

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0127	I	FROM 7/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 1/ 5/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2010 TIME 21:20

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:
 BROMENN REGIONAL MEDICAL CENTER 14-0127
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 1/ 5/2010 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		
1	HOSPITAL	0	124,854	-7,263		0
2	SUBPROVIDER	0	-6,556	0		0
7	HOSPITAL-BASED HHA	0	0	0		0
100	TOTAL	0	118,298	-7,263		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.

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	883	2	67
2 UNDUPLICATED CENSUS COUNT		532.00	27.00	251.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	952			
2 UNDUPLICATED CENSUS COUNT	810.00			
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)				
ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK				
	40.00			
HHA NO. OF FTE EMPLOYEES (2080 HRS)				
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)				
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				
5 OTHER ADMINISTRATIVE PERSONEL	5.02		5.02	
6 DIRECTING NURSING SERVICE	11.77		11.77	
7 NURSING SUPERVISOR				
8 PHYSICAL THERAPY SERVICE	6.36		6.36	
9 PHYSICAL THERAPY SUPERVISOR				
10 OCCUPATIONAL THERAPY SERVICE	.49		.49	
11 OCCUPATIONAL THERAPY SUPERVISOR				
12 SPEECH PATHOLOGY SERVICE	.14		.14	
13 SPEECH PATHOLOGY SUPERVISOR				
14 MEDICAL SOCIAL SERVICE	.07		.07	
15 MEDICAL SOCIAL SERVICE SUPERVISOR				
16 HOME HEALTH AIDE	1.24		1.24	
17 HOME HEALTH AIDE SUPERVISOR				
18				
HOME HEALTH AGENCY MSA CODES				
	1	1.01		
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	4		
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).		14060		
20.01		16580		
20.02		37900		
20.03		99914		

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	1,698	0	186	54
22 SKILLED NURSING VISIT CHARGES	203,811	0	22,326	6,482
23 PHYSICAL THERAPY VISITS	1,026	0	110	14
24 PHYSICAL THERAPY VISIT CHARGES	129,656	0	14,027	1,769
25 OCCUPATIONAL THERAPY VISITS	144	0	4	1
26 OCCUPATIONAL THERAPY VISIT CHARGES	17,435	0	484	121
27 SPEECH PATHOLOGY VISITS	62	0	0	1
28 SPEECH PATHOLOGY VISIT CHARGES	7,835	0	0	127
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	374	0	1	0
32 HOME HEALTH AIDE VISIT CHARGES	23,135	0	62	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	3,304	0	301	70
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	381,872	0	36,899	8,499
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	281	0	104	7
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	12,041	0	777	18

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	1,938
22 SKILLED NURSING VISIT CHARGES	0	0	232,619
23 PHYSICAL THERAPY VISITS	0	0	1,150
24 PHYSICAL THERAPY VISIT CHARGES	0	0	145,452
25 OCCUPATIONAL THERAPY VISITS	0	0	149
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	18,040
27 SPEECH PATHOLOGY VISITS	0	0	63
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	7,962
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	375
32 HOME HEALTH AIDE VISIT CHARGES	0	0	23,197
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	3,675
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	427,270
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	392
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	12,836

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/ 1/2009	5/26/2010
HOSPICE NO:	TO 1/ 5/2010	WORKSHEET S-9
14-1567		

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	4,071	159	2,087	
3 INPATIENT RESPIRE CARE	14			
4 GENERAL INPATIENT CARE	2			
5 TOTAL HOSPICE DAYS	4,087	159	2,087	

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	286	4,516
3 INPATIENT RESPIRE CARE		14
4 GENERAL INPATIENT CARE	2	4
5 TOTAL HOSPICE DAYS	288	4,534

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	104	2	45	
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	39.30	79.50	46.38	
9 UNDUPLICATED CENSUS COUNT	103	2	45	

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	10	116
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	28.80	39.09
9 UNDUPLICATED CENSUS COUNT	10	115

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	1,410,072
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	1,410,072
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)	.353042
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	19,341,966

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	6,828,526
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	12,342,070
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,357,269
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	6,828,526

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-0127

PERIOD:
FROM 7/ 1/2009
TO 1/ 5/2010

PREPARED 5/26/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,789,802	1,789,802	3,797,492	5,587,294
3.01	0301 NEW CAP REL COSTS-B&F SHARED A&G				164,685	164,685
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,663,993	3,663,993	-1,287,010	2,376,983
4.01	0401 NEW CAP REL COSTS-MME SHARED A&G				1,287,010	1,287,010
5	0500 EMPLOYEE BENEFITS	98,629	7,190,074	7,288,703	-135,306	7,153,397
6.01	0610 A & G BROMENN & EUREKA SHARED	3,710,535	11,188,449	14,898,984	129,747	15,028,731
6.02	0669 INTEREST BROMENN& EUREKA SHARED		4,260,970	4,260,970	-3,962,177	298,793
6.03	0661 A & G BROMENN ONLY	1,383,934	1,374,451	2,758,385	5,559	2,763,944
8.01	0801 PLANT OP DIRECTOR SHARED				88,686	88,686
8.02	0802 OPERATION OF PLANT BROMENN	723,406	2,066,539	2,789,945	-88,686	2,701,259
9	0900 LAUNDRY & LINEN SERVICE	146,986	147,532	294,518		294,518
10	1000 HOUSEKEEPING	755,221	484,205	1,239,426	-135,926	1,103,500
11	1100 DIETARY	544,915	754,276	1,299,191	-673,945	625,246
12	1200 CAFETERIA				571,833	571,833
14	1400 NURSING ADMINISTRATION	1,136,545	53,299	1,189,844		1,189,844
15	1500 CENTRAL SERVICES & SUPPLY	234,356	212,742	447,098		447,098
16.01	1601 PHARMACY DIRECTOR SHARED				56,546	56,546
16.02	1602 PHARMACY BROMENN ONLY	897,868	51,752	949,620	-56,546	893,074
17	1700 MEDICAL RECORDS & LIBRARY	1,076,042	178,365	1,254,407		1,254,407
18	1800 SOCIAL SERVICE	233,852	27,564	261,416		261,416
19	1950 RADIOLOGY DIRECTOR SHARED				51,566	51,566
19.01	1951 LAB DIRECTOR SHARED				48,776	48,776
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	558,257		558,257		558,257
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		106,258	106,258		106,258
24	2400 CLINICAL PASTORAL EDUCATION	173,514	24,367	197,881	362	198,243
24.01	2401 EMS PROGRAM	42,702	66,247	108,949		108,949
24.02	2402 SCHOOL OF RADIOGRAPHY					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	7,094,583	2,342,913	9,437,496	-1,102,109	8,335,387
26	2600 INTENSIVE CARE UNIT	1,492,297	371,131	1,863,428		1,863,428
31	3100 SUBPROVIDER	427,268	105,022	532,290	55,928	588,218
33	3300 NURSERY				1,102,109	1,102,109
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,615,276	7,821,582	9,436,858	59,381	9,496,239
38	3800 RECOVERY ROOM	289,864	27,355	317,219		317,219
40	4000 ANESTHESIOLOGY	32,404	463,509	495,913		495,913
41	4100 RADIOLOGY-DIAGNOSTIC	1,305,401	723,945	2,029,346	-51,566	1,977,780
41.01	3230 CAT SCAN	222,496	292,890	515,386		515,386
44	4400 LABORATORY	1,169,207	1,743,505	2,912,712	222,851	3,135,563
49	4900 RESPIRATORY THERAPY	450,001	99,478	549,479		549,479
50	5000 PHYSICAL THERAPY	653,923	53,250	707,173		707,173
51	5100 OCCUPATIONAL THERAPY	182,099	15,347	197,446		197,446
52	5200 SPEECH PATHOLOGY	112,405	9,234	121,639		121,639
53	5300 ELECTROCARDIOLOGY	984,602	1,205,160	2,189,762	5,554	2,195,316
54	5400 ELECTROENCEPHALOGRAPHY	48,285	3,947	52,232		52,232
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		138,609	138,609		138,609
56	5600 DRUGS CHARGED TO PATIENTS		2,970,363	2,970,363		2,970,363
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	161,141	42,203	203,344		203,344
60.01	4951 BASIC DIAGNOSTIC TESTING	305,640	30,922	336,562	-336,562	
60.03	4953 PSYCH OUTPATIENT					
60.04	6001 WOUND CARE CLINIC	206,733	307,809	514,542		514,542
61	6100 EMERGENCY	1,504,395	201,981	1,706,376		1,706,376
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICES	8,158	684,754	692,912		692,912
	OTHER REIMBURS COST CNTRS					
71	7100 OTHER HOME HEALTH SERVICES-HHA	682,059	107,007	789,066		789,066
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	208,016	201,892	409,908		409,908
95	SUBTOTALS	30,873,015	53,604,693	84,477,708	-181,748	84,295,960
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,711	6,499	11,210	18,588	29,798
96.01	9601 RENTAL PROPERTIES					
96.03	9603 GUEST MEALS				63,537	63,537
96.04	9604 RETAIL PHARMACY	101,524	1,153,450	1,254,974	1,234	1,256,208
96.05	9605 HEALTH PROMOTION	98,539	34,698	133,237		133,237
96.07	9607 OCCUPATIONAL MEDICINE					
96.08	9608 IPSI (COUNSELING)					
96.09	9609 DME					
96.10	9610 ADULT DAY CARE	94,319	18,000	112,319		112,319
96.11	9611 MANAGEMENT SERVICES		35,911	35,911		35,911
96.12	9612 DIAB. RES./ARTHRTIS	72,718	12,061	84,779		84,779
96.13	9613 EUREKA HOSPITAL					
96.14	9614 UNUSED SPACE					
96.16	9616 CHILDBIRTH/PARENTING EDUCATION	13,534	495	14,029		14,029
96.17	9617 FOUNDATION MED OFFICE BLDG		3,126	3,126	43,371	46,497
96.18	9618 FOUNDATION PHYSICIAN OFFICE BLDG		3,196	3,196	55,018	58,214
96.19	9619 HOME OFFICE					
97	9700 RESEARCH					
97.01	9701 DEAN ORNISH PROGRAM					
98	9800 PHYSICIANS' PRIVATE OFFICES					
101	TOTAL	31,258,360	54,872,129	86,130,489	-0-	86,130,489

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	738,334	6,325,628
3.01	0301 NEW CAP REL COSTS-B&F SHARED A&G		164,685
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,376,983
4.01	0401 NEW CAP REL COSTS-MME SHARED A&G		1,287,010
5	0500 EMPLOYEE BENEFITS	-1,404,235	5,749,162
6.01	0610 A & G BROMENN & EUREKA SHARED	-1,588,356	13,440,375
6.02	0669 INTEREST BROMENN& EUREKA SHARED	-298,793	
6.03	0661 A & G BROMENN ONLY	-294,237	2,469,707
8.01	0801 PLANT OP DIRECTOR SHARED		88,686
8.02	0802 OPERATION OF PLANT BROMENN	-4,505	2,696,754
9	0900 LAUNDRY & LINEN SERVICE		294,518
10	1000 HOUSEKEEPING	-12,139	1,091,361
11	1100 DIETARY	-365,412	259,834
12	1200 CAFETERIA		571,833
14	1400 NURSING ADMINISTRATION	-5,201	1,184,643
15	1500 CENTRAL SERVICES & SUPPLY		447,098
16.01	1601 PHARMACY DIRECTOR SHARED		56,546
16.02	1602 PHARMACY BROMENN ONLY		893,074
17	1700 MEDICAL RECORDS & LIBRARY	-1,120	1,253,287
18	1800 SOCIAL SERVICE	-3,202	258,214
19	1950 RADIOLOGY DIRECTOR SHARED		51,566
19.01	1951 LAB DIRECTOR SHARED		48,776
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		558,257
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-13,375	92,883
24	2400 CLINICAL PASTORAL EDUCATION	-3,534	194,709
24.01	2401 EMS PROGRAM	-41,986	66,963
24.02	2402 SCHOOL OF RADIOGRAPHY		
25	2500 ADULTS & PEDIATRICS	-1,005,841	7,329,546
26	2600 INTENSIVE CARE UNIT	-72,537	1,790,891
31	3100 SUBPROVIDER	-81,000	507,218
33	3300 NURSERY		1,102,109
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-78,652	9,417,587
38	3800 RECOVERY ROOM		317,219
40	4000 ANESTHESIOLOGY		495,913
41	4100 RADIOLOGY-DIAGNOSTIC	-58,142	1,919,638
41.01	3230 CAT SCAN		515,386
44	4400 LABORATORY	-26,223	3,109,340
49	4900 RESPIRATORY THERAPY	-2,567	546,912
50	5000 PHYSICAL THERAPY	-62,758	644,415
51	5100 OCCUPATIONAL THERAPY	-11,140	186,306
52	5200 SPEECH PATHOLOGY	-5,570	116,069
53	5300 ELECTROCARDIOLOGY	-7,101	2,188,215
54	5400 ELECTROENCEPHALOGRAPHY	-868	51,364
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		138,609
56	5600 DRUGS CHARGED TO PATIENTS		2,970,363
60	6000 OUTPAT SERVICE COST CNTRS		
	CLINIC	-26,282	177,062
60.01	4951 BASIC DIAGNOSTIC TESTING		
60.03	4953 PSYCH OUTPATIENT		
60.04	6001 WOUND CARE CLINIC	-30,852	483,690
61	6100 EMERGENCY		1,706,376
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICES	-31,545	661,367
	OTHER REIMBURS COST CNTRS		
71	7100 OTHER HOME HEALTH SERVICES-HHA	-4,082	784,984
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE	-67,099	342,809
95	SUBTOTALS	-4,870,020	79,425,940
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		29,798
96.01	9601 RENTAL PROPERTIES		
96.03	9603 GUEST MEALS		63,537
96.04	9604 RETAIL PHARMACY		1,256,208
96.05	9605 HEALTH PROMOTION		133,237
96.07	9607 OCCUPATIONAL MEDICINE		
96.08	9608 IPSI (COUNSELING)		
96.09	9609 DME		
96.10	9610 ADULT DAY CARE		112,319
96.11	9611 MANAGEMENT SERVICES		35,911
96.12	9612 DIAB. RES./ARTHRI TIS	-9,754	75,025
96.13	9613 EUREKA HOSPITAL	4,374,272	4,374,272
96.14	9614 UNUSED SPACE		
96.16	9616 CHILDBIRTH/PARENTING EDUCATION		14,029
96.17	9617 FOUNDATION MED OFFICE BLDG		46,497
96.18	9618 FOUNDATION PHYSICIAN OFFICE BLDG		58,214
96.19	9619 HOME OFFICE		
97	9700 RESEARCH		
97.01	9701 DEAN ORNISH PROGRAM		
98	9800 PHYSICIANS' PRIVATE OFFICES		
101	TOTAL	-505,502	85,624,987

