

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0089		FROM 7/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/29/2010 TIME 10:44

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: MCDONOUGH DISTRICT HOSPITAL 14-0089 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	44,554	230,661	0	
5	HOSPITAL-BASED SNF	0	340	0	0	
7	HOSPITAL-BASED HHA	0	0	1	0	
100	TOTAL	0	44,894	230,662	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 525 E. GRANT      P. O. BOX:  
 1.01 CITY: MACOMB      STATE: IL      ZIP CODE: 61455-      COUNTY: MCDONOUGH

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
02.00 HOSPITAL	MCDONOUGH DISTRICT HOSPITAL	14-0089	2.01	7/ 1/1966	4	5	6
06.00 HOSPITAL-BASED SNF	MDH SKILLED NURSING UNIT	14-5687		10/ 4/1990	N	P	N
09.00 HOSPITAL-BASED HHA	MDH HOME HEALTH	14-7293		12/14/1984	N	P	N
12.00 HOSP-BASED HOSPICE	MDH HOSPICE	14-1524		1/12/1989			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

18 TYPE OF CONTROL 11 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y 99914
- 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) Y
- 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. 3 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /







COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS		90				4,750	815
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		90				4,750	815
6 INTENSIVE CARE UNIT		7				613	68
11 NURSERY							387
12 TOTAL		97				5,363	1,270
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		16				2,471	
18 HOME HEALTH AGENCY						6,808	1,216
21 HOSPICE							
25 TOTAL		113					
26 OBSERVATION BED DAYS							74
27 AMBULANCE TRIPS						960	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			7,521				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			7,521				
6 INTENSIVE CARE UNIT			962				
11 NURSERY			759				
12 TOTAL			9,242				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			2,929				
18 HOME HEALTH AGENCY			10,208				
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS		26	706	296	410		
27 AMBULANCE TRIPS		48					
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,135	313	2,197
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		444.04			1,135	313	2,197
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		16.47					
18 HOME HEALTH AGENCY		14.09					
21 HOSPICE		6.23					
25 TOTAL		480.83					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0089  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/29/2010  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	25,820,786		25,820,786	1,000,273.00	25.81	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	734,079		734,079	6,240.00	117.64	
4 PHYSICIAN - PART A	48,360		48,360	267.00	181.12	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	1,136,966		1,136,966	8,273.00	137.43	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	827,166		827,166	34,264.00	24.14	
8.01 EXCLUDED AREA SALARIES	3,862,801	-134,020	3,728,781	113,507.00	32.85	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
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)	6,781,017		6,781,017			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,228,204		1,228,204			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	94,541		94,541			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	131,699		131,699			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	239,767		239,767	7,550.00	31.76	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	3,145,675		3,145,675	137,904.00	22.81	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	531,981		531,981	27,664.00	19.23	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	184,441		184,441	16,411.00	11.24	
26 HOUSEKEEPING	612,220		612,220	51,355.00	11.92	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	287,458	120,567	408,025	27,040.00	15.09	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	372,656	-120,567	252,089	21,299.00	11.84	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	419,722		419,722	11,856.00	35.40	
31 CENTRAL SERVICE AND SUPPLY	191,422	21,255	212,677	14,976.00	14.20	
32 PHARMACY	550,799		550,799	14,581.00	37.78	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	578,146		578,146	33,696.00	17.16	
34 SOCIAL SERVICE	314,653		314,653	12,646.00	24.88	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	23,949,741		23,949,741	985,760.00	24.30	
2 EXCLUDED AREA SALARIES	4,689,967	-134,020	4,555,947	147,771.00	30.83	
3 SUBTOTAL SALARIES	19,259,774	134,020	19,393,794	837,989.00	23.14	
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS	6,781,017		6,781,017		34.96	
6 TOTAL	26,040,791	134,020	26,174,811	837,989.00	31.24	
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	7,428,940	21,255	7,450,195	376,978.00	19.76	

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		258.00		96.00

TOTAL  
5

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			.60
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	.60		3.60
5 OTHER ADMINISTRATIVE PERSONEL	3.60		8.50
6 DIRECTING NURSING SERVICE	8.50		
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	1.80		1.80
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.10		.10
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.20		.20
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.20		1.20
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?	1	1	
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).	9914	99914	

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	3,648	117	90	31
22 SKILLED NURSING VISIT CHARGES	565,042	18,137	13,934	4,817
23 PHYSICAL THERAPY VISITS	1,621	12	31	53
24 PHYSICAL THERAPY VISIT CHARGES	251,519	1,843	4,803	8,236
25 OCCUPATIONAL THERAPY VISITS	0	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0	0
27 SPEECH PATHOLOGY VISITS	93	0	1	1
28 SPEECH PATHOLOGY VISIT CHARGES	14,208	0	155	155
29 MEDICAL SOCIAL SERVICE VISITS	14	0	1	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	2,176	0	148	0
31 HOME HEALTH AIDE VISITS	682	22	3	3
32 HOME HEALTH AIDE VISIT CHARGES	69,575	2,237	307	307
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	6,058	151	126	88
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	902,520	22,217	19,347	13,515
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	0	0
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	17,912	423	677	170

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	3,886
22 SKILLED NURSING VISIT CHARGES	0	0	601,930
23 PHYSICAL THERAPY VISITS	0	0	1,717
24 PHYSICAL THERAPY VISIT CHARGES	0	0	266,401
25 OCCUPATIONAL THERAPY VISITS	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0
27 SPEECH PATHOLOGY VISITS	0	0	95
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	14,518
29 MEDICAL SOCIAL SERVICE VISITS	0	0	15
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	2,324
31 HOME HEALTH AIDE VISITS	0	0	710
32 HOME HEALTH AIDE VISIT CHARGES	0	0	72,426
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	6,423
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	957,599
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	0
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	19,182

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0089  
PERIOD: FROM 7/1/2009 TO 6/30/2010  
PREPARED 11/29/2010  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL		14				
4	RVC						
5	RVB		11				
6	RVA		1				
6.01	RVX		49				
6.02	RVL		49				
7	RHC		14				
8	RHB		25				
9	RHA		14				
9.01	RHX						
9.02	RHL						
10	RMC		8				
11	RMB		24				
12	RMA		45				
12.01	RMX		658				
12.02	RML		960				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		138				
16	SE2		364				
17	SE1						
18	SSC						
19	SSB						
20	SSA		65				
21	CC2						
22	CC1		14				
23	CB2						
24	CB1						
25	CA2						
26	CA1		12				
27	IB2						
28	IB1		2				
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		4				
43	PA2						
44	PA1						
45	Default						
46	TOTAL		2,471				

(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): 0.8386  
 Wage Index Factor (after 10/01) : 0.8312  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 14  
 SNF CBSA Code : 99914

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0089  
PERIOD: FROM 7/1/2009 TO 6/30/2010  
PREPARED 11/29/2010  
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.8386  
 Wage Index Factor (after 10/01) : 0.8312  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : RURAL  
 SNF MSA Code : 14  
 SNF CBSA Code : 99914

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/ 1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET S-9
14-1524		

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	5,011	46		
3 INPATIENT RESPIRE CARE	4			
4 GENERAL INPATIENT CARE	7			
5 TOTAL HOSPICE DAYS	5,022	46		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	184	5,241
3 INPATIENT RESPIRE CARE		4
4 GENERAL INPATIENT CARE		7
5 TOTAL HOSPICE DAYS	184	5,252

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	70	3		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	71.74	15.33		
9 UNDUPLICATED CENSUS COUNT	70	3		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	7	80
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	26.29	65.65
9 UNDUPLICATED CENSUS COUNT	7	80

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      4,630,209
17.01	GROSS MEDICAID REVENUES      11,933,366
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS      98,066
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES      16,661,641
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)      .392937
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS      11,933,366

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,689,061
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	4,630,209
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,819,380
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,689,061

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0089

PERIOD: FROM 7/1/2009 TO 6/30/2010

PREPARED 11/29/2010 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1 0100	OLD CAP REL COSTS-BLDG & FIXT					
1.01 0101	OLD CAP REL COSTS-HOSPITAL		2,670,863	2,670,863	-2,524,363	146,500
1.02 0102	OLD CAP REL COSTS-HSB I		215,627	215,627	-169,256	46,371
1.03 0103	OLD CAP REL COSTS-HSB II				20	20
1.04 0104	OLD CAP REL COSTS-REHAB CNT				37	37
1.05 0105	OLD CAP REL COSTS-MAB				1	1
3 0300	NEW CAP REL COSTS-BLDG & FIXT					
3.01 0301	NEW CAP REL COSTS-HOSPITAL				2,668,663	2,668,663
3.02 0302	NEW CAP REL COSTS-HSB I				176,508	176,508
3.03 0303	NEW CAP REL COSTS-HSB II		112,552	112,552	3,917	116,469
3.04 0304	NEW CAP REL COSTS-REHAB CNT				55,033	55,033
3.05 0305	NEW CAP REL COSTS-DIAYSIS		141	141	2	143
3.06 0306	NEW CAP REL COSTS-HOSPITALITY HOUSE		10,832	10,832	388	11,220
3.07 0307	NEW CAP REL COSTS-MAB		76,336	76,336	1,333	77,669
3.08 0308	NEW CAP REL COSTS-ORTHO BLDG		26,497	26,497	766	27,263
5 0500	EMPLOYEE BENEFITS	239,767	8,430,052	8,669,819		8,669,819
6 0600	ADMINISTRATIVE & GENERAL	3,145,675	2,820,795	5,966,470	12,187	5,978,657
7 0700	MAINTENANCE & REPAIRS	504,649	1,178,708	1,683,357		1,683,357
7.01 0701	MAINTENANCE & REPAIRS-HSB I	18,068	155,850	173,918		173,918
7.02 0702	MAINTENANCE & REPAIRS-HSB II	6,462	67,152	73,614		73,614
7.03 0703	MAINTENANCE & REPAIRS-REHAB CLINIC		13,771	13,771		13,771
7.04 0704	MAINTENANCE & REPAIRS-MAB	1,668	14,481	16,149		16,149
7.05 0705	MAINTENANCE & REPAIRS-ORTHO BLDG	1,134	6,903	8,037		8,037
9 0900	LAUNDRY & LINEN SERVICE	184,441	86,465	270,906		270,906
10 1000	HOUSEKEEPING	491,030	61,066	552,096		552,096
10.01 1001	HOUSEKEEPING-HSB	87,271	10,142	97,413		97,413
10.02 1002	HOUSEKEEPING-HSB II	22,915	4,040	26,955		26,955
10.03 1003	HOUSEKEEPING-ORTHO	1,665		1,665		1,665
10.04 1004	HOUSEKEEPING-MAB	9,339		9,339		9,339
11 1100	DIETARY	287,458	5,077	292,535	322,312	614,847
12 1200	CAFETERIA	372,656	623,568	996,224	-322,312	673,912
14 1400	NURSING ADMINISTRATION	419,722	19,181	438,903		438,903
15 1500	CENTRAL SERVICES & SUPPLY	191,422	150,350	341,772	21,255	363,027
16 1600	PHARMACY	550,799	1,530,049	2,080,848		2,080,848
17 1700	MEDICAL RECORDS & LIBRARY	578,146	61,512	639,658	-17,091	622,567
18 1800	SOCIAL SERVICE	314,653	12,097	326,750		326,750
20 2000	NONPHYSICIAN ANESTHETISTS				801,493	801,493
24 2400	PARAMED PRGM	74,160	17,937	92,097		92,097
24.01 2401	PARAMED PRGM-PARAMEDIC INPAT ROUTINE SRVC CNTRS	12,612	255	12,867		12,867
25 2500	ADULTS & PEDIATRICS	3,236,565	339,282	3,575,847	-565,278	3,010,569
26 2600	INTENSIVE CARE UNIT	695,238	46,038	741,276		741,276
33 3300	NURSERY				318,256	318,256
34 3400	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	827,166	46,760	873,926		873,926
37 3700	OPERATING ROOM	1,069,771	571,822	1,641,593	96,716	1,738,309
38 3800	RECOVERY ROOM	460,585	100,871	561,456		561,456
39 3900	DELIVERY ROOM & LABOR ROOM		66,827	66,827	225,767	292,594
40 4000	ANESTHESIOLOGY	1,107,719	171,778	1,279,497	-795,505	483,992
41 4100	RADIOLOGY-DIAGNOSTIC	1,168,897	494,557	1,663,454	684,873	2,348,327
44 4400	LABORATORY	1,585,036	1,673,515	3,258,551	46,820	3,305,371
47 4700	BLOOD STORING, PROCESSING & TRANS.		371,721	371,721	-46,820	324,901
49 4900	RESPIRATORY THERAPY	617,771	86,693	704,464	-262,525	441,939
50 5000	PHYSICAL THERAPY	1,105,915	35,130	1,141,045	149,634	1,290,679
51 5100	OCCUPATIONAL THERAPY					
52 5200	SPEECH PATHOLOGY	108,731	4,263	112,994	9,874	122,868
53 5300	ELECTROCARDIOLOGY		181,188	181,188	210,554	391,742
54 5400	ELECTROENCEPHALOGRAPHY		119	119	29,277	29,396
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		327,483	327,483	22,694	350,177
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		862,547	862,547		862,547
56 5600	DRUGS CHARGED TO PATIENTS				16,800	16,800
59 3550	BEHAVIORAL HEALTH	497,568	13,518	511,086		511,086
59.01 3950	DIABETES/WOUND CARE/COUMADIN CENTER	380,099	22,333	402,432		402,432
59.02 3951	FLU CLINIC				3,012	3,012
59.97 3997	CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	89,471	7,004	96,475		96,475
61 6100	EMERGENCY	1,578,513	1,000,283	2,578,796		2,578,796
62 6200	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
65 6500	AMBULANCE SERVICES	778,879	69,897	848,776		848,776
71 7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	942,101	148,191	1,090,292	-179,320	910,972
88 8800	INTEREST EXPENSE					
90 9000	OTHER CAPITAL RELATED COSTS		996,116	996,116	-920,648	75,468
93 9300	HOSPICE	373,645	338,979	712,624	19,041	731,665
95	SUBTOTALS	24,139,382	26,359,214	50,498,596	94,115	50,592,711
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98 9800	PHYSICIANS' PRIVATE OFFICES					
100 7950	DAY HEALTH	155,632	32,602	188,234		188,234
100.01 7951	OUTREACH SERVICES	97,454	22,918	120,372		120,372
100.02 7952	MSO LOSS	29,689	25,510	55,199		55,199
100.03 7953	FUND DEVELOPMENT	99,197	115,525	214,722	-94,115	120,607
100.04 7954	OUTSIDE LAUNDRY					
100.05 7955	PHYSICIAN SUPPORT	75,221	305,831	381,052		381,052
100.06 7956	HOSPITALITY HOUSE	11,876	5,001	16,877		16,877

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0089  
PERIOD: FROM 7/1/2009 TO 6/30/2010  
PREPARED 11/29/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
NONREIMBURS COST CENTERS						
100.07 7957	HSK DI ALYSIS	7,503		7,503		7,503
100.08 7958	OCCUPATIONAL MED		274	274		274
100.09 7959	VISITING PHYSICIANS	8,223	67	8,290		8,290
100.10 7960	FARM LAND					
100.12 7962	MMG-PHYSICIAN OFFICES	1,176,250	458,226	1,634,476		1,634,476
100.13 7963	VALET PARKING SERVICE	20,359	34	20,393		20,393
101	TOTAL	25,820,786	27,325,202	53,145,988	-0-	53,145,988

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0089

PERIOD: FROM 7/1/2009 TO 6/30/2010

PREPARED 11/29/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
1.01 0101	OLD CAP REL COSTS-HOSPITAL		146,500
1.02 0102	OLD CAP REL COSTS-HSB I		46,371
1.03 0103	OLD CAP REL COSTS-HSB II		20
1.04 0104	OLD CAP REL COSTS-REHAB CNT		37
1.05 0105	OLD CAP REL COSTS-MAB		1
3 0300	NEW CAP REL COSTS-BLDG & FIXT		
3.01 0301	NEW CAP REL COSTS-HOSPITAL	-16,994	2,651,669
3.02 0302	NEW CAP REL COSTS-HSB I		176,508
3.03 0303	NEW CAP REL COSTS-HSB II		116,469
3.04 0304	NEW CAP REL COSTS-REHAB CNT		55,033
3.05 0305	NEW CAP REL COSTS-DIAYSIS		143
3.06 0306	NEW CAP REL COSTS-HOSPITALITY HOUSE		11,220
3.07 0307	NEW CAP REL COSTS-MAB		77,669
3.08 0308	NEW CAP REL COSTS-ORTHO BLDG		27,263
5 0500	EMPLOYEE BENEFITS	-2,257,749	6,412,070
6 0600	ADMINISTRATIVE & GENERAL	-595,824	5,382,833
7 0700	MAINTENANCE & REPAIRS	-170	1,683,187
7.01 0701	MAINTENANCE & REPAIRS-HSB I		173,918
7.02 0702	MAINTENANCE & REPAIRS-HSB II		73,614
7.03 0703	MAINTENANCE & REPAIRS-REHAB CLINIC		13,771
7.04 0704	MAINTENANCE & REPAIRS-MAB		16,149
7.05 0705	MAINTENANCE & REPAIRS-ORTHO BLDG		8,037
9 0900	LAUNDRY & LINEN SERVICE		270,906
10 1000	HOUSEKEEPING		552,096
10.01 1001	HOUSEKEEPING-HSB		97,413
10.02 1002	HOUSEKEEPING-HSB II		26,955
10.03 1003	HOUSEKEEPING-ORTHO		1,665
10.04 1004	HOUSEKEEPING-MAB		9,339
11 1100	DIETARY	-27,421	587,426
12 1200	CAFETERIA	-369,540	304,372
14 1400	NURSING ADMINISTRATION		438,903
15 1500	CENTRAL SERVICES & SUPPLY		363,027
16 1600	PHARMACY		2,080,848
17 1700	MEDICAL RECORDS & LIBRARY	-3,142	619,425
18 1800	SOCIAL SERVICE		326,750
20 2000	NONPHYSICIAN ANESTHETISTS	-801,493	
24 2400	PARAMED PRGM	-2,000	90,097
24.01 2401	PARAMED PRGM-PARAMEDIC INPAT ROUTINE SRVC CNTRS	-11,150	1,717
25 2500	ADULTS & PEDIATRICS	-61,635	2,948,934
26 2600	INTENSIVE CARE UNIT		741,276
33 3300	NURSERY		318,256
34 3400	SKILLED NURSING FACILITY		873,926
37 3700	OPERATING ROOM		1,738,309
38 3800	RECOVERY ROOM		561,456
39 3900	DELIVERY ROOM & LABOR ROOM	-64,427	228,167
40 4000	ANESTHESIOLOGY	-351,364	132,628
41 4100	RADIOLOGY-DIAGNOSTIC	-373	2,347,954
44 4400	LABORATORY	-104,764	3,200,607
47 4700	BLOOD STORING, PROCESSING & TRANS.		324,901
49 4900	RESPIRATORY THERAPY	-6,360	435,579
50 5000	PHYSICAL THERAPY	-8,940	1,281,739
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		122,868
53 5300	ELECTROCARDIOLOGY	-154,450	237,292
54 5400	ELECTROENCEPHALOGRAPHY		29,396
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-580	349,597
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		862,547
56 5600	DRUGS CHARGED TO PATIENTS		16,800
59 3550	BEHAVIORAL HEALTH		511,086
59.01 3950	DIABETES/WOUND CARE/COUMADIN CENTER		402,432
59.02 3951	FLU CLINIC		3,012
59.97 3997	CARDIAC REHABILITATION		96,475
61 6100	EMERGENCY	-1,514,870	1,063,926
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
65 6500	OTHER REIMBURS COST CNTRS		
71 7100	AMBULANCE SERVICES	-20,629	828,147
	HOME HEALTH AGENCY		910,972
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
90 9000	OTHER CAPITAL RELATED COSTS	-75,468	-0-
93 9300	HOSPICE		731,665
95	SUBTOTALS	-6,449,343	44,143,368
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		
100 7950	DAY HEALTH		188,234
100.01 7951	OUTREACH SERVICES		120,372
100.02 7952	MSO LOSS	-25,510	29,689
100.03 7953	FUND DEVELOPMENT		120,607
100.04 7954	OUTSIDE LAUNDRY		
100.05 7955	PHYSICIAN SUPPORT		381,052
100.06 7956	HOSPITALITY HOUSE		16,877

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0089  
PERIOD: FROM 7/1/2009 TO 6/30/2010  
PREPARED 11/29/2010  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	NONREIMBURS COST CENTERS		
100.07 7957	HSK DIALYSIS		7,503
100.08 7958	OCCUPATIONAL MED		274
100.09 7959	VISITING PHYSICIANS		8,290
100.10 7960	FARM LAND		
100.12 7962	MMG-PHYSICIAN OFFICES		1,634,476
100.13 7963	VALET PARKING SERVICE		20,393
101	TOTAL	-6,474,853	46,671,135

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-HOSPITAL	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-HSB I	0102	OLD CAP REL COSTS-BLDG & FIXT
1.03	OLD CAP REL COSTS-HSB II	0103	OLD CAP REL COSTS-BLDG & FIXT
1.04	OLD CAP REL COSTS-REHAB CNT	0104	OLD CAP REL COSTS-BLDG & FIXT
1.05	OLD CAP REL COSTS-MAB	0105	OLD CAP REL COSTS-BLDG & FIXT
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-HOSPITAL	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-HSB I	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-HSB II	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-REHAB CNT	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-DIAYSIS	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CAP REL COSTS-HOSPITALITY HOUSE	0306	NEW CAP REL COSTS-BLDG & FIXT
3.07	NEW CAP REL COSTS-MAB	0307	NEW CAP REL COSTS-BLDG & FIXT
3.08	NEW CAP REL COSTS-ORTHO BLDG	0308	NEW CAP REL COSTS-BLDG & FIXT
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
7.01	MAINTENANCE & REPAIRS-HSB I	0701	MAINTENANCE & REPAIRS
7.02	MAINTENANCE & REPAIRS-HSB II	0702	MAINTENANCE & REPAIRS
7.03	MAINTENANCE & REPAIRS-REHAB CLINIC	0703	MAINTENANCE & REPAIRS
7.04	MAINTENANCE & REPAIRS-MAB	0704	MAINTENANCE & REPAIRS
7.05	MAINTENANCE & REPAIRS-ORTHO BLDG	0705	MAINTENANCE & REPAIRS
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING-HSB	1001	HOUSEKEEPING
10.02	HOUSEKEEPING-HSB II	1002	HOUSEKEEPING
10.03	HOUSEKEEPING-ORTHO	1003	HOUSEKEEPING
10.04	HOUSEKEEPING-MAB	1004	HOUSEKEEPING
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	
20	NONPHYSICIAN ANESTHETISTS	2000	
24	PARAMED ED PRGM	2400	
24.01	PARAMED ED PRGM-PARAMEDIC	2401	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
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	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59	BEHAVIORAL HEALTH	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	DIABETES/WOUND CARE/COUMADIN CENTER	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.02	FLU CLINIC	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	DAY HEALTH	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OUTREACH SERVICES	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MSO LOSS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	FUND DEVELOPMENT	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	OUTSIDE LAUNDRY	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	PHYSICIAN SUPPORT	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	HOSPITALITY HOUSE	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	HSK DIALYSIS	7957	OTHER NONREIMBURSABLE COST CENTERS

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0089  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/29/2010  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
100.08	OCCUPATIONAL MED	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	VISITING PHYSICIANS	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	FARM LAND	7960	OTHER NONREIMBURSABLE COST CENTERS
100.12	MMG-PHYSICIAN OFFICES	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	VALET PARKING SERVICE	7963	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
140089

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/29/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 RECLASS OB SALARIES	A	NURSERY	33		318,256	
2		DELIVERY ROOM & LABOR ROOM	39		225,767	
3		CENTRAL SERVICES & SUPPLY	15		21,255	
4 FOOD SERVICE ALLOCATIONS	B	DIETARY	11		120,567	201,745
5 CARDIO SALARY RECLASS	C	ELECTROCARDIOLOGY	53		210,554	
6		ELECTROENCEPHALOGRAPHY	54		29,277	
7 RECLASS CRNA SALARIES & CONTRACT	D	NONPHYSICIAN ANESTHETISTS	20		734,079	67,414
8 RECLASS LEASES	E	NEW CAP REL COSTS-HOSPITAL	3.01			49,778
9		RADIOLOGY-DIAGNOSTIC	41			684,873
10		OPERATING ROOM	37			96,716
11		NEW CAP REL COSTS-REHAB CNT	3.04			41,704
12		NEW CAP REL COSTS-HOSPITAL	3.01			23,800
13		ADMINISTRATIVE & GENERAL	6			20,187
14 RECLASS DONATION EXPENSE	F	HOSPICE	93			19,041
15		ADMINISTRATIVE & GENERAL	6			75,074
16 RECLASS HHA SHARED	G	PHYSICAL THERAPY	50		87,363	23,276
17		PHYSICAL THERAPY	50		35,765	3,230
18		SPEECH PATHOLOGY	52		7,880	1,994
19 RECLASS COPY MACHINE EXPENSE	H	ADMINISTRATIVE & GENERAL	6			17,091
20 RECLASS OXYGEN EXPENSE	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			22,694
21 RECLASS NON BLOOD SUPPLIES	J	LABORATORY	44			46,820
22 RECLASS FLU VACCINE & LABOR EXPENSE	K	DRUGS CHARGED TO PATIENTS	56			16,800
23		FLU CLINIC	59.02		3,012	
24 RECLASS BLDG INSURANCE	L	OTHER CAPITAL RELATED COSTS	90			90,387
25 RECLASS AUTO & AMBULANCE COLLISION I	M	NEW CAP REL COSTS-HOSPITAL	3.01			3,790
26 RECLASS DEPRECIATION EXPENSE	N	NEW CAP REL COSTS-HOSPITAL	3.01			2,541,520
27		NEW CAP REL COSTS-HSB I	3.02			172,377
28		NEW CAP REL COSTS-REHAB CNT	3.04			9,511
29 RECLASS PROPERTY TAX-CLINIC	O	NEW CAP REL COSTS-REHAB CNT	3.04			3,590
30 EMPLOYED PHY LIABILITY INSURANCE	P	ANESTHESIOLOGY	40			5,988
36 TOTAL RECLASSIFICATIONS					1,793,775	4,239,400

