOLOGY-THERAPEUTIC	.019378		
42	01	CT SCAN	.045400	8,566	389
43		RADIOISOTOPE			
43	01	NUCLEAR MEDICINE	.112099	19,737	2,212
43	02	ULTRASOUND	.181657	9,690	1,760
44		LABORATORY	.207169	766,136	158,720
48		INTRAVENOUS THERAPY	.341135	2,298	784
49		RESPIRATORY THERAPY	.190529	326,722	62,250
50		PHYSICAL THERAPY	.343202	325,341	111,658
51		OCCUPATIONAL THERAPY	.298430	172,552	51,495
52		SPEECH PATHOLOGY	.380890	39,736	15,135
53		ELECTROCARDIOLOGY	.127179	68,515	8,714
54		ELECTROENCEPHALOGRAPHY	.251505	5,538	1,393
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.569312	297,324	169,270
56		DRUGS CHARGED TO PATIENTS	.362974	956,641	347,236
57		RENAL DIALYSIS	.538201	10,701	5,759
58		ASC (NON-DISTINCT PART)			
58	01	CARDIAC CATHETERIZATION	.086400		
59		LITHOTRIPTER	.161053		
59	01	DIABETES CENTER	2.393543		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	.202315		
60	01	PARTIAL HOSP PRG	.568385		
61		EMERGENCY	.269307		
62		OBSERVATION BEDS (NON-DISTINCT PART)	.595098		
		OTHER REIMBURS COST CNTRS			
68		HOMECARE SUPPORT			
101		TOTAL		3,638,536	1,137,363
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		3,638,536	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET D-4
COMPONENT NO:	TO 12/31/2009	
18-0102		

TITLE XIX HOSPITAL OTHER

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS		1,557,526	
26		INTENSIVE CARE UNIT		373,257	
27		CORONARY CARE UNIT		410,133	
31		SUBPROVIDER			
31	01	SUBPROVIDER 2 PSYCH			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.282924	1,250,759	353,870
37	01	REHAB MEDICINE	.346826		
38		RECOVERY ROOM	.309827	61,136	18,942
39		DELIVERY ROOM & LABOR ROOM	.714248	284,436	203,158
40		ANESTHESIOLOGY	.131685	119,926	15,792
41		RADIOLOGY-DIAGNOSTIC	.190838	1,183,867	225,927
42		RADIOLOGY-THERAPEUTIC	.019378		
42	01	CT SCAN	.045400		
43		RADIOISOTOPE			
43	01	NUCLEAR MEDICINE	.112099		
43	02	ULTRASOUND	.181657		
44		LABORATORY	.207169	1,656,315	343,137
48		INTRAVENOUS THERAPY	.341135	4,468	1,524
49		RESPIRATORY THERAPY	.190529	458,448	87,348
50		PHYSICAL THERAPY	.343202	59,299	20,352
51		OCCUPATIONAL THERAPY	.298430	1,133	338
52		SPEECH PATHOLOGY	.380890	20,019	7,625
53		ELECTROCARDIOLOGY	.127179	834,727	106,160
54		ELECTROENCEPHALOGRAPHY	.251505	16,445	4,136
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.569312	1,283,856	730,915
56		DRUGS CHARGED TO PATIENTS	.362974	1,697,864	616,280
57		RENAL DIALYSIS	.538201	79,841	42,971
58		ASC (NON-DISTINCT PART)			
58	01	CARDIAC CATHETERIZATION	.086400		
59		LITHOTRIPTER	.161053		
59	01	DIABETES CENTER	2.393543		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	.202315	1,658	335
60	01	PARTIAL HOSP PRG	.568385		
61		EMERGENCY	.269307	225,409	60,704
62		OBSERVATION BEDS (NON-DISTINCT PART)	.595098	2,001	1,191
		OTHER REIMBURS COST CNTRS			
68		HOMECARE SUPPORT			
101		TOTAL		9,241,607	2,840,705
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		9,241,607	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET D-4
COMPONENT NO:	TO 12/31/2009	
18-T102		

TITLE XIX SUBPROVIDER 1 OTHER

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS			
26		INTENSIVE CARE UNIT			
27		CORONARY CARE UNIT			
31		SUBPROVIDER		207,648	
31	01	SUBPROVIDER 2 PSYCH			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.282924	4,371	1,237
37	01	REHAB MEDICINE	.346826		
38		RECOVERY ROOM	.309827		
39		DELIVERY ROOM & LABOR ROOM	.714248		
40		ANESTHESIOLOGY	.131685	266	35
41		RADIOLOGY-DIAGNOSTIC	.190838	13,755	2,625
42		RADIOLOGY-THERAPEUTIC	.019378		
42	01	CT SCAN	.045400		
43		RADIOISOTOPE			
43	01	NUCLEAR MEDICINE	.112099		
43	02	ULTRASOUND	.181657		
44		LABORATORY	.207169	61,966	12,837
48		INTRAVENOUS THERAPY	.341135		
49		RESPIRATORY THERAPY	.190529	18,485	3,522
50		PHYSICAL THERAPY	.343202	67,847	23,285
51		OCCUPATIONAL THERAPY	.298430		
52		SPEECH PATHOLOGY	.380890	34,531	13,153
53		ELECTROCARDIOLOGY	.127179	2,340	298
54		ELECTROENCEPHALOGRAPHY	.251505		
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.569312	5,572	3,172
56		DRUGS CHARGED TO PATIENTS	.362974	58,115	21,094
57		RENAL DIALYSIS	.538201		
58		ASC (NON-DISTINCT PART)			
58	01	CARDIAC CATHETERIZATION	.086400		
59		LITHOTRIPTER	.161053		
59	01	DIABETES CENTER	2.393543		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	.202315		
60	01	PARTIAL HOSP PRG	.568385		
61		EMERGENCY	.269307		
62		OBSERVATION BEDS (NON-DISTINCT PART)	.595098		
		OTHER REIMBURS COST CNTRS			
68		HOMECARE SUPPORT			
101		TOTAL		267,248	81,258
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		267,248	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 18-0102 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I COMPONENT NO: 18-S102 I PREPARED 5/26/2010 I WORKSHEET D-4

TITLE XIX SUBPROVIDER 2 OTHER

WKST A LINE NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS			
26		INTENSIVE CARE UNIT			
27		CORONARY CARE UNIT			
31		SUBPROVIDER			
31	01	SUBPROVIDER 2 PSYCH		1,756,187	
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.282924	7,816	2,211
37	01	REHAB MEDICINE	.346826		
38		RECOVERY ROOM	.309827	1,580	490
39		DELIVERY ROOM & LABOR ROOM	.714248		
40		ANESTHESIOLOGY	.131685	1,115	147
41		RADIOLOGY-DIAGNOSTIC	.190838	85,098	16,240
42		RADIOLOGY-THERAPEUTIC	.019378		
42	01	CT SCAN	.045400		
43		RADIOISOTOPE			
43	01	NUCLEAR MEDICINE	.112099		
43	02	ULTRASOUND	.181657		
44		LABORATORY	.207169	221,349	45,857
48		INTRAVENOUS THERAPY	.341135		
49		RESPIRATORY THERAPY	.190529	1,418	270
50		PHYSICAL THERAPY	.343202		
51		OCCUPATIONAL THERAPY	.298430		
52		SPEECH PATHOLOGY	.380890		
53		ELECTROCARDIOLOGY	.127179	8,878	1,129
54		ELECTROENCEPHALOGRAPHY	.251505	2,966	746
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.569312	2,396	1,364
56		DRUGS CHARGED TO PATIENTS	.362974	198,106	71,907
57		RENAL DIALYSIS	.538201	1,220	657
58		ASC (NON-DISTINCT PART)			
58	01	CARDIAC CATHETERIZATION	.086400		
59		LITHOTRIPTER	.161053		
59	01	DIABETES CENTER	2.393543		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	.202315		
60	01	PARTIAL HOSP PRG	.568385		
61		EMERGENCY	.269307	124,349	33,488
62		OBSERVATION BEDS (NON-DISTINCT PART)	.595098		
		OTHER REIMBURS COST CNTRS			
68		HOMECARE SUPPORT			
101		TOTAL		656,291	174,506
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		656,291	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

	DESCRIPTION	1	1.01
	DRG AMOUNT		
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	37,005,154	
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
	MANAGED CARE PATIENTS		
1.03	PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05	PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08	SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	735,689	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	199.76	
	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	
3.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	E-3 PT 6 LN 15 PLUS LN 3.06	
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 3.21 - 3.23 PLUS E-3, PT VI, LINE 23	
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
	DISPROPORTIONATE SHARE ADJUSTMENT		
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	7.51	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	8.32	
4.02	SUM OF LINES 4 AND 4.01	15.83	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	3.04	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,124,957	
	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)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

	DESCRIPTION	1	1.01
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06	TOTAL ADDITIONAL PAYMENT		
6	SUBTOTAL (SEE INSTRUCTIONS)	38,865,800	
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	38,865,800	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,096,233	
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	41,962,033	
17	PRIMARY PAYER PAYMENTS	45,518	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	41,916,515	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,979,822	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	104,670	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	630,511	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	441,358	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	540,675	
22	SUBTOTAL	38,273,381	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24	PER PS&R	2,940	
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	38,276,321	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	38,366,228	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	-89,907	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	1,160,392	
	----- 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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	13,209,155
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	14,766,960
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	14,766,960
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	319
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,539,484
19	SUBTOTAL (SEE INSTRUCTIONS)	11,227,157
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	11,227,157
24	PRIMARY PAYER PAYMENTS	2,368
25	SUBTOTAL	11,224,789
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	411,501
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	288,051
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	313,122
28	SUBTOTAL	11,512,840
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	11,512,840
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	11,569,030
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-56,190
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)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET E
COMPONENT NO:	TO 12/31/2009	PART B
18-T102		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
1.04 LINE 1.01 TIMES LINE 1.03.
1.05 LINE 1.02 DIVIDED BY LINE 1.04.
1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101.
2 INTERNS AND RESIDENTS
3 ORGAN ACQUISITIONS
4 COST OF TEACHING PHYSICIANS
5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