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-B&F SHARED A&G	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-MME SHARED A&G	0401	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6.01	A & G BROMENN & EUREKA SHARED	0610	NONPATIENT TELEPHONES
6.02	INTEREST BROMENN& EUREKA SHARED	0669	OTHER ADMINISTRATIVE AND GENERAL
6.03	A & G BROMENN ONLY	0661	OTHER ADMINISTRATIVE AND GENERAL
8.01	PLANT OP DIRECTOR SHARED	0801	OPERATION OF PLANT
8.02	OPERATION OF PLANT BROMENN	0802	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16.01	PHARMACY DIRECTOR SHARED	1601	PHARMACY
16.02	PHARMACY BROMENN ONLY	1602	PHARMACY
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	RADIOLOGY DIRECTOR SHARED	1950	OTHER GENERAL SERVICE COST CENTERS
19.01	LAB DIRECTOR SHARED	1951	OTHER GENERAL SERVICE COST CENTERS
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	CLINICAL PASTORAL EDUCATION	2400	
24.01	EMS PROGRAM	2401	PARAMED ED PRGM
24.02	SCHOOL OF RADIOGRAPHY	2402	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	BASIC DIAGNOSTIC TESTING	4951	OTHER OUTPATIENT SERVICE COST CENTER
60.03	PSYCH OUTPATIENT	4953	OTHER OUTPATIENT SERVICE COST CENTER
60.04	WOUND CARE CLINIC	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICES	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
71	OTHER HOME HEALTH SERVICES-HHA	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	RENTAL PROPERTIES	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	GUEST MEALS	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	RETAIL PHARMACY	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	HEALTH PROMOTION	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	OCCUPATIONAL MEDICINE	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.08	IPSI (COUNSELING)	9608	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.09	DME	9609	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.10	ADULT DAY CARE	9610	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.11	MANAGEMENT SERVICES	9611	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.12	DIAB. RES./ARTHRITIS	9612	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.13	EUREKA HOSPITAL	9613	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.14	UNUSED SPACE	9614	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.16	CHILD BIRTH/PARENTING EDUCATION	9616	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.17	FOUNDATION MED OFFICE BLDG	9617	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.18	FOUNDATION PHYSICIAN OFFICE BLDG	9618	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.19	HOME OFFICE	9619	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
97.01	DEAN ORNISH PROGRAM	9701	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140127

PERIOD:
FROM 7/ 1/2009
TO 1/ 5/2010

PREPARED 5/26/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 MOTHER BABY UNIT	A	NURSERY	33	927,182	174,927
2					
3 DIETARY EXPENSE	B	CAFETERIA	12	239,842	331,991
4		GUEST MEALS	96.03	26,649	36,888
5		SUBPROVIDER	31	16,179	22,396
6 HOUSEKEEPING RECLASS	D	CLINICAL PASTORAL EDUCATION	24	221	141
7		SUBPROVIDER	31	10,574	6,779
8		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96	11,326	7,262
9		RETAIL PHARMACY	96.04	752	482
10		FOUNDATION MED OFFICE BLDG	96.17	26,427	16,944
11		FOUNDATION PHYSICIAN OFFICE BLDG	96.18	33,524	21,494
12 BASIC DIAGNOSTIC TESTING	G	OPERATING ROOM	37	53,925	5,456
13		LABORATORY	44	246,671	24,956
14		ELECTROCARDIOLOGY	53	5,044	510
15 RECLASS INTEREST EXPENSE	H	NEW CAP REL COSTS-BLDG & FIXT	3		3,962,177
16 HOME OFFICE DEPRECIATION EXP	I	NEW CAP REL COSTS-B&F SHARED A&G	3.01		164,685
17		NEW CAP REL COSTS-MME SHARED A&G	4.01		1,287,010
18 NON-SHARED A&G RECLASS	J	A & G BROMENN ONLY	6.03		5,559
19 DIRECTORS RECLASS	L	PLANT OP DIRECTOR SHARED	8.01	88,686	
20		RADIOLOGY DIRECTOR SHARED	19	51,566	
21		LAB DIRECTOR SHARED	19.01	48,776	
22		PHARMACY DIRECTOR SHARED	16.01	56,546	
23 BONUS REFERRAL RECLASS	M	A & G BROMENN & EUREKA SHARED	6.01	135,306	
36 TOTAL RECLASSIFICATIONS				1,979,196	6,069,657

(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:
140127

PERIOD:
FROM 7/ 1/2009
TO 1/ 5/2010

PREPARED 5/26/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
1 MOTHER BABY UNIT	A	6					
2 ADULTS & PEDIATRICS			25		927,182	174,927	
3 DIETARY EXPENSE	B	DIETARY	11		282,670	391,275	
4							
5							
6 HOUSEKEEPING RECLASS	D	HOUSEKEEPING	10		82,824	53,102	
7							
8							
9							
10							
11							
12 BASIC DIAGNOSTIC TESTING	G						
13							
14		BASIC DIAGNOSTIC TESTING	60.01		305,640	30,922	
15 RECLASS INTEREST EXPENSE	H	INTEREST BROMENN& EUREKA SHARED	6.02			3,962,177	11
16 HOME OFFICE DEPRECIATION EXP	I	NEW CAP REL COSTS-BLDG & FIXT	3			164,685	9
17		NEW CAP REL COSTS-MVBLE EQUIP	4			1,287,010	9
18 NON-SHARED A&G RECLASS	J	A & G BROMENN & EUREKA SHARED	6.01			5,559	
19 DIRECTORS RECLASS	L	OPERATION OF PLANT BROMENN	8.02		88,686		
20		RADIOLOGY-DIAGNOSTIC	41		51,566		
21		LABORATORY	44		48,776		
22		PHARMACY BROMENN ONLY	16.02		56,546		
23 BONUS REFERRAL RECLASS	M	EMPLOYEE BENEFITS	5			135,306	
36 TOTAL RECLASSIFICATIONS					1,843,890	6,204,963	

(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:
140127

PERIOD:
FROM 7/ 1/2009
TO 1/ 5/2010

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

RECLASS CODE: A
EXPLANATION : MOTHER BABY UNIT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	1,102,109
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			1,102,109

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	1,102,109	
			0
			1,102,109

RECLASS CODE: B
EXPLANATION : DIETARY EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	571,833
2.00	GUEST MEALS	96.03	63,537
3.00	SUBPROVIDER	31	38,575
TOTAL RECLASSIFICATIONS FOR CODE B			673,945

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	673,945	
			0
			0
			673,945

RECLASS CODE: D
EXPLANATION : HOUSEKEEPING RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINICAL PASTORAL EDUCATION	24	362
2.00	SUBPROVIDER	31	17,353
4.00	GIFT, FLOWER, COFFEE SHOP & CA	96	18,588
5.00	RETAIL PHARMACY	96.04	1,234
7.00	FOUNDATION MED OFFICE BLDG	96.17	43,371
8.00	FOUNDATION PHYSICIAN OFFICE BL	96.18	55,018
TOTAL RECLASSIFICATIONS FOR CODE D			135,926

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10	135,926	
			0
			0
			0
			0
			0
			135,926

RECLASS CODE: G
EXPLANATION : BASIC DIAGNOSTIC TESTING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	59,381
2.00	LABORATORY	44	271,627
3.00	ELECTROCARDIOLOGY	53	5,554
TOTAL RECLASSIFICATIONS FOR CODE G			336,562

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
BASIC DIAGNOSTIC TESTING	60.01	336,562	
			0
			0
			336,562

RECLASS CODE: H
EXPLANATION : RECLASS INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,962,177
TOTAL RECLASSIFICATIONS FOR CODE H			3,962,177

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST BROMENN& EUREKA SHARE	6.02	3,962,177	
			3,962,177

RECLASS CODE: I
EXPLANATION : HOME OFFICE DEPRECIATION EXP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-B&F SHARED A	3.01	164,685
2.00	NEW CAP REL COSTS-MME SHARED A	4.01	1,287,010
TOTAL RECLASSIFICATIONS FOR CODE I			1,451,695

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	164,685	
NEW CAP REL COSTS-MVBLE EQUIP	4	1,287,010	
			1,451,695

RECLASS CODE: J
EXPLANATION : NON-SHARED A&G RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	A & G BROMENN ONLY	6.03	5,559
TOTAL RECLASSIFICATIONS FOR CODE J			5,559

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
A & G BROMENN & EUREKA SHARED	6.01	5,559	
			5,559

RECLASS CODE: L
EXPLANATION : DIRECTORS RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PLANT OP DIRECTOR SHARED	8.01	88,686

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT BROMENN	8.02	88,686	

RECLASSIFICATIONS

PROVIDER NO:
140127

PERIOD:
FROM 7/ 1/2009
TO 1/ 5/2010

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

RECLASS CODE: L
EXPLANATION : DIRECTORS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	RADIOLOGY DIRECTOR SHARED	19	51,566	RADIOLOGY-DIAGNOSTIC	41	51,566	
3.00	LAB DIRECTOR SHARED	19.01	48,776	LABORATORY	44	48,776	
4.00	PHARMACY DIRECTOR SHARED	16.01	56,546	PHARMACY BROMENN ONLY	16.02	56,546	
TOTAL RECLASSIFICATIONS FOR CODE L			245,574	245,574			

RECLASS CODE: M
EXPLANATION : BONUS REFERRAL RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	A & G BROMENN & EUREKA SHARED	6.01	135,306	EMPLOYEE BENEFITS	5	135,306	
TOTAL RECLASSIFICATIONS FOR CODE M			135,306	135,306			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS	15,177,987	2,503,374		2,503,374		17,681,361	
3 BUILDINGS & FIXTURE	92,994,239	32,401,681		32,401,681		125,395,920	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	151,663,132				4,333,408	147,329,724	
7 SUBTOTAL	259,835,358	34,905,055		34,905,055	4,333,408	290,407,005	
8 RECONCILING ITEMS							
9 TOTAL	259,835,358	34,905,055		34,905,055	4,333,408	290,407,005	