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:  
140089

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/29/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS OB SALARIES	A	ADULTS & PEDIATRICS	25	565,278		
2						
3						
4 FOOD SERVICE ALLOCATIONS	B	CAFETERIA	12	120,567	201,745	
5 CARDIO SALARY RECLASS	C	RESPIRATORY THERAPY	49	239,831		
6						
7 RECLASS CRNA SALARIES & CONTRACT	D	ANESTHESIOLOGY	40	734,079	67,414	
8 RECLASS LEASES	E	OTHER CAPITAL RELATED COSTS	90		917,058	10
9						10
10						10
11						10
12						10
13						10
14 RECLASS DONATION EXPENSE	F	FUND DEVELOPMENT	100.03		94,115	
15						
16 RECLASS HHA SHARED	G	HOME HEALTH AGENCY	71	131,008	28,500	
17						
18						
19 RECLASS COPY MACHINE EXPENSE	H	MEDICAL RECORDS & LIBRARY	17		17,091	
20 RECLASS OXYGEN EXPENSE	I	RESPIRATORY THERAPY	49		22,694	
21 RECLASS NON BLOOD SUPPLIES	J	BLOOD STORING, PROCESSING & TRANS.	47		46,820	
22 RECLASS FLU VACCINE & LABOR EXPENSE	K	HOME HEALTH AGENCY	71	3,012	16,800	
23						
24 RECLASS BLDG INSURANCE	L	ADMINISTRATIVE & GENERAL	6		90,387	12
25 RECLASS AUTO & AMBULANCE COLLISION I	M	ADMINISTRATIVE & GENERAL	6		3,790	12
26 RECLASS DEPRECIATION EXPENSE	N	OLD CAP REL COSTS-HOSPITAL	1.01		2,551,031	9
27		OLD CAP REL COSTS-HSBI	1.02		172,377	9
28						9
29 RECLASS PROPERTY TAX-CLINIC	O	OTHER CAPITAL RELATED COSTS	90		3,590	13
30 EMPLOYED PHY LIABILITY INSURANCE	P	ADMINISTRATIVE & GENERAL	6		5,988	
36 TOTAL RECLASSIFICATIONS				1,793,775	4,239,400	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:  
140089

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/29/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION: RECLASS OB SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	318,256	ADULTS & PEDIATRICS	25	565,278	
2.00	DELIVERY ROOM & LABOR ROOM	39	225,767			0	
3.00	CENTRAL SERVICES & SUPPLY	15	21,255			0	
TOTAL RECLASSIFICATIONS FOR CODE A			565,278			565,278	

RECLASS CODE: B  
EXPLANATION: FOOD SERVICE ALLOCATIONS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIETARY	11	322,312	CAFETERIA	12	322,312	
TOTAL RECLASSIFICATIONS FOR CODE B			322,312			322,312	

RECLASS CODE: C  
EXPLANATION: CARDIO SALARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROCARDIOLOGY	53	210,554	RESPIRATORY THERAPY	49	239,831	
2.00	ELECTROENCEPHALOGRAPHY	54	29,277			0	
TOTAL RECLASSIFICATIONS FOR CODE C			239,831			239,831	

RECLASS CODE: D  
EXPLANATION: RECLASS CRNA SALARIES & CONTRACT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	801,493	ANESTHESIOLOGY	40	801,493	
TOTAL RECLASSIFICATIONS FOR CODE D			801,493			801,493	

RECLASS CODE: E  
EXPLANATION: RECLASS LEASES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-HOSPITAL	3.01	49,778	OTHER CAPITAL RELATED COSTS	90	917,058	
2.00	RADIOLOGY-DIAGNOSTIC	41	684,873			0	
3.00	OPERATING ROOM	37	96,716			0	
4.00	NEW CAP REL COSTS-REHAB CNT	3.04	41,704			0	
5.00	NEW CAP REL COSTS-HOSPITAL	3.01	23,800			0	
6.00	ADMINISTRATIVE & GENERAL	6	20,187			0	
TOTAL RECLASSIFICATIONS FOR CODE E			917,058			917,058	

RECLASS CODE: F  
EXPLANATION: RECLASS DONATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HOSPICE	93	19,041	FUND DEVELOPMENT	100.03	94,115	
2.00	ADMINISTRATIVE & GENERAL	6	75,074			0	
TOTAL RECLASSIFICATIONS FOR CODE F			94,115			94,115	

RECLASS CODE: G  
EXPLANATION: RECLASS HHA SHARED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	110,639	HOME HEALTH AGENCY	71	159,508	
2.00	PHYSICAL THERAPY	50	38,995			0	
3.00	SPEECH PATHOLOGY	52	9,874			0	
TOTAL RECLASSIFICATIONS FOR CODE G			159,508			159,508	

RECLASS CODE: H  
EXPLANATION: RECLASS COPY MACHINE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	17,091	MEDICAL RECORDS & LIBRARY	17	17,091	
TOTAL RECLASSIFICATIONS FOR CODE H			17,091			17,091	

RECLASSIFICATIONS

PROVIDER NO:  
140089

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/29/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: I  
EXPLANATION: RECLASS OXYGEN EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	22,694	RESPIRATORY THERAPY	49	22,694	
TOTAL RECLASSIFICATIONS FOR CODE I			22,694				22,694

RECLASS CODE: J  
EXPLANATION: RECLASS NON BLOOD SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LABORATORY	44	46,820	BLOOD STORING, PROCESSING & TR	47	46,820	
TOTAL RECLASSIFICATIONS FOR CODE J			46,820				46,820

RECLASS CODE: K  
EXPLANATION: RECLASS FLU VACCINE & LABOR EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	16,800	HOME HEALTH AGENCY	71	19,812	
2.00	FLU CLINIC	59.02	3,012			0	
TOTAL RECLASSIFICATIONS FOR CODE K			19,812				19,812

RECLASS CODE: L  
EXPLANATION: RECLASS BLDG INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	90,387	ADMINISTRATIVE & GENERAL	6	90,387	
TOTAL RECLASSIFICATIONS FOR CODE L			90,387				90,387

RECLASS CODE: M  
EXPLANATION: RECLASS AUTO & AMBULANCE COLLISION I

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-HOSPITAL	3.01	3,790	ADMINISTRATIVE & GENERAL	6	3,790	
TOTAL RECLASSIFICATIONS FOR CODE M			3,790				3,790

RECLASS CODE: N  
EXPLANATION: RECLASS DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-HOSPITAL	3.01	2,541,520	OLD CAP REL COSTS-HOSPITAL	1.01	2,551,031	
2.00	NEW CAP REL COSTS-HSB I	3.02	172,377	OLD CAP REL COSTS-HSB I	1.02	172,377	
3.00	NEW CAP REL COSTS-REHAB CNT	3.04	9,511			0	
TOTAL RECLASSIFICATIONS FOR CODE N			2,723,408				2,723,408

RECLASS CODE: O  
EXPLANATION: RECLASS PROPERTY TAX-CLINIC

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-REHAB CNT	3.04	3,590	OTHER CAPITAL RELATED COSTS	90	3,590	
TOTAL RECLASSIFICATIONS FOR CODE O			3,590				3,590

RECLASS CODE: P  
EXPLANATION: EMPLOYED PHY LIABILITY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ANESTHESIOLOGY	40	5,988	ADMINISTRATIVE & GENERAL	6	5,988	
TOTAL RECLASSIFICATIONS FOR CODE P			5,988				5,988

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DI SPOSALS	ENDING	FULLY
	BALANCES		DONATION	AND		BALANCE		
	1	2	3	4	5	6	7	
1 LAND	111,602						111,602	
2 LAND IMPROVEMENTS	617,972					545	617,427	603,059
3 BUILDINGS & FIXTURE	18,351,796					47,206	18,304,590	13,797,150
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT	490,511					1,002	489,509	435,492
6 MOVABLE EQUIPMENT	1,330,009					57,293	1,272,716	1,269,832
7 SUBTOTAL	20,901,890					106,046	20,795,844	16,105,533
8 RECONCILING ITEMS								
9 TOTAL	20,901,890					106,046	20,795,844	16,105,533

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DI SPOSALS	ENDING	FULLY
	BALANCES		DONATION	AND		BALANCE		
	1	2	3	4	5	6	7	
1 LAND								
2 LAND IMPROVEMENTS	570,212	53,028		53,028			623,240	308,753
3 BUILDINGS & FIXTURE	16,029,257	3,122,673		3,122,673		200,003	18,951,927	2,465,690
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT	429,798	3,468		3,468		11,125	422,141	105,396
6 MOVABLE EQUIPMENT	21,287,626	2,744,123		2,744,123		1,848,289	22,183,460	8,879,074
7 SUBTOTAL	38,316,893	5,923,292		5,923,292		2,059,417	42,180,768	11,758,913
8 RECONCILING ITEMS								
9 TOTAL	38,316,893	5,923,292		5,923,292		2,059,417	42,180,768	11,758,913

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL								
1 01	OLD CAP REL COSTS-H	18,580,898		18,580,898	.295044	26,668			26,668
1 02	OLD CAP REL COSTS-H	2,174,797		2,174,797	.034533	3,121			3,121
1 03	OLD CAP REL COSTS-H	13,711		13,711	.000218	20			20
1 04	OLD CAP REL COSTS-R	25,730		25,730	.000409	37			37
1 05	OLD CAP REL COSTS-M	711		711	.000011	1			1
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-H	34,680,014		34,680,014	.550681	49,775			49,775
3 02	NEW CAP REL COSTS-H	2,878,011		2,878,011	.045700	4,131			4,131
3 03	NEW CAP REL COSTS-H	2,729,068		2,729,068	.043335	3,917			3,917
3 04	NEW CAP REL COSTS-R	158,526		158,526	.002517	228			228
3 05	NEW CAP REL COSTS-D	1,518		1,518	.000024	2			2
3 06	NEW CAP REL COSTS-H	270,566		270,566	.004296	388			388
3 07	NEW CAP REL COSTS-M	929,096		929,096	.014753	1,333			1,333
3 08	NEW CAP REL COSTS-O	533,969		533,969	.008479	766			766
5	TOTAL	62,976,615		62,976,615	1.000000	90,387			90,387

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
								15
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-H	119,832			26,668			146,500
1 02	OLD CAP REL COSTS-H	43,250			3,121			46,371
1 03	OLD CAP REL COSTS-H				20			20
1 04	OLD CAP REL COSTS-R				37			37
1 05	OLD CAP REL COSTS-M				1			1
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-H	2,524,526	73,578		53,565			2,651,669
3 02	NEW CAP REL COSTS-H	172,377			4,131			176,508
3 03	NEW CAP REL COSTS-H	112,552			3,917			116,469
3 04	NEW CAP REL COSTS-R	9,511	41,704		228	3,590		55,033
3 05	NEW CAP REL COSTS-D	141			2			143
3 06	NEW CAP REL COSTS-H	10,832			388			11,220
3 07	NEW CAP REL COSTS-M	76,336			1,333			77,669
3 08	NEW CAP REL COSTS-O	26,497			766			27,263
5	TOTAL	3,095,854	115,282		94,177	3,590		3,308,903

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

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
								15
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-H	2,670,863						2,670,863
1 02	OLD CAP REL COSTS-H	215,627						215,627
1 03	OLD CAP REL COSTS-H							
1 04	OLD CAP REL COSTS-R							
1 05	OLD CAP REL COSTS-M							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-H							
3 02	NEW CAP REL COSTS-H							
3 03	NEW CAP REL COSTS-H	112,552						112,552
3 04	NEW CAP REL COSTS-R							
3 05	NEW CAP REL COSTS-D	141						141
3 06	NEW CAP REL COSTS-H	10,832						10,832
3 07	NEW CAP REL COSTS-M	76,336						76,336
3 08	NEW CAP REL COSTS-O	26,497						26,497
5	TOTAL	3,112,848						3,112,848

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-53,449	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-1,631	NEW CAP REL COSTS-HOSPIT	3.01	9
10 TELEVISION AND RADIO SERVICE	A	-7,890	NEW CAP REL COSTS-HOSPIT	3.01	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,257,600			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-25,510			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-369,540	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-580	MEDICAL SUPPLIES CHARGED	55	
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-3,142	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	B	-2,000	PARAMED ED PRGM	24	
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST	B	-107,142	ADMINISTRATIVE & GENERAL	6	
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
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			**COST CENTER DELETED**	4	
33 NON-PHYSICIAN ANESTHETIST	A	-801,493	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER ADJUSTMENTS (SPECIFY)					
37.50					
38 COUNTRY CLUB DUES	A	-3,195	ADMINISTRATIVE & GENERAL	6	
38.50 I HHA/AHA DUES	A	-24,389	ADMINISTRATIVE & GENERAL	6	
39 I L HOSPITAL RESEARCH & ED DONATION	A	-32,196	ADMINISTRATIVE & GENERAL	6	
39.50 I ONL & I ONE DUES	A	-320	ADMINISTRATIVE & GENERAL	6	
40 PATIENT TELEPHONE LABOR	A	-8,000	ADMINISTRATIVE & GENERAL	6	
40.50 SELF INSURED EMPLOYEE HEALTH INSUR.	A	-2,031,509	EMPLOYEE BENEFITS	5	
41 TELEPHONE ANSWERING	B	-2,823	ADMINISTRATIVE & GENERAL	6	
42 RECLAIMED SILVER	B	-373	RADIOLOGY-DIAGNOSTIC	41	
42.50 AMBULANCE WAGES-DI SASTER	B	-1,185	AMBULANCE SERVICES	65	
43 NET CAPITAL LOSS ON RETIREMENT	A	391	NEW CAP REL COSTS-HOSPIT	3.01	9
43.50 DAY HEALTH MEALS	B	-13,093	DIETARY	11	
44 NSF CHECK FEES	B	-25	ADMINISTRATIVE & GENERAL	6	
44.50 RECYCLE COPPER & BATTERIES	B	-170	MAINTENANCE & REPAIRS	7	
45 PARAMEDIC CLASS TUITION	B	-11,150	PARAMED ED PRGM-PARAMEDIC	24.01	
45.50 RADIOLOGY BILLING	B	-113,076	ADMINISTRATIVE & GENERAL	6	
46 NUTRITION COUNSELING	B	-14,328	DIETARY	11	
46.50 AMBULANCE STAND BY	B	-19,444	AMBULANCE SERVICES	65	
47 KARE-A-LOT	B	-270	ADULTS & PEDIATRICS	25	
47.50 PT CONSULTING	B	-8,940	PHYSICAL THERAPY	50	
48 ADVERTISING	A	-229,108	ADMINISTRATIVE & GENERAL	6	
48.01 CEO CAR	A	-579	ADMINISTRATIVE & GENERAL	6	
48.02 PHYSICIAN BENEFITS	A	-131,699	EMPLOYEE BENEFITS	5	
48.03 NON ALLOWABLE PROPERTY TAX	A	-75,468	OTHER CAPITAL RELATED COS	90	
48.04 CRNA EMPLOYEE BENEFITS	A	-94,541	EMPLOYEE BENEFITS	5	
48.05 IDPA PARTICIPANT FEES	A	-8,760	ADMINISTRATIVE & GENERAL	6	
48.06 CEO CAR DEPRECIATION	A	-7,864	NEW CAP REL COSTS-HOSPIT	3.01	9
48.07 MSO	A	-12,762	ADMINISTRATIVE & GENERAL	6	
48.08					
48.09					
48.10					
48.11					
48.12					
48.13					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,474,853			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	100	MSO LOSS		25,510	-25,510	
2						
3						
4						
5		TOTALS		25,510	-25,510	

\* 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) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
C		0.00	MSO	100.00	OPERATE PHYSICIAN OFFICES
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0089

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/29/2010  
WORKSHEET A-8-2  
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 39	OB COVERAGE	64,427	64,427					
2 25	HOSPITALIST	61,365	61,365					
3 40	ANESTHESIOLOGY	373,640	325,280	48,360	167,500	267	21,501	1,075
4 61	ER	1,514,870	1,514,870					
5 49	RT	6,360	6,360					
6 53	EKG	154,450	154,450					
7 44	PATHOLOGIST	179,364		179,364	208,000	746	74,600	3,730
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,354,476	2,126,752	227,724		1,013	96,101	4,805

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0089

PERIOD: FROM 7/1/2009 TO 6/30/2010

PREPARED 11/29/2010 WORKSHEET A-8-2 GROUP 1

LINE NO.	WKSHT A 10	COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUSTMENT 18
1	39	OB COVERAGE							64,427
2	25	HOSPITALIST							61,365
3	40	ANESTHESIOLOGY			5,988	775	22,276	26,084	351,364
4	61	ER	4,109						1,514,870
5	49	RT							6,360
6	53	EKG							154,450
7	44	PATHOLOGIST					74,600	104,764	104,764
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	4,109		5,988	775	96,876	130,848	2,257,600

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0089  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/29/2010  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
1.01	OLD CAP REL COSTS-HOSPITAL	1	SQUARE FEET	ENTERED
1.02	OLD CAP REL COSTS-HSB I	2	SQUARE FEET	ENTERED
1.03	OLD CAP REL COSTS-HSB II	3	SQUARE FEET	ENTERED
1.04	OLD CAP REL COSTS-REHAB CNT	4	PER CENT	ENTERED
1.05	OLD CAP REL COSTS-MAB	7	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-HOSPITAL	1	SQUARE FEET	ENTERED
3.02	NEW CAP REL COSTS-HSB I	2	SQUARE FEET	ENTERED
3.03	NEW CAP REL COSTS-HSB II	3	SQUARE FEET	ENTERED
3.04	NEW CAP REL COSTS-REHAB CNT	4	PER CENT	ENTERED
3.05	NEW CAP REL COSTS-DIAYSIS	5	PER CENT	ENTERED
3.06	NEW CAP REL COSTS-HOSPITALITY HOUSE	6	PER CENT	ENTERED
3.07	NEW CAP REL COSTS-MAB	7	SQUARE FEET	ENTERED
3.08	NEW CAP REL COSTS-ORTHO BLDG	8	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	9	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
7.01	MAINTENANCE & REPAIRS-HSB I	2	SQUARE FEET	ENTERED
7.02	MAINTENANCE & REPAIRS-HSB II	3	SQUARE FEET	ENTERED
7.03	MAINTENANCE & REPAIRS-REHAB CLINIC	4	PER CENT	ENTERED
7.04	MAINTENANCE & REPAIRS-MAB	7	SQUARE FEET	ENTERED
7.05	MAINTENANCE & REPAIRS-ORTHO BLDG	8	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF LINEN	ENTERED
10	HOUSEKEEPING	11	TIME SPENT	ENTERED
10.01	HOUSEKEEPING-HSB	2	SQUARE FEET	ENTERED
10.02	HOUSEKEEPING-HSB II	3	SQUARE FEET	ENTERED
10.03	HOUSEKEEPING-ORTHO	8	SQUARE FEET	ENTERED
10.04	HOUSEKEEPING-MAB	7	SQUARE FEET	ENTERED
11	DIETARY	19	MEALS SERVED	ENTERED
12	CAFETERIA	12	FTE'S	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	ENTERED
24	PARAMED PRGM	22	ASSIGNED TIME	ENTERED
24.01	PARAMED PRGM-PARAMEDIC	23	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL COSTS-HOSPIT	OLD CAP REL COSTS-HSB I	OLD CAP REL COSTS-HSB II	OLD CAP REL COSTS-REHAB	OLD CAP REL COSTS-MAB
	0	1	1.01	1.02	1.03	1.04	1.05
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPIT	146,500		146,500				
001 03 OLD CAP REL COSTS-HSB I	46,371			46,371			
001 04 OLD CAP REL COSTS-HSB II	20				20		
001 05 OLD CAP REL COSTS-REHAB	37					37	
001 06 OLD CAP REL COSTS-MAB	1						1
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPIT	2,651,669						
003 02 NEW CAP REL COSTS-HSB I	176,508						
003 03 NEW CAP REL COSTS-HSB II	116,469						
003 04 NEW CAP REL COSTS-REHAB	55,033						
003 05 NEW CAP REL COSTS-DI AYSI	143						
003 06 NEW CAP REL COSTS-HOSPIT	11,220						
003 07 NEW CAP REL COSTS-MAB	77,669						
003 08 NEW CAP REL COSTS-ORTHO	27,263						
005 EMPLOYEE BENEFITS	6,412,070		1,052				
006 ADMINI STRATIVE & GENERAL	5,382,833		40,301	13,724		8	
007 MAI NTENANCE & REPAI RS	1,683,187		10,873				
007 01 MAI NTENANCE & REPAI RS-HSB	173,918			1,619			
007 02 MAI NTENANCE & REPAI RS-HSB	73,614					3	
007 03 MAI NTENANCE & REPAI RS-REH	13,771						
007 04 MAI NTENANCE & REPAI RS-MAB	16,149						
007 05 MAI NTENANCE & REPAI RS-ORT	8,037						
009 LAUNDRY & LI NEN SERVI CE	270,906		3,302				
010 HOUSEKEEPI NG	552,096		1,756				
010 01 HOUSEKEEPI NG-HSB	97,413						
010 02 HOUSEKEEPI NG-HSB II	26,955						
010 03 HOUSEKEEPI NG-ORTHO	1,665						
010 04 HOUSEKEEPI NG-MAB	9,339						
011 DI ETARY	587,426		2,293				
012 CAFETERIA	304,372		5,788				
014 NURSI NG ADMINI STRATION	438,903		51				
015 CENTRAL SERVI CES & SUPPLY	363,027		5,468				
016 PHARMACY	2,080,848		1,330				
017 MEDI CAL RECORDS & LI BRARY	619,425		3,259				
018 SOCI AL SERVI CE	326,750		391				
020 NONPHYSI CI AN ANESTHETI STS							
024 PARAMED ED PRGM	90,097		218				
024 01 PARAMED ED PRGM-PARAMEDI C	1,717						
025 INPAT ROUTI NE SRVC CNTRS							
025 ADULTS & PEDI ATRI CS	2,948,934		23,150				
026 INTENSI VE CARE UNI T	741,276		3,701				
033 NURSERY	318,256		807				
034 SKI LLED NURSI NG FACI LITY	873,926		2,395				
037 ANCI LLARY SRVC COST CNTRS							
037 OPERATI NG ROOM	1,738,309		6,963				
038 RECOVERY ROOM	561,456		2,280				
039 DELI VERY ROOM & LABOR ROO	228,167		1,722				
040 ANESTHESI OLOGY	132,628		273				
041 RADI OLOGY-DI AGNOSTI C	2,347,954		8,941				
044 LABORATORY	3,200,607		6,099				
047 BLOOD STORI NG, PROCESSI NG	324,901						
049 RESPI RATORY THERAPY	435,579		3,103				
050 PHYSI CAL THERAPY	1,281,739		2,848			37	
051 OCCUPATI ONAL THERAPY							
052 SPEECH PATHOLOGY	122,868		120				
053 ELECTROCARDI OLOGY	237,292		120				
054 ELECTROENCEPHALOGRAPHY	29,396		184				
055 MEDI CAL SUPPLI ES CHARGED	349,597						
055 30 I MPL. DEV. CHARGED TO PAT	862,547						
056 DRUGS CHARGED TO PATI ENTS	16,800						
059 BEHAVI ORAL HEALTH	511,086			2,501			
059 01 DI ABETES/WOUND CARE/COUMA	402,432		706				
059 02 FLU CLI NIC	3,012						
059 97 CARDI AC REHABI LI TATION	96,475		752				
061 OUTPAT SERVI CE COST CNTRS							
061 EMERGENCY	1,063,926		4,427				
062 OBSERVATI ON BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVI CES	828,147		1,153				
071 HOME HEALTH AGENCY	910,972						
093 SPEC PURPOSE COST CENTERS							
093 HOSPI CE	731,665						
095 SUBTOTALS	44,143,368		145,826	17,844	11	37	
096 NONREIMBURS COST CENTERS							
096 GI FT, FLOWER, COFFEE SHOP			430				
098 PHYSI CI ANS' PRI VATE OFFI C				24,121	6		1
100 DAY HEALTH	188,234			2,450			
100 01 OUTREACH SERVI CES	120,372		137				
100 02 MSO LOSS	29,689			250			
100 03 FUND DEVELOPMENT	120,607		107				
100 04 OUTSI DE LAUNDRY							
100 05 PHYSI CI AN SUPPORT	381,052			952			
100 06 HOSPI TALI TY HOUSE	16,877						
100 07 HSK DI ALYSI S	7,503						