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

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT
18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
19 SUBTOTAL (SEE INSTRUCTIONS)
20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
22 ESRD DIRECT MEDICAL EDUCATION COSTS
23 SUBTOTAL
24 PRIMARY PAYER PAYMENTS
25 SUBTOTAL

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
26 COMPOSITE RATE ESRD
27 BAD DEBTS (SEE INSTRUCTIONS)
27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
28 SUBTOTAL
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
30 OTHER ADJUSTMENTS (SPECIFY)
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
32 SUBTOTAL
33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
34 INTERIM PAYMENTS
34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
35 BALANCE DUE PROVIDER/PROGRAM
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-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)

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET E
COMPONENT NO:	TO 12/31/2009	PART B
18-S102		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
1.04 LINE 1.01 TIMES LINE 1.03.
1.05 LINE 1.02 DIVIDED BY LINE 1.04.
1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101.
2 INTERNS AND RESIDENTS
3 ORGAN ACQUISITIONS
4 COST OF TEACHING PHYSICIANS
5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

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

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT
18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
19 SUBTOTAL (SEE INSTRUCTIONS)
20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
22 ESRD DIRECT MEDICAL EDUCATION COSTS
23 SUBTOTAL
24 PRIMARY PAYER PAYMENTS
25 SUBTOTAL

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
26 COMPOSITE RATE ESRD
27 BAD DEBTS (SEE INSTRUCTIONS)
27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
28 SUBTOTAL
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
30 OTHER ADJUSTMENTS (SPECIFY)
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
32 SUBTOTAL
33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
34 INTERIM PAYMENTS
34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
35 BALANCE DUE PROVIDER/PROGRAM
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-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)

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
1.04 LINE 1.01 TIMES LINE 1.03.
1.05 LINE 1.02 DIVIDED BY LINE 1.04.
1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9,02) LINE 101.
2 INTERNS AND RESIDENTS
3 ORGAN ACQUISITIONS
4 COST OF TEACHING PHYSICIANS
5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

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

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT
18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)
19 SUBTOTAL (SEE INSTRUCTIONS)
20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
22 ESRD DIRECT MEDICAL EDUCATION COSTS
23 SUBTOTAL
24 PRIMARY PAYER PAYMENTS
25 SUBTOTAL

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
26 COMPOSITE RATE ESRD
27 BAD DEBTS (SEE INSTRUCTIONS)
27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
28 SUBTOTAL
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
30 OTHER ADJUSTMENTS (SPECIFY)
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
32 SUBTOTAL
33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
34 INTERIM PAYMENTS
34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
35 BALANCE DUE PROVIDER/PROGRAM
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-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

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2009	
18-0102		

TITLE XVIII HOSPITAL

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			38,435,902		11,645,991
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	8/13/2009			
	ADJUSTMENTS TO PROVIDER	.02				
	ADJUSTMENTS TO PROVIDER	.03				
	ADJUSTMENTS TO PROVIDER	.04				
	ADJUSTMENTS TO PROVIDER	.05				
	ADJUSTMENTS TO PROGRAM	.50	8/13/2009	69,674	8/13/2009	76,961
	ADJUSTMENTS TO PROGRAM	.51				
	ADJUSTMENTS TO PROGRAM	.52				
	ADJUSTMENTS TO PROGRAM	.53				
	ADJUSTMENTS TO PROGRAM	.54				
	SUBTOTAL	.99		-69,674		-76,961
4	TOTAL INTERIM PAYMENTS			38,366,228		11,569,030
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01				
		SETTLEMENT TO PROGRAM .02		89,907		56,190
7	TOTAL MEDICARE PROGRAM LIABILITY			38,276,321		11,512,840

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2009	
18-T102		

TITLE XVIII SUBPROVIDER 1

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	P A R T B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			6,255,685		
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		NONE		NONE
4	TOTAL INTERIM PAYMENTS			6,255,685		
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
		TENTATIVE TO PROVIDER .01				
		TENTATIVE TO PROVIDER .02				
		TENTATIVE TO PROVIDER .03				
		TENTATIVE TO PROGRAM .50				
		TENTATIVE TO PROGRAM .51				
		TENTATIVE TO PROGRAM .52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01				
		SETTLEMENT TO PROGRAM .02		99,356		
7	TOTAL MEDICARE PROGRAM LIABILITY			6,156,329		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2009	
18-S102		

TITLE XVIII SUBPROVIDER 2

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	P A R T B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			1,878,148		
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		NONE		NONE
4	TOTAL INTERIM PAYMENTS			1,878,148		
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
		TENTATIVE TO PROVIDER .01				
		TENTATIVE TO PROVIDER .02				
		TENTATIVE TO PROVIDER .03				
		TENTATIVE TO PROGRAM .50				
		TENTATIVE TO PROGRAM .51				
		TENTATIVE TO PROGRAM .52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01		19,303		
		SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY			1,897,451		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2009	
18-5412		

TITLE XVIII SNF

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	P A R T B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			1,654,114		
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		NONE		NONE
4	TOTAL INTERIM PAYMENTS			1,654,114		
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
		TENTATIVE TO PROVIDER .01				
		TENTATIVE TO PROVIDER .02				
		TENTATIVE TO PROVIDER .03				
		TENTATIVE TO PROGRAM .50				
		TENTATIVE TO PROGRAM .51				
		TENTATIVE TO PROGRAM .52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01				
		SETTLEMENT TO PROGRAM .02		104		
7	TOTAL MEDICARE PROGRAM LIABILITY			1,654,010		

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2009	PART I
18-T102		

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	4,403,648	1,467,883
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0435	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	276,232	67,649
1.05	OUTLIER PAYMENTS	734	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	6,216,146	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)		
	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)	20.490411	
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)	6,216,146	
5	PRIMARY PAYER PAYMENTS	14,553	
6	SUBTOTAL	6,201,593	
7	DEDUCTIBLES	40,584	
8	SUBTOTAL	6,161,009	
9	COINSURANCE	11,481	
10	SUBTOTAL	6,149,528	
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	4,272	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,990	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	4,272	
12	SUBTOTAL	6,152,518	
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	PER PS&R	3,811	
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

SUBPROVIDER 1

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	6,156,329
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	6,255,685
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-99,356
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

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2009	PART I
18-S102		

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	
1.03	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 INSTRUNCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	2,133,396
1.09	NET IPF PPS OUTLIER PAYMENTS	4,588
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)	23.715068
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)	2,137,984
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)	2,137,984
	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)	2,137,984
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,137,984
7	DEDUCTIBLES	207,016
8	SUBTOTAL	1,930,968
9	COINSURANCE	52,720
10	SUBTOTAL	1,878,248
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	27,433
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	19,203
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	27,433
12	SUBTOTAL	1,897,451
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	

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

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,897,451
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,878,148
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	19,303
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

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2009	PART III
18-5412		

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

	TITLE XVIII SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE		
1	INPATIENT HOSPITAL/SNF/NF SERVICES		
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL		
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	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 PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES		
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		1,733,443
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL		1,733,443
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		1,733,443
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL		1,733,443
36	COINSURANCE		79,433
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)		1,654,010
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL		1,654,010
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		1,654,010
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		1,654,114
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		-104
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2009	PART III
18-5412		

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2009	PART III
-		

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

	TITLE XIX HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	4,632,705	
2	MEDICAL AND OTHER SERVICES	1,150,374	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL	5,783,079	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	5,783,079	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES	1,557,526	
11	ANCILLARY SERVICE CHARGES	12,831,123	
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	14,388,649	
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	14,388,649	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	8,605,570	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	5,783,079	
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL	5,783,079	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	5,783,079	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	5,783,079	
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)	5,783,079	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL	5,783,079	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	5,783,079	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM	5,783,079	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2009	PART III
-		

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

TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
		1	2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2009	PART III
18-T102		

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

	TITLE XIX SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE		
1	INPATIENT HOSPITAL/SNF/NF SERVICES	81,258	
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL	81,258	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	81,258	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES	207,648	
11	ANCILLARY SERVICE CHARGES	267,248	
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	474,896	
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	474,896	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	393,638	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	81,258	
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL	81,258	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	81,258	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	81,258	
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)	81,258	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL	81,258	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	81,258	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM	81,258	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2009	PART III
18-T102		

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

TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
		1	2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2009	PART III
18-S102		

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

		TITLE XIX SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		174,506	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		174,506	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		174,506	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		1,756,187	
11	ANCILLARY SERVICE CHARGES		656,291	
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		2,412,478	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		2,412,478	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		2,237,972	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		174,506	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		174,506	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		174,506	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		174,506	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		174,506	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		174,506	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		174,506	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		174,506	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2009	PART III
18-S102		

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

TITLE XIX	SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
		1	2

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

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	15,670,161			
2	TEMPORARY INVESTMENTS	1,175,494			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	72,391,427			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-53,212,379			
7	INVENTORY	3,567,208			
8	PREPAID EXPENSES	1,939,791			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	54,590,228			
11	TOTAL CURRENT ASSETS	96,121,930			
	FIXED ASSETS				
12	LAND	453,242			
12.01					
13	LAND IMPROVEMENTS	2,807,619			
13.01	LESS ACCUMULATED DEPRECIATION	-2,758,236			
14	BUILDINGS	88,553,472			
14.01	LESS ACCUMULATED DEPRECIATION	-43,934,799			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	31,570,335			
16.01	LESS ACCUMULATED DEPRECIATION	-26,946,220			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	66,540,499			
18.01	LESS ACCUMULATED DEPRECIATION	-54,875,761			
19	MINOR EQUIPMENT DEPRECIABLE	3,437,340			
19.01	LESS ACCUMULATED DEPRECIATION	-1,922,188			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	62,925,303			
	OTHER ASSETS				
22	INVESTMENTS	1,446,588			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	815,043			
26	TOTAL OTHER ASSETS	2,261,631			
27	TOTAL ASSETS	161,308,864			