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/ CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,261,735			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-49,847			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISCELLANEOUS INCOME	B	-103,923	A & G BROMENN & EUREKA SH	6.01	
37.03 MISCELLANEOUS INCOME	B	-19,460	A & G BROMENN ONLY	6.03	
37.04 MISCELLANEOUS INCOME	B	-2,229	OPERATION OF PLANT BROMEN	8.02	
37.08 MISCELLANEOUS INCOME	B	-12,139	HOUSEKEEPING	10	
37.09 MISCELLANEOUS INCOME	B	-365,412	DIETARY	11	
37.10 MISCELLANEOUS INCOME	B	-5,201	NURSING ADMINISTRATION	14	
37.15					
37.19					
37.20 MISCELLANEOUS INCOME	B	-1,120	MEDICAL RECORDS & LIBRARY	17	
37.21					
37.22					
37.24 MISCELLANEOUS INCOME	B	-3,534	CLINICAL PASTORAL EDUCATI	24	
37.25					
37.27 MISCELLANEOUS INCOME	B	-3,452	OPERATING ROOM	37	
37.28 MISCELLANEOUS INCOME	B	-8,295	RADIOLOGY-DIAGNOSTIC	41	
38 MISCELLANEOUS INCOME	B	-551	LABORATORY	44	
39					
39.01 MISCELLANEOUS INCOME	B	-26,351	PHYSICAL THERAPY	50	
39.02 MISCELLANEOUS INCOME	B	-3,250	ELECTROCARDIOLOGY	53	
39.03					
39.04					
39.05 MISCELLANEOUS INCOME	B	-41,986	EMS PROGRAM	24.01	
39.06					
39.07 MISCELLANEOUS INCOME	B	-4,082	OTHER HOME HEALTH SERVICE	71	
39.08 MISCELLANEOUS INCOME	B	-62,170	HOSPICE	93	
39.09 PROFESSIONAL FEES - HOSPICE	A	-4,929	HOSPICE	93	
40 RELATED PARTY LEASES	A	-24,010	EMPLOYEE BENEFITS	5	
40.01 RELATED PARTY LEASES	A	-52,793	A & G BROMENN & EUREKA SH	6.01	
40.02 RELATED PARTY LEASES	A	-28,698	A & G BROMENN ONLY	6.03	
40.03 RELATED PARTY LEASES	A	-2,276	OPERATION OF PLANT BROMEN	8.02	
40.05 RELATED PARTY LEASES	A	-3,202	SOCIAL SERVICE	18	
40.06 RELATED PARTY LEASES	A	-13,375	I&R SERVICES-OTHER PRGM C	23	
40.07 RELATED PARTY LEASES	A	-11,942	ADULTS & PEDIATRICS	25	
40.09 RELATED PARTY LEASES	A	-36,407	PHYSICAL THERAPY	50	
40.10 RELATED PARTY LEASES	A	-11,140	OCCUPATIONAL THERAPY	51	
40.11 RELATED PARTY LEASES	A	-5,570	SPEECH PATHOLOGY	52	
40.13					
40.14 RELATED PARTY LEASES	A	-26,282	CLINIC	60	
40.15 RELATED PARTY LEASES	A	-24,691	WOUND CARE CLINIC	60.04	
41 RELATED PARTY LEASES	A	-31,545	OTHER OUTPATIENT SERVICES	63	
42					
43 RELATED PARTY LEASES	A	-9,754	DIAB. RES./ARTHRTIS	96.12	
44 MOB COST OF OWNERSHIP ADD-ON	A	607,929	NEW CAP REL COSTS-BLDG &	3	9
45 POB COST OF OWNERSHIP ADD-ON	A	227,296	NEW CAP REL COSTS-BLDG &	3	9
46 NON-ALLOW LOBBY DUES	A	-18,805	A & G BROMENN & EUREKA SH	6.01	
47 EUREKA EXPENSES	A	4,374,272	EUREKA HOSPITAL	96.13	
48 MARKETING OFFSET	A	-1,126,116	A & G BROMENN & EUREKA SH	6.01	
48.01 PROFESSIONAL LIABILITY INSURANCE	A	-261,465	A & G BROMENN & EUREKA SH	6.01	
48.02 SELF INSURANCE EXPENSE	A	-1,380,225	EMPLOYEE BENEFITS	5	

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
	BASIS/CODE	AMOUNT	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	
	1	2	3	4	
48.03 PHYSICIAN RECRUITMENT	A	-228,331	A & G BROMENN ONLY	6.03	
49 INTEREST INCOME	B	-30,149	INTEREST BROMENN& EUREKA	6.02	
49.01 CHARITABLE CONTRIBUTIONS	A	-20	ADULTS & PEDIATRICS	25	
49.02 CHARITABLE CONTRIBUTIONS	A	-17,748	A & G BROMENN ONLY	6.03	
49.03 CHARITABLE CONTRIBUTIONS	A	-24,934	A & G BROMENN & EUREKA SH	6.01	
49.04 DUES IN SOCIAL ORG	A	-320	A & G BROMENN & EUREKA SH	6.01	
49.05 MISC INTEREST INCOME	A	-96,891	NEW CAP REL COSTS-BLDG &	3	11
49.06 INTEREST EXPENSE	A	-268,644	INTEREST BROMENN& EUREKA	6.02	
49.07					
49.08					
49.09					
49.10					
49.11					
49.12					
49.13					
49.14					
49.15					
50 TOTAL (SUM OF LINES 1 THRU 49)		-505,502			

(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	41	RADIOLOGY-DIAGNOSTIC	ADVANCED MRI	69,308	119,155	-49,847	
2							
3							
4							
5		TOTALS		69,308	119,155	-49,847	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	G	BROMENN	0.50	ADVANCED MRI	0.00	MRI SERVICES
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0127
 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED: 5/26/2010
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	NEURO UNIT EXP PHYSICIAN	3,226	3,226					
2 26	CRITICAL CR EXP PHYSICIAN	72,537	72,537					
3 25	HOSPITALIST EXP SALARIES	441,307	359,872	81,435	940	171,400	77,460	3,873
4 49	RESPIRATORY EXP PHYSICIAN	2,567	2,567					
5 53	NONINV CARD EXP PHYSICIAN	2,567	2,567					
6 54	NEURODIAG EXP PHYSICIAN F	868	868					
7 53	CARDPULM REH EX PHYSICIAN	1,284	1,284					
8 31	ACUTE REHAB EXP PHYSICIAN	81,000	81,000					
9 37	OPER ROOM EXP PROFESSIONA	75,200	75,200					
10 44	GENERAL LAB EXP PROFESSIO	25,672	25,672					
11 60 4	WOUND CARE EXP PHYSICIAN	6,161	6,161					
12 25	HOSPITALIST EXP PHYSICIAN	626,806	626,806					
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,339,195	1,257,760	81,435		171,400	77,460	3,873

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0127
 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED: 5/26/2010
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	NEURO UNIT EXP PHYSICIAN							3,226
2 26	CRITICAL CR EXP PHYSICIAN							72,537
3 25	HOSPITALIST EXP SALARIES					77,460	3,975	363,847
4 49	RESPIRATORY EXP PHYSICIAN							2,567
5 53	NONINV CARD EXP PHYSICIAN							2,567
6 54	NEURODIAG EXP PHYSICIAN F							868
7 53	CARDPULM REH EX PHYSICIAN							1,284
8 31	ACUTE REHAB EXP PHYSICIAN							81,000
9 37	OPER ROOM EXP PROFESSIONA							75,200
10 44	GENERAL LAB EXP PROFESSIO							25,672
11 60	4 WOUND CARE EXP PHYSICIAN							6,161
12 25	HOSPITALIST EXP PHYSICIAN							626,806
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					77,460	3,975	1,261,735

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0127
 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED 5/26/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-B&F SHARED A&G	2	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR VALUE	ENTERED
4.01	NEW CAP REL COSTS-MME SHARED A&G	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	A & G BROMENN & EUREKA SHARED	-6	ACCUM. COST	NOT ENTERED
6.02	INTEREST BROMENN& EUREKA SHARED	-7	ACCUM. COST	NOT ENTERED
6.03	A & G BROMENN ONLY	-8	ACCUM. COST	NOT ENTERED
8.01	PLANT OP DIRECTOR SHARED	9	SQUARE FEET	ENTERED
8.02	OPERATION OF PLANT BROMENN	10	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	12	HOURS OF SERVICE	ENTERED
11	DIETARY	13	MEALS SERVED	ENTERED
12	CAFETERIA	14	FTE'S	ENTERED
14	NURSING ADMINISTRATION	15	FTE'S	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	COSTED REQUISITION	ENTERED
16.01	PHARMACY DIRECTOR SHARED	17	HOURS	ENTERED
16.02	PHARMACY BROMENN ONLY	18	COSTED REQUISITION	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	TIME SPENT	ENTERED
18	SOCIAL SERVICE	20	TIME SPENT	ENTERED
19	RADIOLOGY DIRECTOR SHARED	21	HOURS	ENTERED
19.01	LAB DIRECTOR SHARED	22	HOURS	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	23	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	ASSIGNED TIME	ENTERED
24	CLINICAL PASTORAL EDUCATION	24	ASSIGNED TIME	ENTERED
24.01	EMS PROGRAM	25	ASSIGNED TIME	ENTERED
24.02	SCHOOL OF RADIOGRAPHY	26	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-B&F SHA	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MME SHA	EMPLOYEE BENE FITS	SUBTOTAL
	0	3	3.01	4	4.01	5	
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	6,325,628	6,325,628					
004 NEW CAP REL COSTS-B&F SHA	164,685		164,685				
004 01 NEW CAP REL COSTS-MVBLE E	2,376,983			2,376,983			
005 EMPLOYEE BENEFITS	1,287,010				1,287,010		
006 01 A & G BROMENN & EUREKA SH	5,749,162	44,229	1,072	548		5,795,011	
006 02 INTEREST BROMENN& EUREKA	13,440,375	342,506	8,299	1,057,605	1,287,010	644,913	16,780,708
006 03 A & G BROMENN ONLY	2,469,707	215,444	5,220	38,177		240,536	2,969,084
008 01 PLANT OP DIRECTOR SHARED	88,686					15,414	104,100
008 02 OPERATION OF PLANT BROMEN	2,696,754	798,083	19,339	169,006		110,318	3,793,500
009 LAUNDRY & LINEN SERVICE	294,518	94,112	2,280	7,689		25,547	424,146
010 HOUSEKEEPING	1,091,361	59,278	1,436	251		116,867	1,269,193
011 DIETARY	259,834	81,519	1,975	28,609		45,580	417,517
012 CAFETERIA	571,833	37,928	919			41,686	652,366
014 NURSING ADMINISTRATION	1,184,643	21,885	530	19,287		197,538	1,423,883
015 CENTRAL SERVICES & SUPPLY	447,098	68,702	1,665	36,935		40,732	595,132
016 01 PHARMACY DIRECTOR SHARED	56,546					9,828	66,374
016 02 PHARMACY BROMENN ONLY	893,074	43,141	1,045	33,855		146,227	1,117,342
017 MEDICAL RECORDS & LIBRARY	1,253,287	76,578	1,856	26,234		187,023	1,544,978
018 SOCIAL SERVICE	258,214	52,874	1,281			40,645	353,014
019 RADIOLOGY DIRECTOR SHARED	51,566					8,962	60,528
019 01 LAB DIRECTOR SHARED	48,776					8,478	57,254
022 I&R SERVICES-SALARY & FRI	558,257	28,720	696			97,028	684,701
023 I&R SERVICES-OTHER PRGM C	92,883			6,432			99,315
024 CLINICAL PASTORAL EDUCATI	194,709	20,741	503			30,196	246,149
024 01 EMS PROGRAM	66,963					7,422	74,385
024 02 SCHOOL OF RADIOGRAPHY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,329,546	1,079,703	26,164	148,166		1,009,377	9,592,956
026 INTENSIVE CARE UNIT	1,790,891	182,542	4,423	22,029		259,370	2,259,255
031 SUBPROVIDER	507,218	129,827	3,146	3,933		78,912	723,036
033 NURSERY	1,102,109	21,257	515			161,150	1,285,031
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9,417,587	374,948	9,085	263,661		290,117	10,355,398
038 RECOVERY ROOM	317,219	28,176	683	29		50,380	396,487
040 ANESTHESIOLOGY	495,913			269		5,632	501,814
041 RADIOLOGY-DIAGNOSTIC	1,919,638	216,307	5,241	230,556		217,924	2,589,666
041 01 CAT SCAN	515,386			3,449		38,671	557,506
044 LABORATORY	3,109,340	141,145	3,420	56,589		237,611	3,548,105
049 RESPIRATORY THERAPY	546,912	28,823	698	22,474		78,213	677,120
050 PHYSICAL THERAPY	644,415	104,117	2,523	11,568		113,656	876,279
051 OCCUPATIONAL THERAPY	186,306	5,316	129			31,650	223,401
052 SPEECH PATHOLOGY	116,069	3,591	87			19,537	139,284
053 ELECTROCARDIOLOGY	2,188,215	161,201	3,906	148,119		172,006	2,673,447
054 ELECTROENCEPHALOGRAPHY	51,364	24,829	602	2,566		8,392	87,753
055 MEDICAL SUPPLIES CHARGED	138,609						138,609
056 DRUGS CHARGED TO PATIENTS	2,970,363						2,970,363
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	177,062	30,446	738	2,645		28,007	238,898
060 01 BASIC DIAGNOSTIC TESTING							
060 03 PSYCH OUTPATIENT							
060 04 WOUND CARE CLINIC	483,690	35,940	871	1,985		35,931	558,417
061 EMERGENCY	1,706,376	185,749	4,501	9,882		261,473	2,167,981
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICES	661,367	27,529	667	885		1,418	691,866
071 OTHER REIMBURS COST CNTRS							
071 OTHER HOME HEALTH SERVICE	784,984	52,827	1,280	8,697		118,546	966,334
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	342,809					36,154	378,963
095 SUBTOTALS	79,425,940	4,820,013	116,795	2,362,130	1,287,010	5,269,067	77,331,638
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	29,798	49,499	1,199	4,840		2,787	88,123
096 01 RENTAL PROPERTIES				81			81
096 03 GUEST MEALS	63,537					4,632	68,169
096 04 RETAIL PHARMACY	1,256,208	8,776	213	473		17,776	1,283,446
096 05 HEALTH PROMOTION	133,237	21,575	523	80		17,127	172,542
096 07 OCCUPATIONAL MEDICINE				627			627
096 08 IPSI (COUNSELING)		283,274	6,864	4,187			294,325
096 09 DME				18			18
096 10 ADULT DAY CARE	112,319	56,859	1,378	2,358		16,393	189,307
096 11 MANAGEMENT SERVICES	35,911						35,911
096 12 DIAB. RES./ARTHRTIS	75,025	13,061	316	2,112		12,639	103,153
096 13 EUREKA HOSPITAL	4,374,272		11,408			441,818	4,827,498
096 14 UNUSED SPACE		122,570	2,970				125,540
096 16 CHILDBIRTH/PARENTING EDUC	14,029					2,352	16,381
096 17 FOUNDATION MED OFFICE BLD	46,497	717,829	17,394			4,593	786,313
096 18 FOUNDATION PHYSICIAN OFFI	58,214	200,292	4,853			5,827	269,186
096 19 HOME OFFICE							
097 RESEARCH							
097 01 DEAN ORNISH PROGRAM				77			77
098 PHYSICIANS' PRIVATE OFFIC		31,880	772				32,652
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	85,624,987	6,325,628	164,685	2,376,983	1,287,010	5,795,011	85,624,987