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL COSTS-HOSPIT	OLD CAP REL COSTS-HSB I	OLD CAP REL COSTS-HSB II	OLD CAP REL COSTS-REHAB	OLD CAP REL COSTS-MAB
	0	1	1.01	1.02	1.03	1.04	1.05
NONREIMBURS COST CENTERS							
100 08 OCCUPATIONAL MED	274						
100 09 VISITING PHYSICIANS	8,290						
100 10 FARM LAND							
100 12 MMG-PHYSICIAN OFFICES	1,634,476			754	3		
100 13 VALET PARKING SERVICE	20,393						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	46,671,135		146,500	46,371	20	37	1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-HOSPIT	NEW CAP REL COSTS-HSB I	NEW CAP REL COSTS-HSB II	NEW CAP REL COSTS-REHAB	NEW CAP REL COSTS-DI AYSI	NEW CAP REL COSTS-HOSPIT
	3	3.01	3.02	3.03	3.04	3.05	3.06
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-HOSPIT							
001 02 OLD CAP REL COSTS-HSB I							
001 03 OLD CAP REL COSTS-HSB II							
001 04 OLD CAP REL COSTS-REHAB							
001 05 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLDG & OSTS							
003 01 NEW CAP REL COSTS-HOSPIT		2,651,669					
003 02 NEW CAP REL COSTS-HSB I			176,508				
003 03 NEW CAP REL COSTS-HSB II				116,469			
003 04 NEW CAP REL COSTS-REHAB					55,033		
003 05 NEW CAP REL COSTS-DI AYSI						143	
003 06 NEW CAP REL COSTS-HOSPIT							11,220
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO							
005 EMPLOYEE BENEFITS		19,044					
006 ADMNISTRATIVE & GENERAL		729,451	52,238	45,174			
007 MAINTENANCE & REPAIRS		196,804					
007 01 MAINTENANCE & REPAIRS-HSB			6,164				
007 02 MAINTENANCE & REPAIRS-HSB				17,402			
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE		59,774					
010 HOUSEKEEPING		31,780					
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB							
011 DIETARY		41,503					
012 CAFETERIA		104,770					
014 NURSING ADMINISTRATION		927					
015 CENTRAL SERVICES & SUPPLY		98,974					
016 PHARMACY		24,067					
017 MEDICAL RECORDS & LIBRARY		58,985					
018 SOCIAL SERVICE		7,079					
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED PRGM		3,942					
024 01 PARAMED PRGM-PARAMEDIC							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		419,019					
026 INTENSIVE CARE UNIT		66,992					
033 NURSERY		14,607					
034 SKILLED NURSING FACILITY		43,343					
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		126,024					
038 RECOVERY ROOM		41,271					
039 DELIVERY ROOM & LABOR ROO		31,162					
040 ANESTHESIOLOGY		4,946					
041 RADIOLOGY-DIAGNOSTIC		161,839					
044 LABORATORY		110,397					
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY		56,172					
050 PHYSICAL THERAPY		51,550			55,033		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY		2,164					
053 ELECTROCARDIOLOGY		2,164					
054 ELECTROENCEPHALOGRAPHY		3,339					
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH			9,522				
059 01 DIABETES/WOUND CARE/COUMA		12,783					
059 02 FLU CLINIC							
059 97 CARDIAC REHABILITATION		13,603					
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		80,131					
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		20,867					
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS		2,639,473	67,924	62,576	55,033		
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		7,791					
098 PHYSICIANS' PRIVATE OFFIC			91,813	34,400			
100 DAY HEALTH			9,325				
100 01 OUTREACH SERVICES		2,473					
100 02 MSO LOSS			951				
100 03 FUND DEVELOPMENT		1,932					
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			3,624				
100 06 HOSPITALITY HOUSE							11,220
100 07 HSK DIALYSIS							

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL COSTS-HOSPIT	NEW CAP REL COSTS-HSB I	NEW CAP REL COSTS-HSB II	NEW CAP REL COSTS-REHAB	NEW CAP REL COSTS-DI AYSI	NEW CAP REL COSTS-HOSPIT
	3	3.01	3.02	3.03	3.04	3.05	3.06
NONREIMBURS COST CENTERS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							
100 10 FARM LAND							
100 12 MMG-PHYSICIAN OFFICES			2,871	19,493			
100 13 VALET PARKING SERVICE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		2,651,669	176,508	116,469	55,033	143	11,220

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MAB	NEW CAP REL COSTS-ORTHO	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB
	3.07	3.08	5	5a.00	6	7	7.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HSB I							
001 03 OLD CAP REL COSTS-HSB II							
001 04 OLD CAP REL COSTS-REHAB							
001 05 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPIT							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB							
003 05 NEW CAP REL COSTS-DIAYSI							
003 06 NEW CAP REL COSTS-HOSPIT							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO	77,669	27,263					
005 EMPLOYEE BENEFITS			6,432,166				
006 ADMINSTRATIVE & GENERAL		26,587	897,094	7,187,410	7,187,410		
007 MAINTENANCE & REPAIRS			144,239	2,035,103	370,460	2,405,563	
007 01 MAINTENANCE & REPAIRS-HSB			5,164	186,865	34,016		220,881
007 02 MAINTENANCE & REPAIRS-HSB			1,847	92,866	16,905		
007 03 MAINTENANCE & REPAIRS-REH				13,771	2,507		
007 04 MAINTENANCE & REPAIRS-MAB			477	16,626	3,027		
007 05 MAINTENANCE & REPAIRS-ORT			324	8,361	1,522		
009 LAUNDRY & LINEN SERVICE			52,717	386,699	70,393	84,266	
010 HOUSEKEEPING			140,346	725,978	132,153	44,802	
010 01 HOUSEKEEPING-HSB			24,944	122,357	22,273		
010 02 HOUSEKEEPING-HSB II			6,550	33,505	6,099		
010 03 HOUSEKEEPING-ORTHO			476	2,141	390		
010 04 HOUSEKEEPING-MAB			2,669	12,008	2,186		
011 DIETARY			116,622	747,844	136,134	58,509	
012 CAFETERIA			72,052	486,982	88,648	147,700	
014 NURSING ADMINISTRATION			119,965	559,846	101,912	1,307	
015 CENTRAL SERVICES & SUPPLY			60,787	528,256	96,161	139,528	
016 PHARMACY			157,429	2,263,674	412,068	33,929	
017 MEDICAL RECORDS & LIBRARY			165,246	846,915	154,168	83,155	
018 SOCIAL SERVICE			89,934	424,154	77,211	9,980	
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED PRGM			21,196	115,453	21,016	5,557	
024 01 PARAMED PRGM-PARAMEDIC			3,605	5,322	969		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			763,507	4,154,610	756,274	590,713	
033 INTENSIVE CARE UNIT			198,713	1,010,682	183,979	94,443	
034 NURSERY			90,964	424,634	77,298	20,593	
034 SKILLED NURSING FACILITY			236,421	1,156,085	210,448	61,102	
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM			305,762	2,177,058	396,301	177,663	
038 RECOVERY ROOM			131,644	736,651	134,096	58,182	
039 DELIVERY ROOM & LABOR ROO			64,529	325,580	59,267	43,931	
040 ANESTHESIOLOGY				137,847	25,093	6,973	
041 RADIOLOGY-DIAGNOSTIC			334,094	2,852,828	519,315	228,153	
044 LABORATORY			453,035	3,770,138	686,297	155,632	
047 BLOOD STORING, PROCESSING				324,901	59,143		
049 RESPIRATORY THERAPY			108,023	602,877	109,745	79,189	
050 PHYSICAL THERAPY			351,285	1,742,492	317,195	72,673	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			31,077	156,229	28,439	3,051	
053 ELECTROCARDIOLOGY			60,181	299,757	54,566	3,051	
054 ELECTROENCEPHALOGRAPHY			8,368	41,287	7,516	4,707	
055 MEDICAL SUPPLIES CHARGED				349,597	63,639		
055 30 IMPL. DEV. CHARGED TO PAT				862,547	157,014		
056 DRUGS CHARGED TO PATIENTS				16,800	3,058		
059 BEHAVIORAL HEALTH			142,215	665,324	121,112		17,807
059 01 DIABETES/WOUND CARE/COUMA			108,640	524,561	95,488	18,021	
059 02 FLU CLINIC			861	3,873	705		
059 97 CARDIAC REHABILITATION			33,330	144,160	26,242	19,176	
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		336	219,174	1,367,994	249,023	112,965	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		340	222,619	1,073,126	195,346	29,418	
071 HOME HEALTH AGENCY	17,759		231,827	1,160,558	211,262		
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE	10,788		106,795	849,248	154,593		
095 SUBTOTALS	28,547	27,263	6,286,747	43,733,580	6,652,672	2,388,369	17,807
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				8,221	1,497	10,983	
098 PHYSICIANS' PRIVATE OFFIC	49,122			199,463	36,309		171,710
100 DAY HEALTH			44,483	244,492	44,506		17,439
100 01 OUTREACH SERVICES			27,854	150,836	27,457	3,487	
100 02 MSO LOSS			8,486	39,376	7,168		1,778
100 03 FUND DEVELOPMENT			28,352	150,998	27,487	2,724	
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			21,500	407,128	74,112		6,778
100 06 HOSPITALITY HOUSE			3,394	31,491	5,732		
100 07 HSK DIALYSIS			2,145	9,791	1,782		

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MAB	NEW CAP REL COSTS-ORTHO	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB
	3.07	3.08	5	5a.00	6	7	7.01
NONREIMBURS COST CENTERS							
100 08 OCCUPATIONAL MED				274	50		
100 09 VISITING PHYSICIANS			2,350	10,640	1,937		
100 10 FARM LAND							
100 12 MMG-PHYSICIAN OFFICES			1,036	1,658,633	301,929		5,369
100 13 VALET PARKING SERVICE			5,819	26,212	4,772		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	77,669	27,263	6,432,166	46,671,135	7,187,410	2,405,563	220,881

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS-HSB	MAINTENANCE & REPAIRS-REH	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING-HSB	HOUSEKEEPING-HSB
	7.02	7.03	7.04	7.05	9	10	10.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPIT							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPIT							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB							
003 05 NEW CAP REL COSTS-DIAYSI							
003 06 NEW CAP REL COSTS-HOSPIT							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB	109,771						
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH		16,278					
007 04 MAINTENANCE & REPAIRS-MAB			19,653				
007 05 MAINTENANCE & REPAIRS-ORT				9,883			
009 LAUNDRY & LINEN SERVICE					541,358		
010 HOUSEKEEPING					31,536	934,469	
010 01 HOUSEKEEPING-HSB							144,630
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB							
011 DIETARY					2,328	18,613	
012 CAFETERIA					4,935	80,630	
014 NURSING ADMINISTRATION						5,600	
015 CENTRAL SERVICES & SUPPLY						46,429	
016 PHARMACY						3,113	
017 MEDICAL RECORDS & LIBRARY						13,876	
018 SOCIAL SERVICE						848	
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM							
024 01 PARAMEDICAL PRGM-PARAMEDIC							
025 INPATIENT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS					90,489	268,660	
033 INTENSIVE CARE UNIT					10,105	33,338	
034 NURSERY					4,364	3,874	
037 SKILLED NURSING FACILITY					24,575	70,754	
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM					48,535	86,027	
040 RECOVERY ROOM					35,128	31,118	
041 DELIVERY ROOM & LABOR ROOM						9,872	
044 ANESTHESIOLOGY							
047 RADIOLOGY-DIAGNOSTIC					21,531	45,818	
049 LABORATORY					2,731	46,046	
050 BLOOD STORING, PROCESSING						1,212	
051 RESPIRATORY THERAPY					3,917	14,303	
052 PHYSICAL THERAPY		16,278			13,731	30,017	
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY						3,166	
055 ELECTROCARDIOLOGY						2,507	
056 ELECTROENCEPHALOGRAPHY						5,333	
059 MEDICAL SUPPLIES CHARGED							
059 30 IMPL. DEV. CHARGED TO PAT							
059 01 DRUGS CHARGED TO PATIENTS							
059 02 BEHAVIORAL HEALTH							11,660
059 97 DIABETES/WOUND CARE/COUMA					112	3,922	
061 FLU CLINIC							
062 CARDIAC REHABILITATION						8,965	
065 OUTPAT SERVICE COST CNTRS							
065 01 EMERGENCY				4,914	26,802	94,153	
065 02 OBSERVATION BEDS (NON-DIS							
065 03 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES				4,969	6,569	364	
093 HOME HEALTH AGENCY			4,494				
095 SPEC PURPOSE COST CENTERS							
096 HOSPICE			2,730				
098 SUBTOTALS		16,278	7,224	9,883	327,388	928,558	11,660
099 NONREIMBURS COST CENTERS							
099 01 GIFT, FLOWER, COFFEE SHOP						3,515	
100 PHYSICIANS' PRIVATE OFFICE	70,067		12,429				112,434
100 01 DAY HEALTH					604		11,419
100 02 OUTREACH SERVICES						1,135	
100 03 MSO LOSS							1,164
100 04 FUND DEVELOPMENT						1,261	
100 05 OUTSIDE LAUNDRY					212,594		
100 06 PHYSICIAN SUPPORT							4,438
100 07 HOSPITALITY HOUSE						772	
100 08 HSK DIALYSIS							

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS-HSB 7.02	MAINTENANCE & REPAIRS-REH 7.03	MAINTENANCE & REPAIRS-MAB 7.04	MAINTENANCE & REPAIRS-ORT 7.05	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	HOUSEKEEPING-HSB 10.01
NONREIMBURS COST CENTERS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							
100 10 FARM LAND							
100 12 MMG-PHYSICIAN OFFICES	39,704						3,515
100 13 VALET PARKING SERVICE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	109,771	16,278	19,653	9,883	541,358	934,469	144,630

COST CENTER DESCRIPTION	HOUSEKEEPING-HSB II	HOUSEKEEPING-ORTHO	HOUSEKEEPING-MAB	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	10.02	10.03	10.04	11	12	14	15
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPIT							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-HOSPIT							
003 03 NEW CAP REL COSTS-HSB I							
003 04 NEW CAP REL COSTS-HSB II							
003 05 NEW CAP REL COSTS-REHAB							
003 06 NEW CAP REL COSTS-DIAYSI							
003 07 NEW CAP REL COSTS-HOSPIT							
003 08 NEW CAP REL COSTS-MAB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II	39,604						
010 03 HOUSEKEEPING-ORTHO		2,531					
010 04 HOUSEKEEPING-MAB			14,194				
011 DIETARY				963,428			
012 CAFETERIA					808,895		
014 NURSING ADMINISTRATION					13,868	682,533	
015 CENTRAL SERVICES & SUPPLY					18,172		828,546
016 PHARMACY					16,498		10,765
017 MEDICAL RECORDS & LIBRARY					36,822		187
018 SOCIAL SERVICE					15,542		297
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED ED PRGM					2,391		14
024 01 PARAMED ED PRGM-PARAMEDIC					717		
025 INPAT ROUTINE SRVC CNTRS				537,350	132,227	356,750	68,234
026 ADULTS & PEDIATRICS				43,614	27,497	74,188	13,106
033 INTENSIVE CARE UNIT					11,955	32,256	
034 NURSERY				173,339	39,452	106,444	12,520
037 SKILLED NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM					49,017		145,535
038 RECOVERY ROOM					17,216		32,578
039 DELIVERY ROOM & LABOR ROO					8,369	22,579	
040 ANESTHESIOLOGY							16,693
041 RADIOLOGY-DIAGNOSTIC					60,255		24,870
044 LABORATORY					72,210		29,268
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY					17,694		5,614
050 PHYSICAL THERAPY					45,430		2,418
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY					9,325		108
053 ELECTROCARDIOLOGY					9,564		1,893
054 ELECTROENCEPHALOGRAPHY					1,196		
055 MEDICAL SUPPLIES CHARGED							106,233
055 30 IMPL. DEV. CHARGED TO PAT							295,790
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH					24,867		380
059 01 DIABETES/WOUND CARE/COUMA					14,107		3,155
059 02 FLU CLINIC							
059 97 CARDIAC REHABILITATION					4,782		330
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		1,259			33,475	90,316	42,410
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		1,272			42,322		201
071 HOME HEALTH AGENCY			3,245		33,714		11,670
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			1,972		14,825		2,779
095 SUBTOTALS		2,531	5,217	754,303	773,509	682,533	827,048
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	25,279		8,977				
100 DAY HEALTH				209,125	9,086		535
100 01 OUTREACH SERVICES					5,260		704
100 02 MSO LOSS							
100 03 FUND DEVELOPMENT					4,782		
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT					2,152		56
100 06 HOSPITALITY HOUSE					717		191
100 07 HSK DIALYSIS					956		

COST CENTER DESCRIPTION	HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	10.02	10.03	10.04	11	12	14	15
NONREIMBURS COST CENTERS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS					239		
100 10 FARM LAND							
100 12 MMG-PHYSICIAN OFFICES	14,325				9,803		
100 13 VALET PARKING SERVICE					2,391		12
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	39,604	2,531	14,194	963,428	808,895	682,533	828,546

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20	PARAMED PRGM 24	PARAMED PRGM-PARAMEDIC 24.01	SUBTOTAL 25
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPIT							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPIT							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB							
003 05 NEW CAP REL COSTS-DIAYSI							
003 06 NEW CAP REL COSTS-HOSPIT							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO							
005 EMPLOYEE BENEFITS							
006 ADMINSTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	2,740,047						
017 MEDICAL RECORDS & LIBRARY		1,135,123					
018 SOCIAL SERVICE			528,032				
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED PRGM					144,431		
024 01 PARAMED PRGM-PARAMEDIC						7,008	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRCS		938,748	374,375				8,268,430
026 INTENSIVE CARE UNIT		12,486	41,715				1,545,153
033 NURSERY		12,486					587,460
034 SKILLED NURSING FACILITY		78,323	107,190				2,040,232
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							3,080,136
038 RECOVERY ROOM							1,044,969
039 DELIVERY ROOM & LABOR ROO							469,598
040 ANESTHESIOLOGY							186,606
041 RADIOLOGY-DIAGNOSTIC					144,431		3,897,201
044 LABORATORY							4,762,322
047 BLOOD STORING, PROCESSING							385,256
049 RESPIRATORY THERAPY							833,339
050 PHYSICAL THERAPY							2,240,234
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							200,318
053 ELECTROCARDIOLOGY							371,338
054 ELECTROENCEPHALOGRAPHY							60,039
055 MEDICAL SUPPLIES CHARGED							519,469
055 30 IMPL. DEV. CHARGED TO PAT							1,315,351
056 DRUGS CHARGED TO PATIENTS	2,740,047						2,759,905
059 BEHAVIORAL HEALTH							841,150
059 01 DIABETES/WOUND CARE/COUMA							659,366
059 02 FLU CLINIC							4,578
059 97 CARDIAC REHABILITATION							203,655
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		93,080	4,752				2,121,143
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES						7,008	1,360,595
071 HOME HEALTH AGENCY							1,424,943
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							1,026,147
095 SUBTOTALS	2,740,047	1,135,123	528,032		144,431	7,008	42,208,933
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							24,216
098 PHYSICIANS' PRIVATE OFFIC							636,668
100 DAY HEALTH							537,206
100 01 OUTREACH SERVICES							188,879
100 02 MSO LOSS							49,486
100 03 FUND DEVELOPMENT							187,252
100 04 OUTSIDE LAUNDRY							212,594
100 05 PHYSICIAN SUPPORT							494,664
100 06 HOSPITALITY HOUSE							38,903
100 07 HSK DIALYSIS							12,529

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMEDICAL GM	PARAMEDICAL PR	PARAMEDICAL PR GM-PARAMEDICAL	SUBTOTAL
NONREIMBURS COST CENTERS	16	17	18	20	24		24.01	25
100 08 OCCUPATIONAL MED								324
100 09 VISITING PHYSICIANS								12,816
100 10 FARM LAND								
100 12 MMG-PHYSICIAN OFFICES								2,033,278
100 13 VALET PARKING SERVICE								33,387
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	2,740,047	1,135,123	528,032		144,431		7,008	46,671,135

COST CENTER DESCRIPTION	I & R COST POST STEP-DOWN ADJ 26	TOTAL 27
001 GENERAL SERVICE COST CNTR		
001 01 OLD CAP REL COSTS-BLDG &		
001 02 OLD CAP REL COSTS-HOSPIT		
001 03 OLD CAP REL COSTS-HSB I		
001 04 OLD CAP REL COSTS-HSB II		
001 05 OLD CAP REL COSTS-REHAB		
001 06 OLD CAP REL COSTS-MAB		
003 NEW CAP REL COSTS-BLDG &		
003 01 NEW CAP REL COSTS-HOSPIT		
003 02 NEW CAP REL COSTS-HSB I		
003 03 NEW CAP REL COSTS-HSB II		
003 04 NEW CAP REL COSTS-REHAB		
003 05 NEW CAP REL COSTS-DI AYSI		
003 06 NEW CAP REL COSTS-HOSPIT		
003 07 NEW CAP REL COSTS-MAB		
003 08 NEW CAP REL COSTS-ORTHO		
005 EMPLOYEE BENEFITS		
006 ADMINSTRATIVE & GENERAL		
007 MAINTENANCE & REPAIRS		
007 01 MAINTENANCE & REPAIRS-HSB		
007 02 MAINTENANCE & REPAIRS-HSB		
007 03 MAINTENANCE & REPAIRS-REH		
007 04 MAINTENANCE & REPAIRS-MAB		
007 05 MAINTENANCE & REPAIRS-ORT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
010 01 HOUSEKEEPING-HSB		
010 02 HOUSEKEEPING-HSB II		
010 03 HOUSEKEEPING-ORTHO		
010 04 HOUSEKEEPING-MAB		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
020 NONPHYSICIAN ANESTHETISTS		
024 PARAMED PRGM		
024 01 PARAMED PRGM-PARAMEDIC		
025 INPAT ROUTINE SRVC CNTRS		8,268,430
026 ADULTS & PEDIATRICS		1,545,153
033 INTENSIVE CARE UNIT		587,460
034 NURSERY		2,040,232
037 SKILLED NURSING FACILITY		
038 ANCILLARY SRVC COST CNTRS		
039 OPERATING ROOM		3,080,136
040 RECOVERY ROOM		1,044,969
041 DELIVERY ROOM & LABOR ROO		469,598
044 ANESTHESIOLOGY		186,606
047 RADIOLOGY-DIAGNOSTIC		3,897,201
049 LABORATORY		4,762,322
050 BLOOD STORING, PROCESSING		385,256
051 RESPIRATORY THERAPY		833,339
052 PHYSICAL THERAPY		2,240,234
053 OCCUPATIONAL THERAPY		
054 SPEECH PATHOLOGY		200,318
055 ELECTROCARDIOLOGY		371,338
056 ELECTROENCEPHALOGRAPHY		60,039
057 MEDICAL SUPPLIES CHARGED		519,469
058 30 I MPL. DEV. CHARGED TO PAT		1,315,351
059 DRUGS CHARGED TO PATIENTS		2,759,905
061 BEHAVIORAL HEALTH		841,150
062 01 DIABETES/WOUND CARE/COUMA		659,366
063 02 FLU CLINIC		4,578
064 97 CARDIAC REHABILITATION		203,655
065 OUTPAT SERVICE COST CNTRS		
066 EMERGENCY		2,121,143
067 OBSERVATION BEDS (NON-DIS		
068 OTHER REIMBURS COST CNTRS		
069 AMBULANCE SERVICES		1,360,595
070 HOME HEALTH AGENCY		1,424,943
071 SPEC PURPOSE COST CENTERS		
072 HOSPICE		1,026,147
073 SUBTOTALS		42,208,933
074 NONREIMBURS COST CENTERS		
075 GIFT, FLOWER, COFFEE SHOP		24,216
076 PHYSICIANS' PRIVATE OFFIC		636,668
077 DAY HEALTH		537,206
078 01 OUTREACH SERVICES		188,879
079 02 MSO LOSS		49,486
080 03 FUND DEVELOPMENT		187,252
081 04 OUTSIDE LAUNDRY		212,594
082 05 PHYSICIAN SUPPORT		494,664
083 06 HOSPITALITY HOUSE		38,903
084 07 HSK DIALYSIS		12,529



ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO:  
14-0089

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/29/2010  
WORKSHEET B  
PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL COSTS-HOSPIT	OLD CAP REL COSTS-HSB I	OLD CAP REL COSTS-HSB II	OLD CAP REL COSTS-REHAB	OLD CAP REL COSTS-MAB
	0	1	1.01	1.02	1.03	1.04	1.05
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPIT							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB							
001 06 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPIT							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB							
003 05 NEW CAP REL COSTS-DI AYSI							
003 06 NEW CAP REL COSTS-HOSPIT							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO							
005 EMPLOYEE BENEFITS			1,052				
006 ADMINI STRATIVE & GENERAL			40,301	13,724	8		
007 MAI NTENANCE & REPAI RS			10,873				
007 01 MAI NTENANCE & REPAI RS-HSB				1,619			
007 02 MAI NTENANCE & REPAI RS-HSB					3		
007 03 MAI NTENANCE & REPAI RS-REH							
007 04 MAI NTENANCE & REPAI RS-MAB							
007 05 MAI NTENANCE & REPAI RS-ORT							
009 LAUNDRY & LI NEN SERVI CE			3,302				
010 HOUSEKEEPI NG			1,756				
010 01 HOUSEKEEPI NG-HSB							
010 02 HOUSEKEEPI NG-HSB II							
010 03 HOUSEKEEPI NG-ORTHO							
010 04 HOUSEKEEPI NG-MAB							
011 DI ETARY			2,293				
012 CAFETERIA			5,788				
014 NURSI NG ADMINI STRATION			51				
015 CENTRAL SERVI CES & SUPPLY			5,468				
016 PHARMACY			1,330				
017 MEDI CAL RECORDS & LI BRARY			3,259				
018 SOCI AL SERVI CE			391				
020 NONPHYSI CI AN ANESTHETI STS							
024 PARAMED ED PRGM			218				
024 01 PARAMED ED PRGM-PARAMEDI C							
025 INPAT ROUTI NE SRVC CNTRS							
025 ADULTS & PEDI ATRI CS			23,150				
026 INTENSI VE CARE UNI T			3,701				
033 NURSERY			807				
034 SKI LLED NURSI NG FACI LITY			2,395				
037 ANCI LLARY SRVC COST CNTRS							
037 OPERATI NG ROOM			6,963				
038 RECOVERY ROOM			2,280				
039 DELI VERY ROOM & LABOR ROO			1,722				
040 ANESTHESI OLOGY			273				
041 RADI OLOGY-DI AGNOSTI C			8,941				
044 LABORATORY			6,099				
047 BLOOD STORI NG, PROCESSI NG							
049 RESPI RATORY THERAPY			3,103				
050 PHYSI CAL THERAPY			2,848			37	
051 OCCUPATI ONAL THERAPY							
052 SPEECH PATHOLOGY			120				
053 ELECTROCARDI OLOGY			120				
054 ELECTROENCEPHALOGRAPHY			184				
055 MEDI CAL SUPPLI ES CHARGED							
055 30 I MPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATI ENTS							
059 BEHAVI ORAL HEALTH				2,501			
059 01 DI ABETES/WOUND CARE/COUMA			706				
059 02 FLU CLI NI C							
059 97 CARDI AC REHABI LI TATION			752				
061 OUTPAT SERVI CE COST CNTRS							
061 EMERGENCY			4,427				
062 OBSERVATI ON BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVI CES			1,153				
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPI CE							
095 SUBTOTALS			145,826	17,844	11	37	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			430				
098 PHYSI CI ANS' PRI VATE OFFI C				24,121	6		1
100 DAY HEALTH				2,450			
100 01 OUTREACH SERVI CES			137				
100 02 MSO LOSS				250			
100 03 FUND DEVELOPMENT			107				
100 04 OUTSI DE LAUNDRY							
100 05 PHYSI CI AN SUPPORT				952			
100 06 HOSPI TALI TY HOUSE							
100 07 HSK DI ALYSI S							



COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-HOSPIT	NEW CAP REL COSTS-HSB I	NEW CAP REL COSTS-HSB II	NEW CAP REL COSTS-REHAB	NEW CAP REL COSTS-DIAYSI	NEW CAP REL COSTS-HOSPIT
	3	3.01	3.02	3.03	3.04	3.05	3.06
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG & COSTS-HOSPIT							
001 02 OLD CAP REL COSTS-HSB I							
001 03 OLD CAP REL COSTS-HSB II							
001 04 OLD CAP REL COSTS-REHAB							
001 05 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLDG & COSTS-HOSPIT							
003 01 NEW CAP REL COSTS-HSB I							
003 02 NEW CAP REL COSTS-HSB II							
003 03 NEW CAP REL COSTS-REHAB							
003 04 NEW CAP REL COSTS-DIAYSI							
003 05 NEW CAP REL COSTS-HOSPIT							
003 06 NEW CAP REL COSTS-MAB							
003 07 NEW CAP REL COSTS-ORTHO							
005 EMPLOYEE BENEFITS							
006 ADMINSTRATIVE & GENERAL MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PARAMEDIC INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS							
026 INTENSIVE CARE UNIT							
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROOM							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
044 LABORATORY							
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH							
059 01 DIABETES/WOUND CARE/COUMA							
059 02 FLU CLINIC							
059 97 CARDIAC REHABILITATION							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS							
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE							
100 DAY HEALTH							
100 01 OUTREACH SERVICES							
100 02 MSO LOSS							
100 03 FUND DEVELOPMENT							
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT							
100 06 HOSPITALITY HOUSE							
100 07 HSK DIALYSIS							



ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0089  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/29/2010  
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 PART II

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MAB	NEW CAP REL COSTS-ORTHO	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB
	3.07	3.08	4a	5	6	7	7.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HSB I							
001 03 OLD CAP REL COSTS-HSB II							
001 04 OLD CAP REL COSTS-REHAB							
001 05 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPIT							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB							
003 05 NEW CAP REL COSTS-DIAYSI							
003 06 NEW CAP REL COSTS-HOSPIT							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO							
005 EMPLOYEE BENEFITS			1,052	1,052			
006 ADMINISTRATIVE & GENERAL			54,033	141	54,174		
007 MAINTENANCE & REPAIRS			10,873	24	2,792	13,689	
007 01 MAINTENANCE & REPAIRS-HSB			1,619	1	256		1,876
007 02 MAINTENANCE & REPAIRS-HSB			3		127		
007 03 MAINTENANCE & REPAIRS-REH					19		
007 04 MAINTENANCE & REPAIRS-MAB					23		
007 05 MAINTENANCE & REPAIRS-ORT					11		
009 LAUNDRY & LINEN SERVICE			3,302	9	531	480	
010 HOUSEKEEPING			1,756	23	996	255	
010 01 HOUSEKEEPING-HSB				4	168		
010 02 HOUSEKEEPING-HSB II				1	46		
010 03 HOUSEKEEPING-ORTHO					3		
010 04 HOUSEKEEPING-MAB					16		
011 DIETARY			2,293	19	1,026	333	
012 CAFETERIA			5,788	12	668	840	
014 NURSING ADMINISTRATION			51	20	768	7	
015 CENTRAL SERVICES & SUPPLY			5,468	10	725	794	
016 PHARMACY			1,330	26	3,106	193	
017 MEDICAL RECORDS & LIBRARY			3,259	27	1,162	473	
018 SOCIAL SERVICE			391	15	582	57	
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM			218	3	158	32	
024 01 PARAMEDICAL PRGM-PARAMEDIC				1	7		
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			23,150	126	5,703	3,361	
026 INTENSIVE CARE UNIT			3,701	33	1,387	537	
033 NURSERY			807	15	583	117	
034 SKILLED NURSING FACILITY			2,395	39	1,586	348	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			6,963	50	2,987	1,011	
038 RECOVERY ROOM			2,280	22	1,011	331	
039 DELIVERY ROOM & LABOR ROOM			1,722	11	447	250	
040 ANESTHESIOLOGY			273		189	40	
041 RADIOLOGY-DIAGNOSTIC			8,941	55	3,914	1,298	
044 LABORATORY			6,099	74	5,173	886	
047 BLOOD STORAGE, PROCESSING					446		
049 RESPIRATORY THERAPY			3,103	18	827	451	
050 PHYSICAL THERAPY			2,885	58	2,391	414	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			120	5	214	17	
053 ELECTROCARDIOLOGY			120	10	411	17	
054 ELECTROENCEPHALOGRAPHY			184	1	57	27	
055 MEDICAL SUPPLIES CHARGED					480		
055 30 IMPL. DEV. CHARGED TO PAT					1,183		
056 DRUGS CHARGED TO PATIENTS					23		
059 BEHAVIORAL HEALTH			2,501	23	913		151
059 01 DIABETES/WOUND CARE/COUMA			706	18	720	103	
059 02 FLU CLINIC					5		
059 97 CARDIAC REHABILITATION			752	5	198	109	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY			4,427	36	1,877	643	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			1,153	37	1,472	167	
071 HOME HEALTH AGENCY				38	1,592		
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE				18	1,165		
095 SUBTOTALS			163,718	1,028	50,144	13,591	151
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			430		11	62	
098 PHYSICIANS' PRIVATE OFFICE			24,128		274		1,458
100 DAY HEALTH			2,450	7	335		148
100 01 OUTREACH SERVICES			137	5	207	20	
100 02 MSO LOSS			250	1	54		15
100 03 FUND DEVELOPMENT			107	5	207	16	
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			952	4	559		58
100 06 HOSPITALITY HOUSE				1	43		
100 07 HSK DIALYSIS					13		

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MAB	NEW CAP REL COSTS-ORTHO	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	MAINTENANCE & REPAIRS-HSB
	3.07	3.08	4a	5	6	7	7.01
NONREIMBURS COST CENTERS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS					15		
100 10 FARM LAND							
100 12 MMG-PHYSICIAN OFFICES			757		2,276		46
100 13 VALET PARKING SERVICE				1	36		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL			192,929	1,052	54,174	13,689	1,876

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0089

FROM 7/ 1/2009

WORKSHEET B

TO 6/30/2010

PART II

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS-HSB	MAINTENANCE & REPAIRS-REH	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING-HSB
	7.02	7.03	7.04	7.05	9	10
001 GENERAL SERVICE COST CNTR						
001 01 OLD CAP REL COSTS-BLDG &						
001 02 OLD CAP REL COSTS-HOSPIT						
001 03 OLD CAP REL COSTS-HSB I						
001 04 OLD CAP REL COSTS-HSB II						
001 05 OLD CAP REL COSTS-REHAB						
001 06 OLD CAP REL COSTS-MAB						
003 NEW CAP REL COSTS-BLDG &						
003 01 NEW CAP REL COSTS-HOSPIT						
003 02 NEW CAP REL COSTS-HSB I						
003 03 NEW CAP REL COSTS-HSB II						
003 04 NEW CAP REL COSTS-REHAB						
003 05 NEW CAP REL COSTS-DI AYSI						
003 06 NEW CAP REL COSTS-HOSPIT						
003 07 NEW CAP REL COSTS-MAB						
003 08 NEW CAP REL COSTS-ORTHO						
005 EMPLOYEE BENEFITS						
006 ADMINI STRATIVE & GENERAL						
007 MAINTENANCE & REPAIRS						
007 01 MAINTENANCE & REPAIRS-HSB						
007 02 MAINTENANCE & REPAIRS-HSB	130					
007 03 MAINTENANCE & REPAIRS-REH		19				
007 04 MAINTENANCE & REPAIRS-MAB			23			
007 05 MAINTENANCE & REPAIRS-ORT				11		
009 LAUNDRY & LINEN SERVICE					4,322	
010 HOUSEKEEPING					252	3,282
010 01 HOUSEKEEPING-HSB						
010 02 HOUSEKEEPING-HSB II						172
010 03 HOUSEKEEPING-ORTHO						
010 04 HOUSEKEEPING-MAB						
011 DIETARY					19	65
012 CAFETERIA					39	283
014 NURSING ADMINI STRATION						20
015 CENTRAL SERVICES & SUPPLY						163
016 PHARMACY						11
017 MEDICAL RECORDS & LIBRARY						49
018 SOCIAL SERVICE						3
020 NONPHYSICIAN ANESTHETISTS						
024 PARAMED ED PRGM						
024 01 PARAMED ED PRGM-PARAMEDIC						
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS					722	944
026 INTENSIVE CARE UNIT					81	117
033 NURSERY					35	14
034 SKILLED NURSING FACILITY					196	249
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM					387	302
038 RECOVERY ROOM					280	109
039 DELIVERY ROOM & LABOR ROO						35
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC					172	161
044 LABORATORY					22	162
047 BLOOD STORING, PROCESSING						4
049 RESPIRATORY THERAPY					31	50
050 PHYSICAL THERAPY		19			110	105
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						11
053 ELECTROCARDIOLOGY						9
054 ELECTROENCEPHALOGRAPHY						19
055 MEDICAL SUPPLIES CHARGED						
055 30 IMPL. DEV. CHARGED TO PAT						
056 DRUGS CHARGED TO PATIENTS						
059 BEHAVIORAL HEALTH						
059 01 DIABETES/WOUND CARE/COUMA					1	14
059 02 FLU CLINIC						
059 97 CARDIAC REHABILITATION						31
061 OUTPAT SERVICE COST CNTRS						
061 EMERGENCY				5	214	331
062 OBSERVATION BEDS (NON-DIS						
062 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES				6	52	1
071 HOME HEALTH AGENCY			5			
093 SPEC PURPOSE COST CENTERS						
093 HOSPICE			3			
095 SUBTOTALS		19	8	11	2,613	3,262
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP						12
098 PHYSICIANS' PRIVATE OFFIC	83		15			
100 DAY HEALTH					5	
100 01 OUTREACH SERVICES						4
100 02 MSO LOSS						1
100 03 FUND DEVELOPMENT						
100 04 OUTSIDE LAUNDRY						4
100 05 PHYSICIAN SUPPORT					1,698	
100 06 HOSPITALITY HOUSE						
100 07 HSK DIALYSIS					6	

COST CENTER DESCRIPTION		MAINTENANCE & REPAIRS-HSB	MAINTENANCE & REPAIRS-REH	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB
		7.02	7.03	7.04	7.05	9	10	10.01
NONREIMBURS COST CENTERS								
100	08 OCCUPATIONAL MED							
100	09 VISITING PHYSICIANS							
100	10 FARM LAND							
100	12 MMG-PHYSICIAN OFFICES	47						4
100	13 VALET PARKING SERVICE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	130	19	23	11	4,322	3,282	172

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0089

FROM 7/1/2009

WORKSHEET B

TO 6/30/2010

PART II

	HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	10.02	10.03	10.04	11	12	14	15
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPIT							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-REHAB							
001 05 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPIT							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB							
003 05 NEW CAP REL COSTS-DIAYSI							
003 06 NEW CAP REL COSTS-HOSPIT							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO							
005 EMPLOYEE BENEFITS							
006 ADMIN STRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II	47						
010 03 HOUSEKEEPING-ORTHO		3					
010 04 HOUSEKEEPING-MAB			16				
011 DIETARY				3,755			
012 CAFETERIA					7,630		
014 NURSING ADMINISTRATION					131	997	
015 CENTRAL SERVICES & SUPPLY					171		7,331
016 PHARMACY					156		95
017 MEDICAL RECORDS & LIBRARY					347		2
018 SOCIAL SERVICE					147		3
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED ED PRGM					23		
024 01 PARAMED ED PRGM-PARAMEDIC					7		
025 INPAT ROUTINE SRVC CNTRS				2,094	1,247	522	604
026 ADULTS & PEDIATRICS				170	259	108	116
033 INTENSIVE CARE UNIT					113	47	
034 NURSERY				676	372	155	111
037 SKILLED NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS					462		1,288
039 OPERATING ROOM					162		288
040 RECOVERY ROOM					79	33	
041 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							148
041 RADIOLOGY-DIAGNOSTIC					568		220
044 LABORATORY					681		259
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY					167		50
050 PHYSICAL THERAPY					429		21
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY					88		1
053 ELECTROCARDIOLOGY					90		17
054 ELECTROENCEPHALOGRAPHY					11		
055 MEDICAL SUPPLIES CHARGED							940
055 30 IMPL. DEV. CHARGED TO PAT							2,616
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH					235		3
059 01 DIABETES/WOUND CARE/COUMA					133		28
059 02 FLU CLINIC							
059 97 CARDIAC REHABILITATION					45		3
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		1			316	132	375
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		2			399		2
071 HOME HEALTH AGENCY			4		318		103
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE			2		140		25
095 SUBTOTALS		3	6	2,940	7,296	997	7,318
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC	30		10				
100 DAY HEALTH				815	86		5
100 01 OUTREACH SERVICES					50		6
100 02 MSO LOSS							
100 03 FUND DEVELOPMENT					45		
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT					20		
100 06 HOSPITALITY HOUSE					7		2
100 07 HSK DIALYSIS					9		

	HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	10.02	10.03	10.04	11	12	14	15
NONREIMBURS COST CENTERS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS					2		
100 10 FARM LAND							
100 12 MMG-PHYSICIAN OFFICES	17				92		
100 13 VALET PARKING SERVICE					23		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	47	3	16	3,755	7,630	997	7,331

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20	SUBTOTAL 25
001 GENERAL SERVICE COST CNTR					
001 01 OLD CAP REL COSTS-BLDG &					
001 02 OLD CAP REL COSTS-HOSPIT					
001 03 OLD CAP REL COSTS-HSB I					
001 04 OLD CAP REL COSTS-HSB II					
001 05 OLD CAP REL COSTS-REHAB					
003 NEW CAP REL COSTS-BLDG &					
003 01 NEW CAP REL COSTS-HOSPIT					
003 02 NEW CAP REL COSTS-HSB I					
003 03 NEW CAP REL COSTS-HSB II					
003 04 NEW CAP REL COSTS-REHAB					
003 05 NEW CAP REL COSTS-DI AYSI					
003 06 NEW CAP REL COSTS-HOSPIT					
003 07 NEW CAP REL COSTS-MAB					
003 08 NEW CAP REL COSTS-ORTHO					
005 EMPLOYEE BENEFITS					
006 ADMINSTRATIVE & GENERAL					
007 MAINTENANCE & REPAIRS					
007 01 MAINTENANCE & REPAIRS-HSB					
007 02 MAINTENANCE & REPAIRS-HSB					
007 03 MAINTENANCE & REPAIRS-REH					
007 04 MAINTENANCE & REPAIRS-MAB					
007 05 MAINTENANCE & REPAIRS-ORT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
010 01 HOUSEKEEPING-HSB					
010 02 HOUSEKEEPING-HSB II					
010 03 HOUSEKEEPING-ORTHO					
010 04 HOUSEKEEPING-MAB					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY	4,917				
017 MEDICAL RECORDS & LIBRARY		5,319			
018 SOCIAL SERVICE			1,198		
020 NONPHYSICIAN ANESTHETISTS					
024 PARAMED ED PRGM				434	
024 01 PARAMED ED PRGM-PARAMEDIC					15
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRCS		4,398	849		43,720
026 INTENSIVE CARE UNIT		59	95		6,663
033 NURSERY		59			1,790
034 SKILLED NURSING FACILITY		367	243		6,737
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM					13,450
038 RECOVERY ROOM					4,483
039 DELIVERY ROOM & LABOR ROO					2,577
040 ANESTHESIOLOGY					650
041 RADIOLOGY-DIAGNOSTIC					15,329
044 LABORATORY					13,356
047 BLOOD STORING, PROCESSING					450
049 RESPIRATORY THERAPY					4,697
050 PHYSICAL THERAPY					6,432
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					456
053 ELECTROCARDIOLOGY					674
054 ELECTROENCEPHALOGRAPHY					299
055 MEDICAL SUPPLIES CHARGED					1,420
055 30 IMPL. DEV. CHARGED TO PAT					3,799
056 DRUGS CHARGED TO PATIENTS	4,917				4,940
059 BEHAVIORAL HEALTH					3,840
059 01 DIABETES/WOUND CARE/COUMA					1,723
059 02 FLU CLINIC					5
059 97 CARDIAC REHABILITATION					1,143
061 OUTPAT SERVICE COST CNTRS					
061 EMERGENCY		436	11		8,804
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES					3,291
071 HOME HEALTH AGENCY					2,060
093 SPEC PURPOSE COST CENTERS					
093 HOSPICE					1,353
095 SUBTOTALS	4,917	5,319	1,198		154,141
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP					515
098 PHYSICIANS' PRIVATE OFFIC					26,132
100 DAY HEALTH					3,865
100 01 OUTREACH SERVICES					429
100 02 MSO LOSS					321
100 03 FUND DEVELOPMENT					384
100 04 OUTSIDE LAUNDRY					1,698
100 05 PHYSICIAN SUPPORT					1,598
100 06 HOSPITALITY HOUSE					59
100 07 HSK DIALYSIS					22



ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0089

FROM 7/ 1/2009

WORKSHEET B

TO 6/30/2010

PART II

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
001 GENERAL SERVICE COST CNTR		
001 01 OLD CAP REL COSTS-BLDG &		
001 02 OLD CAP REL COSTS-HOSPIT		
001 03 OLD CAP REL COSTS-HSB I		
001 04 OLD CAP REL COSTS-HSB II		
001 05 OLD CAP REL COSTS-REHAB		
001 06 OLD CAP REL COSTS-MAB		
003 NEW CAP REL COSTS-BLDG &		
003 01 NEW CAP REL COSTS-HOSPIT		
003 02 NEW CAP REL COSTS-HSB I		
003 03 NEW CAP REL COSTS-HSB II		
003 04 NEW CAP REL COSTS-REHAB		
003 05 NEW CAP REL COSTS-DI AYSI		
003 06 NEW CAP REL COSTS-HOSPIT		
003 07 NEW CAP REL COSTS-MAB		
003 08 NEW CAP REL COSTS-ORTHO		
005 EMPLOYEE BENEFITS		
006 ADMINI STRATIVE & GENERAL		
007 MAI NTENANCE & REPAI RS		
007 01 MAI NTENANCE & REPAI RS-HSB		
007 02 MAI NTENANCE & REPAI RS-HSB		
007 03 MAI NTENANCE & REPAI RS-REH		
007 04 MAI NTENANCE & REPAI RS-MAB		
007 05 MAI NTENANCE & REPAI RS-ORT		
009 LAUNDRY & LI NEN SERVI CE		
010 HOUSEKEEPI NG		
010 01 HOUSEKEEPI NG-HSB		
010 02 HOUSEKEEPI NG-HSB II		
010 03 HOUSEKEEPI NG-ORTHO		
010 04 HOUSEKEEPI NG-MAB		
011 DI ETARY		
012 CAFETERIA		
014 NURSI NG ADMINI STRATION		
015 CENTRAL SERVI CES & SUPPLY		
016 PHARMACY		
017 MEDI CAL RECORDS & LI BRARY		
018 SOCI AL SERVI CE		
020 NONPHYSI CI AN ANESTHETI STS		
024 PARAMED ED PRGM		
024 01 PARAMED ED PRGM-PARAMEDI C		
025 INPAT ROUTI NE SRVC CNTRS		43,720
026 ADULTS & PEDI ATRI CS		6,663
033 INTENSI VE CARE UNI T		1,790
034 NURSERY		6,737
037 SKI LLED NURSI NG FACI LI TY		
038 ANCI LLARY SRVC COST CNTRS		13,450
039 OPERATI NG ROOM		4,483
040 RECOVERY ROOM		2,577
041 DELI VERY ROOM & LABOR ROO		650
044 ANESTHESI OLOGY		15,329
047 RADI OLOGY-DI AGNOSTI C		13,356
049 LABORATORY		450
050 BLOOD STORI NG, PROCESSI NG		4,697
051 RESPI RATORY THERAPY		6,432
052 PHYSI CAL THERAPY		
053 OCCUPATI ONAL THERAPY		456
054 SPEECH PATHOLOGY		674
055 ELECTROCARDI OLOGY		299
056 ELECTROENCEPHALOGRAPHY		1,420
059 30 MEDI CAL SUPPLI ES CHARGED		3,799
056 I MPL. DEV. CHARGED TO PAT		4,940
059 DRUGS CHARGED TO PATI ENTS		3,840
059 BEHAVI ORAL HEALTH		1,723
059 01 DI ABETES/WOUND CARE/COUMA		5
059 02 FLU CLI NIC		1,143
059 97 CARDI AC REHABI LI TATION		
061 OUTPAT SERVI CE COST CNTRS		8,804
062 EMERGENCY		
065 OBSERVATI ON BEDS (NON-DIS		
071 OTHER REIMBURS COST CNTRS		3,291
093 AMBULANCE SERVI CES		2,060
095 HOME HEALTH AGENCY		
096 SPEC PURPOSE COST CENTERS		1,353
098 HOSPI CE		154,141
099 SUBTOTALS		
100 NONREIMBURS COST CENTERS		515
100 GIFT, FLOWER, COFFEE SHOP		26,132
100 01 PHYSI CI ANS' PRI VATE OFFI C		3,865
100 02 DAY HEALTH		429
100 03 OUTREACH SERVI CES		321
100 04 MSO LOSS		384
100 05 FUND DEVELOPMENT		1,698
100 06 OUTSI DE LAUNDRY		1,598
100 07 PHYSI CI AN SUPPORT		59
100 08 HOSPI TALI TY HOUSE		22
100 09 HSK DI ALYSI S		

	COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
	NONREIMBURS COST CENTERS		
100	08 OCCUPATIONAL MED		
100	09 VISITING PHYSICIANS		17
100	10 FARM LAND		
100	12 MMG-PHYSICIAN OFFICES		3,239
100	13 VALET PARKING SERVICE		60
101	CROSS FOOT ADJUSTMENTS		449
102	NEGATIVE COST CENTER		
103	TOTAL		192,929

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL COSTS-HOSPIT	OLD CAP REL COSTS-HSB I	OLD CAP REL COSTS-HSB II	OLD CAP REL COSTS-REHAB	OLD CAP REL COSTS-MAB
	0	1	1.01	1.02	1.03	1.04	1.05
001	GENERAL SERVICE COST CNTR						
001 01	OLD CAP REL COSTS-BLDG &						
001 02	OLD CAP REL COSTS-HOSPIT						
001 03	OLD CAP REL COSTS-HSB I						
001 04	OLD CAP REL COSTS-HSB II						
001 05	OLD CAP REL COSTS-REHAB						
003	NEW CAP REL COSTS-MAB						
003 01	NEW CAP REL COSTS-BLDG &						
003 02	NEW CAP REL COSTS-HOSPIT						
003 03	NEW CAP REL COSTS-HSB I						
003 04	NEW CAP REL COSTS-HSB II						
003 05	NEW CAP REL COSTS-REHAB						
003 06	NEW CAP REL COSTS-DI AYSI						
003 07	NEW CAP REL COSTS-HOSPIT						
003 08	NEW CAP REL COSTS-MAB						
005	EMPLOYEE BENEFITS						
006	ADMINISTRATIVE & GENERAL						
007	MAINTENANCE & REPAIRS						
007 01	MAINTENANCE & REPAIRS-HSB						
007 02	MAINTENANCE & REPAIRS-HSB						
007 03	MAINTENANCE & REPAIRS-REH						
007 04	MAINTENANCE & REPAIRS-MAB						
007 05	MAINTENANCE & REPAIRS-ORT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
010 01	HOUSEKEEPING-HSB						
010 02	HOUSEKEEPING-HSB II						
010 03	HOUSEKEEPING-ORTHO						
010 04	HOUSEKEEPING-MAB						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
024	PARAMED PRGM						
024 01	PARAMED PRGM-PARAMEDIC						
025	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS						
033	INTENSIVE CARE UNIT						
033	NURSERY						
034	SKILLED NURSING FACILITY						
037	ANCILLARY SRVC COST CNTRS						
038	OPERATING ROOM						
039	RECOVERY ROOM						
040	DELIVERY ROOM & LABOR ROO						
041	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC						
044	LABORATORY						
047	BLOOD STORING, PROCESSING						
049	RESPIRATORY THERAPY						
050	PHYSICAL THERAPY						
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY						
054	ELECTROENCEPHALOGRAPHY						
055	MEDICAL SUPPLIES CHARGED						
055 30	IMPL. DEV. CHARGED TO PAT						
056	DRUGS CHARGED TO PATIENTS						
059	BEHAVIORAL HEALTH						
059 01	DIABETES/WOUND CARE/COUMA						
059 02	FLU CLINIC						
059 97	CARDIAC REHABILITATION						
061	OUTPAT SERVICE COST CNTRS						
061	EMERGENCY						
062	OBSERVATION BEDS (NON-DIS						
062	OTHER REIMBURS COST CNTRS						
065	AMBULANCE SERVICES						
071	HOME HEALTH AGENCY						
093	SPEC PURPOSE COST CENTERS						
093	HOSPICE						
095	SUBTOTALS						
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						
098	PHYSICIANS' PRIVATE OFFIC						
100	DAY HEALTH						
100 01	OUTREACH SERVICES						
100 02	MSO LOSS						
100 03	FUND DEVELOPMENT						
100 04	OUTSIDE LAUNDRY						
100 05	PHYSICIAN SUPPORT						
100 06	HOSPITALITY HOUSE						
100 07	HSK DIALYSIS						



ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:  
14-0089

PERIOD:  
FROM 7/ 1/2009  
TO 6/30/2010

PREPARED 11/29/2010  
WORKSHEET B  
PART III

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL COSTS-HOSPIT 3.01	NEW CAP REL COSTS-HSB I 3.02	NEW CAP REL COSTS-HSB II 3.03	NEW CAP REL COSTS-REHAB 3.04	NEW CAP REL COSTS-DI AYSI 3.05	NEW CAP REL COSTS-HOSPIT 3.06
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG & COSTS-HOSPIT							
001 02 OLD CAP REL COSTS-HSB I							
001 03 OLD CAP REL COSTS-HSB II							
001 04 OLD CAP REL COSTS-REHAB							
001 05 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLDG & COSTS-HOSPIT							
003 01 NEW CAP REL COSTS-HSB I							
003 02 NEW CAP REL COSTS-HSB II							
003 03 NEW CAP REL COSTS-REHAB							
003 04 NEW CAP REL COSTS-DI AYSI							
003 05 NEW CAP REL COSTS-HOSPIT							
003 06 NEW CAP REL COSTS-MAB							
003 07 NEW CAP REL COSTS-ORTHO							
005 EMPLOYEE BENEFITS		19,044					
006 ADMIN STRATIVE & GENERAL MAINTENANCE & REPAIRS		729,451	52,238	45,174			
007 01 MAINTENANCE & REPAIRS-HSB		196,804	6,164				
007 02 MAINTENANCE & REPAIRS-HSB				17,402			
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE		59,774					
010 HOUSEKEEPING		31,780					
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB							
011 DIETARY		41,503					
012 CAFETERIA		104,770					
014 NURSING ADMINISTRATION		927					
015 CENTRAL SERVICES & SUPPLY		98,974					
016 PHARMACY		24,067					
017 MEDICAL RECORDS & LIBRARY		58,985					
018 SOCIAL SERVICE		7,079					
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED ED PRGM		3,942					
024 01 PARAMED ED PRGM-PARAMEDIC INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		419,019					
026 INTENSIVE CARE UNIT		66,992					
033 NURSERY		14,607					
034 SKILLED NURSING FACILITY		43,343					
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		126,024					
039 RECOVERY ROOM		41,271					
039 DELIVERY ROOM & LABOR ROOM		31,162					
040 ANESTHESIOLOGY		4,946					
041 RADIOLOGY-DIAGNOSTIC		161,839					
044 LABORATORY		110,397					
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY		56,172					
050 PHYSICAL THERAPY		51,550			55,033		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY		2,164					
053 ELECTROCARDIOLOGY		2,164					
054 ELECTROENCEPHALOGRAPHY		3,339					
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH			9,522				
059 01 DIABETES/WOUND CARE/COUMA		12,783					
059 02 FLU CLINIC							
059 97 CARDIAC REHABILITATION		13,603					
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		80,131					
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
065 AMBULANCE SERVICES		20,867					
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS		2,639,473	67,924	62,576	55,033		
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		7,791					
098 PHYSICIANS' PRIVATE OFFICE			91,813	34,400			
100 DAY HEALTH			9,325				
100 01 OUTREACH SERVICES		2,473					
100 02 MSO LOSS			951				
100 03 FUND DEVELOPMENT		1,932					
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			3,624				
100 06 HOSPITALITY HOUSE							
100 07 HSK DIALYSIS							



COST CENTER DESCRIPTION	NEW CAP REL COSTS-MAB	NEW CAP REL COSTS-ORTHO	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB
	3.07	3.08	4a	5	6	7	7.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPIT							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB							
001 05 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPIT							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB							
003 05 NEW CAP REL COSTS-DIAYSI							
003 06 NEW CAP REL COSTS-HOSPIT							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO							
005 EMPLOYEE BENEFITS			19,044	19,044			
006 ADMINISTRATIVE & GENERAL		26,587	853,450	2,661	856,111		
007 MAINTENANCE & REPAIRS			196,804	427	44,127	241,358	
007 01 MAINTENANCE & REPAIRS-HSB			6,164	15	4,052		10,231
007 02 MAINTENANCE & REPAIRS-HSB			17,402	5	2,014		
007 03 MAINTENANCE & REPAIRS-REH					299		
007 04 MAINTENANCE & REPAIRS-MAB				1	361		
007 05 MAINTENANCE & REPAIRS-ORT				1	181		
009 LAUNDRY & LINEN SERVICE			59,774	156	8,385	8,455	
010 HOUSEKEEPING			31,780	415	15,741	4,495	
010 01 HOUSEKEEPING-HSB				74	2,653		
010 02 HOUSEKEEPING-HSB II				19	726		
010 03 HOUSEKEEPING-ORTHO				1	46		
010 04 HOUSEKEEPING-MAB				8	260		
011 DIETARY			41,503	345	16,216	5,870	
012 CAFETERIA			104,770	213	10,559	14,819	
014 NURSING ADMINISTRATION			927	355	12,139	131	
015 CENTRAL SERVICES & SUPPLY			98,974	180	11,454	13,999	
016 PHARMACY			24,067	466	49,083	3,404	
017 MEDICAL RECORDS & LIBRARY			58,985	489	18,364	8,343	
018 SOCIAL SERVICE			7,079	266	9,197	1,001	
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMEDICAL PRGM			3,942	63	2,503	558	
024 01 PARAMEDICAL PRGM-PARAMEDIC				11	115		
025 INPATIENT ROUTINE SRVC CNTRS			419,019	2,260	90,071	59,269	
026 ADULTS & PEDIATRICS			66,992	588	21,915	9,476	
033 INTENSIVE CARE UNIT			14,607	269	9,207	2,066	
034 NURSERY			43,343	700	25,067	6,131	
037 SKILLED NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM			126,024	905	47,205	17,825	
038 RECOVERY ROOM			41,271	390	15,973	5,838	
039 DELIVERY ROOM & LABOR ROOM			31,162	191	7,060	4,408	
040 ANESTHESIOLOGY			4,946		2,989	700	
041 RADIOLOGY-DIAGNOSTIC			161,839	989	61,858	22,891	
044 LABORATORY			110,397	1,341	81,748	15,615	
047 BLOOD STORAGE, PROCESSING					7,045		
049 RESPIRATORY THERAPY			56,172	320	13,072	7,945	
050 PHYSICAL THERAPY			106,583	1,040	37,782	7,292	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			2,164	92	3,388	306	
053 ELECTROCARDIOLOGY			2,164	178	6,500	306	
054 ELECTROENCEPHALOGRAPHY			3,339	25	895	472	
055 MEDICAL SUPPLIES CHARGED					7,580		
055 30 IMPL. DEV. CHARGED TO PAT					18,703		
056 DRUGS CHARGED TO PATIENTS					364		
059 BEHAVIORAL HEALTH			9,522	421	14,426		825
059 01 DIABETES/WOUND CARE/COUMA			12,783	322	11,374	1,808	
059 02 FLU CLINIC				3	84		
059 97 CARDIAC REHABILITATION			13,603	99	3,126	1,924	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		336	80,467	649	29,662	11,334	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		340	21,207	659	23,269	2,952	
071 HOME HEALTH AGENCY	17,759		17,759	686	25,164		
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	10,788		10,788	316	18,414		
095 SUBTOTALS	28,547	27,263	2,880,816	18,614	792,416	239,633	825
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			7,791		178	1,102	
098 PHYSICIANS' PRIVATE OFFICE	49,122		175,335		4,325		7,953
100 DAY HEALTH			9,325	132	5,301		808
100 01 OUTREACH SERVICES			2,473	82	3,271	350	
100 02 MSO LOSS			951	25	854		82
100 03 FUND DEVELOPMENT			1,932	84	3,274	273	
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			3,624	64	8,828		314
100 06 HOSPITALITY HOUSE			11,220	10	683		
100 07 HSK DIALYSIS			143	6	212		

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MAB	NEW CAP REL COSTS-ORTHO	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	MAINTENANCE & REPAIRS-HSB
	3.07	3.08	4a	5	6	7	7.01
NONREIMBURS COST CENTERS							
100 08 OCCUPATIONAL MED					6		
100 09 VISITING PHYSICIANS				7	231		
100 10 FARM LAND							
100 12 MMG-PHYSICIAN OFFICES			22,364	3	35,964		249
100 13 VALET PARKING SERVICE				17	568		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	77,669	27,263	3,115,974	19,044	856,111	241,358	10,231

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0089  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/29/2010  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS-HSB	MAINTENANCE & REPAIRS-REH	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HSB
	7.02	7.03	7.04	7.05	9	10	10.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPIT							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB							
001 06 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPIT							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB							
003 05 NEW CAP REL COSTS-DI AYSI							
003 06 NEW CAP REL COSTS-HOSPIT							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO							
005 EMPLOYEE BENEFITS							
006 ADMIN STRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB	19,421						
007 03 MAINTENANCE & REPAIRS-REH		299					
007 04 MAINTENANCE & REPAIRS-MAB			362				
007 05 MAINTENANCE & REPAIRS-ORT				182			
009 LAUNDRY & LINEN SERVICE					76,770		
010 HOUSEKEEPING					4,472	56,903	
010 01 HOUSEKEEPING-HSB							2,727
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB							
011 DIETARY					330	1,133	
012 CAFETERIA					700	4,910	
014 NURSING ADMINISTRATION						341	
015 CENTRAL SERVICES & SUPPLY						2,827	
016 PHARMACY						190	
017 MEDICAL RECORDS & LIBRARY						845	
018 SOCIAL SERVICE						52	
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PARAMEDIC							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					12,832	16,359	
026 INTENSIVE CARE UNIT					1,433	2,030	
033 NURSERY					619	236	
034 SKILLED NURSING FACILITY					3,485	4,308	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					6,883	5,238	
038 RECOVERY ROOM					4,982	1,895	
039 DELIVERY ROOM & LABOR ROO						601	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC					3,053	2,790	
044 LABORATORY					387	2,804	
047 BLOOD STORING, PROCESSING						74	
049 RESPIRATORY THERAPY					555	871	
050 PHYSICAL THERAPY		299			1,947	1,828	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY						193	
053 ELECTROCARDIOLOGY						153	
054 ELECTROENCEPHALOGRAPHY						325	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH							220
059 01 DIABETES/WOUND CARE/COUMA					16	239	
059 02 FLU CLINIC							
059 97 CARDIAC REHABILITATION						546	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				90	3,801	5,733	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				92	932	22	
071 HOME HEALTH AGENCY			83				
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			50				
095 SUBTOTALS		299	133	182	46,427	56,543	220
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						214	
098 PHYSICIANS' PRIVATE OFFIC	12,397		229				2,120
100 DAY HEALTH					86		215
100 01 OUTREACH SERVICES						69	
100 02 MSO LOSS							22
100 03 FUND DEVELOPMENT						77	
100 04 OUTSIDE LAUNDRY					30,147		
100 05 PHYSICIAN SUPPORT							84
100 06 HOSPITALITY HOUSE							
100 07 HSK DIALYSIS					110		



ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0089

FROM 7/1/2009

WORKSHEET B

TO 6/30/2010

PART III

	HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	10.02	10.03	10.04	11	12	14	15
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPIT							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-REHAB							
001 05 OLD CAP REL COSTS-MAB							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPIT							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB							
003 05 NEW CAP REL COSTS-DIAYSI							
003 06 NEW CAP REL COSTS-HOSPIT							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO							
005 EMPLOYEE BENEFITS							
006 ADMINSTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II	745						
010 03 HOUSEKEEPING-ORTHO		47					
010 04 HOUSEKEEPING-MAB			268				
011 DIETARY				65,397			
012 CAFETERIA					135,971		
014 NURSING ADMINISTRATION						2,331	
015 CENTRAL SERVICES & SUPPLY							130,489
016 PHARMACY							1,695
017 MEDICAL RECORDS & LIBRARY							29
018 SOCIAL SERVICE							47
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED ED PRGM						402	2
024 01 PARAMED ED PRGM-PARAMEDIC						121	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				36,475	22,224	8,480	10,746
026 INTENSIVE CARE UNIT				2,961	4,622	1,763	2,064
033 NURSERY					2,010	767	
034 SKILLED NURSING FACILITY				11,766	6,632	2,530	1,972
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					8,239		22,920
038 RECOVERY ROOM					2,894		5,131
039 DELIVERY ROOM & LABOR ROO					1,407	537	
040 ANESTHESIOLOGY							2,629
041 RADIOLOGY-DIAGNOSTIC					10,128		3,917
044 LABORATORY					12,138		4,609
047 BLOOD STORING, PROCESSING							
049 RESPIRATORY THERAPY					2,974		884
050 PHYSICAL THERAPY					7,637		381
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY					1,568		17
053 ELECTROCARDIOLOGY					1,608		298
054 ELECTROENCEPHALOGRAPHY					201		
055 MEDICAL SUPPLIES CHARGED							16,731
055 30 IMPL. DEV. CHARGED TO PAT							46,585
056 DRUGS CHARGED TO PATIENTS							
059 BEHAVIORAL HEALTH					4,180		60
059 01 DIABETES/WOUND CARE/COUMA					2,371		497
059 02 FLU CLINIC							
059 97 CARDIAC REHABILITATION					804		52
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		23			5,627	2,147	6,679
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		24			7,114		32
071 HOME HEALTH AGENCY			61		5,667		1,838
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS		47		37	2,492		438
095 98				51,202	130,022	16,224	130,253
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	476		170				
100 DAY HEALTH				14,195	1,527		84
100 01 OUTREACH SERVICES					884		111
100 02 MSO LOSS							
100 03 FUND DEVELOPMENT					804		
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT					362		9
100 06 HOSPITALITY HOUSE					121		30
100 07 HSK DIALYSIS					161		

	HOUSEKEEPING- HSB II	HOUSEKEEPING- ORTHO	HOUSEKEEPING- MAB	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	10.02	10.03	10.04	11	12	14	15
NONREIMBURS COST CENTERS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS					40		
100 10 FARM LAND							
100 12 MMG-PHYSICIAN OFFICES	269				1,648		
100 13 VALET PARKING SERVICE					402		2
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	745	47	268	65,397	135,971	16,224	130,489

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0089

FROM 7/ 1/2009

WORKSHEET B

TO

6/30/2010

PART III

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	PARAMED PRGM-PARAMEDIC	SUBTOTAL
	16	17	18	20	24	24.01	25
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-HOSPIT							
001 03 OLD CAP REL COSTS-HSB I							
001 04 OLD CAP REL COSTS-HSB II							
001 05 OLD CAP REL COSTS-REHAB							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-HOSPIT							
003 02 NEW CAP REL COSTS-HSB I							
003 03 NEW CAP REL COSTS-HSB II							
003 04 NEW CAP REL COSTS-REHAB							
003 05 NEW CAP REL COSTS-DIAYSI							
003 06 NEW CAP REL COSTS-HOSPIT							
003 07 NEW CAP REL COSTS-MAB							
003 08 NEW CAP REL COSTS-ORTHO							
005 EMPLOYEE BENEFITS							
006 ADMINSTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS-HSB							
007 02 MAINTENANCE & REPAIRS-HSB							
007 03 MAINTENANCE & REPAIRS-REH							
007 04 MAINTENANCE & REPAIRS-MAB							
007 05 MAINTENANCE & REPAIRS-ORT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	81,678						
017 MEDICAL RECORDS & LIBRARY		93,245					
018 SOCIAL SERVICE			20,255				
020 NONPHYSICIAN ANESTHETISTS							
024 PARAMED PRGM					7,470		
024 01 PARAMED PRGM-PARAMEDIC						247	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		77,113	14,361				769,209
026 INTENSIVE CARE UNIT		1,026	1,600				116,470
033 NURSERY		1,026					30,807
034 SKILLED NURSING FACILITY		6,434	4,112				116,480
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							235,239
038 RECOVERY ROOM							78,374
039 DELIVERY ROOM & LABOR ROO							45,366
040 ANESTHESIOLOGY							11,264
041 RADIOLOGY-DIAGNOSTIC							267,465
044 LABORATORY							229,039
047 BLOOD STORING, PROCESSING							7,119
049 RESPIRATORY THERAPY							82,793
050 PHYSICAL THERAPY							164,789
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							7,728
053 ELECTROCARDIOLOGY							11,207
054 ELECTROENCEPHALOGRAPHY							5,257
055 MEDICAL SUPPLIES CHARGED							24,311
055 30 IMPL. DEV. CHARGED TO PAT							65,288
056 DRUGS CHARGED TO PATIENTS	81,678						82,042
059 BEHAVIORAL HEALTH							29,654
059 01 DIABETES/WOUND CARE/COUMA							29,410
059 02 FLU CLINIC							87
059 97 CARDIAC REHABILITATION							20,154
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		7,646	182				154,040
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							56,303
071 HOME HEALTH AGENCY							51,258
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE							32,535
095 SUBTOTALS	81,678	93,245	20,255				2,723,688
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							9,285
098 PHYSICIANS' PRIVATE OFFIC							203,005
100 DAY HEALTH							31,673
100 01 OUTREACH SERVICES							7,240
100 02 MSO LOSS							1,934
100 03 FUND DEVELOPMENT							6,444
100 04 OUTSIDE LAUNDRY							30,147
100 05 PHYSICIAN SUPPORT							13,285
100 06 HOSPITALITY HOUSE							12,174
100 07 HSK DIALYSIS							522

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMEDIC GM	PARAMEDIC PR GM-PARAMEDIC	SUBTOTAL
NONREIMBURS COST CENTERS	16	17	18	20	24	24.01	25
100 08 OCCUPATIONAL MED							6
100 09 VISITING PHYSICIANS							278
100 10 FARM LAND							
100 12 MMG-PHYSICIAN OFFICES							67,587
100 13 VALET PARKING SERVICE							989
101 CROSS FOOT ADJUSTMENTS					7,470	247	7,717
102 NEGATIVE COST CENTER							
103 TOTAL	81,678	93,245	20,255		7,470	247	3,115,974

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
001	GENERAL SERVICE COST CNTR	
001	01 OLD CAP REL COSTS-BLDG &	
001	02 OLD CAP REL COSTS-HOSPIT	
001	03 OLD CAP REL COSTS-HSB I	
001	04 OLD CAP REL COSTS-HSB II	
001	05 OLD CAP REL COSTS-REHAB	
001	05 OLD CAP REL COSTS-MAB	
003	NEW CAP REL COSTS-BLDG &	
003	01 NEW CAP REL COSTS-HOSPIT	
003	02 NEW CAP REL COSTS-HSB I	
003	03 NEW CAP REL COSTS-HSB II	
003	04 NEW CAP REL COSTS-REHAB	
003	05 NEW CAP REL COSTS-DI AYSI	
003	06 NEW CAP REL COSTS-HOSPIT	
003	07 NEW CAP REL COSTS-MAB	
003	08 NEW CAP REL COSTS-ORTHO	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
007	01 MAINTENANCE & REPAIRS-HSB	
007	02 MAINTENANCE & REPAIRS-HSB	
007	03 MAINTENANCE & REPAIRS-REH	
007	04 MAINTENANCE & REPAIRS-MAB	
007	05 MAINTENANCE & REPAIRS-ORT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
010	01 HOUSEKEEPING-HSB	
010	02 HOUSEKEEPING-HSB II	
010	03 HOUSEKEEPING-ORTHO	
010	04 HOUSEKEEPING-MAB	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
024	PARAMED PRGM	
024	01 PARAMED PRGM-PARAMEDIC	
025	INPAT ROUTINE SRVC CNTRS	769,209
026	ADULTS & PEDIATRICS	
026	INTENSIVE CARE UNIT	116,470
033	NURSERY	30,807
034	SKILLED NURSING FACILITY	116,480
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	235,239
038	RECOVERY ROOM	78,374
039	DELIVERY ROOM & LABOR ROO	45,366
040	ANESTHESIOLOGY	11,264
041	RADIOLOGY-DIAGNOSTIC	267,465
044	LABORATORY	229,039
047	BLOOD STORING, PROCESSING	7,119
049	RESPIRATORY THERAPY	82,793
050	PHYSICAL THERAPY	164,789
051	OCCUPATIONAL THERAPY	
052	SPEECH PATHOLOGY	7,728
053	ELECTROCARDIOLOGY	11,207
054	ELECTROENCEPHALOGRAPHY	5,257
055	MEDICAL SUPPLIES CHARGED	24,311
055	30 IMPL. DEV. CHARGED TO PAT	65,288
056	DRUGS CHARGED TO PATIENTS	82,042
059	BEHAVIORAL HEALTH	29,654
059	01 DIABETES/WOUND CARE/COUMA	29,410
059	02 FLU CLINIC	87
059	97 CARDIAC REHABILITATION	20,154
061	OUTPAT SERVICE COST CNTRS	
061	EMERGENCY	154,040
062	OBSERVATION BEDS (NON-DIS	
062	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	56,303
071	HOME HEALTH AGENCY	51,258
093	SPEC PURPOSE COST CENTERS	
093	HOSPICE	32,535
095	SUBTOTALS	2,723,688
096	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	9,285
098	PHYSICIANS' PRIVATE OFFIC	203,005
100	DAY HEALTH	31,673
100	01 OUTREACH SERVICES	7,240
100	02 MSO LOSS	1,934
100	03 FUND DEVELOPMENT	6,444
100	04 OUTSIDE LAUNDRY	30,147
100	05 PHYSICIAN SUPPORT	13,285
100	06 HOSPITALITY HOUSE	12,174
100	07 HSK DIALYSIS	522

	COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
		26	27
	NONREIMBURS COST CENTERS		
100	08 OCCUPATIONAL MED		6
100	09 VISITING PHYSICIANS		278
100	10 FARM LAND		
100	12 MMG-PHYSICIAN OFFICES		67,587
100	13 VALET PARKING SERVICE		989
101	CROSS FOOT ADJUSTMENTS		7,717
102	NEGATIVE COST CENTER		
103	TOTAL		3,115,974

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-HOSPITAL (SQUARE FEET)	OLD CAP REL COSTS-HSBI (SQUARE FEET)	OLD CAP REL COSTS-HSBI I (SQUARE FEET)	OLD CAP REL COSTS-REHAB (PER CENT)	OLD CAP REL COSTS-MAB (SQUARE FEET)
	1	1.01	1.02	1.03	1.04	1.05
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	171,547					
001 01 OLD CAP REL COSTS-HO		171,547				
001 02 OLD CAP REL COSTS-HS			47,531			
001 03 OLD CAP REL COSTS-HS				21,564		
001 04 OLD CAP REL COSTS-RE					100	
001 05 OLD CAP REL COSTS-MA						7,588
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS-HO						
003 02 NEW CAP REL COSTS-HS						
003 03 NEW CAP REL COSTS-HS						
003 04 NEW CAP REL COSTS-RE						
003 05 NEW CAP REL COSTS-DI						
003 06 NEW CAP REL COSTS-HO						
003 07 NEW CAP REL COSTS-MA						
003 08 NEW CAP REL COSTS-OR						
005 EMPLOYEE BENEFITS	1,232	1,232				
006 ADMINISTRATIVE & GENE	47,191	47,191	14,067	8,364		
007 MAINTENANCE & REPAIRS	12,732	12,732				
007 01 MAINTENANCE & REPAIRS			1,660			
007 02 MAINTENANCE & REPAIRS				3,222		
007 03 MAINTENANCE & REPAIRS						
007 04 MAINTENANCE & REPAIRS						
007 05 MAINTENANCE & REPAIRS						
009 LAUNDRY & LINEN SERVI	3,867	3,867				
010 HOUSEKEEPING	2,056	2,056				
010 01 HOUSEKEEPING-HSB						
010 02 HOUSEKEEPING-HSB II						
010 03 HOUSEKEEPING-ORTHO						
010 04 HOUSEKEEPING-MAB						
011 DIETARY	2,685	2,685				
012 CAFETERIA	6,778	6,778				
014 NURSING ADMINISTRATIO	60	60				
015 CENTRAL SERVICES & SU	6,403	6,403				
016 PHARMACY	1,557	1,557				
017 MEDICAL RECORDS & LIB	3,816	3,816				
018 SOCIAL SERVICE	458	458				
020 NONPHYSICIAN ANESTHET						
024 PARAMED ED PRGM	255	255				
024 01 PARAMED ED PRGM-PARAM						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	27,108	27,108				
026 INTENSIVE CARE UNIT	4,334	4,334				
033 NURSERY	945	945				
034 SKILLED NURSING FACIL	2,804	2,804				
ANCILLARY SRVC COST C						
037 OPERATING ROOM	8,153	8,153				
038 RECOVERY ROOM	2,670	2,670				
039 DELIVERY ROOM & LABOR	2,016	2,016				
040 ANESTHESIOLOGY	320	320				
041 RADIOLOGY-DIAGNOSTIC	10,470	10,470				
044 LABORATORY	7,142	7,142				
047 BLOOD STORING, PROCES						
049 RESPIRATORY THERAPY	3,634	3,634				
050 PHYSICAL THERAPY	3,335	3,335			100	
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY	140	140				
053 ELECTROCARDIOLOGY	140	140				
054 ELECTROENCEPHALOGRAPH	216	216				
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
059 BEHAVIORAL HEALTH			2,564			
059 01 DIABETES/WOUND CARE/C	827	827				
059 02 FLU CLINIC						
059 97 CARDIAC REHABILITATIO	880	880				
OUTPAT SERVICE COST C						
061 EMERGENCY	5,184	5,184				
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	1,350	1,350				
071 HOME HEALTH AGENCY						1,735
SPEC PURPOSE COST CEN						
093 HOSPICE						1,054
095 SUBTOTALS	170,758	170,758	18,291	11,586	100	2,789
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	504	504				
098 PHYSICIANS' PRIVATE O			24,724	6,369		4,799
100 DAY HEALTH			2,511			
100 01 OUTREACH SERVICES	160	160				
100 02 MSO LOSS			256			
100 03 FUND DEVELOPMENT	125	125				