	LIABILITIES AND FUND BALANCE	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	12,425,229			
29	SALARIES, WAGES & FEES PAYABLE	6,559,972			
30	PAYROLL TAXES PAYABLE				
31	NOTES AND LOANS PAYABLE (SHORT TERM)	2,902,802			
32	DEFERRED INCOME	982,841			
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS	1,767,881			
35	OTHER CURRENT LIABILITIES				
36	TOTAL CURRENT LIABILITIES	24,638,725			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE	714,115			
38	NOTES PAYABLE	33,380,529			
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES	52,801			
42	TOTAL LONG-TERM LIABILITIES	34,147,445			
43	TOTAL LIABILITIES	58,786,170			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	102,522,694			
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	102,522,694			
52	TOTAL LIABILITIES AND FUND BALANCES	161,308,864			

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2009 TO 12/31/2009	5/26/2010 WORKSHEET G-1

		GENERAL FUND	SPECIFIC PURPOSE FUND
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD	86,118,566	
2	NET INCOME (LOSS)	16,404,130	
3	TOTAL	102,522,696	
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
4	ADDITIONS (CREDIT ADJUSTM		
5			
6			
7			
8			
9			
10	TOTAL ADDITIONS		
11	SUBTOTAL	102,522,696	
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
12	DEDUCTIONS (DEBIT ADJUSTM 2		
13			
14			
15			
16			
17			
18	TOTAL DEDUCTIONS	2	
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	102,522,694	

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

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00	HOSPITAL	17,310,282		17,310,282
2 00	SUBPROVIDER	5,406,419		5,406,419
2 01	SUBPROVIDER 2 PSYCH	10,036,052		10,036,052
4 00	SWING BED - SNF			
5 00	SWING BED - NF			
6 00	SKILLED NURSING FACILITY	3,513,135		3,513,135
9 00	TOTAL GENERAL INPATIENT ROUTINE CARE	36,265,888		36,265,888
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00	INTENSIVE CARE UNIT	11,916,656		11,916,656
11 00	CORONARY CARE UNIT	11,646,544		11,646,544
15 00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	23,563,200		23,563,200
16 00	TOTAL INPATIENT ROUTINE CARE SERVICE	59,829,088		59,829,088
17 00	ANCILLARY SERVICES	182,146,691	195,906,271	378,052,962
18 00	OUTPATIENT SERVICES		12,026,891	12,026,891
19 00	HOME HEALTH AGENCY			
23 00	HOSPICE			
23 01	HOSPICE 2			
24 00				
25 00	TOTAL PATIENT REVENUES	241,975,779	207,933,162	449,908,941

PART II-OPERATING EXPENSES

26 00	OPERATING EXPENSES		158,593,078
	ADD (SPECIFY)		
27 00	EXPENSES NOT INCLUDED ON W/S A	8,293,671	
28 00			
29 00			
30 00			
31 00			
32 00			
33 00	TOTAL ADDITIONS		8,293,671
	DEDUCT (SPECIFY)		
34 00	DEDUCT (SPECIFY)		
35 00			
36 00			
37 00			
38 00			
39 00	TOTAL DEDUCTIONS		
40 00	TOTAL OPERATING EXPENSES		166,886,749

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010 | WORKSHEET G-3

	DESCRIPTION	
1	TOTAL PATIENT REVENUES	449,908,941
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	276,944,690
3	NET PATIENT REVENUES	172,964,251
4	LESS: TOTAL OPERATING EXPENSES	166,886,749
5	NET INCOME FROM SERVICE TO PATIENTS	6,077,502
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	876,722
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	102,891
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	886,339
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	36,501
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS,FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	709,622
23	GOVERNMENTAL APPROPRIATIONS	
24	IDENTIFIED ON TRIAL BALANCE	7,714,553
25	TOTAL OTHER INCOME	10,326,628
26	TOTAL	16,404,130
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	16,404,130

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010 | WORKSHEET H

HHA NO: 18-7100

HHA 1

		SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
		1	2	3	4	5	6
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION			320,332			320,332
5	ADMIN & GENERAL	614,821	203,802	2,747		454,644	1,276,014
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	1,176,013	370,457				1,546,470
7	PHYSICAL THERAPY	721,612	227,316		13,042		961,970
8	OCCUPATIONAL THERAPY	194,984	61,422				256,406
9	SPEECH PATHOLOGY	108,279	34,109				142,388
10	MEDICAL SOCIAL SERVICES	50,867	16,024				66,891
11	HOME HEALTH AIDE	63,580	20,029				83,609
12	SUPPLIES				142,027	842	142,869
13	DRUGS					1,016	1,016
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 OTHER						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	2,930,156	933,159	323,079	155,069	456,502	4,797,965

		RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
		7	8	9	10
	GENERAL SERVICE COST CENTERS				
1	CAP-REL COST-BLDG & FIX				
2	CAP-REL COST-MOV EQUIP				
3	PLANT OPER & MAINT				
4	TRANSPORTATION		320,332		320,332
5	ADMIN & GENERAL	-1,236,844	39,170	-3,761	35,409
	HHA REIMBURSABLE SERVICES				
6	SKILLED NURSING CARE		1,546,470		1,546,470
7	PHYSICAL THERAPY		961,970		961,970
8	OCCUPATIONAL THERAPY		256,406		256,406
9	SPEECH PATHOLOGY		142,388		142,388
10	MEDICAL SOCIAL SERVICES		66,891		66,891
11	HOME HEALTH AIDE		83,609		83,609
12	SUPPLIES	-142,027	842		842
13	DRUGS	-1,016			
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 OTHER				
23.50	TELEMEDICINE				
24	TOTAL (SUM OF LINES 1-23)	-1,379,887	3,418,078	-3,761	3,414,317

COST ALLOCATION - HHA GENERAL SERVICE COST

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010 | WORKSHEET H-4 PART I

HHA NO: 18-7100

HHA 1

		NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
		0	1	2	3	4	4A	5
	GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX							
2	CAP-REL COST-MOV EQUIP							
3	PLANT OPER & MAINT							
4	TRANSPORTATION	320,332				320,332		
5	ADMINISTRATIVE & GENERAL	35,409					35,409	35,409
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	1,546,470				138,763	1,685,233	17,660
7	PHYSICAL THERAPY	961,970				122,554	1,084,524	11,365
8	OCCUPATIONAL THERAPY	256,406				20,733	277,139	2,904
9	SPEECH PATHOLOGY	142,388				9,436	151,824	1,591
10	MEDICAL SOCIAL SERVICES	66,891				4,930	71,821	753
11	HOME HEALTH AIDE	83,609				23,916	107,525	1,127
12	SUPPLIES	842					842	9
13	DRUGS							
13.20	COST ADMINISTERING DRUGS							
14	DME							
	HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS							
16	RESPIRATORY THERAPY							
17	PRIVATE DUTY NURSING							
18	CLINIC							
19	HEALTH PROM ACTIVITIES							
20	DAY CARE PROGRAM							
21	HOME DEL MEALS PROGRAM							
22	HOMEMAKER SERVICE							
23	ALL OTHERS							
23.50	TELEMEDICINE							
24	TOTAL (SUM OF LINES 1-23)	3,414,317				320,332	3,414,317	

		TOTAL
		6
	GENERAL SERVICE COST CENTERS	
1	CAP-REL COST-BLDG & FIX	
2	CAP-REL COST-MOV EQUIP	
3	PLANT OPER & MAINT	
4	TRANSPORTATION	
5	ADMINISTRATIVE & GENERAL	
	HHA REIMBURSABLE SERVICES	
6	SKILLED NURSING CARE	1,702,893
7	PHYSICAL THERAPY	1,095,889
8	OCCUPATIONAL THERAPY	280,043
9	SPEECH PATHOLOGY	153,415
10	MEDICAL SOCIAL SERVICES	72,574
11	HOME HEALTH AIDE	108,652
12	SUPPLIES	851
13	DRUGS	
13.20	COST ADMINISTERING DRUGS	
14	DME	
	HHA NONREIMBURSABLE SERVICES	
15	HOME DIALYSIS AIDE SVCS	
16	RESPIRATORY THERAPY	
17	PRIVATE DUTY NURSING	
18	CLINIC	
19	HEALTH PROM ACTIVITIES	
20	DAY CARE PROGRAM	
21	HOME DEL MEALS PROGRAM	
22	HOMEMAKER SERVICE	
23	ALL OTHERS	
23.50	TELEMEDICINE	
24	TOTAL (SUM OF LINES 1-23)	3,414,317

HHA 1

		CAP-REL COST-BLDG & FIX (SQUARE FEET) 1	CAP-REL COST-MOV EQUIP (DOLLAR VALUE) 2	PLANT OPER & MAINT (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4	RECONCILIATION 5A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 5
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX	1					
2	CAP-REL COST-MOV EQUIP		1				
3	PLANT OPER & MAINT			1			
4	TRANSPORTATION				320,332		
5	ADMINISTRATIVE & GENERAL	1	1	1		-35,409	3,378,908
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE				138,763		1,685,233
7	PHYSICAL THERAPY				122,554		1,084,524
8	OCCUPATIONAL THERAPY				20,733		277,139
9	SPEECH PATHOLOGY				9,436		151,824
10	MEDICAL SOCIAL SERVICES				4,930		71,821
11	HOME HEALTH AIDE				23,916		107,525
12	SUPPLIES						842
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	1	1	1	320,332	-35,409	3,378,908
25	COST TO BE ALLOCATED				320,332		35,409
26	UNIT COST MULIPLIER				1.000000		.010479