Health Financial Systems		MCRI F32	FOR BROMENN REGIONAL MEDICAL CENTER		IN LIEU OF FORM CMS-2552-96(7/2009)CONTD			
				PROVIDER NO:	PERIOD:	PREPARED 5/26/2010		
COST ALLOCATION - GENERAL SERVICE COSTS				14-0127	FROM 7/ 1/2009	WORKSHEET B		
					TO 1/ 5/2010	PART I		
COST CENTER DESCRIPTION	A & G BROMENN & EUREKA SH	SUBTOTAL	INTEREST BROM ENN & EUREKA	SUBTOTAL	A & G BROMENN ONLY	PLANT OP DI RE CTOR SHARED	OPERATION OF PLANT BROMEN	
	6. 01	6a. 01	6. 02	6a. 02	6. 03	8. 01	8. 02	
003	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
004	01 NEW CAP REL COSTS-B&F SHA							
004	NEW CAP REL COSTS-MVBLE E							
005	01 NEW CAP REL COSTS-MME SHA							
006	EMPLOYEE BENEFITS							
006	01 A & G BROMENN & EUREKA SH	16,780,708						
006	02 INTEREST BROMENN& EUREKA							
006	03 A & G BROMENN ONLY	723,711	3,692,795	3,692,795	3,692,795			
008	01 PLANT OP DIRECTOR SHARED	25,374	129,474	129,474	6,297	135,771		
008	02 OPERATION OF PLANT BROMEN	924,662	4,718,162	4,718,162	229,468	126,366	5,073,996	
009	LAUNDRY & LINEN SERVICE	103,385	527,531	527,531	25,656		96,953	
010	HOUSEKEEPING	309,365	1,578,558	1,578,558	76,773		61,068	
011	DIETARY	101,769	519,286	519,286	25,255		83,980	
012	CAFETERIA	159,014	811,380	811,380	39,461		39,073	
014	NURSING ADMINISTRATION	347,070	1,770,953	1,770,953	86,130		22,545	
015	CENTRAL SERVICES & SUPPLY	145,063	740,195	740,195	35,999		70,776	
016	01 PHARMACY DIRECTOR SHARED	16,179	82,553	82,553	4,015			
016	02 PHARMACY BROMENN ONLY	272,351	1,389,693	1,389,693	67,588		44,444	
017	MEDICAL RECORDS & LIBRARY	376,587	1,921,565	1,921,565	93,455		78,890	
018	SOCIAL SERVICE	86,047	439,061	439,061	21,354		54,470	
019	RADIOLOGY DIRECTOR SHARED	14,754	75,282	75,282	3,661			
019	01 LAB DIRECTOR SHARED	13,956	71,210	71,210	3,463			
022	I&R SERVICES-SALARY & FRI	166,895	851,596	851,596	41,417		29,587	
023	I&R SERVICES-OTHER PRGM C	24,208	123,523	123,523	6,008			
024	CLINICAL PASTORAL EDUCATI	59,999	306,148	306,148	14,890		21,367	
024	01 EMS PROGRAM	18,131	92,516	92,516	4,500			
024	02 SCHOOL OF RADIOGRAPHY							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	2,338,273	11,931,229	11,931,229	580,275		1,112,239	
026	INTENSIVE CARE UNIT	550,691	2,809,946	2,809,946	136,662		188,052	
031	SUBPROVIDER	176,239	899,275	899,275	43,736		133,746	
033	NURSERY	313,225	1,598,256	1,598,256	77,731		21,898	
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	2,524,101	12,879,499	12,879,499	626,433		386,267	
038	RECOVERY ROOM	96,643	493,130	493,130	23,983		29,027	
040	ANESTHESIOLOGY	122,317	624,131	624,131	30,355			
041	RADIOLOGY-DIAGNOSTIC	631,228	3,220,894	3,220,894	156,648		222,837	
041	01 CAT SCAN	135,892	693,398	693,398	33,723			
044	LABORATORY	864,847	4,412,952	4,412,952	214,624		145,405	
049	RESPIRATORY THERAPY	165,047	842,167	842,167	40,959		29,694	
050	PHYSICAL THERAPY	213,592	1,089,871	1,089,871	53,006		107,260	
051	OCCUPATIONAL THERAPY	54,454	277,855	277,855	13,513		5,477	
052	SPEECH PATHOLOGY	33,950	173,234	173,234	8,425		3,700	
053	ELECTROCARDIOLOGY	651,650	3,325,097	3,325,097	161,716		166,067	
054	ELECTROENCEPHALOGRAPHY	21,390	109,143	109,143	5,308		25,579	
055	MEDICAL SUPPLIES CHARGED	33,786	172,395	172,395	8,384			
056	DRUGS CHARGED TO PATIENTS	724,023	3,694,386	3,694,386	179,676			
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC	58,231	297,129	297,129	14,451		31,365	
060	01 BASIC DIAGNOSTIC TESTING							
060	03 PSYCH OUTPATIENT							
060	04 WOUND CARE CLINIC	136,114	694,531	694,531	33,779		37,025	
061	EMERGENCY	528,443	2,696,424	2,696,424	131,141		191,356	
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICES	168,642	860,508	860,508	41,851		28,360	
071	OTHER REIMBURS COST CNTRS							
071	OTHER HOME HEALTH SERVICE	235,543	1,201,877	1,201,877	58,453		54,422	
093	SPEC PURPOSE COST CENTERS							
093	HOSPICE	92,372	471,335	471,335	22,923			
095	SUBTOTALS	14,759,213	75,310,143	75,310,143	3,483,145	126,366	3,522,929	
096	NONREIMBURS COST CENTERS							
096	GI FT, FLOWER, COFFEE SHOP	21,480	109,603	109,603	5,331		50,993	
096	01 RENTAL PROPERTIES	20	101	101	5			
096	03 GUEST MEALS	16,616	84,785	84,785	4,124			
096	04 RETAIL PHARMACY	312,839	1,596,285	1,596,285	77,635		9,041	
096	05 HEALTH PROMOTION	42,057	214,599	214,599	10,437		22,227	
096	07 OCCUPATIONAL MEDICINE	153	780	780	38			
096	08 IPSI (COUNSELING)	71,741	366,066	366,066	17,804		291,825	
096	09 DME	4	22	22	1			
096	10 ADULT DAY CARE	46,143	235,450	235,450	11,451		58,576	
096	11 MANAGEMENT SERVICES	8,753	44,664	44,664	2,172			
096	12 DIAB. RES./ARTHRTIS	25,143	128,296	128,296	6,240		13,456	
096	13 EUREKA HOSPITAL	1,176,698	6,004,196	6,004,196		9,405		
096	14 UNUSED SPACE	30,600	156,140	156,140	7,594		126,270	
096	16 CHILDBIRTH/PARENTING EDUC	3,993	20,374	20,374	991			
096	17 FOUNDATION MED OFFICE BLD	191,663	977,976	977,976	47,564		739,498	
096	18 FOUNDATION PHYSICIAN OFFI	65,614	334,800	334,800	16,283		206,338	
096	19 HOME OFFICE							
097	RESEARCH							
097	01 DEAN ORNISH PROGRAM	19	96	96	5			
098	PHYSICIANS' PRIVATE OFFIC	7,959	40,611	40,611	1,975		32,843	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	16,780,708	85,624,987	85,624,987	3,692,795	135,771	5,073,996	

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY DIRECTOR SHARED
	9	10	11	12	14	15	16.01	
003 GENERAL SERVICE COST CNTR								
003 01 NEW CAP REL COSTS-BLDG &								
004 NEW CAP REL COSTS-B&F SHA								
004 01 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 01 A & G BROMENN & EUREKA SH								
006 02 INTEREST BROMENN& EUREKA								
006 03 A & G BROMENN ONLY								
008 01 PLANT OP DIRECTOR SHARED								
008 02 OPERATION OF PLANT BROMEN								
009 LAUNDRY & LINEN SERVICE	650,140							
010 HOUSEKEEPING	25,842	1,742,241						
011 DIETARY	2,060	50,194	680,775					
012 CAFETERIA		69,837		959,751				
014 NURSING ADMINISTRATION		4,348		32,496	1,916,472			
015 CENTRAL SERVICES & SUPPLY		48,020		17,411		912,401		
016 01 PHARMACY DIRECTOR SHARED				1,009				87,577
016 02 PHARMACY BROMENN ONLY		19,643		26,645				82,683
017 MEDICAL RECORDS & LIBRARY		8,734		51,390				
018 SOCIAL SERVICE		1,087		7,631				
019 RADIOLOGY DIRECTOR SHARED				1,222				
019 01 LAB DIRECTOR SHARED				1,187				
022 I&R SERVICES-SALARY & FRI				26,383				
023 I&R SERVICES-OTHER PRGM C								
024 CLINICAL PASTORAL EDUCATI				10,314				
024 01 EMS PROGRAM								
024 02 SCHOOL OF RADIOGRAPHY								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	282,240	691,770	560,191	251,339	927,773	133,576		
026 INTENSIVE CARE UNIT	49,158	37,111	120,584	62,309	231,107	49,354		
031 SUBPROVIDER	20,108			18,550	59,604	3,993		
033 NURSERY	5,891	10,908		37,789	140,161			
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	86,467	303,300		70,831	251,885	185,112		
038 RECOVERY ROOM	9,675	19,643		9,685	35,921	11,461		
040 ANESTHESIOLOGY		1,949		2,124		85,172		
041 RADIOLOGY-DIAGNOSTIC	38,705	104,736		48,423	11,357	27,679		
041 01 CAT SCAN				9,162		46,087		
044 LABORATORY	1,564	58,928		67,638		15,927		
049 RESPIRATORY THERAPY		8,734		22,158		17,286		
050 PHYSICAL THERAPY	3,553	10,908		21,601		1,701		
051 OCCUPATIONAL THERAPY				7,406		1,728		
052 SPEECH PATHOLOGY				3,430		204		
053 ELECTROCARDIOLOGY	21,152	21,817		36,483		141,151		
054 ELECTROENCEPHALOGRAPHY		4,348		1,780		439		
055 MEDICAL SUPPLIES CHARGED						62,190		
056 DRUGS CHARGED TO PATIENTS						13,863		
060 OUTPAT SERVICE COST CNTRS							808	
060 01 CLINIC							808	
060 01 BASIC DIAGNOSTIC TESTING								
060 03 PSYCH OUTPATIENT								
060 04 WOUND CARE CLINIC	3,255			10,266		41,488		
061 EMERGENCY	64,280	266,226		66,439	246,426	47,947		
062 OBSERVATION BEDS (NON-DIS								
063 OTHER OUTPATIENT SERVICES				320	1,233			
063 OTHER REIMBURS COST CNTRS								
071 OTHER HOME HEALTH SERVICE				178		5,589		
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE				8,640		17,797		
095 SUBTOTALS	613,950	1,742,241	680,775	932,239	1,905,467	910,552	82,683	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP				1,104				
096 01 RENTAL PROPERTIES								
096 03 GUEST MEALS				2,386				
096 04 RETAIL PHARMACY				3,513			73	
096 05 HEALTH PROMOTION				4,557			1,379	
096 07 OCCUPATIONAL MEDICINE								
096 08 IPSI (COUNSELING)								
096 09 DME								
096 10 ADULT DAY CARE				6,777		28		
096 11 MANAGEMENT SERVICES								
096 12 DIAB. RES./ARTHRTIS				2,955	11,005	336		
096 13 EUREKA HOSPITAL	36,190							4,894
096 14 UNUSED SPACE								
096 16 CHILDBIRTH/PARENTING EDUC				404				
096 17 FOUNDATION MED OFFICE BLD				2,564				
096 18 FOUNDATION PHYSICIAN OFFI				3,252		33		
096 19 HOME OFFICE								
097 RESEARCH								
097 01 DEAN ORNISH PROGRAM								
098 PHYSICIANS' PRIVATE OFFIC								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	650,140	1,742,241	680,775	959,751	1,916,472	912,401	87,577	