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-HOSPIT (SQUARE FEET)	OLD CAP REL COSTS-HSB I (SQUARE FEET)	OLD CAP REL COSTS-HSB II (SQUARE FEET)	OLD CAP REL COSTS-REHAB (PER CENT)	OLD CAP REL COSTS-MAB (SQUARE FEET)
NONREIMBURS COST CENT	1	1.01	1.02	1.03	1.04	1.05
100 04 OUTSIDE LAUNDRY						
100 05 PHYSICIAN SUPPORT			976			
100 06 HOSPITALITY HOUSE						
100 07 HSK DIALYSIS						
100 08 OCCUPATIONAL MED						
100 09 VISITING PHYSICIANS						
100 10 FARM LAND						
100 12 MMG-PHYSICIAN OFFICES			773	3,609		
100 13 VALET PARKING SERVICE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		146,500	46,371	20	37	1
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.853993	.975595	.000927	.370000	.000132
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)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-HOSPIT (SQUARE FEET)	NEW CAP REL COSTS-HSB I (SQUARE FEET)	NEW CAP REL COSTS-HSB II (SQUARE FEET)	NEW CAP REL COSTS-REHAB (PER CENT)	NEW CAP REL COSTS-DIAYSI (PER CENT)	NEW CAP REL COSTS-HOSPIT (PER CENT)
GENERAL SERVICE COST	3	3.01	3.02	3.03	3.04	3.05	3.06
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-HO							
001 02 OLD CAP REL COSTS-HS							
001 03 OLD CAP REL COSTS-HS							
001 04 OLD CAP REL COSTS-RE							
001 05 OLD CAP REL COSTS-MA							
003 NEW CAP REL COSTS-BLD	171,547						
003 01 NEW CAP REL COSTS-HO		171,547					
003 02 NEW CAP REL COSTS-HS			47,531				
003 03 NEW CAP REL COSTS-HS				21,564			
003 04 NEW CAP REL COSTS-RE					100		
003 05 NEW CAP REL COSTS-DI						100	
003 06 NEW CAP REL COSTS-HO							100
003 07 NEW CAP REL COSTS-MA							
003 08 NEW CAP REL COSTS-OR							
005 EMPLOYEE BENEFITS	1,232	1,232					
006 ADMINISTRATIVE & GENE	47,191	47,191	14,067	8,364			
007 MAINTENANCE & REPAIRS	12,732	12,732					
007 01 MAINTENANCE & REPAIRS			1,660				
007 02 MAINTENANCE & REPAIRS				3,222			
007 03 MAINTENANCE & REPAIRS							
007 04 MAINTENANCE & REPAIRS							
007 05 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVI	3,867	3,867					
010 HOUSEKEEPING	2,056	2,056					
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB							
011 DIETARY	2,685	2,685					
012 CAFETERIA	6,778	6,778					
014 NURSING ADMINISTRATIO	60	60					
015 CENTRAL SERVICES & SU	6,403	6,403					
016 PHARMACY	1,557	1,557					
017 MEDICAL RECORDS & LIB	3,816	3,816					
018 SOCIAL SERVICE	458	458					
020 NONPHYSICIAN ANESTHET							
024 PARAMED ED PRGM	255	255					
024 01 PARAMED ED PRGM-PARAM							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	27,108	27,108					
026 INTENSIVE CARE UNIT	4,334	4,334					
033 NURSERY	945	945					
034 SKILLED NURSING FACIL	2,804	2,804					
ANCILLARY SRVC COST C							
037 OPERATING ROOM	8,153	8,153					
038 RECOVERY ROOM	2,670	2,670					
039 DELIVERY ROOM & LABOR	2,016	2,016					
040 ANESTHESIOLOGY	320	320					
041 RADIOLOGY-DIAGNOSTIC	10,470	10,470					
044 LABORATORY	7,142	7,142					
047 BLOOD STORING, PROCES							
049 RESPIRATORY THERAPY	3,634	3,634					
050 PHYSICAL THERAPY	3,335	3,335			100		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	140	140					
053 ELECTROCARDIOLOGY	140	140					
054 ELECTROENCEPHALOGRAPH	216	216					
055 MEDICAL SUPPLIES CHAR							
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI							
059 BEHAVIORAL HEALTH			2,564				
059 01 DIABETES/WOUND CARE/C	827	827					
059 02 FLU CLINIC							
059 97 CARDIAC REHABILITATIO	880	880					
OUTPAT SERVICE COST C							
061 EMERGENCY	5,184	5,184					
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	1,350	1,350					
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
093 HOSPICE							
095 SUBTOTALS	170,758	170,758	18,291	11,586	100		
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	504	504					
098 PHYSICIANS' PRIVATE O			24,724	6,369			
100 DAY HEALTH			2,511				
100 01 OUTREACH SERVICES	160	160					
100 02 MSO LOSS			256				
100 03 FUND DEVELOPMENT	125	125					

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-HOSPIT (SQUARE FEET)	NEW CAP REL COSTS-HSB I (SQUARE FEET)	NEW CAP REL COSTS-HSB II (SQUARE FEET)	NEW CAP REL COSTS-REHAB (PER CENT)	NEW CAP REL COSTS-DIAYSI (PER CENT)	NEW CAP REL COSTS-HOSPIT (PER CENT)
NONREIMBURS COST CENT	3	3.01	3.02	3.03	3.04	3.05	3.06
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			976				
100 06 HOSPITALITY HOUSE							100
100 07 HSK DIALYSIS						100	
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							
100 10 FARM LAND							
100 12 MMG-PHYSICIAN OFFICES			773	3,609			
100 13 VALET PARKING SERVICE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		2,651,669	176,508	116,469	55,033	143	11,220
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		15.457391		5.401085		1.430000	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)			3.713534		550.330000		112.200000
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MAB (SQUARE FEET)	NEW CAP REL COSTS-ORTHO (SQUARE FEET)	EMPLOYEE BENEFITS (SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB (SQUARE FEET)
GENERAL SERVICE COST	3.07	3.08	5	6a.00	6	7	7.01
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-HO							
001 03 OLD CAP REL COSTS-HS							
001 04 OLD CAP REL COSTS-RE							
001 05 OLD CAP REL COSTS-MA							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CAP REL COSTS-HO							
003 03 NEW CAP REL COSTS-HS							
003 04 NEW CAP REL COSTS-RE							
003 05 NEW CAP REL COSTS-DI							
003 06 NEW CAP REL COSTS-HO							
003 07 NEW CAP REL COSTS-MA	7,588						
003 08 NEW CAP REL COSTS-OR		7,296					
005 EMPLOYEE BENEFITS			22,504,266				
006 ADMINISTRATIVE & GENERAL		7,115	3,138,681	-7,187,410	39,483,725		
007 MAINTENANCE & REPAIRS			504,649		2,035,103	110,392	
007 01 MAINTENANCE & REPAIRS			18,068		186,865		31,804
007 02 MAINTENANCE & REPAIRS			6,462		92,866		
007 03 MAINTENANCE & REPAIRS					13,771		
007 04 MAINTENANCE & REPAIRS			1,668		16,626		
007 05 MAINTENANCE & REPAIRS			1,134		8,361		
009 LAUNDRY & LINEN SERVICE			184,441		386,699	3,867	
010 HOUSEKEEPING			491,030		725,978	2,056	
010 01 HOUSEKEEPING-HSB			87,271		122,357		
010 02 HOUSEKEEPING-HSB II			22,915		33,505		
010 03 HOUSEKEEPING-ORTHO			1,665		2,141		
010 04 HOUSEKEEPING-MAB			9,339		12,008		
011 DIETARY			408,025		747,844		
012 CAFETERIA			252,089		486,982	6,778	
014 NURSING ADMINISTRATIVE			419,722		559,846	60	
015 CENTRAL SERVICES & SUPPLY			212,677		528,256	6,403	
016 PHARMACY			550,799		2,263,674	1,557	
017 MEDICAL RECORDS & LIBRARY			578,146		846,915	3,816	
018 SOCIAL SERVICE			314,653		424,154	458	
020 NONPHYSICIAN ANESTHETIC							
024 PARAMEDICAL PRGM			74,160		115,453	255	
024 01 PARAMEDICAL PRGM-PARAM			12,612		5,322		
025 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS			2,671,287		4,154,610	27,108	
026 INTENSIVE CARE UNIT			695,238		1,010,682	4,334	
033 NURSERY			318,256		424,634	945	
034 SKILLED NURSING FACILITY			827,166		1,156,085	2,804	
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM			1,069,771		2,177,058	8,153	
038 RECOVERY ROOM			460,585		736,651	2,670	
039 DELIVERY ROOM & LABOR			225,767		325,580	2,016	
040 ANESTHESIOLOGY					137,847	320	
041 RADIOLOGY-DIAGNOSTIC			1,168,897		2,852,828	10,470	
044 LABORATORY			1,585,036		3,770,138	7,142	
047 BLOOD STORAGE, PROCESSING					324,901		
049 RESPIRATORY THERAPY			377,940		602,877	3,634	
050 PHYSICAL THERAPY			1,229,043		1,742,492	3,335	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			108,731		156,229	140	
053 ELECTROCARDIOLOGY			210,554		299,757	140	
054 ELECTROENCEPHALOGRAPHY			29,277		41,287	216	
055 MEDICAL SUPPLIES CHARITABLE					349,597		
055 30 IMPL. DEV. CHARGED TO PATIENT					862,547		
056 DRUGS CHARGED TO PATIENT					16,800		
059 BEHAVIORAL HEALTH			497,568		665,324		2,564
059 01 DIABETES/WOUND CARE/CENTRAL			380,099		524,561	827	
059 02 FLU CLINIC			3,012		3,873		
059 97 CARDIAC REHABILITATION			116,611		144,160	880	
061 OUTPATIENT SERVICE COST CENTER							
061 EMERGENCY		90	766,827		1,367,994	5,184	
062 OBSERVATION BEDS (NONREIMBURSABLE)							
062 OTHER REIMBURSABLE							
065 AMBULANCE SERVICES		91	778,879		1,073,126	1,350	
071 HOME HEALTH AGENCY	1,735		811,093		1,160,558		
093 SPEC PURPOSE COST CENTER							
093 HOSPICE	1,054		373,645		849,248		
095 SUBTOTALS	2,789	7,296	21,995,488	-7,187,410	36,546,170	109,603	2,564
096 NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE					8,221	504	
098 PHYSICIANS' PRIVATE OFFICE	4,799				199,463		24,724
100 DAY HEALTH			155,632		244,492		2,511
100 01 OUTREACH SERVICES			97,454		150,836	160	
100 02 MSO LOSS			29,689		39,376		256
100 03 FUND DEVELOPMENT			99,197		150,998	125	

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MAB (SQUARE FEET)	NEW CAP REL COSTS-ORTHO (SQUARE FEET)	EMPLOYEE BENEFITS (SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB (SQUARE FEET)
NONREIMBURS COST CENT	3.07	3.08	5	6a.00	6	7	7.01
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT			75,221		407,128		976
100 06 HOSPITALITY HOUSE			11,876		31,491		
100 07 HSK DIALYSIS			7,503		9,791		
100 08 OCCUPATIONAL MED					274		
100 09 VISITING PHYSICIANS			8,223		10,640		
100 10 FARM LAND							
100 12 MMG-PHYSICIAN OFFICES			3,624		1,658,633		773
100 13 VALET PARKING SERVICE			20,359		26,212		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	77,669	27,263	6,432,166		7,187,410	2,405,563	220,881
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		3.736705				21.791099	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	10.235767		.285820		.182035		6.945070
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)			1,052		54,174	13,689	1,876
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			.000047		.001372	.124004	.058986
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			19,044		856,111	241,358	10,231
			.000846		.021683	2.186372	.321689

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS-HSB (SQUARE FEET)	MAINTENANCE & REPAIRS-REH (PERCENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS LINEN)	HOUSEKEEPING OF TIME SPENT	HOUSEKEEPING-HSB (SQUARE FEET)
	7.02	7.03	7.04	7.05	9	10	10.01
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-HO							
001 02 OLD CAP REL COSTS-HS							
001 03 OLD CAP REL COSTS-HS							
001 04 OLD CAP REL COSTS-RE							
001 05 OLD CAP REL COSTS-MA							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-HO							
003 02 NEW CAP REL COSTS-HS							
003 03 NEW CAP REL COSTS-HS							
003 04 NEW CAP REL COSTS-RE							
003 05 NEW CAP REL COSTS-DI							
003 06 NEW CAP REL COSTS-HO							
003 07 NEW CAP REL COSTS-MA							
003 08 NEW CAP REL COSTS-OR							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS							
007 02 MAINTENANCE & REPAIRS	9,978						
007 03 MAINTENANCE & REPAIRS		100					
007 04 MAINTENANCE & REPAIRS			7,588				
007 05 MAINTENANCE & REPAIRS				181			
009 LAUNDRY & LINEN SERVICE					48,375		
010 HOUSEKEEPING					2,818	192,734	
010 01 HOUSEKEEPING-HSB							31,804
010 02 HOUSEKEEPING-HSB II							
010 03 HOUSEKEEPING-ORTHO							
010 04 HOUSEKEEPING-MAB							
011 DIETARY					208	3,839	
012 CAFETERIA					441	16,630	
014 NURSING ADMINISTRATIVE						1,155	
015 CENTRAL SERVICES & SUPPLIES						9,576	
016 PHARMACY						642	
017 MEDICAL RECORDS & LIBRARY						2,862	
018 SOCIAL SERVICE						175	
020 NONPHYSICIAN ANESTHETIC							
024 PARAMEDICAL PRGM							
024 01 PARAMEDICAL PRGM-PARAM							
025 INPATIENT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS					8,086	55,411	
026 INTENSIVE CARE UNIT					903	6,876	
033 NURSERY					390	799	
034 SKILLED NURSING FACILITY					2,196	14,593	
037 ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM					4,337	17,743	
038 RECOVERY ROOM					3,139	6,418	
039 DELIVERY ROOM & LABOR						2,036	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC					1,924	9,450	
044 LABORATORY					244	9,497	
047 BLOOD STORAGE, PROCESSING						250	
049 RESPIRATORY THERAPY					350	2,950	
050 PHYSICAL THERAPY		100			1,227	6,191	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY						653	
053 ELECTROCARDIOLOGY						517	
054 ELECTROENCEPHALOGRAPHY						1,100	
055 MEDICAL SUPPLIES CHAR							
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATIENT							
059 BEHAVIORAL HEALTH							2,564
059 01 DIABETES/WOUND CARE/C					10	809	
059 02 FLU CLINIC							
059 97 CARDIAC REHABILITATION							1,849
061 OUTPAT SERVICE COST CENTER							
062 EMERGENCY				90	2,395	19,419	
062 OBSERVATION BEDS (NON)							
062 OTHER REIMBURS COST CENTER							
065 AMBULANCE SERVICES				91	587	75	
071 HOME HEALTH AGENCY			1,735				
071 SPEC PURPOSE COST CENTER							
093 HOSPICE			1,054				
095 SUBTOTALS		100	2,789	181	29,255	191,515	2,564
096 NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE						725	
098 PHYSICIANS' PRIVATE OFFICE	6,369		4,799				24,724
100 DAY HEALTH					54		2,511
100 01 OUTREACH SERVICES						234	
100 02 MSO LOSS							256
100 03 FUND DEVELOPMENT						260	

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS-HSB (SQUARE FEET)	MAINTENANCE & REPAIRS-REH (PERCENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS LINEN)	HOUSEKEEPING OF(TIME) SPENT	HOUSEKEEPING-HSB (SQUARE FEET)
NONREIMBURS COST CENT	7.02	7.03	7.04	7.05	9	10	10.01
100 04 OUTSIDE LAUNDRY					18,997		
100 05 PHYSICIAN SUPPORT							976
100 06 HOSPITALITY HOUSE					69		
100 07 HSK DIALYSIS							
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS							
100 10 FARM LAND							
100 12 MMG-PHYSICIAN OFFICES	3,609						773
100 13 VALET PARKING SERVICE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	109,771	16,278	19,653	9,883	541,358	934,469	144,630
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	11.001303	162.780000	2.590011	54.602210	11.190863	4.848491	4.547541
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	130	19	23	11	4,322	3,282	172
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.013029	.190000	.003031	.060773	.089344	.017029	.005408
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	19,421	299	362	182	76,770	56,903	2,727
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.946382	2.990000	.047707	1.005525	1.586977	.295241	.085744

COST CENTER DESCRIPTION	HOUSEKEEPING-HSB II (SQUARE FEET)	HOUSEKEEPING-ORTHO (SQUARE FEET)	HOUSEKEEPING-MAB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)
	10.02	10.03	10.04	11	12	14	15
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-HO							
001 02 OLD CAP REL COSTS-HS							
001 03 OLD CAP REL COSTS-HS							
001 04 OLD CAP REL COSTS-RE							
001 05 OLD CAP REL COSTS-MA							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-HO							
003 02 NEW CAP REL COSTS-HS							
003 03 NEW CAP REL COSTS-HS							
003 04 NEW CAP REL COSTS-RE							
003 05 NEW CAP REL COSTS-DI							
003 06 NEW CAP REL COSTS-HO							
003 07 NEW CAP REL COSTS-MA							
003 08 NEW CAP REL COSTS-OR							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
007 MAINTENANCE & REPAIRS							
007 01 MAINTENANCE & REPAIRS							
007 02 MAINTENANCE & REPAIRS							
007 03 MAINTENANCE & REPAIRS							
007 04 MAINTENANCE & REPAIRS							
007 05 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
010 01 HOUSEKEEPING-HSB							
010 02 HOUSEKEEPING-HSB II	9,978						
010 03 HOUSEKEEPING-ORTHO		181					
010 04 HOUSEKEEPING-MAB			7,588				
011 DIETARY				3,446			
012 CAFETERIA					3,383		
014 NURSING ADMINISTRATION					58	1,058	
015 CENTRAL SERVICES & SU					76		2,415,513
016 PHARMACY					69		31,384
017 MEDICAL RECORDS & LIB					154		544
018 SOCIAL SERVICE					65		865
020 NONPHYSICIAN ANESTHET							
024 PARAMED ED PRGM					10		41
024 01 PARAMED ED PRGM-PARAM					3		
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS				1,922	553	553	198,927
026 INTENSIVE CARE UNIT				156	115	115	38,210
033 NURSERY					50	50	
034 SKILLED NURSING FACIL				620	165	165	36,501
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM					205		424,288
038 RECOVERY ROOM					72		94,976
039 DELIVERY ROOM & LABOR					35	35	
040 ANESTHESIOLOGY							48,666
041 RADIOLOGY-DIAGNOSTIC					252		72,506
044 LABORATORY					302		85,327
047 BLOOD STORING, PROCES							
049 RESPIRATORY THERAPY					74		16,368
050 PHYSICAL THERAPY					190		7,048
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY					39		316
053 ELECTROCARDIOLOGY					40		5,520
054 ELECTROENCEPHALOGRAPH					5		
055 MEDICAL SUPPLIES CHAR							309,708
055 30 IMPL. DEV. CHARGED TO							862,334
056 DRUGS CHARGED TO PATI							
059 BEHAVIORAL HEALTH					104		1,108
059 01 DIABETES/WOUND CARE/C					59		9,198
059 02 FLU CLINIC							
059 97 CARDIAC REHABILITATIO					20		961
061 OUTPAT SERVICE COST C							
061 EMERGENCY		90			140	140	123,642
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES		91			177		585
071 HOME HEALTH AGENCY			1,735		141		34,022
093 SPEC PURPOSE COST CEN							
093 HOSPICE			1,054		62		8,102
095 SUBTOTALS		181	2,789	2,698	3,235	1,058	2,411,147
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O	6,369		4,799				
100 DAY HEALTH				748	38		1,561
100 01 OUTREACH SERVICES					22		2,051
100 02 MSO LOSS							
100 03 FUND DEVELOPMENT					20		

COST CENTER DESCRIPTION	HOUSEKEEPING- HSB II (SQUARE FEET)	HOUSEKEEPING- ORTHO (SQUARE FEET)	HOUSEKEEPING- MAB (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)
	10.02	10.03	10.04	11	12	14	15
NONREIMBURS COST CENT							
100 04 OUTSIDE LAUNDRY							
100 05 PHYSICIAN SUPPORT					9		162
100 06 HOSPITALITY HOUSE					3		558
100 07 HSK DIALYSIS					4		
100 08 OCCUPATIONAL MED							
100 09 VISITING PHYSICIANS					1		
100 10 FARM LAND							
100 12 MMG-PHYSICIAN OFFICES	3,609				41		
100 13 VALET PARKING SERVICE					10		34
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	39,604	2,531	14,194	963,428	808,895	682,533	828,546
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	3.969132	13.983425	1.870585	279.578642	239.105823	645.116257	.343010
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	47	3	16	3,755	7,630	997	7,331
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.004710	.016575	.002109	1.089669	2.255395	.942344	.003035
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	745	47	268	65,397	135,971	16,224	130,489
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.074664	.259669	.035319	18.977655	40.192433	15.334594	.054021

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED PRGM-PARAMEDIC (ASSIGNED TIME)
GENERAL SERVICE COST	16	17	18	20	24	24.01
001 OLD CAP REL COSTS-BLD						
001 01 OLD CAP REL COSTS-HO						
001 02 OLD CAP REL COSTS-HS						
001 03 OLD CAP REL COSTS-HS						
001 04 OLD CAP REL COSTS-RE						
001 05 OLD CAP REL COSTS-MA						
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS-HO						
003 02 NEW CAP REL COSTS-HS						
003 03 NEW CAP REL COSTS-HS						
003 04 NEW CAP REL COSTS-RE						
003 05 NEW CAP REL COSTS-DI						
003 06 NEW CAP REL COSTS-HO						
003 07 NEW CAP REL COSTS-MA						
003 08 NEW CAP REL COSTS-OR						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENE						
007 MAINTENANCE & REPAIRS						
007 01 MAINTENANCE & REPAIRS						
007 02 MAINTENANCE & REPAIRS						
007 03 MAINTENANCE & REPAIRS						
007 04 MAINTENANCE & REPAIRS						
007 05 MAINTENANCE & REPAIRS						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
010 01 HOUSEKEEPING-HSB						
010 02 HOUSEKEEPING-HSB II						
010 03 HOUSEKEEPING-ORTHO						
010 04 HOUSEKEEPING-MAB						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATIO						
015 CENTRAL SERVICES & SU						
016 PHARMACY	100					
017 MEDICAL RECORDS & LIB		1,000				
018 SOCIAL SERVICE			1,000			
020 NONPHYSICIAN ANESTHET				100		
024 PARAMED ED PRGM					100	
024 01 PARAMED ED PRGM-PARAM						100
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS		827	709			
026 INTENSIVE CARE UNIT		11	79			
033 NURSERY		11				
034 SKILLED NURSING FACIL		69	203			
ANCILLARY SRVC COST C						
037 OPERATING ROOM						
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY				100		
041 RADIOLOGY-DIAGNOSTIC					100	
044 LABORATORY						
047 BLOOD STORING, PROCES						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI	100					
059 BEHAVIORAL HEALTH						
059 01 DIABETES/WOUND CARE/C						
059 02 FLU CLINIC						
059 97 CARDIAC REHABILITATIO						
OUTPAT SERVICE COST C						
061 EMERGENCY		82	9			
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						100
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
093 HOSPICE						
095 SUBTOTALS	100	1,000	1,000	100	100	100
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
100 DAY HEALTH						
100 01 OUTREACH SERVICES						
100 02 MSO LOSS						
100 03 FUND DEVELOPMENT						

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED ED PR GM (ASSIGNED TIME)	PARAMED ED PR GM-PARAMEDIC (ASSIGNED TIME)
NONREIMBURS COST CENT	16	17	18	20	24	24.01
100 04 OUTSIDE LAUNDRY						
100 05 PHYSICIAN SUPPORT						
100 06 HOSPITALITY HOUSE						
100 07 HSK DIALYSIS						
100 08 OCCUPATIONAL MED						
100 09 VISITING PHYSICIANS						
100 10 FARM LAND						
100 12 MMG-PHYSICIAN OFFICES						
100 13 VALET PARKING SERVICE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (PER WRKSHT B, PART	2,740,047	1,135,123	528,032		144,431	7,008
UNIT COST MULTIPLIER (WRKSHT B, PT I)		1,135.123000				70.080000
104 COST TO BE ALLOCATED (PER WRKSHT B, PART	27,400.470000		528.032000		1,444.310000	
UNIT COST MULTIPLIER (WRKSHT B, PT I)	4,917	5,319	1,198		434	15
105 COST TO BE ALLOCATED (PER WRKSHT B, PART						
UNIT COST MULTIPLIER (WRKSHT B, PT I)		5.319000				.150000
106 COST TO BE ALLOCATED (PER WRKSHT B, PART	49.170000		1.198000		4.340000	
UNIT COST MULTIPLIER (WRKSHT B, PT I)	81,678	93,245	20,255		7,470	247
107 COST TO BE ALLOCATED (PER WRKSHT B, PART						
UNIT COST MULTIPLIER (WRKSHT B, PT I)	816.780000	93.245000	20.255000		74.700000	2.470000