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET H-5
HHA NO:	TO 12/31/2009	PART I
18-7100		

HHA 1

	HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02
1	ADMIN & GENERAL			53,814	210,723	52,403	43,279
2	SKILLED NURSING CARE	1,702,893			403,066		
3	PHYSICAL THERAPY	1,095,889			247,325		
4	OCCUPATIONAL THERAPY	280,043			66,829		
5	SPEECH PATHOLOGY	153,415			37,111		
6	MEDICAL SOCIAL SERVICES	72,574			17,434		
7	HOME HEALTH AIDE	108,652			21,791		
8	SUPPLIES	851					
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)	3,414,317		53,814	1,004,279	52,403	43,279
21	UNIT COST MULIPLIER						

(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	PURCHASING, RECEIVING 6.03	BUSINESS OFFICE 6.04	SUBTOTAL 6A.04	REGIONAL TEAM 6.05	ADMITTING 6.06	SUBTOTAL 6A.06
1	ADMIN & GENERAL	985		361,204	29,514		390,718
2	SKILLED NURSING CARE			2,105,959	172,077		2,278,036
3	PHYSICAL THERAPY			1,343,214	109,754		1,452,968
4	OCCUPATIONAL THERAPY			346,872	28,343		375,215
5	SPEECH PATHOLOGY			190,526	15,568		206,094
6	MEDICAL SOCIAL SERVICES			90,008	7,355		97,363
7	HOME HEALTH AIDE			130,443	10,658		141,101
8	SUPPLIES			851	70		921
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)	985		4,569,077	373,339		4,942,416
21	UNIT COST MULIPLIER						

(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.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET H-5
HHA NO:	TO 12/31/2009	PART I
18-7100		

HHA 1

HHA COST CENTER	OTHER ADMINISTRATIVE AND 6.07	MAINTENANCE & REPAIRS 7	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	14,346					
2 SKILLED NURSING CARE	83,646					
3 PHYSICAL THERAPY	53,350					
4 OCCUPATIONAL THERAPY	13,777					
5 SPEECH PATHOLOGY	7,567					
6 MEDICAL SOCIAL SERVICES	3,575					
7 HOME HEALTH AIDE	5,181					
8 SUPPLIES	34					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	181,476					
21 UNIT COST MULIPLIER						

(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	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRAR 17	SOCIAL SERVICE 18	CENTRAL TRANSPORTATION 19
1 ADMIN & GENERAL		1,113				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		1,113				
21 UNIT COST MULIPLIER						

(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.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET H-5
HHA NO:	TO 12/31/2009	PART I
18-7100		

HHA 1

	HHA COST CENTER	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1	ADMIN & GENERAL	406,177		406,177		
2	SKILLED NURSING CARE	2,361,682		2,361,682	203,284	2,564,966
3	PHYSICAL THERAPY	1,506,318		1,506,318	129,658	1,635,976
4	OCCUPATIONAL THERAPY	388,992		388,992	33,483	422,475
5	SPEECH PATHOLOGY	213,661		213,661	18,391	232,052
6	MEDICAL SOCIAL SERVICES	100,938		100,938	8,688	109,626
7	HOME HEALTH AIDE	146,282		146,282	12,591	158,873
8	SUPPLIES	955		955	82	1,037
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)	5,125,005		5,125,005	406,177	5,125,005
21	UNIT COST MULIPLIER				0.086076	

(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.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010 | WORKSHEET H-5 PART II

HHA NO: 18-7100

HHA 1

	HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONE)	DATA PROCESSING (TIME SPENT)	PURCHASING, RECEIVING (REQUISITION)
		3	4	5	6.01	6.02	6.03
1	ADMIN & GENERAL		62,840	614,822	94	16	85,100
2	SKILLED NURSING CARE			1,176,013			
3	PHYSICAL THERAPY			721,612			
4	OCCUPATIONAL THERAPY			194,984			
5	SPEECH PATHOLOGY			108,279			
6	MEDICAL SOCIAL SERVICES			50,867			
7	HOME HEALTH AIDE			63,580			
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)		62,840	2,930,157	94	16	85,100
21	COST TO BE ALLOCATED		53,814	1,004,279	52,403	43,279	985
22	UNIT COST MULIPLIER		0.856365	0.342739	557.478723	2704.937500	0.011575

	HHA COST CENTER	BUSINESS OFFICE (GROSS CHARGES)	RECONCILIATION	REGIONAL TEAM (ACCUM. COST)	ADMITTING (GROSS CHARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)
		6.04	6A.05	6.05	6.06	6A.07	6.07
1	ADMIN & GENERAL			361,204			390,718
2	SKILLED NURSING CARE			2,105,959			2,278,036
3	PHYSICAL THERAPY			1,343,214			1,452,968
4	OCCUPATIONAL THERAPY			346,872			375,215
5	SPEECH PATHOLOGY			190,526			206,094
6	MEDICAL SOCIAL SERVICES			90,008			97,363
7	HOME HEALTH AIDE			130,443			141,101
8	SUPPLIES			851			921
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DME						
11	HOME DIALYSIS AIDE SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)			4,569,077			4,942,416
21	COST TO BE ALLOCATED			373,339			181,476
22	UNIT COST MULIPLIER			0.081710			0.036718

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET H-5
HHA NO:	TO 12/31/2009	PART II
18-7100		

HHA 1

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

HHA COST CENTER	CENTRAL SERVICES & SUPPL (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRAR (TIME SPENT) 17	SOCIAL SERVICE (TIME SPENT) 18	CENTRAL TRANSPORTATION (GROSS CHARGES) 19
1 ADMIN & GENERAL	13,715				
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)	13,715				
21 COST TO BE ALLOCATED	1,113				
22 UNIT COST MULIPLIER	0.081152				

[ ] 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 PATIENT SERVICES	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
			1	2	3	4	5	6
1	SKILLED NURSING	2	2,564,966		2,564,966	15,134	169.48	7,345
2	PHYSICAL THERAPY	3	1,635,976		1,635,976	13,996	116.89	7,757
3	OCCUPATIONAL THERAPY	4	422,475		422,475	3,083	137.03	1,577
4	SPEECH PATHOLOGY	5	232,052		232,052	1,386	167.43	548
5	MEDICAL SOCIAL SERVICES	6	109,626		109,626	422	259.78	178
6	HOME HEALTH AIDE SERVICE	7	158,873		158,873	2,893	54.92	762
7	TOTAL		5,123,968		5,123,968	36,914		18,167

		-----PROGRAM VISITS----- ---------PART B--------- NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	-----COST OF SERVICES-------- ---------PART B--------- PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
1	SKILLED NURSING	4,446		1,244,831	753,508		1,998,339
2	PHYSICAL THERAPY	3,157		906,716	369,022		1,275,738
3	OCCUPATIONAL THERAPY	654		216,096	89,618		305,714
4	SPEECH PATHOLOGY	237		91,752	39,681		131,433
5	MEDICAL SOCIAL SERVICES	197		46,241	51,177		97,418
6	HOME HEALTH AIDE SERVICES	1,965		41,849	107,918		149,767
7	TOTAL	10,656		2,547,485	1,410,924		3,958,409

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

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

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

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

	SUPPLIES AND EQUIPMENT COST COMPUTATION / OTHER PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
			1	2	3	4	5	6
15	COST OF MEDICAL SUPPLIES	8.00	1,037		1,037	232,758	.004455	78,745
16	COST OF DRUGS	9.00						
16.20	COST OF DRUGS	9.20						

		PROGRAM COVERED CHARGES PART B NOT SUBJECT TO DEDUCT & COINSUR	PROGRAM COVERED CHARGES PART B SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART A	COST OF SERVICES PART B NOT SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART B SUBJECT TO DEDUCT & COINSUR
		7	8	9	10	11
15	COST OF MEDICAL SUPPLIES	83,483		351	372	
16	COST OF DRUGS					
16.20	COST OF DRUGS					

	PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
		1	2
162	PROGRAM UNDUP CENSUS FROM WRKST S-4		
17	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	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
			1	2	3	4
1	PHYSICAL THERAPY	50	.343202			COL 2, LN 2
2	OCCUPATIONAL THERAPY	51	.298430			COL 2, LN 3
3	SPEECH PATHOLOGY	52	.380890			COL 2, LN 4
4	MEDICAL SUPPLIES CHARGED TO PATIENT	55	.569312			COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.362974			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUATION

		FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE: PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PROGRAM COSTS PRIOR 1/1/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	PROG VISITS ON OR AFTER 1/1/1999
		1	2	2.01	3	3.01	4	5
1	PHYSICAL THERAPY	2	116.89					
2	OCCUPATIONAL THERAPY	3	137.03					
3	SPEECH PATHOLOGY	4	167.43					
4	TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET H-7
HHA NO:	TO 12/31/2009	PARTS I & II
18-7100		

TITLE XVIII HHA 1

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

		PART A 1	PART B NOT SUBJECT TO DED & COINS 2	PART B SUBJECT TO DED & COINS 3
1	REASONABLE COST OF SERVICES			
2	TOTAL CHARGES			
	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			
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
9	PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A SERVICES 1	PART B SERVICES 2
10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	2,889,118	1,572,848
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	8,638	6,533
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	30,674	22,660
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	8,472	1,290
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	195	748
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES	657	
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	2,937,754	1,604,079
13	EXCESS REASONABLE COST		
14	SUBTOTAL	2,937,754	1,604,079
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	2,937,754	1,604,079
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	2,937,754	1,604,079
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	2,937,754	1,604,079
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	2,937,754	1,604,079
25	INTERIM PAYMENTS	2,937,754	1,604,079
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		

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

PROVIDER NO: 18-0102
HHA NO: 18-7100
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET H-8

TITLE XVIII HHA 1

	DESCRIPTION		PART A MM/DD/YYYY 1	PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			2,937,754		1,604,079
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		NONE		NONE
4	TOTAL INTERIM PAYMENTS			2,937,754		1,604,079
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
		TENTATIVE TO PROVIDER .01				
		TENTATIVE TO PROVIDER .02				
		TENTATIVE TO PROVIDER .03				
		TENTATIVE TO PROGRAM .50				
		TENTATIVE TO PROGRAM .51				
		TENTATIVE TO PROGRAM .52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01				
		SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY			2,937,754		1,604,079

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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(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.