COST CENTER DESCRIPTION	PHARMACY BROM ENN ONLY	MEDI CAL RECOR DS & LIBRARY	SOCI AL SERVI CE	RADIOLOGY DIR ECTOR SHARED	LAB DI RECTOR SHARED	I&R SERVI CES- SALARY & FRI	I&R SERVI CES- OTHER PRGM C
	16.02	17	18	19	19.01	22	23
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-B&F SHA							
004 01 NEW CAP REL COSTS-MVBLE E							
005 NEW CAP REL COSTS-MME SHA							
006 EMPLOYEE BENEFITS							
006 01 A & G BROMENN & EUREKA SH							
006 02 INTEREST BROMENN& EUREKA							
006 03 A & G BROMENN ONLY							
008 01 PLANT OP DI RECTOR SHARED							
008 02 OPERATION OF PLANT BROMEN							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DI ETARY							
012 CAFETERIA							
014 NURSI NG ADMI NI STRATION							
015 CENTRAL SERVI CES & SUPPLY							
016 01 PHARMACY DI RECTOR SHARED							
016 02 PHARMACY BROMENN ONLY	1,630,696						
017 MEDI CAL RECORDS & LIBRARY		2,154,034					
018 SOCI AL SERVI CE			523,603				
019 RADIOLOGY DI RECTOR SHARED				80,165			
019 01 LAB DI RECTOR SHARED					75,860		
022 I&R SERVI CES-SALARY & FRI						948,983	
023 I&R SERVI CES-OTHER PRGM C							129,531
024 CLINI CAL PASTORAL EDUCATI							
024 01 EMS PROGRAM							
024 02 SCHOOL OF RADIOGRAPHY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDI ATRICS	27,064	451,782	363,932			948,983	129,531
026 INTENSI VE CARE UNIT		15,594	73,167				
031 SUBPROVI DER	1	10,571	48,397				
033 NURSERY			2,286				
037 ANCI LLARY SRVC COST CNTRS							
037 OPERATI NG ROOM	102	196,465					
038 RECOVERY ROOM		12,527					
040 ANESTHESI OLOGY		23,574					
041 RADIOLOGY-DI AGNOSTI C	1,215	189,323	35,821	59,515			
041 01 CAT SCAN		166,434					
044 LABORATORY	2	155,049			65,052		
049 RESPI RATORY THERAPY	30	5,775					
050 PHYSI CAL THERAPY	131	13,633					
051 OCCUPATI ONAL THERAPY		2,766					
052 SPEECH PATHOLOGY		1,935					
053 ELECTROCARDIOLOGY	168	102,843					
054 ELECTROENCEPHALOGRAPHY	5	1,784					
055 MEDI CAL SUPPLI ES CHARGED	351	461					
056 DRUGS CHARGED TO PATI ENTS	1,106,687	122,522					
060 OUTPAT SERVI CE COST CNTRS							
060 CLINI C	246	4,889					
060 01 BASI C DI AGNOSTI C TESTI NG							
060 03 PSYCH OUTPATI ENT							
060 04 WOUND CARE CLINI C	361	27,190					
061 EMERGENCY	22	607,982					
062 OBSERVATI ON BEDS (NON-DIS							
063 OTHER OUTPATI ENT SERVI CES		40,935					
063 OTHER REI MBURS COST CNTRS							
071 OTHER HOME HEALTH SERVI CE	22						
093 SPEC PURPOSE COST CENTERS							
093 HOSPI CE	25,486						
095 SUBTOTALS	1,161,893	2,154,034	523,603	59,515	65,052	948,983	129,531
096 NONREI MBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 RENTAL PROPERTI ES							
096 03 GUEST MEALS							
096 04 RETAI L PHARMACY	468,803						
096 05 HEALTH PROMOTI ON							
096 07 OCCUPATI ONAL MEDI CI NE							
096 08 IPSI (COUNSELI NG)							
096 09 DME							
096 10 ADULT DAY CARE							
096 11 MANAGEMEN T SERVI CES							
096 12 DI AB. RES. /ARTHRI TIS							
096 13 EUREKA HOSPI TAL				20,650	10,808		
096 14 UNUSED SPACE							
096 16 CHI LDBI RTH/PARENTI NG EDUC							
096 17 FOUNDATI ON MED OFFI CE BLD							
096 18 FOUNDATI ON PHYSI CI AN OFFI							
096 19 HOME OFFI CE							
097 RESEARCH							
097 01 DEAN ORNI SH PROGRAM							
098 PHYSI CI ANS' PRI VATE OFFI C							
101 CROSS FOOT ADJUSTMENT							
102 NEGATI VE COST CENTER							
103 TOTAL	1,630,696	2,154,034	523,603	80,165	75,860	948,983	129,531

COST CENTER DESCRIPTION	CLINICAL PAST ORAL EDUCATI	EMS PROGRAM	SCHOOL OF RADIOGRAPHY	RAD SUBTOTAL	I&R COST POST-STEP-DOWN ADJ	TOTAL
	24	24.01	24.02	25	26	27
003 GENERAL SERVICE COST CNTR						
003 01 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-B&F SHA						
004 01 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 A & G BROMENN & EUREKA SH						
006 02 INTEREST BROMENN& EUREKA						
006 03 A & G BROMENN ONLY						
008 01 PLANT OP DIRECTOR SHARED						
008 02 OPERATION OF PLANT BROMEN						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 01 PHARMACY DIRECTOR SHARED						
016 02 PHARMACY BROMENN ONLY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE						
019 RADIOLOGY DIRECTOR SHARED						
019 01 LAB DIRECTOR SHARED						
022 I&R SERVICES-SALARY & FRI						
023 I&R SERVICES-OTHER PRGM C						
024 CLINICAL PASTORAL EDUCATI	352,719					
024 01 EMS PROGRAM		97,016				
024 02 SCHOOL OF RADIOGRAPHY						
025 INPAT ROUTINE SRVC CNTRS				18,479,888	-1,078,514	17,401,374
026 ADULTS & PEDIATRICS	87,964			3,880,875		3,880,875
031 INTENSIVE CARE UNIT	107,831			1,244,747		1,244,747
033 SUBPROVIDER	6,766			1,894,920		1,894,920
037 NURSERY						
037 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM	61,186			15,047,547		15,047,547
040 RECOVERY ROOM				645,052		645,052
041 ANESTHESIOLOGY				767,305		767,305
041 RADIOLOGY-DIAGNOSTIC				4,117,153		4,117,153
041 01 CAT SCAN				948,804		948,804
044 LABORATORY	1,440			5,138,581		5,138,581
049 RESPIRATORY THERAPY				966,803		966,803
050 PHYSICAL THERAPY				1,301,664		1,301,664
051 OCCUPATIONAL THERAPY				308,745		308,745
052 SPEECH PATHOLOGY				190,928		190,928
053 ELECTROCARDIOLOGY	5,183			3,981,677		3,981,677
054 ELECTROENCEPHALOGRAPHY				148,386		148,386
055 MEDICAL SUPPLIES CHARGED				243,781		243,781
056 DRUGS CHARGED TO PATIENTS				5,117,134		5,117,134
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC				348,888		348,888
060 01 BASIC DIAGNOSTIC TESTING						
060 03 PSYCH OUTPATIENT						
060 04 WOUND CARE CLINIC				847,895		847,895
061 EMERGENCY	27,066	97,016		4,442,325		4,442,325
062 OBSERVATION BEDS (NON-DIS						
063 OTHER OUTPATIENT SERVICES				973,207		973,207
063 OTHER REIMBURS COST CNTRS						
071 OTHER HOME HEALTH SERVICE				1,320,541		1,320,541
093 SPEC PURPOSE COST CENTERS						
093 HOSPICE	46,645			592,826		592,826
095 SUBTOTALS	344,081	97,016		72,949,672	-1,078,514	71,871,158
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				167,031		167,031
096 01 RENTAL PROPERTIES				106		106
096 03 GUEST MEALS				91,295		91,295
096 04 RETAIL PHARMACY				2,155,350		2,155,350
096 05 HEALTH PROMOTION				253,199		253,199
096 07 OCCUPATIONAL MEDICINE				818		818
096 08 IPSI (COUNSELING)				675,695		675,695
096 09 DME				23		23
096 10 ADULT DAY CARE	8,638			320,920		320,920
096 11 MANAGEMENT SERVICES				46,836		46,836
096 12 DIAB. RES./ARTHRTIS				162,288		162,288
096 13 EUREKA HOSPITAL				6,086,143		6,086,143
096 14 UNUSED SPACE				290,004		290,004
096 16 CHILDBIRTH/PARENTING EDUC				21,769		21,769
096 17 FOUNDATION MED OFFICE BLD				1,767,602		1,767,602
096 18 FOUNDATION PHYSICIAN OFFI				560,706		560,706
096 19 HOME OFFICE						
097 RESEARCH						
097 01 DEAN ORNISH PROGRAM				101		101
098 PHYSICIANS' PRIVATE OFFIC				75,429		75,429
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	352,719	97,016		85,624,987	-1,078,514	84,546,473

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-B&F SHA	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MME SHA	SUBTOTAL	EMPLOYEE BENEFITS
	0	3	3.01	4	4.01	4a	5
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-B&F SHA							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		44,229	1,072	548		45,849	45,849
006 01 A & G BROMENN & EUREKA SH	57,054	342,506	8,299	1,057,605	1,287,010	2,752,474	5,102
006 02 INTEREST BROMENN& EUREKA							
006 03 A & G BROMENN ONLY	13,884	215,444	5,220	38,177		272,725	1,903
008 01 PLANT OPERATOR SHARED							122
008 02 OPERATION OF PLANT BROMEN	5,669	798,083	19,339	169,006		992,097	873
009 LAUNDRY & LINEN SERVICE	4,401	94,112	2,280	7,689		108,482	202
010 HOUSEKEEPING	685	59,278	1,436	251		61,650	925
011 DIETARY	7,554	81,519	1,975	28,609		119,657	361
012 CAFETERIA		37,928	919			38,847	330
014 NURSING ADMINISTRATION	5,041	21,885	530	19,287		46,743	1,563
015 CENTRAL SERVICES & SUPPLY	6,433	68,702	1,665	36,935		113,735	322
016 01 PHARMACY DIRECTOR SHARED							78
016 02 PHARMACY BROMENN ONLY	772	43,141	1,045	33,855		78,813	1,157
017 MEDICAL RECORDS & LIBRARY	3,157	76,578	1,856	26,234		107,825	1,480
018 SOCIAL SERVICE	1,626	52,874	1,281			55,781	322
019 RADIOLOGY DIRECTOR SHARED							71
019 01 LAB DIRECTOR SHARED							67
022 I&R SERVICES-SALARY & FRI		28,720	696			29,416	768
023 I&R SERVICES-OTHER PRGM C	632			6,432		7,064	
024 CLINICAL PASTORAL EDUCATI	310	20,741	503			21,554	239
024 01 EMS PROGRAM							59
024 02 SCHOOL OF RADIOGRAPHY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	59,820	1,079,703	26,164	148,166		1,313,853	7,984
026 INTENSIVE CARE UNIT	43,492	182,542	4,423	22,029		252,486	2,052
031 SUBPROVIDER	5,546	129,827	3,146	3,933		142,452	624
033 NURSERY		21,257	515			21,772	1,275
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	28,009	374,948	9,085	263,661		675,703	2,295
038 RECOVERY ROOM	7	28,176	683	29		28,895	399
040 ANESTHESIOLOGY	2,375			269		2,644	45
041 RADIOLOGY-DIAGNOSTIC	195,133	216,307	5,241	230,556		647,237	1,724
041 01 CAT SCAN	156,200			3,449		159,649	306
044 LABORATORY	26,223	141,145	3,420	56,589		227,377	1,880
049 RESPIRATORY THERAPY	15,230	28,823	698	22,474		67,225	619
050 PHYSICAL THERAPY	7,462	104,117	2,523	11,568		125,670	899
051 OCCUPATIONAL THERAPY	14	5,316	129			5,459	250
052 SPEECH PATHOLOGY	58	3,591	87			3,736	155
053 ELECTROCARDIOLOGY	281,885	161,201	3,906	148,119		595,111	1,361
054 ELECTROENCEPHALOGRAPHY	452	24,829	602	2,566		28,449	66
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	785	30,446	738	2,645		34,614	222
060 01 BASIC DIAGNOSTIC TESTING							
060 03 PSYCH OUTPATIENT							
060 04 WOUND CARE CLINIC	776	35,940	871	1,985		39,572	284
061 EMERGENCY	9,668	185,749	4,501	9,882		209,800	2,069
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICES		27,529	667	885		29,081	11
071 OTHER REIMBURS COST CNTRS							
071 OTHER HOME HEALTH SERVICE	2,422	52,827	1,280	8,697		65,226	938
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	329					329	286
095 SUBTOTALS	943,104	4,820,013	116,795	2,362,130	1,287,010	9,529,052	41,688
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		49,499	1,199	4,840		55,538	22
096 01 RENTAL PROPERTIES				81		81	
096 03 GUEST MEALS							37
096 04 RETAIL PHARMACY	24	8,776	213	473		9,486	141
096 05 HEALTH PROMOTION	308	21,575	523	80		22,486	135
096 07 OCCUPATIONAL MEDICINE				627		627	
096 08 IPSI (COUNSELING)		283,274	6,864	4,187		294,325	
096 09 DME				18		18	
096 10 ADULT DAY CARE	550	56,859	1,378	2,358		61,145	130
096 11 MANAGEMENT SERVICES							
096 12 DIAB. RES./ARTHRTIS	99	13,061	316	2,112		15,588	100
096 13 EUREKA HOSPITAL			11,408			11,408	3,495
096 14 UNUSED SPACE		122,570	2,970			125,540	
096 16 CHILDBIRTH/PARENTING EDUC							19
096 17 FOUNDATION MED OFFICE BLD		717,829	17,394			735,223	36
096 18 FOUNDATION PHYSICIAN OFFI		200,292	4,853			205,145	46
096 19 HOME OFFICE							
097 RESEARCH							
097 01 DEAN ORNISH PROGRAM				77		77	
098 PHYSICIANS' PRIVATE OFFIC		31,880	772			32,652	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	944,085	6,325,628	164,685	2,376,983	1,287,010	11,098,391	45,849