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	8,268,430		8,268,430		8,268,430
26	INTENSIVE CARE UNIT	1,545,153		1,545,153		1,545,153
33	NURSERY	587,460		587,460		587,460
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,040,232		2,040,232		2,040,232
37	OPERATING ROOM	3,080,136		3,080,136		3,080,136
38	RECOVERY ROOM	1,044,969		1,044,969		1,044,969
39	DELIVERY ROOM & LABOR ROO	469,598		469,598		469,598
40	ANESTHESIOLOGY	186,606		186,606	26,084	212,690
41	RADIOLOGY-DIAGNOSTIC	3,897,201		3,897,201		3,897,201
44	LABORATORY	4,762,322		4,762,322	104,764	4,867,086
47	BLOOD STORING, PROCESSING	385,256		385,256		385,256
49	RESPIRATORY THERAPY	833,339		833,339		833,339
50	PHYSICAL THERAPY	2,240,234		2,240,234		2,240,234
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY	200,318		200,318		200,318
53	ELECTROCARDIOLOGY	371,338		371,338		371,338
54	ELECTROENCEPHALOGRAPHY	60,039		60,039		60,039
55	MEDICAL SUPPLIES CHARGED	519,469		519,469		519,469
55	30 IMPL. DEV. CHARGED TO PAT	1,315,351		1,315,351		1,315,351
56	DRUGS CHARGED TO PATIENTS	2,759,905		2,759,905		2,759,905
59	BEHAVIORAL HEALTH	841,150		841,150		841,150
59	01 DIABETES/WOUND CARE/COUMA	659,366		659,366		659,366
59	02 FLU CLINIC	4,578		4,578		4,578
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	203,655		203,655		203,655
61	EMERGENCY	2,121,143		2,121,143		2,121,143
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	709,558		709,558		709,558
65	AMBULANCE SERVICES	1,360,595		1,360,595		1,360,595
101	SUBTOTAL	40,467,401		40,467,401	130,848	40,598,249
102	LESS OBSERVATION BEDS	709,558		709,558		709,558
103	TOTAL	39,757,843		39,757,843	130,848	39,888,691

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	7,006,137		7,006,137			
26	INTENSIVE CARE UNIT	1,832,875		1,832,875			
33	NURSERY	656,116		656,116			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,114,455		2,114,455			
37	OPERATING ROOM	2,414,990	5,799,715	8,214,705	.374954	.374954	.374954
38	RECOVERY ROOM	730,866	3,202,202	3,933,068	.265688	.265688	.265688
39	DELIVERY ROOM & LABOR ROO	350,229	1,460	351,689	1.335265	1.335265	1.335265
40	ANESTHESIOLOGY	458,310	900,127	1,358,437	.137368	.137368	.156570
41	RADIOLOGY-DIAGNOSTIC	2,585,504	16,520,781	19,106,285	.203975	.203975	.203975
44	LABORATORY	5,242,321	17,185,808	22,428,129	.212337	.212337	.217008
47	BLOOD STORING, PROCESSING	429,089	404,547	833,636	.462139	.462139	.462139
49	RESPIRATORY THERAPY	934,737	1,507,359	2,442,096	.341239	.341239	.341239
50	PHYSICAL THERAPY	779,570	1,788,167	2,567,737	.872455	.872455	.872455
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	85,368	305,174	390,542	.512923	.512923	.512923
53	ELECTROCARDIOLOGY	902,900	1,983,412	2,886,312	.128655	.128655	.128655
54	ELECTROENCEPHALOGRAPHY	30,678	88,526	119,204	.503666	.503666	.503666
55	MEDICAL SUPPLIES CHARGED	2,021,187	1,763,366	3,784,553	.137260	.137260	.137260
55 30	IMPL. DEV. CHARGED TO PAT	1,644,832	748,672	2,393,504	.549550	.549550	.549550
56	DRUGS CHARGED TO PATIENTS	3,473,683	2,866,411	6,340,094	.435310	.435310	.435310
59	BEHAVIORAL HEALTH	3,588	530,500	534,088	1.574928	1.574928	1.574928
59 01	DIABETES/WOUND CARE/COUMA	1,383	327,798	329,181	2.003050	2.003050	2.003050
59 02	FLU CLINIC		22,382	22,382	.204539	.204539	.204539
59 97	CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS		345,080	345,080	.590167	.590167	.590167
61	EMERGENCY	1,111,351	6,271,255	7,382,606	.287316	.287316	.287316
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	312,149	1,243,467	1,555,616	.456127	.456127	.456127
65	AMBULANCE SERVICES	422	2,252,244	2,252,666	.603993	.603993	.603993
101	SUBTOTAL	35,122,740	66,058,453	101,181,193			
102	LESS OBSERVATION BEDS						
103	TOTAL	35,122,740	66,058,453	101,181,193			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,080,136	248,689	2,831,447			3,080,136
38	RECOVERY ROOM	1,044,969	82,857	962,112			1,044,969
39	DELIVERY ROOM & LABOR ROO	469,598	47,943	421,655			469,598
40	ANESTHESIOLOGY	186,606	11,914	174,692			186,606
41	RADIOLOGY-DIAGNOSTIC	3,897,201	282,794	3,614,407			3,897,201
44	LABORATORY	4,762,322	242,395	4,519,927			4,762,322
47	BLOOD STORING, PROCESSING	385,256	7,569	377,687			385,256
49	RESPIRATORY THERAPY	833,339	87,490	745,849			833,339
50	PHYSICAL THERAPY	2,240,234	171,221	2,069,013			2,240,234
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	200,318	8,184	192,134			200,318
53	ELECTROCARDIOLOGY	371,338	11,881	359,457			371,338
54	ELECTROENCEPHALOGRAPHY	60,039	5,556	54,483			60,039
55	MEDICAL SUPPLIES CHARGED	519,469	25,731	493,738			519,469
55	30 IMPL. DEV. CHARGED TO PAT	1,315,351	69,087	1,246,264			1,315,351
56	DRUGS CHARGED TO PATIENTS	2,759,905	86,982	2,672,923			2,759,905
59	BEHAVIORAL HEALTH	841,150	33,494	807,656			841,150
59	01 DIABETES/WOUND CARE/COUMA	659,366	31,133	628,233			659,366
59	02 FLU CLINIC	4,578	92	4,486			4,578
59	97 CARDIAC REHABILITATION	203,655	21,297	182,358			203,655
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,121,143	162,844	1,958,299			2,121,143
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	709,558	69,762	639,796			709,558
65	AMBULANCE SERVICES	1,360,595	59,594	1,301,001			1,360,595
101	SUBTOTAL	28,026,126	1,768,509	26,257,617			28,026,126
102	LESS OBSERVATION BEDS	709,558	69,762	639,796			709,558
103	TOTAL	27,316,568	1,698,747	25,617,821			27,316,568

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	8,214,705	.374954	.374954
38	RECOVERY ROOM	3,933,068	.265688	.265688
39	DELIVERY ROOM & LABOR ROO	351,689	1.335265	1.335265
40	ANESTHESIOLOGY	1,358,437	.137368	.137368
41	RADIOLOGY-DIAGNOSTIC	19,106,285	.203975	.203975
44	LABORATORY	22,428,129	.212337	.212337
47	BLOOD STORING, PROCESSING	833,636	.462139	.462139
49	RESPIRATORY THERAPY	2,442,096	.341239	.341239
50	PHYSICAL THERAPY	2,567,737	.872455	.872455
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	390,542	.512923	.512923
53	ELECTROCARDIOLOGY	2,886,312	.128655	.128655
54	ELECTROENCEPHALOGRAPHY	119,204	.503666	.503666
55	MEDICAL SUPPLIES CHARGED	3,784,553	.137260	.137260
55	30 IMPL. DEV. CHARGED TO PAT	2,393,504	.549550	.549550
56	DRUGS CHARGED TO PATIENTS	6,340,094	.435310	.435310
59	BEHAVIORAL HEALTH	534,088	1.574928	1.574928
59	01 DIABETES/WOUND CARE/COUMA	329,181	2.003050	2.003050
59	02 FLU CLINIC	22,382	.204539	.204539
59	97 CARDIAC REHABILITATION	345,080	.590167	.590167
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	7,382,606	.287316	.287316
62	OBSERVATION BEDS (NON-DIS	1,555,616	.456127	.456127
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	2,252,666	.603993	.603993
101	SUBTOTAL	89,571,610		
102	LESS OBSERVATION BEDS	1,555,616		
103	TOTAL	88,015,994		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	43,720		43,720	769,209		769,209
26	INTENSIVE CARE UNIT	6,663		6,663	116,470		116,470
33	NURSERY	1,790		1,790	30,807		30,807
101	TOTAL	52,173		52,173	916,486		916,486

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	8,227	4,750	5.31	25,223	93.50	444,125
26	INTENSIVE CARE UNIT	962	613	6.93	4,248	121.07	74,216
33	NURSERY	759		2.36		40.59	
101	TOTAL	9,948	5,363		29,471		518,341

TITLE XVIII, PART A      HOSPITAL      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	13,450	235,239	8,214,705	1,104,336	.001637	1,808
38	RECOVERY ROOM	4,483	78,374	3,933,068	340,598	.001140	388
39	DELIVERY ROOM & LABOR ROO	2,577	45,366	351,689		.007327	
40	ANESTHESIOLOGY	650	11,264	1,358,437	164,297	.000478	79
41	RADIOLOGY-DIAGNOSTIC	15,329	267,465	19,106,285	1,856,568	.000802	1,489
44	LABORATORY	13,356	229,039	22,428,129	3,352,959	.000596	1,998
47	BLOOD STORING, PROCESSING	450	7,119	833,636	305,206	.000540	165
49	RESPIRATORY THERAPY	4,697	82,793	2,442,096	522,689	.001923	1,005
50	PHYSICAL THERAPY	6,432	164,789	2,567,737	248,047	.002505	621
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	456	7,728	390,542	49,125	.001168	57
53	ELECTROCARDIOLOGY	674	11,207	2,886,312	690,348	.000234	162
54	ELECTROENCEPHALOGRAPHY	299	5,257	119,204	20,110	.002508	50
55	MEDICAL SUPPLIES CHARGED	1,420	24,311	3,784,553	1,098,589	.000375	412
55	30 IMPL. DEV. CHARGED TO PAT	3,799	65,288	2,393,504	1,162,031	.001587	1,844
56	DRUGS CHARGED TO PATIENTS	4,940	82,042	6,340,094	1,811,725	.000779	1,411
59	BEHAVIORAL HEALTH	3,840	29,654	534,088	1,795	.007190	13
59	01 DIABETES/WOUND CARE/COUMA	1,723	29,410	329,181	1,383	.005234	7
59	02 FLU CLINIC	5	87	22,382		.000223	
59	97 CARDIAC REHABILITATION	1,143	20,154	345,080		.003312	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	8,804	154,040	7,382,606	686,904	.001193	819
62	OBSERVATION BEDS (NON-DIS	3,752	66,010	1,555,616	208,592	.002412	503
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	92,279	1,616,636	87,318,944	13,625,302		12,831

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
14-0089	FROM 7/ 1/2009	WORKSHEET D
COMPONENT NO:	TO 6/30/2010	PART II
14-0089		

TITLE XVIII, PART A      HOSPITAL      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.028636	31,624
38	RECOVERY ROOM	.019927	6,787
39	DELIVERY ROOM & LABOR ROO	.128995	
40	ANESTHESIOLOGY	.008292	1,362
41	RADIOLOGY-DIAGNOSTIC	.013999	25,990
44	LABORATORY	.010212	34,240
47	BLOOD STORING, PROCESSING	.008540	2,606
49	RESPIRATORY THERAPY	.033902	17,720
50	PHYSICAL THERAPY	.064177	15,919
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY	.019788	972
53	ELECTROCARDIOLOGY	.003883	2,681
54	ELECTROENCEPHALOGRAPHY	.044101	887
55	MEDICAL SUPPLIES CHARGED	.006424	7,057
55	30 IMPL. DEV. CHARGED TO PAT	.027277	31,697
56	DRUGS CHARGED TO PATIENTS	.012940	23,444
59	BEHAVIORAL HEALTH	.055523	100
59	01 DIABETES/WOUND CARE/COUMA	.089343	124
59	02 FLU CLINIC	.003887	
59	97 CARDIAC REHABILITATION	.058404	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.020865	14,332
62	OBSERVATION BEDS (NON-DIS	.042433	8,851
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		226,393

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL						

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

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
14-0089	FROM 7/ 1/2009	WORKSHEET D
	TO 6/30/2010	PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	8,227		4,750	
26	INTENSIVE CARE UNIT	962		613	
33	NURSERY	759			
34	SKILLED NURSING FACILITY	2,929		2,471	
101	TOTAL	12,877		7,834	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
38	OPERATING ROOM										
39	RECOVERY ROOM										
40	DELIVERY ROOM & LABOR ROO										
41	ANESTHESIOLOGY										
44	RADIOLOGY-DIAGNOSTIC					144,431					
44	LABORATORY										
47	BLOOD STORING, PROCESSING										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
59	BEHAVIORAL HEALTH										
59	01 DIABETES/WOUND CARE/COUMA										
59	02 FLU CLINIC										
59	97 CARDIAC REHABILITATION										
61	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
62	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL					144,431					

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			8,214,705			1,104,336	
38	OPERATING ROOM			3,933,068			340,598	
39	RECOVERY ROOM			351,689				
40	DELIVERY ROOM & LABOR ROO			1,358,437			164,297	
41	ANESTHESIOLOGY	144,431	144,431	19,106,285	.007559	.007559	1,856,568	14,034
44	RADIOLOGY-DIAGNOSTIC			22,428,129			3,352,959	
47	LABORATORY			833,636			305,206	
49	BLOOD STORING, PROCESSING			2,442,096			522,689	
50	RESPIRATORY THERAPY			2,567,737			248,047	
51	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY			390,542			49,125	
53	ELECTROCARDIOLOGY			2,886,312			690,348	
54	ELECTROENCEPHALOGRAPHY			119,204			20,110	
55	MEDICAL SUPPLIES CHARGED			3,784,553			1,098,589	
55	30 IMPL. DEV. CHARGED TO PAT			2,393,504			1,162,031	
56	DRUGS CHARGED TO PATIENTS			6,340,094			1,811,725	
59	BEHAVIORAL HEALTH			534,088			1,795	
59	01 DIABETES/WOUND CARE/COUMA			329,181			1,383	
59	02 FLU CLINIC			22,382				
59	97 CARDIAC REHABILITATION			345,080				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			7,382,606			686,904	
62	OBSERVATION BEDS (NON-DIS			1,555,616			208,592	
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES		7,008					
101	TOTAL	144,431	151,439	87,318,944			13,625,302	14,034

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,260,627					
38	RECOVERY ROOM	620,698					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	177,797					
41	RADIOLOGY-DIAGNOSTIC	2,597,987			19,638		
44	LABORATORY	501,035					
47	BLOOD STORING, PROCESSING	142,921					
49	RESPIRATORY THERAPY	235,837					
50	PHYSICAL THERAPY	9,600					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	545,454					
54	ELECTROENCEPHALOGRAPHY	5,118					
55	MEDICAL SUPPLIES CHARGED	232,843					
55	30 IMPL. DEV. CHARGED TO PAT	161,133					
56	DRUGS CHARGED TO PATIENTS	832,281					
59	BEHAVIORAL HEALTH	34,220					
59	01 DIABETES/WOUND CARE/COUMA	100,970					
59	02 FLU CLINIC						
59	97 CARDIAC REHABILITATION	120,506					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	611,966					
62	OBSERVATION BEDS (NON-DIS	238,502					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	8,429,495			19,638		

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
37	ANCILLARY SRVC COST CNTRS											
38	OPERATING ROOM											
39	RECOVERY ROOM											
40	DELIVERY ROOM & LABOR ROO											
41	ANESTHESIOLOGY											
44	RADIOLOGY-DIAGNOSTIC						144,431					
44	LABORATORY											
47	BLOOD STORING, PROCESSING											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
55	30 IMPL. DEV. CHARGED TO PAT											
56	DRUGS CHARGED TO PATIENTS											
59	BEHAVIORAL HEALTH											
59	01 DIABETES/WOUND CARE/COUMA											
59	02 FLU CLINIC											
59	97 CARDIAC REHABILITATION											
61	OUTPAT SERVICE COST CNTRS											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
62	OTHER REIMBURS COST CNTRS											
65	AMBULANCE SERVICES											
101	TOTAL						144,431					

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			8,214,705			670	
38	OPERATING ROOM			3,933,068				
39	RECOVERY ROOM			351,689				
40	DELIVERY ROOM & LABOR ROO			1,358,437			616	
41	ANESTHESIOLOGY	144,431	144,431	19,106,285	.007559	.007559	45,031	340
44	RADIOLOGY-DIAGNOSTIC			22,428,129			399,207	
47	LABORATORY			833,636			17,692	
49	BLOOD STORING, PROCESSING			2,442,096			110,834	
50	RESPIRATORY THERAPY			2,567,737			408,026	
51	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY			390,542			27,462	
53	ELECTROCARDIOLOGY			2,886,312			23,951	
54	ELECTROENCEPHALOGRAPHY			119,204			2,630	
55	MEDICAL SUPPLIES CHARGED			3,784,553			160,244	
55	30 IMPL. DEV. CHARGED TO PAT			2,393,504				
56	DRUGS CHARGED TO PATIENTS			6,340,094			472,332	
59	BEHAVIORAL HEALTH			534,088			120	
59	01 DIABETES/WOUND CARE/COUMA			329,181				
59	02 FLU CLINIC			22,382				
59	97 CARDIAC REHABILITATION			345,080				
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			7,382,606				
62	OBSERVATION BEDS (NON-DIS			1,555,616				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES		7,008					
101	TOTAL	144,431	151,439	87,318,944			1,668,815	340

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						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	BEHAVIORAL HEALTH						
59	01 DIABETES/WOUND CARE/COUMA						
59	02 FLU CLINIC						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						





TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				472,677	
38 RECOVERY ROOM				164,912	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				24,424	
41 RADIOLOGY-DIAGNOSTIC				529,924	
44 LABORATORY				106,388	
47 BLOOD STORING, PROCESSING & TRANS.				66,049	
49 RESPIRATORY THERAPY				80,477	
50 PHYSICAL THERAPY				8,376	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				70,175	
54 ELECTROENCEPHALOGRAPHY				2,578	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				31,960	
55 30 IMPL. DEV. CHARGED TO PATIENT				88,551	
56 DRUGS CHARGED TO PATIENTS				362,300	
59 BEHAVIORAL HEALTH				53,894	
59 01 DIABETES/WOUND CARE/COUMADIN CENTER				202,248	
59 02 FLU CLINIC					2,453
59 97 CARDIAC REHABILITATION				71,119	
61 EMERGENCY				175,828	
62 OBSERVATION BEDS (NON-DISTINCT PART)				108,787	
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
101 SUBTOTAL				2,620,667	2,453
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				2,620,667	2,453

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



Health Financial Systems	MCRI F32	FOR MCDONOUGH DISTRICT HOSPITAL	IN LIEU OF FORM CMS-2552-96(08/2000)
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST		PROVIDER NO: 14-0089	PERIOD: FROM 7/1/2009 TO 6/30/2010
TITLE XVIII, PART B	HOSPITAL	14-0089	PREPARED 11/29/2010 WORKSHEET D PART VI
PART VI - VACCINE COST APPORTIONMENT			

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.435310
2	PROGRAM VACCINE CHARGES		15,969
3	PROGRAM COSTS		6,951





TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	706
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,005.04
85	OBSERVATION BED COST	709,558

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	43,720	8,268,430	.005288	709,558
87	NEW CAPITAL-RELATED COST	769,209	8,268,430	.093030	709,558
88	NON PHYSICIAN ANESTHETIST		8,268,430		709,558
89	MEDICAL EDUCATION		8,268,430		709,558
89.01	MEDICAL EDUCATION - ALLIED HEA		8,268,430		709,558
89.02	MEDICAL EDUCATION - ALL OTHER		8,268,430		709,558



TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,039,275
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	696.24
68	PROGRAM ROUTINE SERVICE COST	1,720,409
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	261
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,720,670
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	123,217
72	PER DIEM CAPITAL-RELATED COSTS	42.07
73	PROGRAM CAPITAL-RELATED COSTS	103,955
74	INPATIENT ROUTINE SERVICE COST	1,616,715
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,616,715
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,720,670
80	PROGRAM INPATIENT ANCILLARY SERVICES	742,555
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,463,225

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				







WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		4,428,195	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		1,173,335	
37	OPERATING ROOM	.374954	1,104,336	414,075
38	RECOVERY ROOM	.265688	340,598	90,493
39	DELIVERY ROOM & LABOR ROOM	1.335265		
40	ANESTHESIOLOGY	.156570	164,297	25,724
41	RADIOLOGY-DIAGNOSTIC	.203975	1,856,568	378,693
44	LABORATORY	.217008	3,352,959	727,619
47	BLOOD STORING, PROCESSING & TRANS.	.462139	305,206	141,048
49	RESPIRATORY THERAPY	.341239	522,689	178,362
50	PHYSICAL THERAPY	.872455	248,047	216,410
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	.512923	49,125	25,197
53	ELECTROCARDIOLOGY	.128655	690,348	88,817
54	ELECTROENCEPHALOGRAPHY	.503666	20,110	10,129
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.137260	1,098,589	150,792
55	30 IMPL. DEV. CHARGED TO PATIENT	.549550	1,162,031	638,594
56	DRUGS CHARGED TO PATIENTS	.435310	1,811,725	788,662
59	BEHAVIORAL HEALTH	1.574928	1,795	2,827
59	01 DIABETES/WOUND CARE/COUMADIN CENTER	2.003050	1,383	2,770
59	02 FLU CLINIC	.204539		
59	97 CARDIAC REHABILITATION	.590167		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.287316	686,904	197,359
62	OBSERVATION BEDS (NON-DISTINCT PART)	.456127	208,592	95,144
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		13,625,302	4,172,715
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		13,625,302	





PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	1,788,935	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1,788,935	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	3,534,078	
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)	74,717	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	95.88	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		3.66
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		13.59
4.02 SUM OF LINES 4 AND 4.01		17.25
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		3.96
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		281,633
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)	7,468,298	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	7,779,446	
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)	7,779,446	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		497,340
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		14,034
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	8,290,820	
17 PRIMARY PAYER PAYMENTS		1,114
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	8,289,706	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		866,068
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		4,878
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		112,956
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		79,069
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		112,956
22 SUBTOTAL	7,497,829	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	7,497,829	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	7,453,275	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		44,554
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		



TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		7,121,777		2,952,268
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	1/28/2010	161,360	1/28/2010	10,600
ADJUSTMENTS TO PROVIDER .02	6/17/2010	170,138		
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		331,498		10,600
4 TOTAL INTERIM PAYMENTS		7,453,275		2,962,868
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)		44,554		230,661
7 TOTAL MEDICARE PROGRAM LIABILITY		7,497,829		3,193,529

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

TITLE XVII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		816,839		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			816,839	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01	340	
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			817,179	

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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



CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
14-0089	FROM 7/ 1/2009	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2010	PART III
14-5687		

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

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

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





		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		54,005,085		
2	NET INCOME (LOSS)		4,813,698		
3	TOTAL		58,818,783		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	CAPITAL GRANTS & GIFTS	166,983			
6					
7					
8					
9					
10	TOTAL ADDITIONS		166,983		
11	SUBTOTAL		58,985,766		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		58,985,766		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	7,662,253		7,662,253
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	2,139,655		2,139,655
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	9,801,908		9,801,908
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,832,875		1,832,875
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,832,875		1,832,875
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	11,634,783		11,634,783
17 00 ANCILLARY SERVICES	25,661,613	72,558,881	98,220,494
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		1,383,801	1,383,801
20 00 AMBULANCE SERVICES		2,252,244	2,252,244
23 00 HOSPICE		1,098,096	1,098,096
24 00 HOSPITALIST	69,991		69,991
25 00 TOTAL PATIENT REVENUES	37,366,387	77,293,022	114,659,409

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		53,145,988	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 HSB I BUILDING	536,867		
35 00 HSB II BUILDING	246,244		
36 00 MAB BUILDING	105,519		
37 00 OTHER BUILDINGS & FARM	72,769		
38 00 OTHER	64,413		
39 00 TOTAL DEDUCTIONS		1,025,812	
40 00 TOTAL OPERATING EXPENSES		52,120,176	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	114,659,409
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	59,450,516
3	NET PATIENT REVENUES	55,208,893
4	LESS: TOTAL OPERATING EXPENSES	52,120,176
5	NET INCOME FROM SERVICE TO PATIENTS	3,088,717
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	142,105
7	INCOME FROM INVESTMENTS	1,126,746
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	53,449
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	106,246
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	369,540
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	580
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	3,142
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	13,150
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	464,877
23	GOVERNMENTAL APPROPRIATIONS	53,085
24	OTHER (SPECIFY)	128,890
24.01	BILLING	113,076
24.02	CONSULTING	175,876
25	TOTAL OTHER INCOME	2,750,762
26	TOTAL	5,839,479
	OTHER EXPENSES	
27	BUILDINGS	961,399
28	OTHER	64,382
29		
30	TOTAL OTHER EXPENSES	1,025,781
31	NET INCOME (OR LOSS) FOR THE PERIOD	4,813,698

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
5	239,116			7,840	39,664	286,620
HHA REIMBURSABLE SERVICES						
6	530,813		36,108	27	29,830	596,778
7	123,127		15,209	11,250	48	149,634
8						
9	7,880		1,994			9,874
10	10,000		392			10,392
11	31,164		5,830			36,994
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	942,100		59,533	19,117	69,542	1,090,292