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 18-0102
HOSPICE NO: 18-1507
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K

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			186,059	
5	VOLUNTEER SERVICE COORDINATION	44,863	15,388		
6	ADMINISTRATIVE AND GENERAL	537,587	184,395		
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				197,521
8	INPATIENT - RESPITE CARE				8,025
	VISITING SERVICES				
9	PHYSICIAN SERVICES				264,150
10	NURSING CARE	822,130	281,993		
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY	859	295		
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES	150,659	51,677		
15	SPIRITUAL COUNSELING	99,851	34,249		
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER	143,685	49,284		
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			28,481	
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				65,781
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				599,797
30	BEREAVEMENT PROGRAM COSTS	51,073	17,518		
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	1,850,707	634,799	214,540	1,135,274

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE EXPENSES

PROVIDER NO: 18-0102 HOSPICE NO: 18-1507

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

PREPARED 5/26/2010 WORKSHEET K

HOSPICE 1

		OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF		186,059		186,059
5	VOLUNTEER SERVICE COORDINATION		60,251		60,251
6	ADMINISTRATIVE AND GENERAL	407,501	1,129,483	-1,166,811	-37,328
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE		197,521		197,521
8	INPATIENT - RESPITE CARE		8,025		8,025
	VISITING SERVICES				
9	PHYSICIAN SERVICES		264,150		264,150
10	NURSING CARE		1,104,123		1,104,123
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY		1,154		1,154
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES		202,336		202,336
15	SPIRITUAL COUNSELING		134,100		134,100
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER		192,969		192,969
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	407,278	407,278	-408,084	-806
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	264,947	264,947		264,947
22	PATIENT TRANSPORTATION		28,481		28,481
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS	252	252		252
25	MEDICAL SUPPLIES	921	66,702	-65,897	805
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	21,430	21,430		21,430
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER		599,797		599,797
30	BEREAVEMENT PROGRAM COSTS		68,591		68,591
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	1,102,329	4,937,649	-1,640,792	3,296,857

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 18-0102
HOSPICE NO: 18-1507

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

PREPARED 5/26/2010
WORKSHEET K

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		186,059
5	VOLUNTEER SERVICE COORDINATION		60,251
6	ADMINISTRATIVE AND GENERAL	-30,253	-67,581
	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		197,521
8	INPATIENT - RESPITE CARE		8,025
	VISITING SERVICES		
9	PHYSICIAN SERVICES		264,150
10	NURSING CARE		1,104,123
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		1,154
12	OCCUPATIONAL THERAPY		
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		202,336
15	SPIRITUAL COUNSELING		134,100
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		192,969
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		
	OTHER HOSPICE SERVICE COSTS		
19	OTHER		
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		-806
20.30	ANALGESICS		
20.31	SEDATIVES / HYPNOTICS		
20.32	OTHER - SPECIFY		
21	DURABLE MEDICAL EQUIPMENT/OXYGEN		264,947
22	PATIENT TRANSPORTATION		28,481
23	IMAGING SERVICES		
24	LABS AND DIAGNOSTICS		252
25	MEDICAL SUPPLIES		805
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		21,430
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		599,797
30	BEREAVEMENT PROGRAM COSTS		68,591
31	VOLUNTEER PROGRAM COSTS		
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	TOTAL (SUM OF LINES 1 THRU 33)	-30,253	3,266,604

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 18-0102
HOSPICE NO: 14-1548
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K

HOSPICE 2

		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			26,207	
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				4,338
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				7,140
10	NURSING CARE	92,384	6,766		
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES	1,061	78		
15	SPIRITUAL COUNSELING	1,183	87		
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER	23,661	1,733		
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			468	
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				7,091
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				148,837
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	118,289	8,664	26,675	167,406

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 18-0102
HOSPICE NO: 14-1548
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K

HOSPICE 2

		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		26,207		26,207
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	15,940	15,940	-50,384	-34,444
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE		4,338		4,338
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES		7,140		7,140
10	NURSING CARE		99,150		99,150
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES		1,139		1,139
15	SPIRITUAL COUNSELING		1,270		1,270
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER		25,394		25,394
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	47,483	47,483	-47,483	
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	38,012	38,012		38,012
22	PATIENT TRANSPORTATION		468		468
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES		7,091	-7,091	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	2,338	2,338		2,338
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER		148,837		148,837
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	103,773	424,807	-104,958	319,849

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: 18-0102 I HOSPICE NO: 14-1548 I PERIOD: I FROM 1/ 1/2009 I TO 12/31/2009 I PREPARED 5/26/2010 I WORKSHEET K

HOSPICE 2

		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		26,207
5	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL		-34,444
	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		4,338
8	INPATIENT - RESPITE CARE		
	VISITING SERVICES		
9	PHYSICIAN SERVICES		7,140
10	NURSING CARE		99,150
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		
12	OCCUPATIONAL THERAPY		
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		1,139
15	SPIRITUAL COUNSELING		1,270
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		25,394
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		38,012
22	PATIENT TRANSPORTATION		468
23	IMAGING SERVICES		
24	LABS AND DIAGNOSTICS		
25	MEDICAL SUPPLIES		
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		2,338
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		148,837
30	BEREAVEMENT PROGRAM COSTS		
31	VOLUNTEER PROGRAM COSTS		
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	TOTAL (SUM OF LINES 1 THRU 33)		319,849

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 18-0102
HOSPICE NO: 18-1507
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-1

HOSPICE 1

		ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - 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			150,659	
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)			150,659	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 18-0102
HOSPICE NO: 18-1507
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-1

HOSPICE 1

		NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
	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				44,863
6	ADMINISTRATIVE AND GENERAL	393,089			144,498
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	822,130			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY		859		
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				99,851
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER			143,685	
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				51,073
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	1,215,219	859	143,685	340,285

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 18-0102
HOSPICE NO: 18-1507
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-1

HOSPICE 1

		TOTAL (1) 9
	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	44,863
6	ADMINISTRATIVE AND GENERAL	537,587
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	822,130
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	859
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	150,659
15	SPIRITUAL COUNSELING	99,851
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	143,685
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	51,073
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	1,850,707

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 18-0102
HOSPICE NO: 14-1548
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-1

HOSPICE 2

		ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - 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			1,061	
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER				
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN				
22	PATIENT TRANSPORTATION				
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)			1,061	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 18-0102
HOSPICE NO: 14-1548
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-1

HOSPICE 2

		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	92,384			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				1,183
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER			23,661	
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)	92,384		23,661	1,183

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 18-0102
HOSPICE NO: 14-1548
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-1

HOSPICE 2

		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	92,384
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	1,061
15	SPIRITUAL COUNSELING	1,183
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	23,661
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)	118,289

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 18-0102
HOSPICE NO: 18-1507
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-2

HOSPICE 1

		ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - 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			51,677	
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)			51,677	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 18-0102
HOSPICE NO: 18-1507
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-2

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				15,388
6	ADMINISTRATIVE AND GENERAL	134,831			49,564
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	281,993			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY		295		
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				34,249
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER			49,284	
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				17,518
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	416,824	295	49,284	116,719

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 18-0102
HOSPICE NO: 18-1507
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-2

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	15,388
6	ADMINISTRATIVE AND GENERAL	184,395
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	281,993
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	295
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	51,677
15	SPIRITUAL COUNSELING	34,249
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	49,284
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	17,518
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	634,799

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 18-0102
HOSPICE NO: 14-1548
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-2

HOSPICE 2

		ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - 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			78	
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)			78	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 18-0102
HOSPICE NO: 14-1548
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-2

HOSPICE 2

		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	6,766			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING				87
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER			1,733	
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)	6,766		1,733	87

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 18-0102
HOSPICE NO: 14-1548
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-2

HOSPICE 2

		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	6,766
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	78
15	SPIRITUAL COUNSELING	87
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	1,733
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)	8,664

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 18-0102
HOSPICE NO: 18-1507
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-3

HOSPICE 1

		ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES		264,150		
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)		264,150		

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 18-0102
HOSPICE NO: 18-1507
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-3

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				197,521
8	INPATIENT - RESPITE CARE				8,025
	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				65,781
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				599,797
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)				871,124

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 18-0102
HOSPICE NO: 18-1507
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-3

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	197,521
8	INPATIENT - RESPITE CARE	8,025
	VISITING SERVICES	
9	PHYSICIAN SERVICES	264,150
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	65,781
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	599,797
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	1,135,274

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 18-0102
HOSPICE NO: 14-1548
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-3

HOSPICE 2

		ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES		7,140		
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)		7,140		

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO: 18-0102
HOSPICE NO: 14-1548
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-3

HOSPICE 2

		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				4,338
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				7,091
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				148,837
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)				160,266

COMPENSATION ANALYSIS	PROVIDER NO: 18-0102	PERIOD: FROM 1/ 1/2009	PREPARED 5/26/2010
SALARIES AND WAGES	HOSPICE NO: 14-1548	TO 12/31/2009	WORKSHEET K-3