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0127
 PERIOD: FROM 7/1/2009 TO 1/5/2010
 PREPARED 5/26/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	A & G BROMENN & EUREKA SH	INTEREST BROMENN & EUREKA	A & G BROMENN ONLY	PLANT OPERATOR SHARED	OPERATION OF PLANT BROMENN	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.01	6.02	6.03	8.01	8.02	9	10
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-B&F SHA							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 A & G BROMENN & EUREKA SH	2,757,576						
006 02 INTEREST BROMENN& EUREKA							
006 03 A & G BROMENN ONLY	118,927		393,555				
008 01 PLANT OP DIRECTOR SHARED	4,170		671	4,963			
008 02 OPERATION OF PLANT BROMENN	151,949		24,454	4,619	1,173,992		
009 LAUNDRY & LINEN SERVICE	16,989		2,734		22,432	150,839	
010 HOUSEKEEPING	50,838		8,182		14,130	5,996	141,721
011 DIETARY	16,724		2,691		19,431	478	4,083
012 CAFETERIA	26,131		4,205		9,040		5,681
014 NURSING ADMINISTRATION	57,034		9,179		5,216		354
015 CENTRAL SERVICES & SUPPLY	23,838		3,836		16,376		3,906
016 01 PHARMACY DIRECTOR SHARED	2,659		428				
016 02 PHARMACY BROMENN ONLY	44,755		7,203		10,283		1,598
017 MEDICAL RECORDS & LIBRARY	61,884		9,959		18,253		710
018 SOCIAL SERVICE	14,140		2,276		12,603		88
019 RADIOLOGY DIRECTOR SHARED	2,424		390				
019 01 LAB DIRECTOR SHARED	2,293		369				
022 I&R SERVICES-SALARY & FRI	27,426		4,414		6,846		
023 I&R SERVICES-OTHER PRGM C	3,978		640				
024 CLINICAL PASTORAL EDUCATI	9,859		1,587		4,944		
024 01 EMS PROGRAM	2,979		480				
024 02 SCHOOL OF RADIOGRAPHY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	384,246		61,840		257,344	65,482	56,271
026 INTENSIVE CARE UNIT	90,494		14,564		43,510	11,405	3,019
031 SUBPROVIDER	28,961		4,661		30,945	4,665	
033 NURSERY	51,472		8,284		5,067	1,367	887
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	414,805		66,775		89,372	20,061	24,672
038 RECOVERY ROOM	15,881		2,556		6,716	2,245	1,598
040 ANESTHESIOLOGY	20,100		3,235				159
041 RADIOLOGY-DIAGNOSTIC	103,729		16,694		51,559	8,980	8,520
041 01 CAT SCAN	22,331		3,594				
044 LABORATORY	142,119		22,872		33,643	363	4,793
049 RESPIRATORY THERAPY	27,122		4,365		6,870		710
050 PHYSICAL THERAPY	35,099		5,649		24,817	824	887
051 OCCUPATIONAL THERAPY	8,948		1,440		1,267		
052 SPEECH PATHOLOGY	5,579		898		856		
053 ELECTROCARDIOLOGY	107,085		17,234		38,424	4,908	1,775
054 ELECTROENCEPHALOGRAPHY	3,515		566		5,918		354
055 MEDICAL SUPPLIES CHARGED	5,552		894				
056 DRUGS CHARGED TO PATIENTS	118,978		19,148				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	9,569		1,540		7,257		
060 01 BASIC DIAGNOSTIC TESTING							
060 03 PSYCH OUTPATIENT							
060 04 WOUND CARE CLINIC	22,367		3,600		8,567	755	
061 EMERGENCY	86,838		13,976		44,275	14,914	21,656
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICES	27,713		4,460		6,562		
063 OTHER REIMBURS COST CNTRS							
071 OTHER HOME HEALTH SERVICE	38,707		6,229		12,592		
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	15,179		2,443				
095 SUBTOTALS	2,425,386		371,215	4,619	815,115	142,443	141,721
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	3,530		568		11,798		
096 01 RENTAL PROPERTIES	3		1				
096 03 GUEST MEALS	2,731		439				
096 04 RETAIL PHARMACY	51,408		8,274		2,092		
096 05 HEALTH PROMOTION	6,911		1,112		5,143		
096 07 OCCUPATIONAL MEDICINE	25		4				
096 08 IPSI (COUNSELING)	11,789		1,897		67,521		
096 09 DME	1						
096 10 ADULT DAY CARE	7,583		1,220		13,553		
096 11 MANAGEMENT SERVICES	1,438		231				
096 12 DIAB. RES./ARTHRTIS	4,132		665		3,113		
096 13 EUREKA HOSPITAL	193,365			344		8,396	
096 14 UNUSED SPACE	5,029		809		29,216		
096 16 CHILDBIRTH/PARENTING EDUC	656		106				
096 17 FOUNDATION MED OFFICE BLD	31,496		5,069		171,101		
096 18 FOUNDATION PHYSICIAN OFFI	10,782		1,735		47,741		
096 19 HOME OFFICE							
097 RESEARCH							
097 01 DEAN ORNISH PROGRAM	3						
098 PHYSICIANS' PRIVATE OFFIC	1,308		210		7,599		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,757,576		393,555	4,963	1,173,992	150,839	141,721

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY DIRECTOR SHARED	PHARMACY BROMENN ONLY	BROMENN MEDICAL RECORDS & LIBRARY
	11	12	14	15	16.01	16.02	17
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-B&F SHA							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 A & G BROMENN & EUREKA SH							
006 02 INTEREST BROMENN& EUREKA							
006 03 A & G BROMENN ONLY							
008 01 PLANT OP DIRECTOR SHARED							
008 02 OPERATION OF PLANT BROMEN							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	163,425						
012 CAFETERIA		84,234					
014 NURSING ADMINISTRATION			122,941				
015 CENTRAL SERVICES & SUPPLY		1,528		163,541			
016 01 PHARMACY DIRECTOR SHARED		89			3,254		
016 02 PHARMACY BROMENN ONLY		2,339			3,072	149,220	
017 MEDICAL RECORDS & LIBRARY		4,510					204,621
018 SOCIAL SERVICE		670					
019 RADIOLOGY DIRECTOR SHARED		107					
019 01 LAB DIRECTOR SHARED		104					
022 I&R SERVICES-SALARY & FRI		2,316					
023 I&R SERVICES-OTHER PRGM C							
024 CLINICAL PASTORAL EDUCATI		905					
024 01 EMS PROGRAM							
024 02 SCHOOL OF RADIOGRAPHY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	134,478	22,060	59,517	23,943		2,477	42,917
026 INTENSIVE CARE UNIT	28,947	5,469	14,825	8,846			1,481
031 SUBPROVIDER		1,628	3,824	716			1,004
033 NURSERY		3,317	8,991				
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		6,217	16,158	33,180		9	18,663
038 RECOVERY ROOM		850	2,304	2,054			1,190
040 ANESTHESIOLOGY		186		15,266			2,239
041 RADIOLOGY-DIAGNOSTIC		4,250	729	4,961		111	17,985
041 01 CAT SCAN		804		8,261			15,810
044 LABORATORY		5,936		2,855			14,729
049 RESPIRATORY THERAPY		1,945		3,098		3	549
050 PHYSICAL THERAPY		1,896		305		12	1,295
051 OCCUPATIONAL THERAPY		650		310			263
052 SPEECH PATHOLOGY		301		37			184
053 ELECTROCARDIOLOGY		3,202		25,300		15	9,770
054 ELECTROENCEPHALOGRAPHY		156		79			169
055 MEDICAL SUPPLIES CHARGED				11,147		32	44
056 DRUGS CHARGED TO PATIENTS				2,485		101,271	11,639
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				145		22	464
060 01 BASIC DIAGNOSTIC TESTING							
060 03 PSYCH OUTPATIENT							
060 04 WOUND CARE CLINIC		901		7,436		33	2,583
061 EMERGENCY		5,831	15,808	8,594		2	57,754
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICES		28	79				3,889
063 OTHER REIMBURS COST CNTRS							
071 OTHER HOME HEALTH SERVICE		16		1,002		2	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		758		3,190		2,332	
095 SUBTOTALS	163,425	81,821	122,235	163,210	3,072	106,321	204,621
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		97					
096 01 RENTAL PROPERTIES							
096 03 GUEST MEALS		209					
096 04 RETAIL PHARMACY		308		13		42,899	
096 05 HEALTH PROMOTION		400		247			
096 07 OCCUPATIONAL MEDICINE							
096 08 IPSI (COUNSELING)							
096 09 DME							
096 10 ADULT DAY CARE		595		5			
096 11 MANAGEMENT SERVICES							
096 12 DIAB. RES./ARTHRTIS		259	706	60			
096 13 EUREKA HOSPITAL					182		
096 14 UNUSED SPACE							
096 16 CHILDBIRTH/PARENTING EDUC		35					
096 17 FOUNDATION MED OFFICE BLD		225					
096 18 FOUNDATION PHYSICIAN OFFI		285		6			
096 19 HOME OFFICE							
097 RESEARCH							
097 01 DEAN ORNISH PROGRAM							
098 PHYSICIANS' PRIVATE OFFIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	163,425	84,234	122,941	163,541	3,254	149,220	204,621

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SOCIAL SERVICE	RADIOLOGY DIRECTOR SHARED	LAB DIRECTOR SHARED	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	CLINICAL PASTORAL EDUCATI	EMS PROGRAM
	18	19	19.01	22	23	24	24.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-B&F SHA							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 A & G BROMENN & EUREKA SH							
006 02 INTEREST BROMENN& EUREKA							
006 03 A & G BROMENN ONLY							
008 01 PLANT OP DIRECTOR SHARED							
008 02 OPERATION OF PLANT BROMEN							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 01 PHARMACY DIRECTOR SHARED							
016 02 PHARMACY BROMENN ONLY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE	85,880						
019 RADIOLOGY DIRECTOR SHARED		2,992					
019 01 LAB DIRECTOR SHARED			2,833				
022 I&R SERVICES-SALARY & FRI				71,186			
023 I&R SERVICES-OTHER PRGM C					11,682		
024 CLINICAL PASTORAL EDUCATI						39,088	
024 01 EMS PROGRAM							3,518
024 02 SCHOOL OF RADIOGRAPHY							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	59,691						
026 INTENSIVE CARE UNIT	12,001						
031 SUBPROVIDER	7,938						
033 NURSERY	375						
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
038 RECOVERY ROOM							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	5,875	2,221					
041 01 CAT SCAN							
044 LABORATORY			2,429				
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 BASIC DIAGNOSTIC TESTING							
060 03 PSYCH OUTPATIENT							
060 04 WOUND CARE CLINIC							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICES							
OTHER REIMBURS COST CNTRS							
071 OTHER HOME HEALTH SERVICE							
SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS	85,880	2,221	2,429				
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 RENTAL PROPERTIES							
096 03 GUEST MEALS							
096 04 RETAIL PHARMACY							
096 05 HEALTH PROMOTION							
096 07 OCCUPATIONAL MEDICINE							
096 08 IPSI (COUNSELING)							
096 09 DME							
096 10 ADULT DAY CARE							
096 11 MANAGEMENT SERVICES							
096 12 DIAB. RES./ARTHRTIS							
096 13 EUREKA HOSPITAL		771	404				
096 14 UNUSED SPACE							
096 16 CHILDBIRTH/PARENTING EDUC							
096 17 FOUNDATION MED OFFICE BLD							
096 18 FOUNDATION PHYSICIAN OFFI							
096 19 HOME OFFICE							
097 RESEARCH							
097 01 DEAN ORNISH PROGRAM							
098 PHYSICIANS' PRIVATE OFFIC				71,186	11,682	39,088	3,518
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	85,880	2,992	2,833	71,186	11,682	39,088	3,518