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
5	-19,812	266,808		266,808
HHA REIMBURSABLE SERVICES				
6		596,778		596,778
7	-149,634			
8				
9	-9,874			
10		10,392		10,392
11		36,994		36,994
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-179,320	910,972		910,972



HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N (	ADMINISTRATIV E & GENERAL ( ACCUM. COST )	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-266,808	644,164
6	SKILLED NURSING CARE					596,778	
7	PHYSICAL THERAPY						
8	OCCUPATIONAL THERAPY						
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES					10,392	
11	HOME HEALTH AIDE					36,994	
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-266,808	644,164
25	COST TO BE ALLOCATED					266,808	
26	UNIT COST MULTIPLIER					.414193	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-HOSPI	OLD CAP REL COSTS-HSB I	OLD CAP REL COSTS-HSB I	OLD CAP REL COSTS-REHAB
	0	1	1.01	1.02	1.03	1.04
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE	843,959					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	14,696					
7 HOME HEALTH AIDE	52,317					
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)	910,972					
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	OLD CAP REL COSTS-MAB	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-HOSPI	NEW CAP REL COSTS-HSB I	NEW CAP REL COSTS-HSB I	NEW CAP REL COSTS-REHAB
	1.05	3	3.01	3.02	3.03	3.04
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-DIAYS 3.05	NEW CAP REL COSTS-HOSPI 3.06	NEW CAP REL COSTS-MAB 3.07	NEW CAP REL COSTS-ORTHO 3.08	EMPLOYEE BENEFITS 5	SUBTOTAL 5A
1 ADMIN & GENERAL			17,759		68,344	86,103
2 SKILLED NURSING CARE					151,718	995,677
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES					2,858	17,554
7 HOME HEALTH AIDE					8,907	61,224
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)			17,759		231,827	1,160,558
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	MAINTENANCE & REPAIRS-HS 7.01	MAINTENANCE & REPAIRS-HS 7.02	MAINTENANCE & REPAIRS-RE 7.03	MAINTENANCE & REPAIRS-MA 7.04
1 ADMIN & GENERAL	15,674					4,494
2 SKILLED NURSING CARE	181,248					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	3,195					
7 HOME HEALTH AIDE	11,145					
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)	211,262					4,494
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS-OR	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING -HSB	HOUSEKEEPING -HSB II	HOUSEKEEPING -ORTHO
	7.05	9	10	10.01	10.02	10.03
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	HOUSEKEEPING -MAB	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	PHARMACY
	10.04	11	12	14	15	16
1 ADMIN & GENERAL	3,245		10,042			
2 SKILLED NURSING CARE			20,325		11,670	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES			478			
7 HOME HEALTH AIDE			2,869			
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)	3,245		33,714		11,670	
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETIST	PARAMEDIC RGM	PARAMEDIC RGM-PARAMEDIC	SUBTOTAL
	17	18	20	24	24.01	25
1 ADMIN & GENERAL						119,558
2 SKILLED NURSING CARE						1,208,920
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						21,227
7 HOME HEALTH AIDE						75,238
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)						1,424,943
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	POST STEP DOWN ADJUST	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	26	27	28	29
1 ADMIN & GENERAL		119,558		
2 SKILLED NURSING CARE		1,208,920	110,723	1,319,643
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES		21,227	1,944	23,171
7 HOME HEALTH AIDE		75,238	6,891	82,129
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)		1,424,943	119,558	1,424,943
21 UNIT COST MULTIPLIER			0.091588	

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET )	OLD CAP REL COSTS-HOSPI (SQUARE FEET )	OLD CAP REL COSTS-HSB I (SQUARE FEET )	OLD CAP REL COSTS-HSB I (SQUARE FEET )	OLD CAP REL COSTS-REHAB (PER CENT )	OLD CAP REL COSTS-MAB (SQUARE FEET )
	1	1.01	1.02	1.03	1.04	1.05
1 ADMIN & GENERAL						1,735
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)						1,735
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET )	NEW CAP REL COSTS-HOSPI (SQUARE FEET )	NEW CAP REL COSTS-HSB I (SQUARE FEET )	NEW CAP REL COSTS-HSB I (SQUARE FEET )	NEW CAP REL COSTS-REHAB (PER CENT )	NEW CAP REL COSTS-DIAYS (PER CENT )
	3	3.01	3.02	3.03	3.04	3.05
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-HOSPI (PER CENT)	NEW CAP REL COSTS-MAB (SQUARE FEET)	NEW CAP REL COSTS-ORTHO (SQUARE FEET)	EMPLOYEE BENEFITS (SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
	3.06	3.07	3.08	5	6A	6
1 ADMIN & GENERAL		1,735		239,116		86,103
2 SKILLED NURSING CARE				530,813		995,677
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES				10,000		17,554
7 HOME HEALTH AIDE				31,164		61,224
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)		1,735		811,093		1,160,558
21 COST TO BE ALLOCATED		17,759		231,827		211,262
22 UNIT COST MULTIPLIER		10.235735		0.285820		0.182035

HHA COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HS (SQUARE FEET)	MAINTENANCE & REPAIRS-HS (SQUARE FEET)	MAINTENANCE & REPAIRS-RE (PER CENT)	MAINTENANCE & REPAIRS-MA (SQUARE FEET)	MAINTENANCE & REPAIRS-OR (SQUARE FEET)
	7	7.01	7.02	7.03	7.04	7.05
1 ADMIN & GENERAL					1,735	
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)					1,735	
21 COST TO BE ALLOCATED					4,494	
22 UNIT COST MULTIPLIER					2.590202	

HHA 1

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS LINEN)	HOUSEKEEPING (TIME SPENT)	HOUSEKEEPING -HSB (SQUARE FEET)	HOUSEKEEPING -HSB II (SQUARE FEET)	HOUSEKEEPING -ORTHO (SQUARE FEET)	HOUSEKEEPING -MAB (SQUARE FEET)
	9	10	10.01	10.02	10.03	10.04
1 ADMIN & GENERAL						1,735
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)						1,735
21 COST TO BE ALLOCATED						3,245
22 UNIT COST MULTIPLIER						1.870317

HHA COST CENTER	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)
	11	12	14	15	16	17
1 ADMIN & GENERAL		42				
2 SKILLED NURSING CARE		85		34,022		
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES		2				
7 HOME HEALTH AIDE		12				
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)		141		34,022		
21 COST TO BE ALLOCATED		33,714		11,670		
22 UNIT COST MULTIPLIER		239.106383		0.343013		

HHA 1

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	1,319,643	2	1,319,643	6,990	188.79	2,330
2 PHYSICAL THERAPY	3		253,514	253,514	2,277	111.34	1,094
3 OCCUPATIONAL THERAPY	4						
4 SPEECH PATHOLOGY	5		10,354	10,354	128	80.89	92
5 MEDICAL SOCIAL SERVICES	6	23,171		23,171	22	1,053.23	13
6 HOME HEALTH AIDE SERVICE	7	82,129		82,129	791	103.83	324
7 TOTAL		1,424,943	263,868	1,688,811	10,208		3,853

PATIENT SERVICES	-----PROGRAM VISITS----- -----PART B-----		-----COST OF SERVICES----- -----PART B-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	1,556	9	439,881	733,638
2 PHYSICAL THERAPY		623	10	293,757	191,171
3 OCCUPATIONAL THERAPY				69,365	
4 SPEECH PATHOLOGY		3		7,442	7,685
5 MEDICAL SOCIAL SERVICES		2		243	15,798
6 HOME HEALTH AIDE SERVICES		386		13,692	73,719
7 TOTAL		2,570		33,641	1,022,011
				40,078	
				616,462	
				405,549	

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	6
8 SKILLED NURSING		9914					
9 PHYSICAL THERAPY		9914					
10 OCCUPATIONAL THERAPY		9914					
11 SPEECH PATHOLOGY		9914					
12 MEDICAL SOCIAL SERVICES		9914					
13 HOME HEALTH AIDE SERVICE		9914					
14 TOTAL							

PATIENT SERVICES	-----PROGRAM VISITS----- -----PART B-----		-----COST OF SERVICES----- -----PART B-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	7		9		12
9 PHYSICAL THERAPY			10		
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	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00		3,393	3,393	24,720	.137257	6,336
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10
15 COST OF MEDICAL SUPPLIES	12,846		870	1,763
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	9914	
17 PER BENE COST LIMITATION (FRM FI)	9914	
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	.872455	290,576	253,514	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52	.512923	20,187	10,354	COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.137260	24,720	3,393	COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.549550			
5 DRUGS CHARGED TO PATIENTS	56	.435310			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	-----PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE-----				
			---- PROGRAM VISITS -----		----- PROGRAM COSTS -----		
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
	1	2	2.01	3	3.01	4	5
1 PHYSICAL THERAPY	2	111.34					
2 OCCUPATIONAL THERAPY	3						
3 SPEECH PATHOLOGY	4	80.89					
4 TOTAL (SUM OF LINES 1-3)							



TITLE XVII      HHA 1

DESCRIPTION	P A R T    A		P A R T    B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		530,705		354,068
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			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		530,705		354,068
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			1
7 TOTAL MEDICARE PROGRAM LIABILITY		530,705		354,069

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K
14-1524		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	41,790			3,919
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				33,586
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	22,761			
10 NURSING CARE	233,818			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	37,355			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	32,280			
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				349
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			22,148	482
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				42
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				19,971
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	5,641			
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				106,081
34 TOTAL (SUM OF LINES 1 THRU 33)	373,645		22,148	164,430

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K
14-1524		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	6,663	52,372		52,372
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		33,586	16,265	49,851
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES		22,761		22,761
10 NURSING CARE		233,818		233,818
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		37,355		37,355
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		32,280		32,280
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE		349		349
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	99,644	99,644		99,644
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN	36,600	36,600		36,600
22 PATIENT TRANSPORTATION		22,630		22,630
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS		42		42
25 MEDICAL SUPPLIES	9,394	9,394		9,394
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		19,971		19,971
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER	100	100	2,726	2,826
30 BEREAVEMENT PROGRAM COSTS		5,641	50	5,691
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS		106,081		106,081
34 TOTAL (SUM OF LINES 1 THRU 33)	152,401	712,624	19,041	731,665

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2009	11/29/2010
HOSPICE NO:	TO	WORKSHEET K
14-1524	6/30/2010	

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		52,372
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		49,851
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		22,761
10 NURSING CARE		233,818
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		37,355
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		32,280
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		349
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		99,644
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		36,600
22 PATIENT TRANSPORTATION		22,630
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		42
25 MEDICAL SUPPLIES		9,394
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		19,971
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		2,826
30 BEREAVEMENT PROGRAM COSTS		5,691
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		106,081
34 TOTAL (SUM OF LINES 1 THRU 33)		731,665

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	14-0089	PERIOD:	FROM 7/1/2009	PREPARED 11/29/2010
HOSPICE NO:	14-1524	TO	6/30/2010	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		31,982		9,808
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			37,355	
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			5,641	
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)		31,982	42,996	9,808

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	14-0089	PERIOD:	FROM 7/1/2009	TO 6/30/2010	PREPARED 11/29/2010
HOSPICE NO:	14-1524				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				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				22,761
10 NURSING CARE	233,818			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			32,280	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	233,818		32,280	22,761

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2009	11/29/2010
HOSPICE NO:	TO	WORKSHEET K-1
14-1524	6/30/2010	

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	41,790
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	22,761
10	NURSING CARE	233,818
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	37,355
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	32,280
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	5,641
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	373,645

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-3
14-1524		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	14-0089	PERIOD:	FROM 7/1/2009	TO 6/30/2010	PREPARED 11/29/2010
HOSPICE NO:	14-1524				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				3,919
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				33,586
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				349
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				482
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				42
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				19,971
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				106,081
34 TOTAL (SUM OF LINES 1 THRU 33)				164,430

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
14-0089	FROM 7/1/2009	WORKSHEET K-3
HOSPICE NO:	TO 6/30/2010	
14-1524		

HOSPICE 1

TOTAL (1)  
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	3,919
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	33,586
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	349
	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	482
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	42
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	19,971
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	106,081
34	TOTAL (SUM OF LINES 1 THRU 33)	164,430

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
14-1524		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				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	52,372			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	49,851			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	22,761			
10 NURSING CARE	233,818			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	37,355			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	32,280			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	349			
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	99,644			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN	36,600			
22 PATIENT TRANSPORTATION	22,630			
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS	42			
25 MEDICAL SUPPLIES	9,394			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	19,971			
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER	2,826			
30 BEREAVEMENT PROGRAM COSTS	5,691			
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS	106,081			
34 TOTAL (SUM OF LINES 1 THRU 33)	731,665			

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/ 1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
14-1524		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & 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				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL			52,372	52,372
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE			49,851	3,843
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES			22,761	1,755
10 NURSING CARE			233,818	18,026
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			37,355	2,880
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			32,280	2,489
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			349	27
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY			99,644	7,682
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN			36,600	2,822
22 PATIENT TRANSPORTATION			22,630	1,745
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS			42	3
25 MEDICAL SUPPLIES			9,394	724
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)			19,971	1,540
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER			2,826	218
30 BEREAVEMENT PROGRAM COSTS			5,691	439
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS			106,081	8,179
34 TOTAL (SUM OF LINES 1 THRU 33)			679,293	52,372

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
14-0089	FROM 7/ 1/2009	WORKSHEET K-4
HOSPICE NO:	TO 6/30/2010	PART I
14-1524		

HOSPICE 1

TOTAL  
(COL. 5A  
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	53,694
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	24,516
13	NURSING CARE	251,844
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	40,235
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	34,769
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	376
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	107,326
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	39,422
31	PATIENT TRANSPORTATION	24,375
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	45
34	MEDICAL SUPPLIES	10,118
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	21,511
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	3,044
39	BEREAVEMENT PROGRAM COSTS	6,130
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	114,260
43	TOTAL (SUM OF LINES 1 THRU 33)	731,665

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	14-0089	PERIOD:	FROM 7/1/2009	TO 6/30/2010	PREPARED 11/29/2010
HOSPICE NO:	14-1524				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
1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	SUPPLIES			
39				
40				
41				
42	FUNDRAISING			
43	OTHER PROGRAM COSTS			
44	COST TO BE ALLOCATED (PER WKST K-4, PART I)			
45	UNIT COST MULTIPLIER	.000000	.000000	.000000

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0089	FROM 7/1/2009	11/29/2010
HOSPICE NO:	TO 6/30/2010	WORKSHEET K-4
14-1524		PART II

HOSPICE 1

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

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL	-52,372	679,293
7	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		49,851
8	INPATIENT - RESPIRE CARE		
9	VISITING SERVICES		
9	PHYSICIAN SERVICES		22,761
10	NURSING CARE		233,818
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		
12	OCCUPATIONAL THERAPY		
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		37,355
15	SPIRITUAL COUNSELING		
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		32,280
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		349
	OTHER HOSPICE SERVICE COSTS		
19	OTHER		
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		99,644
20.30	ANALGESICS		
20.31	SEDATIVES / HYPNOTICS		
20.32	OTHER - SPECIFY		
21	DURABLE MEDICAL EQUIPMENT/OXYGEN		36,600
22	PATIENT TRANSPORTATION		22,630
23	IMAGING SERVICES		
24	LABS AND DIAGNOSTICS		42
25	MEDICAL SUPPLIES		9,394
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		19,971
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	SUPPLIES		2,826
30			5,691
31			
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		106,081
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)		52,372
35	UNIT COST MULTIPLIER	.000000	.077098

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-HOSPITAL	OLD CAP REL COSTS-HSB I
		0	1	1.01	1.02
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7	53,694			
3.00 INPATIENT - RESPI TE CARE	8				
4.00 PHYSICIAN SERVICES	9	24,516			
5.00 NURSING CARE	10	251,844			
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	40,235			
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	34,769			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20	376			
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	107,326			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21	39,422			
17.00 PATIENT TRANSPORTATION	22	24,375			
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24	45			
20.00 MEDICAL SUPPLIES	25	10,118			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26	21,511			
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29	3,044			
25.00 BEREAVEMENT PROGRAM COSTS	30	6,130			
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33	114,260			
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		731,665			
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	OLD CAP REL COSTS-HSB II	OLD CAP REL COSTS-REHAB CNT	OLD CAP REL COSTS-MAB	NEW CAP REL COSTS-BLDG & FIXT
	1.03	1.04	1.05	3
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPI TE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

	NEW CAP REL COSTS-HOSPITAL	NEW CAP REL COSTS-HSBI	NEW CAP REL COSTS-HSBI I	NEW CAP REL COSTS-REHAB CNT
HOSPICE COST CENTER	3.01	3.02	3.03	3.04
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

	NEW CAP REL COSTS-DIAYSIS	NEW CAP REL COSTS-HOSPITALY HOUSE	NEW CAP REL COSTS-MAB	NEW CAP REL COSTS-ORTHO BLDG
HOSPICE COST CENTER	3.05	3.06	3.07	3.08
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE			10,788	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			10,788	
30.00 UNIT COST MULTIPLIER				



HOSPICE 1

HOSPICE COST CENTER	MAINTENANCE & REPAIRS-ORTHO BLDG	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING-HS B
	7.05	9	10	10.01
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	HOUSEKEEPING-HS B II	HOUSEKEEPING-OR THO	HOUSEKEEPING-MA B	DIETARY
	10.02	10.03	10.04	11
1.00 ADMINISTRATIVE AND GENERAL			1,972	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			1,972	
30.00 UNIT COST MULTIPLIER				





HOSPICE 1

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

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

HOSPICE 1

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

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

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-REHAB CNT	OLD CAP REL COSTS-MAB	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-HOSPITAL
HOSPICE COST CENTER	1.04	1.05	3	3.01
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,054		
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

  

HOSPICE COST CENTER	NEW CAP REL COSTS-HSB I	NEW CAP REL COSTS-HSB II	NEW CAP REL COSTS-REHAB CNT	NEW CAP REL COSTS-DIAYSIS
	(SQUARE FEET)	(SQUARE FEET)	(PER CENT)	(PER CENT)
HOSPICE COST CENTER	3.02	3.03	3.04	3.05
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	NEW CAP REL COSTS-MAB (SQUARE FEET)	NEW CAP REL COSTS-ORTHO BLDG (SQUARE FEET)	EMPLOYEE BENEFITS (SALARIES)
	3.06	3.07	3.08	5
1.00 ADMINISTRATIVE AND GENERAL		1,054		41,790
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				22,761
5.00 NURSING CARE				233,818
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				37,355
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				32,280
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				5,641
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,054		373,645
30.00 TOTAL COST TO BE ALLOCATED		10,788		106,795
31.00 UNIT COST MULTIPLIER	.000000	10.235294	.000000	.285819

HOSPICE COST CENTER	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	MAINTENANCE & REPAIRS (SQUARE FEET) 7	MAINTENANCE & REPAIRS-HSBI (SQUARE FEET) 7.01
1.00 ADMINISTRATIVE AND GENERAL		22,732		
2.00 INPATIENT - GENERAL CARE		53,694		
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES		31,022		
5.00 NURSING CARE		318,674		
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		50,912		
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		34,769		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		9,602		
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		107,326		
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		39,422		
17.00 PATIENT TRANSPORTATION		24,375		
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS		45		
20.00 MEDICAL SUPPLIES		10,118		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		21,511		
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00		3,044		
25.00 BEREAVEMENT PROGRAM COSTS		7,742		
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS		114,260		

HOSPICE 1

HOSPICE COST CENTER	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I
	6A	6	7	7.01
29.00 TOTAL (SUM OF LINE 1 THRU 28)		849,248		
30.00 TOTAL COST TO BE ALLOCATED		154,593		
31.00 UNIT COST MULTIPLIER		.182035	.000000	.000000
HOSPICE COST CENTER	(SQUARE FEET)	(PER CENT)	(SQUARE FEET)	(SQUARE FEET)
	7.02	7.03	7.04	7.05
1.00 ADMINISTRATIVE AND GENERAL			1,054	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			1,054	
30.00 TOTAL COST TO BE ALLOCATED			2,730	
31.00 UNIT COST MULTIPLIER	.000000	.000000	2.590133	.000000

HOSPICE 1

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN) 9	HOUSEKEEPING (TIME SPENT) 10	HOUSEKEEPING-HS B (SQUARE FEET) 10.01	HOUSEKEEPING-HS B II (SQUARE FEET) 10.02
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	HOUSEKEEPING-OR THO (SQUARE FEET) 10.03	HOUSEKEEPING-MA B (SQUARE FEET) 10.04	DIETARY (MEALS SERVED) 11	CAFETERIA (FTE' S) 12
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,054		5
30.00 TOTAL COST TO BE ALLOCATED				35
31.00 UNIT COST MULTIPLIER				8
				13
				1

HOSPICE 1

	HOUSEKEEPING-OR THO	HOUSEKEEPING-MA B	DIETARY	CAFETERIA
HOSPICE COST CENTER				
	10.03	10.04	11	12
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,054		62
30.00 TOTAL COST TO BE ALLOCATED		1,972		14,825
31.00 UNIT COST MULTIPLIER	.000000	1.870968	.000000	239.112903
	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
HOSPICE COST CENTER	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)
	14	15	16	17
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		8,102		
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)		8,102		
30.00 TOTAL COST TO BE ALLOCATED		2,779		
31.00 UNIT COST MULTIPLIER	.000000	.343002	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	PARAMED PRGM-PARAMEDIC
	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	18	20	24	24.01
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE 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	.872455	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52	.512923	
4	DRUGS CHARGED TO PATIENTS	56	.435310	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.212337	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.137260	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.549550	
8	EMERGENCY	61	.287316	
9	RADIOLOGY-DIAGNOSTIC	41	.203975	
10	BEHAVIORAL HEALTH	59	1.574928	
10.01	DIABETES/WOUND CARE/COUMADIN CENTER	59.01	2.003050	
10.02	FLU CLINIC	59.02	.204539	
10.97	CARDIAC REHABILITATION	59.97	.590167	
11	TOTAL (SUM OF LINES 1-10)			



PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	489,761
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	7,579
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	23.24
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	497,340
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	





WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,080,136	248,689	2,831,447			3,080,136
38	RECOVERY ROOM	1,044,969	82,857	962,112			1,044,969
39	DELIVERY ROOM & LABOR ROO	469,598	47,943	421,655			469,598
40	ANESTHESIOLOGY	186,606	11,914	174,692			186,606
41	RADIOLOGY-DIAGNOSTIC	3,897,201	282,794	3,614,407			3,897,201
44	LABORATORY	4,762,322	242,395	4,519,927			4,762,322
47	BLOOD STORING, PROCESSING	385,256	7,569	377,687			385,256
49	RESPIRATORY THERAPY	833,339	87,490	745,849			833,339
50	PHYSICAL THERAPY	2,240,234	171,221	2,069,013			2,240,234
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	200,318	8,184	192,134			200,318
53	ELECTROCARDIOLOGY	371,338	11,881	359,457			371,338
54	ELECTROENCEPHALOGRAPHY	60,039	5,556	54,483			60,039
55	MEDICAL SUPPLIES CHARGED	519,469	25,731	493,738			519,469
55	30 IMPL. DEV. CHARGED TO PAT	1,315,351	69,087	1,246,264			1,315,351
56	DRUGS CHARGED TO PATIENTS	2,759,905	86,982	2,672,923			2,759,905
59	BEHAVIORAL HEALTH	841,150	33,494	807,656			841,150
59	01 DIABETES/WOUND CARE/COUMA	659,366	31,133	628,233			659,366
59	02 FLU CLINIC	4,578	92	4,486			4,578
59	97 CARDIAC REHABILITATION	203,655	21,297	182,358			203,655
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,121,143	162,844	1,958,299			2,121,143
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	709,558	69,762	639,796			709,558
65	AMBULANCE SERVICES	1,360,595	59,594	1,301,001			1,360,595
101	SUBTOTAL	28,026,126	1,768,509	26,257,617			28,026,126
102	LESS OBSERVATION BEDS	709,558	69,762	639,796			709,558
103	TOTAL	27,316,568	1,698,747	25,617,821			27,316,568

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	8,214,705	.374954	.374954
38	RECOVERY ROOM	3,933,068	.265688	.265688
39	DELIVERY ROOM & LABOR ROO	351,689	1.335265	1.335265
40	ANESTHESIOLOGY	1,358,437	.137368	.137368
41	RADIOLOGY-DIAGNOSTIC	19,106,285	.203975	.203975
44	LABORATORY	22,428,129	.212337	.212337
47	BLOOD STORING, PROCESSING	833,636	.462139	.462139
49	RESPIRATORY THERAPY	2,442,096	.341239	.341239
50	PHYSICAL THERAPY	2,567,737	.872455	.872455
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	390,542	.512923	.512923
53	ELECTROCARDIOLOGY	2,886,312	.128655	.128655
54	ELECTROENCEPHALOGRAPHY	119,204	.503666	.503666
55	MEDICAL SUPPLIES CHARGED	3,784,553	.137260	.137260
55	30 IMPL. DEV. CHARGED TO PAT	2,393,504	.549550	.549550
56	DRUGS CHARGED TO PATIENTS	6,340,094	.435310	.435310
59	BEHAVIORAL HEALTH	534,088	1.574928	1.574928
59	01 DIABETES/WOUND CARE/COUMA	329,181	2.003050	2.003050
59	02 FLU CLINIC	22,382	.204539	.204539
59	97 CARDIAC REHABILITATION	345,080	.590167	.590167
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	7,382,606	.287316	.287316
62	OBSERVATION BEDS (NON-DIS	1,555,616	.456127	.456127
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	2,252,666	.603993	.603993
101	SUBTOTAL	89,571,610		
102	LESS OBSERVATION BEDS	1,555,616		
103	TOTAL	88,015,994		