HOSPICE 2

		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	4,338
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	7,140
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	7,091
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	148,837
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	167,406

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 18-0102
HOSPICE NO: 18-1507
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-4
PART I

HOSPICE 1

		NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
		0	1	2	3
	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	186,059			
5	VOLUNTEER SERVICE COORDINATION	60,251			
6	ADMINISTRATIVE AND GENERAL	-67,581			
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE	197,521			
8	INPATIENT - RESPITE CARE	8,025			
	VISITING SERVICES				
9	PHYSICIAN SERVICES	264,150			
10	NURSING CARE	1,104,123			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY	1,154			
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES	202,336			
15	SPIRITUAL COUNSELING	134,100			
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER	192,969			
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	-806			
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	264,947			
22	PATIENT TRANSPORTATION	28,481			
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS	252			
25	MEDICAL SUPPLIES	805			
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	21,430			
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER	599,797			
30	BEREAVEMENT PROGRAM COSTS	68,591			
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	3,266,604			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 18-0102
HOSPICE NO: 18-1507
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-4
PART I

HOSPICE 1

		TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINITRATIVE & GENERAL
		4	5	5A	6
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF	186,059			
5	VOLUNTEER SERVICE COORDINATION		60,251		
6	ADMINISTRATIVE AND GENERAL	186,059	60,251	178,729	178,729
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE			197,521	11,433
8	INPATIENT - RESPITE CARE			8,025	464
	VISITING SERVICES				
9	PHYSICIAN SERVICES			264,150	15,289
10	NURSING CARE			1,104,123	63,861
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY			1,154	67
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES			202,336	11,711
15	SPIRITUAL COUNSELING			134,100	7,762
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER			192,969	11,169
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE				
	OTHER HOSPICE SERVICE COSTS				
19	OTHER				
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			-806	
20.30	ANALGESICS				
20.31	SEDATIVES / HYPNOTICS				
20.32	OTHER - SPECIFY				
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			264,947	15,335
22	PATIENT TRANSPORTATION			28,481	1,649
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS			252	15
25	MEDICAL SUPPLIES			805	47
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			21,430	1,240
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER			599,797	34,717
30	BEREAVEMENT PROGRAM COSTS			68,591	3,970
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	186,059	60,251	3,087,875	178,729

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 18-0102
HOSPICE NO: 18-1507
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-4
PART I

HOSPICE 1

		TOTAL (COL. 5A + COL. 6)
		7
	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	208,954
8	INPATIENT - RESPITE CARE	8,489
	VISITING SERVICES	
9	PHYSICIAN SERVICES	279,439
10	NURSING CARE	1,167,984
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	1,221
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	214,047
15	SPIRITUAL COUNSELING	141,862
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	204,138
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	-806
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	280,282
22	PATIENT TRANSPORTATION	30,130
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	267
25	MEDICAL SUPPLIES	852
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	22,670
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	634,514
30	BEREAVEMENT PROGRAM COSTS	72,561
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	3,266,604

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 18-0102
HOSPICE NO: 14-1548
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-4
PART I

HOSPICE 2

		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	26,207			
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	-34,444			
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE	4,338			
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES	7,140			
10	NURSING CARE	99,150			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES	1,139			
15	SPIRITUAL COUNSELING	1,270			
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER	25,394			
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	38,012			
22	PATIENT TRANSPORTATION	468			
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	2,338			
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER	148,837			
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	319,849			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 18-0102
HOSPICE NO: 14-1548
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-4
PART I

HOSPICE 2

		TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINITRATIVE & GENERAL
		4	5	5A	6
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF	26,207			
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	26,207		-8,237	-8,237
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE			4,338	
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES			7,140	
10	NURSING CARE			99,150	
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES			1,139	
15	SPIRITUAL COUNSELING			1,270	
16	DIETARY COUNSELING				
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER			25,394	
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			38,012	
22	PATIENT TRANSPORTATION			468	
23	IMAGING SERVICES				
24	LABS AND DIAGNOSTICS				
25	MEDICAL SUPPLIES				
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			2,338	
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER			148,837	
30	BEREAVEMENT PROGRAM COSTS				
31	VOLUNTEER PROGRAM COSTS				
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	TOTAL (SUM OF LINES 1 THRU 33)	26,207		328,086	-8,237

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO: 18-0102
HOSPICE NO: 14-1548
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-4
PART I

HOSPICE 2

		TOTAL (COL. 5A + COL. 6)
		7
	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	4,338
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	7,140
10	NURSING CARE	99,150
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	1,139
15	SPIRITUAL COUNSELING	1,270
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	25,394
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	38,012
22	PATIENT TRANSPORTATION	468
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	2,338
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	148,837
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	319,849

COST ALLOCATION - HOSPICE STATISTICAL BASIS	PROVIDER NO: 18-0102	PERIOD: FROM 1/ 1/2009	PREPARED 5/26/2010
	HOSPICE NO: 18-1507	TO 12/31/2009	WORKSHEET K-4 PART II

HOSPICE 1

		CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	1			
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.		1		
3	PLANT OPERATION AND MAINTENANCE			1	
4	TRANSPORTATION - STAFF				186,059
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	1	1	1	186,059
	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					
31					
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)				186,059
35	UNIT COST MULTIPLIER	.000000	.000000	.000000	1.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO: 18-0102
HOSPICE NO: 18-1507
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-4
PART II

HOSPICE 1

		VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
	GENERAL SERVICE COST CENTERS			
1	CAPITAL RELATED COSTS-BLDG AND FIXT.			
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3	PLANT OPERATION AND MAINTENANCE			
4	TRANSPORTATION - STAFF			
5	VOLUNTEER SERVICE COORDINATION	60,251		
6	ADMINISTRATIVE AND GENERAL	60,251	-178,729	3,087,875
	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			197,521
8	INPATIENT - RESPITE CARE			8,025
	VISITING SERVICES			
9	PHYSICIAN SERVICES			264,150
10	NURSING CARE			1,104,123
10.20	NURSING CARE-CONTINUOUS HOME CARE			
11	PHYSICAL THERAPY			1,154
12	OCCUPATIONAL THERAPY			
13	SPEECH/LANGUAGE PATHOLOGY			
14	MEDICAL SOCIAL SERVICES			202,336
15	SPIRITUAL COUNSELING			134,100
16	DIETARY COUNSELING			
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOMEMAKER			192,969
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE			
	OTHER HOSPICE SERVICE COSTS			
19	OTHER			
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			-806
20.30	ANALGESICS			
20.31	SEDATIVES / HYPNOTICS			
20.32	OTHER - SPECIFY			
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			264,947
22	PATIENT TRANSPORTATION			28,481
23	IMAGING SERVICES			
24	LABS AND DIAGNOSTICS			252
25	MEDICAL SUPPLIES			805
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			21,430
27	RADIATION THERAPY			
28	CHEMOTHERAPY			
29	OTHER			599,797
30				68,591
31				
32	FUNDRAISING			
33	OTHER PROGRAM COSTS			
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)	60,251		178,729
35	UNIT COST MULTIPLIER	1.000000		.057881

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO: 18-0102
HOSPICE NO: 14-1548

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

PREPARED 5/26/2010
WORKSHEET K-4
PART II

HOSPICE 2

		CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	1			
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.		1		
3	PLANT OPERATION AND MAINTENANCE			1	
4	TRANSPORTATION - STAFF				1
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	1	1	1	1
	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					
31					
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)				26,207
35	UNIT COST MULTIPLIER	.000000	.000000	.000000	26207.000000

COST ALLOCATION - HOSPICE STATISTICAL BASIS	PROVIDER NO: 18-0102	PERIOD: FROM 1/ 1/2009	PREPARED 5/26/2010
	HOSPICE NO: 14-1548	TO 12/31/2009	WORKSHEET K-4 PART II

HOSPICE 2

		VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
	GENERAL SERVICE COST CENTERS			
1	CAPITAL RELATED COSTS-BLDG AND FIXT.			
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3	PLANT OPERATION AND MAINTENANCE			
4	TRANSPORTATION - STAFF			
5	VOLUNTEER SERVICE COORDINATION	1		
6	ADMINISTRATIVE AND GENERAL	1	8,237	328,086
	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			4,338
8	INPATIENT - RESPITE CARE			
	VISITING SERVICES			
9	PHYSICIAN SERVICES			7,140
10	NURSING CARE			99,150
10.20	NURSING CARE-CONTINUOUS HOME CARE			
11	PHYSICAL THERAPY			
12	OCCUPATIONAL THERAPY			
13	SPEECH/LANGUAGE PATHOLOGY			
14	MEDICAL SOCIAL SERVICES			1,139
15	SPIRITUAL COUNSELING			1,270
16	DIETARY COUNSELING			
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOMEMAKER			25,394
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			38,012
22	PATIENT TRANSPORTATION			468
23	IMAGING SERVICES			
24	LABS AND DIAGNOSTICS			
25	MEDICAL SUPPLIES			
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			2,338
27	RADIATION THERAPY			
28	CHEMOTHERAPY			
29	OTHER			148,837
30				
31				
32	FUNDRAISING			
33	OTHER PROGRAM COSTS			
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)			-8,237
35	UNIT COST MULTIPLIER	.000000		-.025106

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010 | WORKSHEET K-5 | PART I