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-B&F SHA	NEW CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-MME SHA	EMPLOYEE BENEFITS	RECONCILIATION
	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)	(DOLLAR VALUE)	(GROSS SALARIES)	
	3	3.01	4	4.01	5	6a.01
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD	674,624					
004 01 NEW CAP REL COSTS-B&F		724,829				
004 01 NEW CAP REL COSTS-MVB			2,892,571			
005 01 NEW CAP REL COSTS-MME				1,287,010		
005 EMPLOYEE BENEFITS	4,717	4,717	667		33,341,875	
006 01 A & G BROMENN & EUREK	36,528	36,528	1,287,010	1,287,010	3,710,535	-16,780,708
006 02 INTEREST BROMENN& EUR						
006 03 A & G BROMENN ONLY	22,977	22,977	46,458		1,383,934	
008 01 PLANT OPERATOR SHA					88,686	
008 02 OPERATION OF PLANT BR	85,115	85,115	205,665		634,720	
009 LAUNDRY & LINEN SERVI	10,037	10,037	9,357		146,986	
010 HOUSEKEEPING	6,322	6,322	305		672,397	
011 DIETARY	8,694	8,694	34,814		262,245	
012 CAFETERIA	4,045	4,045			239,842	
014 NURSING ADMINISTRATION	2,334	2,334	23,471		1,136,545	
015 CENTRAL SERVICES & SU	7,327	7,327	44,946		234,356	
016 01 PHARMACY DIRECTOR SHA					56,546	
016 02 PHARMACY BROMENN ONLY	4,601	4,601	41,198		841,322	
017 MEDICAL RECORDS & LIB	8,167	8,167	31,924		1,076,042	
018 SOCIAL SERVICE	5,639	5,639			233,852	
019 RADIOLOGY DIRECTOR SH					51,566	
019 01 LAB DIRECTOR SHARED					48,776	
022 I&R SERVICES-SALARY &	3,063	3,063			558,257	
023 I&R SERVICES-OTHER PR			7,827			
024 CLINICAL PASTORAL EDU	2,212	2,212			173,735	
024 01 EMS PROGRAM					42,702	
024 02 SCHOOL OF RADIOGRAPHY						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	115,149	115,144	180,305		5,807,529	
026 INTENSIVE CARE UNIT	19,468	19,468	26,807		1,492,297	
031 SUBPROVIDER	13,846	13,846	4,786		454,021	
033 NURSERY	2,267	2,267			927,182	
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	39,988	39,988	320,852		1,669,201	
038 RECOVERY ROOM	3,005	3,005	35		289,864	
040 ANESTHESIOLOGY			327		32,404	
041 RADIOLOGY-DIAGNOSTIC	23,069	23,069	280,566		1,253,835	
041 01 CAT SCAN			4,197		222,496	
044 LABORATORY	15,053	15,053	68,864		1,367,102	
049 RESPIRATORY THERAPY	3,074	3,074	27,349		450,001	
050 PHYSICAL THERAPY	11,104	11,104	14,077		653,923	
051 OCCUPATIONAL THERAPY			567		182,099	
052 SPEECH PATHOLOGY	383	383			112,405	
053 ELECTROCARDIOLOGY	17,192	17,192	180,247		989,646	
054 ELECTROENCEPHALOGRAPH	2,648	2,648	3,123		48,285	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
060 OUTPAT SERVICE COST C						
060 CLINIC	3,247	3,247	3,219		161,141	
060 01 BASIC DIAGNOSTIC TEST						
060 03 PSYCH OUTPATIENT						
060 04 WOUND CARE CLINIC	3,833	3,833	2,415		206,733	
061 EMERGENCY	19,810	19,810	12,025		1,504,395	
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV	2,936	2,936	1,077		8,158	
071 OTHER REIMBURS COST C						
071 OTHER HOME HEALTH SER	5,634	5,634	10,583		682,059	
093 SPEC PURPOSE COST CEN						
093 HOSPICE					208,016	
095 SUBTOTALS	514,051	514,046	2,874,496	1,287,010	30,315,836	-16,780,708
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	5,279	5,279	5,890		16,037	
096 01 RENTAL PROPERTIES			99			
096 03 GUEST MEALS					26,649	
096 04 RETAIL PHARMACY	936	936	576		102,276	
096 05 HEALTH PROMOTION	2,301	2,301	97		98,539	
096 07 OCCUPATIONAL MEDICINE			763			
096 08 IPSI (COUNSELING)	30,211	30,211	5,095			
096 09 DME			22			
096 10 ADULT DAY CARE	6,064	6,064	2,869		94,319	
096 11 MANAGEMENT SERVICES						
096 12 DIAB. RES./ARTHRITIS	1,393	1,393	2,570		72,718	
096 13 EUREKA HOSPITAL			50,210		2,542,016	
096 14 UNUSED SPACE	13,072	13,072				
096 16 CHILDBIRTH/PARENTING					13,534	
096 17 FOUNDATION MED OFFICE	76,556	76,556			26,427	
096 18 FOUNDATION PHYSICIAN	21,361	21,361			33,524	
096 19 HOME OFFICE						
097 RESEARCH						
097 01 DEAN ORNISH PROGRAM			94			
098 PHYSICIANS' PRIVATE O	3,400	3,400				

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-B&F SHA (SQUARE FEET	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE	NEW CAP REL C OSTS-MME SHA (DOLLAR VALUE	EMPLOYEE BENE FITS (GROSS SALARIES	RECONCILIATION
NONREIMBURS COST CENT	3	3.01	4	4.01	5	6a.01
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	6,325,628	164,685	2,376,983	1,287,010	5,795,011	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	9.376524	.227205	.821754	1.000000	.173806	
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)					45,849	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.001375	

COST CENTER DESCRIPTION	A & G BROMENN & EUREKA SH		INTEREST BROM ENN& EUREKA		A & G BROMENN PLANT OP DIRE OPERATION OF ONLY CTOR SHARED PLANT BROMEN		
	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)
	6. 01	6a. 02	6. 02	6a. 03	6. 03	8. 01	8. 02
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-B&F							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MME							
005 EMPLOYEE BENEFITS							
006 01 A & G BROMENN & EUREK	68,844,279						
006 02 INTEREST BROMENN& EUR			85,624,987				
006 03 A & G BROMENN ONLY	2,969,084		3,692,795	-3,692,795	75,927,996		
008 01 PLANT OP DIRECTOR SHA	104,100		129,474		129,474	724,834	
008 02 OPERATION OF PLANT BR	3,793,500		4,718,162		4,718,162	674,624	525,282
009 LAUNDRY & LINEN SERVI	424,146		527,531		527,531		10,037
010 HOUSEKEEPING	1,269,193		1,578,558		1,578,558		6,322
011 DIETARY	417,517		519,286		519,286		8,694
012 CAFETERIA	652,366		811,380		811,380		4,045
014 NURSING ADMINISTRATION	1,423,883		1,770,953		1,770,953		2,334
015 CENTRAL SERVICES & SU	595,132		740,195		740,195		7,327
016 01 PHARMACY DIRECTOR SHA	66,374		82,553		82,553		
016 02 PHARMACY BROMENN ONLY	1,117,342		1,389,693		1,389,693		4,601
017 MEDICAL RECORDS & LIB	1,544,978		1,921,565		1,921,565		8,167
018 SOCIAL SERVICE	353,014		439,061		439,061		5,639
019 RADIOLOGY DIRECTOR SH	60,528		75,282		75,282		
019 01 LAB DIRECTOR SHARED	57,254		71,210		71,210		
022 I&R SERVICES-SALARY &	684,701		851,596		851,596		3,063
023 I&R SERVICES-OTHER PR	99,315		123,523		123,523		
024 CLINICAL PASTORAL EDU	246,149		306,148		306,148		2,212
024 01 EMS PROGRAM	74,385		92,516		92,516		
024 02 SCHOOL OF RADIOGRAPHY							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	9,592,956		11,931,229		11,931,229		115,144
026 INTENSIVE CARE UNIT	2,259,255		2,809,946		2,809,946		19,468
031 SUBPROVIDER	723,036		899,275		899,275		13,846
033 NURSERY	1,285,031		1,598,256		1,598,256		2,267
ANCILLARY SRVC COST C							
037 OPERATING ROOM	10,355,398		12,879,499		12,879,499		39,988
038 RECOVERY ROOM	396,487		493,130		493,130		3,005
040 ANESTHESIOLOGY	501,814		624,131		624,131		
041 RADIOLOGY-DIAGNOSTIC	2,589,666		3,220,894		3,220,894		23,069
041 01 CAT SCAN	557,506		693,398		693,398		
044 LABORATORY	3,548,105		4,412,952		4,412,952		15,053
049 RESPIRATORY THERAPY	677,120		842,167		842,167		3,074
050 PHYSICAL THERAPY	876,279		1,089,871		1,089,871		11,104
051 OCCUPATIONAL THERAPY	223,401		277,855		277,855		567
052 SPEECH PATHOLOGY	139,284		173,234		173,234		383
053 ELECTROCARDIOLOGY	2,673,447		3,325,097		3,325,097		17,192
054 ELECTROENCEPHALOGRAPH	87,753		109,143		109,143		2,648
055 MEDICAL SUPPLIES CHAR	138,609		172,395		172,395		
056 DRUGS CHARGED TO PATI	2,970,363		3,694,386		3,694,386		
060 OUTPAT SERVICE COST C							
060 CLINIC	238,898		297,129		297,129		3,247
060 01 BASIC DIAGNOSTIC TEST							
060 03 PSYCH OUTPATIENT							
060 04 WOUND CARE CLINIC	558,417		694,531		694,531		3,833
061 EMERGENCY	2,167,981		2,696,424		2,696,424		19,810
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV	691,866		860,508		860,508		2,936
063 OTHER REIMBURS COST C							
071 OTHER HOME HEALTH SER	966,334		1,201,877		1,201,877		5,634
071 SPEC PURPOSE COST CEN							
093 HOSPICE	378,963		471,335		471,335		
095 SUBTOTALS	60,550,930		75,310,143	-3,692,795	71,617,348	674,624	364,709
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	88,123		109,603		109,603		5,279
096 01 RENTAL PROPERTIES	81		101		101		
096 03 GUEST MEALS	68,169		84,785		84,785		
096 04 RETAIL PHARMACY	1,283,446		1,596,285		1,596,285		936
096 05 HEALTH PROMOTION	172,542		214,599		214,599		2,301
096 07 OCCUPATIONAL MEDICINE	627		780		780		
096 08 IPSI (COUNSELING)	294,325		366,066		366,066		30,211
096 09 DME	18		22		22		
096 10 ADULT DAY CARE	189,307		235,450		235,450		6,064
096 11 MANAGEMENT SERVICES	35,911		44,664		44,664		
096 12 DIAB. RES./ARTHRITIS	103,153		128,296		128,296		1,393
096 13 EUREKA HOSPITAL	4,827,498		6,004,196	-6,004,196		50,210	
096 14 UNUSED SPACE	125,540		156,140		156,140		13,072
096 16 CHILDBIRTH/PARENTING	16,381		20,374		20,374		
096 17 FOUNDATION MED OFFICE	786,313		977,976		977,976		76,556
096 18 FOUNDATION PHYSICIAN	269,186		334,800		334,800		21,361
096 19 HOME OFFICE							
097 RESEARCH							
097 01 DEAN ORNISH PROGRAM	77		96		96		
098 PHYSICIANS' PRIVATE O	32,652		40,611		40,611		3,400

	COST CENTER DESCRIPTION	A & G BROMENN & EUREKA SH		INTEREST BROMENN & EUREKA		A & G BROMENN ONLY	PLANT OP CTOR SHARED	DIRE OPERATION OF PLANT BROMENN
		(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET	(SQUARE FEET
		6.01	6a.02	6.02	6a.03	6.03	8.01	8.02
101	NONREIMBURS COST CENT							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
	COST TO BE ALLOCATED	16,780,708				3,692,795	135,771	5,073,996
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER						.187313	
	(WRKSHT B, PT I)	.243749				.048635		9.659566
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	2,757,576				393,555	4,963	1,173,992
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER						.006847	
	(WRKSHT B, PT III)	.040055				.005183		2.234975