HOSPICE NO: 18-1507

HOSPICE 1

	HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
			0	3	4	5
1.00	ADMINISTRATIVE AND GENERAL	6			1,346	634,309
2.00	INPATIENT - GENERAL CARE	7	208,954			
3.00	INPATIENT - RESPITE CARE	8	8,489			
4.00	PHYSICIAN SERVICES	9	279,439			
5.00	NURSING CARE	10	1,167,984			
5.20	NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00	PHYSICAL THERAPY	11	1,221			
7.00	OCCUPATIONAL THERAPY	12				
8.00	SPEECH/LANGUAGE PATHOLOGY	13				
9.00	MEDICAL SOCIAL SERVICES	14	214,047			
10.00	SPIRITUAL COUNSELING	15	141,862			
11.00	DIETARY COUNSELING	16				
12.00	COUNSELING - OTHER	17				
13.00	HOME HEALTH AIDE AND HOMEMAKER	18	204,138			
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00		19				
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY	20	-806			
15.30	ANALGESICS	20.30				
15.31	SEDATIVES / HYPNOTICS	20.31				
15.32	OTHER	20.32				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	21	280,282			
17.00	PATIENT TRANSPORTATION	22	30,130			
18.00	IMAGING SERVICES	23				
19.00	LABS AND DIAGNOSTICS	24	267			
20.00	MEDICAL SUPPLIES	25	852			
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)	26	22,670			
22.00	RADIATION THERAPY	27				
23.00	CHEMOTHERAPY	28				
24.00		29	634,514			
25.00	BEREAVEMENT PROGRAM COSTS	30	72,561			
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)		3,266,604		1,346	634,309
30.00	UNIT COST MULIPLIER					

	HOSPICE COST CENTER	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING	BUSINESS OFFICE
		6.01	6.02	6.03	6.04
1.00	ADMINISTRATIVE AND GENERAL	23,972	13,525	212	
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)	23,972	13,525	212	
30.00	UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET K-5
HOSPICE NO:	TO 12/31/2009	PART I
18-1507		

HOSPICE 1

	HOSPICE COST CENTER	SUBTOTAL 6A.04	REGIONAL TEAM 6.05	ADMITTING 6.06	SUBTOTAL 6A.06
1.00	ADMINISTRATIVE AND GENERAL	673,364	55,021		728,385
2.00	INPATIENT - GENERAL CARE	208,954	17,074		226,028
3.00	INPATIENT - RESPITE CARE	8,489	694		9,183
4.00	PHYSICIAN SERVICES	279,439	22,833		302,272
5.00	NURSING CARE	1,167,984	95,434		1,263,418
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY	1,221	100		1,321
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES	214,047	17,490		231,537
10.00	SPIRITUAL COUNSELING	141,862	11,592		153,454
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER	204,138	16,680		220,818
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY	-806	-66		-872
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	280,282	22,902		303,184
17.00	PATIENT TRANSPORTATION	30,130	2,462		32,592
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS	267	22		289
20.00	MEDICAL SUPPLIES	852	70		922
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)	22,670	1,852		24,522
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00		634,514	51,846		686,360
25.00	BEREAVEMENT PROGRAM COSTS	72,561	5,929		78,490
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)	3,939,968	321,935		4,261,903
30.00	UNIT COST MULIPLIER				

	HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL 6.07	MAINTENANCE & REPAIRS 7	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10
1.00	ADMINISTRATIVE AND GENERAL	26,745			
2.00	INPATIENT - GENERAL CARE	8,299			
3.00	INPATIENT - RESPITE CARE	337			
4.00	PHYSICIAN SERVICES	11,099			
5.00	NURSING CARE	46,389			
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY	49			
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES	8,502			
10.00	SPIRITUAL COUNSELING	5,635			
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER	8,108			
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY	-32			
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	11,132			
17.00	PATIENT TRANSPORTATION	1,197			
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS	11			
20.00	MEDICAL SUPPLIES	34			
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)	900			
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00		25,202			
25.00	BEREAVEMENT PROGRAM COSTS	2,882			
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)	156,489			
30.00	UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET K-5
HOSPICE NO:	TO 12/31/2009	PART I
18-1507		

HOSPICE 1

HOSPICE COST CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL				475
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)				475
30.00 UNIT COST MULIPLIER				

HOSPICE COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CENTRAL TRANSPORTATION
	16	17	18	19
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) (2)				
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET K-5
HOSPICE NO:	TO 12/31/2009	PART I
18-1507		

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	755,605		755,605	
2.00 INPATIENT - GENERAL CARE	234,327		234,327	48,334
3.00 INPATIENT - RESPITE CARE	9,520		9,520	1,964
4.00 PHYSICIAN SERVICES	313,371		313,371	64,638
5.00 NURSING CARE	1,309,807		1,309,807	270,164
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	1,370		1,370	283
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	240,039		240,039	49,512
10.00 SPIRITUAL COUNSELING	159,089		159,089	32,815
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	228,926		228,926	47,220
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	-904		-904	-186
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	314,316		314,316	64,833
17.00 PATIENT TRANSPORTATION	33,789		33,789	6,970
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS	300		300	62
20.00 MEDICAL SUPPLIES	956		956	197
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	25,422		25,422	5,244
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	711,562		711,562	146,771
25.00 BEREAVEMENT PROGRAM COSTS	81,372		81,372	16,784
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	4,418,867		4,418,867	
30.00 UNIT COST MULIPLIER				.206266

HOSPICE COST CENTER	TOTAL HOSPICE COSTS
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	282,661
3.00 INPATIENT - RESPITE CARE	11,484
4.00 PHYSICIAN SERVICES	378,009
5.00 NURSING CARE	1,579,971
5.20 NURSING CARE-CONTINUOUS HOME CARE	
6.00 PHYSICAL THERAPY	1,653
7.00 OCCUPATIONAL THERAPY	
8.00 SPEECH/LANGUAGE PATHOLOGY	
9.00 MEDICAL SOCIAL SERVICES	289,551
10.00 SPIRITUAL COUNSELING	191,904
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	276,146
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	-1,090
15.30 ANALGESICS	
15.31 SEDATIVES / HYPNOTICS	
15.32 OTHER	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	379,149
17.00 PATIENT TRANSPORTATION	40,759
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	362
20.00 MEDICAL SUPPLIES	1,153
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	30,666
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00	858,333
25.00 BEREAVEMENT PROGRAM COSTS	98,156
26.00 VOLUNTEER PROGRAM COSTS	
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	4,418,867
30.00 UNIT COST MULIPLIER	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS	PROVIDER NO: 18-0102 HOSPICE NO: 18-1507	PERIOD: FROM 1/ 1/2009 TO 12/31/2009	PREPARED 5/26/2010 WORKSHEET K-5 PART I

	HOSPICE 1
	TOTAL HOSPICE COSTS
HOSPICE COST CENTER	29

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010 | WORKSHEET K-5 | PART I

HOSPICE NO: 14-1548

HOSPICE 2

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6			4	40,542
2.00 INPATIENT - GENERAL CARE	7	4,338			
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9	7,140			
5.00 NURSING CARE	10	99,150			
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	1,139			
10.00 SPIRITUAL COUNSELING	15	1,270			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	25,394			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21	38,012			
17.00 PATIENT TRANSPORTATION	22	468			
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26	2,338			
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29	148,837			
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)		319,849		4	40,542
30.00 UNIT COST MULIPLIER					

HOSPICE COST CENTER	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING	BUSINESS OFFICE
	6.01	6.02	6.03	6.04
1.00 ADMINISTRATIVE AND GENERAL		2,705		
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)		2,705		
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
18-0102	FROM 1/ 1/2009	5/26/2010
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HOSPICE 2

HOSPICE COST CENTER	SUBTOTAL	REGIONAL TEAM	ADMITTING	SUBTOTAL
	6A.04	6.05	6.06	6A.06
1.00 ADMINISTRATIVE AND GENERAL	43,251	3,456		46,707
2.00 INPATIENT - GENERAL CARE	4,338	347		4,685
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES	7,140	570		7,710
5.00 NURSING CARE	99,150	7,922		107,072
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	1,139	91		1,230
10.00 SPIRITUAL COUNSELING	1,270	101		1,371
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	25,394	2,029		27,423
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	38,012	3,037		41,049
17.00 PATIENT TRANSPORTATION	468	37		505
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	2,338	187		2,525
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	148,837	11,892		160,729
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)	363,100	29,669		392,769
30.00 UNIT COST MULIPLIER				

HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.07	7	9	10
1.00 ADMINISTRATIVE AND GENERAL	1,680			
2.00 INPATIENT - GENERAL CARE	168			
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES	277			
5.00 NURSING CARE	3,851			
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	44			
10.00 SPIRITUAL COUNSELING	49			
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	986			
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	1,476			
17.00 PATIENT TRANSPORTATION	18			
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	91			
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	5,782			
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)	14,422			
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
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HOSPICE 2

	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
HOSPICE COST CENTER	11	12	14	15
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) (2)				
30.00 UNIT COST MULIPLIER				

	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CENTRAL TRANSPORTATION
HOSPICE COST CENTER	16	17	18	19
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) (2)				
30.00 UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET K-5
HOSPICE NO:	TO 12/31/2009	PART I
14-1548		

HOSPICE 2

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	48,387		48,387	
2.00 INPATIENT - GENERAL CARE	4,853		4,853	654
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES	7,987		7,987	1,077
5.00 NURSING CARE	110,923		110,923	14,959
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	1,274		1,274	172
10.00 SPIRITUAL COUNSELING	1,420		1,420	191
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	28,409		28,409	3,831
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	42,525		42,525	5,735
17.00 PATIENT TRANSPORTATION	523		523	71
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	2,616		2,616	353
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	166,511		166,511	21,344
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)	407,191		407,191	
30.00 UNIT COST MULIPLIER				.134856

HOSPICE COST CENTER	TOTAL HOSPICE COSTS
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	5,507
3.00 INPATIENT - RESPITE CARE	
4.00 PHYSICIAN SERVICES	9,064
5.00 NURSING CARE	125,882
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	1,446
10.00 SPIRITUAL COUNSELING	1,611
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	32,240
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	48,260
17.00 PATIENT TRANSPORTATION	594
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	
20.00 MEDICAL SUPPLIES	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	2,969
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00	187,855
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)	407,191
30.00 UNIT COST MULIPLIER	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET K-5
HOSPICE NO:	TO 12/31/2009	PART I
14-1548		

	HOSPICE 2
	TOTAL HOSPICE COSTS
HOSPICE COST CENTER	29

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

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

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010 | WORKSHEET K-5 | PART II
HOSPICE NO: 18-1507

HOSPICE 1

	HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONE)
		3	4	5	6.01
1.00	ADMINISTRATIVE AND GENERAL		1,572	1,850,707	43
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)		1,572	1,850,707	43
30.00	TOTAL COST TO BE ALLOCATED		1,346	634,309	23,972
31.00	UNIT COST MULIPLIER	.000000	.856234	.342739	557.488372

	HOSPICE COST CENTER	DATA PROCESSING (TIME SPENT)	PURCHASING, RECEIVING (REQUISITIO O ON)	BUSINESS OFFICE (GROSS CHARGES)	RECONCILIATION
		6.02	6.03	6.04	6A.05
1.00	ADMINISTRATIVE AND GENERAL	5	18,321		
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				

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

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010 | WORKSHEET K-5 | PART II

HOSPICE NO: 18-1507

HOSPICE 1

HOSPICE COST CENTER	DATA PROCESSING	PURCHASING, RECEIVING	BUSINESS OFFICE	RECONCILIATION
	6.02	6.03	6.04	6A.05
29.00 TOTAL (SUM OF LINE 1 THRU 28)	5	18,321		
30.00 TOTAL COST TO BE ALLOCATED	13,525	212		
31.00 UNIT COST MULIPLIER	2705.000000	.011571	.000000	

HOSPICE COST CENTER	REGIONAL TEAM (ACCUMULATED COST)	ADMITTING (GROSS CHARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)
	6.05	6.06	6A.07	6.07
1.00 ADMINISTRATIVE AND GENERAL	673,364			728,385
2.00 INPATIENT - GENERAL CARE	208,954			226,028
3.00 INPATIENT - RESPITE CARE	8,489			9,183
4.00 PHYSICIAN SERVICES	279,439			302,272
5.00 NURSING CARE	1,167,984			1,263,418
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	1,221			1,321
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	214,047			231,537
10.00 SPIRITUAL COUNSELING	141,862			153,454
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	204,138			220,818
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	-806			-872
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	280,282			303,184
17.00 PATIENT TRANSPORTATION	30,130			32,592
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS	267			289
20.00 MEDICAL SUPPLIES	852			922
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	22,670			24,522
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	634,514			686,360
25.00 BEREAVEMENT PROGRAM COSTS	72,561			78,490
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	3,939,968			4,261,903
30.00 TOTAL COST TO BE ALLOCATED	321,935			156,489
31.00 UNIT COST MULIPLIER	.081710	.000000		.036718

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

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010 | WORKSHEET K-5 | PART II

HOSPICE NO: 18-1507

HOSPICE 1

HOSPICE COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LBS.OF LAUND)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)
	7	9	10	11
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 MULIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
	12	14	15	16
1.00 ADMINISTRATIVE AND GENERAL			5,850	
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				

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

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010 | WORKSHEET K-5 | PART II

HOSPICE NO: 18-1507

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	12	14	15	16
29.00 TOTAL (SUM OF LINE 1 THRU 28)			5,850	
30.00 TOTAL COST TO BE ALLOCATED			475	
31.00 UNIT COST MULIPLIER	.000000	.000000	.081197	.000000

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	CENTRAL TRANSPORTATION (GROSS CHARGES)
	17	18	19
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 MULIPLIER	.000000	.000000	.000000

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

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010 | WORKSHEET K-5 | PART II
HOSPICE NO: 14-1548

HOSPICE 2

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF PHONE)
	3	4	5	6.01
1.00 ADMINISTRATIVE AND GENERAL		5	118,289	1
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)		5	118,289	1
30.00 TOTAL COST TO BE ALLOCATED		4	40,542	
31.00 UNIT COST MULIPLIER	.000000	.800000	.342737	.000000

HOSPICE COST CENTER	DATA PROCESSING (TIME SPENT)	PURCHASING, RECEIVING (REQUISITIO ON)	BUSINESS OFFICE (GROSS CHARGES)	RECONCILIATION
	6.02	6.03	6.04	6A.05
1.00 ADMINISTRATIVE AND GENERAL	2,705			
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				

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

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010
HOSPICE NO: 14-1548 | WORKSHEET K-5 PART II

HOSPICE 2

HOSPICE COST CENTER	DATA PROCESSING 6.02	PURCHASING, RECEIVING 6.03	BUSINESS OFFICE 6.04	RECONCILIATION 6A.05
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,705			
30.00 TOTAL COST TO BE ALLOCATED	2,705			
31.00 UNIT COST MULIPLIER	1.000000	.000000	.000000	

HOSPICE COST CENTER	REGIONAL TEAM (ACCUMULATED COST) 6.05	ADMITTING (GROSS CHARGES) 6.06	RECONCILIATION 6A.07	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST) 6.07
1.00 ADMINISTRATIVE AND GENERAL	43,251			46,707
2.00 INPATIENT - GENERAL CARE	4,338			4,685
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES	7,140			7,710
5.00 NURSING CARE	99,150			107,072
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	1,139			1,230
10.00 SPIRITUAL COUNSELING	1,270			1,371
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	25,394			27,423
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	38,012			41,049
17.00 PATIENT TRANSPORTATION	468			505
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	2,338			2,525
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	148,837			160,729
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)	371,337			401,006
30.00 TOTAL COST TO BE ALLOCATED	29,669			14,422
31.00 UNIT COST MULIPLIER	.079898	.000000		.035965

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

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET K-5
HOSPICE NO:	TO 12/31/2009	PART II
14-1548		

HOSPICE 2

HOSPICE COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (LBS.OF LAUND)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)
	7	9	10	11
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 MULIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
	12	14	15	16
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				

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

PROVIDER NO: 18-0102 | PERIOD: FROM 1/ 1/2009 TO 12/31/2009 | PREPARED 5/26/2010
HOSPICE NO: 14-1548 | WORKSHEET K-5 | PART II

HOSPICE 2

HOSPICE COST CENTER	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	12	14	15	16
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	CENTRAL TRANSPORTATION (GROSS CHARGES)
	17	18	19
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 MULIPLIER	.000000	.000000	.000000

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

PROVIDER NO: 18-0102
HOSPICE NO: 18-1507

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

PREPARED 5/26/2010
WORKSHEET K-5
PART III

HOSPICE 1

		WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.343202		
2	OCCUPATIONAL THERAPY	51	.298430		
3	SPEECH PATHOLOGY	52	.380890		
4	DRUGS CHARGED TO PATIENTS	56	.362974		
5	DURABLE MEDICAL EQUIP-SOLD	67			
6	LABORATORY	44	.207169		
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.569312		
8	EMERGENCY	61	.269307		
9	RADIOLOGY-DIAGNOSTIC	41	.190838		
10	LITHOTRIPTER	59	.161053		
10.01	DIABETES CENTER	59.01	2.393543		
11	TOTAL (SUM OF LINES 1-10)				

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

PROVIDER NO: 18-0102
HOSPICE NO: 14-1548
PERIOD: FROM 1/ 1/2009 TO 12/31/2009
PREPARED 5/26/2010
WORKSHEET K-5
PART III

HOSPICE 2

		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	.343202		
2	OCCUPATIONAL THERAPY	51	.298430		
3	SPEECH PATHOLOGY	52	.380890		
4	DRUGS CHARGED TO PATIENTS	56	.362974		
5	DURABLE MEDICAL EQUIP-SOLD	67			
6	LABORATORY	44	.207169		
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.569312		
8	EMERGENCY	61	.269307		
9	RADIOLOGY-DIAGNOSTIC	41	.190838		
10	LITHOTRIPTER	59	.161053		
10.01	DIABETES CENTER	59.01	2.393543		
11	TOTAL (SUM OF LINES 1-10)				

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET K-6
HOSPICE NO:	TO 12/31/2009	
18-1507		

HOSPICE 1

COMPUTATION OF PER DIEM COST

		TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
		1	2	3	4
1	TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				4,418,867
2	TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				33,732
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				131.00
4	UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	28,116			
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	3,683,196			
6	UNDUPLICATED MEDICAID DAYS		1,870		
7	AGGREGATE MEDICAID COST		244,970		
8	UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	5,612			
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	735,172			
10	UNDUPLICATED NF DAYS		175		
11	AGGREGATE NF COST		22,925		
12	OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			3,746	
13	AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			490,726	

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

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET K-6
HOSPICE NO:	TO 12/31/2009	
14-1548		

HOSPICE 2

COMPUTATION OF PER DIEM COST

		TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
		1	2	3	4
1	TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				407,191
2	TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				4,823
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				84.43
4	UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	3,931			
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	331,894			
6	UNDUPLICATED MEDICAID DAYS		383		
7	AGGREGATE MEDICAID COST		32,337		
8	UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	2,394			
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	202,125			
10	UNDUPLICATED NF DAYS		51		
11	AGGREGATE NF COST		4,306		
12	OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			509	
13	AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			42,975	

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 5/26/2010
18-0102	FROM 1/ 1/2009	WORKSHEET L
COMPONENT NO:	TO 12/31/2009	PARTS I-IV
18-0102		

TITLE XVIII, PART A HOSPITAL FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,004,722
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	91,511
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD	116.39
4 .01	NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	.00
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	.00
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	.00
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	3,096,233

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 CIRCUMSTANCES	.00
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 MINUMUM 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)	