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY DIRECTOR SHARED
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(FTE'S)	(COSTED REQUISITION)	(HOURS)
	9	10	11	12	14	15	16.01
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-B&F							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MME							
005 EMPLOYEE BENEFITS							
006 01 A & G BROMENN & EUREK							
006 02 INTEREST BROMENN& EUR							
006 03 A & G BROMENN ONLY							
008 01 PLANT OPERATOR SHA							
008 02 OPERATION OF PLANT BR							
009 LAUNDRY & LINEN SERVICE	650,432						
010 HOUSEKEEPING	25,854	46,477					
011 DIETARY	2,061	1,339	60,685				
012 CAFETERIA		1,863		80,866			
014 NURSING ADMINISTRATION		116		2,738	21,768		
015 CENTRAL SERVICES & SUPPLY		1,281		1,467		1,974,603	
016 01 PHARMACY DIRECTOR SHA				85			25,663
016 02 PHARMACY BROMENN ONLY		524		2,245			24,229
017 MEDICAL RECORDS & LIB		233		4,330			
018 SOCIAL SERVICE		29		643			
019 RADIOLOGY DIRECTOR SH				103			
019 01 LAB DIRECTOR SHARED				100			
022 I&R SERVICES-SALARY &				2,223			
023 I&R SERVICES-OTHER PR							
024 CLINICAL PASTORAL EDU				869			
024 01 EMS PROGRAM							
024 02 SCHOOL OF RADIOGRAPHY							
025 ADULTS & PEDIATRICS	282,366	18,454	49,936	21,177	10,538	289,084	
026 INTENSIVE CARE UNIT	49,180	990	10,749	5,250	2,625	106,812	
031 SUBPROVIDER	20,117			1,563	677	8,641	
033 NURSERY	5,894	291		3,184	1,592		
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	86,506	8,091		5,968	2,861	400,621	
038 RECOVERY ROOM	9,679	524		816	408	24,803	
040 ANESTHESIOLOGY		52		179		184,327	
041 RADIOLOGY-DIAGNOSTIC	38,722	2,794		4,080	129	59,902	
041 01 CAT SCAN				772		99,741	
044 LABORATORY	1,565	1,572		5,699		34,468	
049 RESPIRATORY THERAPY		233		1,867		37,409	
050 PHYSICAL THERAPY	3,555	291		1,820		3,682	
051 OCCUPATIONAL THERAPY				624		3,740	
052 SPEECH PATHOLOGY				289		442	
053 ELECTROCARDIOLOGY	21,162	582		3,074		305,476	
054 ELECTROENCEPHALOGRAPH		116		150		949	
055 MEDICAL SUPPLIES CHAR						134,591	
056 DRUGS CHARGED TO PATIENT						30,001	
060 OUTPAT SERVICE COST CENTER							
060 CLINIC						1,748	
060 01 BASIC DIAGNOSTIC TEST							
060 03 PSYCH OUTPATIENT							
060 04 WOUND CARE CLINIC	3,256			865		89,788	
061 EMERGENCY	64,309	7,102		5,598	2,799	103,767	
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERVICE				27	14		
071 OTHER REIMBURSEMENT COST CENTER							
071 OTHER HOME HEALTH SERVICE				15		12,095	
093 SPEC PURPOSE COST CENTER							
093 HOSPICE				728		38,515	
095 SUBTOTALS	614,226	46,477	60,685	78,548	21,643	1,970,602	24,229
NONREIMBURSEMENT COST CENTER							
096 GIFT, FLOWER, COFFEE				93			
096 01 RENTAL PROPERTIES							
096 03 GUEST MEALS				201			
096 04 RETAIL PHARMACY				296		157	
096 05 HEALTH PROMOTION				384		2,984	
096 07 OCCUPATIONAL MEDICINE							
096 08 IPSI (COUNSELING)							
096 09 DME							
096 10 ADULT DAY CARE				571		60	
096 11 MANAGEMENT SERVICES							
096 12 DIAB. RES./ARTHRTIS				249	125	728	
096 13 EUREKA HOSPITAL	36,206						1,434
096 14 UNUSED SPACE							
096 16 CHILDBIRTH/PARENTING				34			
096 17 FOUNDATION MED OFFICE				216			
096 18 FOUNDATION PHYSICIAN				274		72	
096 19 HOME OFFICE							
097 RESEARCH							
097 01 DEAN ORNISH PROGRAM							
098 PHYSICIANS' PRIVATE OFFICE							

COST CENTER DESCRIPTION	PHARMACY BROM ENN ONLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RADIOLOGY DIRECTOR SHARED	LAB DIRECTOR SHARED	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	(COSTED REQUISITION)	(TIME SPENT)	(TIME SPENT)	(HOURS)	(HOURS)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	16.02	17	18	19	19.01	22	23
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-B&F							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MME							
005 EMPLOYEE BENEFITS							
006 01 A & G BROMENN & EUREK							
006 02 INTEREST BROMENN& EUR							
006 03 A & G BROMENN ONLY							
008 01 PLANT OP DIRECTOR SHA							
008 02 OPERATION OF PLANT BR							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU							
016 01 PHARMACY DIRECTOR SHA							
016 02 PHARMACY BROMENN ONLY	3,850,753						
017 MEDICAL RECORDS & LIB		2,786,919					
018 SOCIAL SERVICE			1,374				
019 RADIOLOGY DIRECTOR SH				58,597			
019 01 LAB DIRECTOR SHARED					56,673		
022 I&R SERVICES-SALARY &						100	
023 I&R SERVICES-OTHER PR							100
024 CLINICAL PASTORAL EDU							
024 01 EMS PROGRAM							
024 02 SCHOOL OF RADIOGRAPHY							
025 ADULTS & PEDIATRICS	63,910	584,522	955			100	100
026 INTENSIVE CARE UNIT	1	20,176	192				
031 SUBPROVIDER	2	13,677	127				
033 NURSERY			6				
ANCILLARY SRVC COST C							
037 OPERATING ROOM	241	254,189					
038 RECOVERY ROOM		16,208					
040 ANESTHESIOLOGY		30,500					
041 RADIOLOGY-DIAGNOSTIC	2,870	244,948	94	43,503			
041 01 CAT SCAN		215,334					
044 LABORATORY	4	200,604			48,599		
049 RESPIRATORY THERAPY	72	7,472					
050 PHYSICAL THERAPY	309	17,639					
051 OCCUPATIONAL THERAPY		3,579					
052 SPEECH PATHOLOGY		2,504					
053 ELECTROCARDIOLOGY	397	133,060					
054 ELECTROENCEPHALOGRAPH	11	2,308					
055 MEDICAL SUPPLIES CHAR		829					
056 DRUGS CHARGED TO PATI	2,613,350	158,520					
060 OUTPAT SERVICE COST C							
060 CLINIC	580	6,326					
060 01 BASIC DIAGNOSTIC TEST							
060 03 PSYCH OUTPATIENT							
060 04 WOUND CARE CLINIC	853	35,179					
061 EMERGENCY	51	786,616					
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV		52,962					
071 OTHER REIMBURS COST C							
071 OTHER HOME HEALTH SER	52						
093 SPEC PURPOSE COST CEN							
093 HOSPICE	60,182						
095 SUBTOTALS	2,743,714	2,786,919	1,374	43,503	48,599	100	100
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 01 RENTAL PROPERTIES							
096 03 GUEST MEALS							
096 04 RETAIL PHARMACY	1,107,039						
096 05 HEALTH PROMOTION							
096 07 OCCUPATIONAL MEDICINE							
096 08 IPSI (COUNSELING)							
096 09 DME							
096 10 ADULT DAY CARE							
096 11 MANAGEMENT SERVICES							
096 12 DIAB. RES./ARTHRTIS							
096 13 EUREKA HOSPITAL				15,094	8,074		
096 14 UNUSED SPACE							
096 16 CHILDBIRTH/PARENTING							
096 17 FOUNDATION MED OFFICE							
096 18 FOUNDATION PHYSICIAN							
096 19 HOME OFFICE							
097 RESEARCH							
097 01 DEAN ORNISH PROGRAM							
098 PHYSICIANS' PRIVATE O							

COST CENTER DESCRIPTION	PHARMACY BROMENN ONLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	RADIOLOGY DIRECTOR SHARED	LAB DIRECTOR SHARED	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	(COSTED REQUISITION)	(TIME SPENT)	(TIME SPENT)	(HOURS)	(HOURS)	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENT	16.02	17	18	19	19.01	22	23
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,630,696	2,154,034	523,603	80,165	75,860	948,983	129,531
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.423475	.772909	381.079330	1.368073	1.338556	9,489.830000	1,295.310000
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)	149,220	204,621	85,880	2,992	2,833	71,186	11,682
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.038751	.073422	62.503639	.051061	.049989	711.860000	116.820000

COST CENTER DESCRIPTION	CLINICAL PAST EMS PROGRAM ORAL EDUCATI	SCHOOL OF RADIOGRAPHY
	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	24	24.01
003 NEW CAP REL COSTS-BLD		24.02
003 01 NEW CAP REL COSTS-B&F		
004 NEW CAP REL COSTS-MVB		
004 01 NEW CAP REL COSTS-MME		
005 EMPLOYEE BENEFITS		
006 01 A & G BROMENN & EUREK		
006 02 INTEREST BROMENN& EUR		
006 03 A & G BROMENN ONLY		
008 01 PLANT OP DIRECTOR SHA		
008 02 OPERATION OF PLANT BR		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SU		
016 01 PHARMACY DIRECTOR SHA		
016 02 PHARMACY BROMENN ONLY		
017 MEDICAL RECORDS & LIB		
018 SOCIAL SERVICE		
019 RADIOLOGY DIRECTOR SH		
019 01 LAB DIRECTOR SHARED		
022 I&R SERVICES-SALARY &		
023 I&R SERVICES-OTHER PR		
024 CLINICAL PASTORAL EDU	2,450	
024 01 EMS PROGRAM		100
024 02 SCHOOL OF RADIOGRAPHY		100
025 ADULTS & PEDIATRICS	611	
026 INTENSIVE CARE UNIT	749	
031 SUBPROVIDER	47	
033 NURSERY		
ANCILLARY SRVC COST C		
037 OPERATING ROOM	425	
038 RECOVERY ROOM		
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC		100
041 01 CAT SCAN		
044 LABORATORY	10	
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY		
051 OCCUPATIONAL THERAPY		
052 SPEECH PATHOLOGY		
053 ELECTROCARDIOLOGY	36	
054 ELECTROENCEPHALOGRAPH		
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI		
060 OUTPAT SERVICE COST C		
060 CLINIC		
060 01 BASIC DIAGNOSTIC TEST		
060 03 PSYCH OUTPATIENT		
060 04 WOUND CARE CLINIC		
061 EMERGENCY	188	100
062 OBSERVATION BEDS (NON		
063 OTHER OUTPATIENT SERV		
OTHER REIMBURS COST C		
071 OTHER HOME HEALTH SER		
SPEC PURPOSE COST CEN		
093 HOSPICE	324	
095 SUBTOTALS	2,390	100
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
096 01 RENTAL PROPERTIES		
096 03 GUEST MEALS		
096 04 RETAIL PHARMACY		
096 05 HEALTH PROMOTION		
096 07 OCCUPATIONAL MEDICINE		
096 08 IPSI (COUNSELING)		
096 09 DME		
096 10 ADULT DAY CARE	60	
096 11 MANAGEMENT SERVICES		
096 12 DIAB. RES. /ARTHRTIS		
096 13 EUREKA HOSPITAL		
096 14 UNUSED SPACE		
096 16 CHILDBIRTH/PARENTING		
096 17 FOUNDATION MED OFFICE		
096 18 FOUNDATION PHYSICIAN		
096 19 HOME OFFICE		
097 RESEARCH		
097 01 DEAN ORNISH PROGRAM		
098 PHYSICIANS' PRIVATE O		

	COST CENTER DESCRIPTION	CLINICAL PAST EMS PROGRAM	SCHOOL OF RAD
		ORAL EDUCATI	IOGRAPHY
		(ASSIGNED TIME	(ASSIGNED TIME
		24	24.01
			24.02
101	NONREIMBURS COST CENT		
102	CROSS FOOT ADJUSTMENT		
103	NEGATIVE COST CENTER		
103	COST TO BE ALLOCATED	352,719	97,016
	(PER WRKSHT B, PART		
104	UNIT COST MULTIPLIER		970.160000
	(WRKSHT B, PT I)	143.966939	
105	COST TO BE ALLOCATED		
	(PER WRKSHT B, PART		
106	UNIT COST MULTIPLIER		
	(WRKSHT B, PT II)		
107	COST TO BE ALLOCATED	39,088	3,518
	(PER WRKSHT B, PART		
108	UNIT COST MULTIPLIER		35.180000
	(WRKSHT B, PT III)	15.954286	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	17,401,374		17,401,374	3,975	17,405,349
26	INTENSIVE CARE UNIT	3,880,875		3,880,875		3,880,875
31	SUBPROVIDER	1,244,747		1,244,747		1,244,747
33	NURSERY	1,894,920		1,894,920		1,894,920
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	15,047,547		15,047,547		15,047,547
38	RECOVERY ROOM	645,052		645,052		645,052
40	ANESTHESIOLOGY	767,305		767,305		767,305
41	RADIOLOGY-DIAGNOSTIC	4,117,153		4,117,153		4,117,153
41 01	CAT SCAN	948,804		948,804		948,804
44	LABORATORY	5,138,581		5,138,581		5,138,581
49	RESPIRATORY THERAPY	966,803		966,803		966,803
50	PHYSICAL THERAPY	1,301,664		1,301,664		1,301,664
51	OCCUPATIONAL THERAPY	308,745		308,745		308,745
52	SPEECH PATHOLOGY	190,928		190,928		190,928
53	ELECTROCARDIOLOGY	3,981,677		3,981,677		3,981,677
54	ELECTROENCEPHALOGRAPHY	148,386		148,386		148,386
55	MEDICAL SUPPLIES CHARGED	243,781		243,781		243,781
56	DRUGS CHARGED TO PATIENTS	5,117,134		5,117,134		5,117,134
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	348,888		348,888		348,888
60 01	BASIC DIAGNOSTIC TESTING					
60 03	PSYCH OUTPATIENT					
60 04	WOUND CARE CLINIC	847,895		847,895		847,895
61	EMERGENCY	4,442,325		4,442,325		4,442,325
62	OBSERVATION BEDS (NON-DIS)	885,399		885,399		885,399
63	OTHER OUTPATIENT SERVICES	973,207		973,207		973,207
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	70,843,190		70,843,190	3,975	70,847,165
102	LESS OBSERVATION BEDS	885,399		885,399		885,399
103	TOTAL	69,957,791		69,957,791	3,975	69,961,766

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	20,436,027		20,436,027			
26	INTENSIVE CARE UNIT	4,556,716		4,556,716			
31	SUBPROVIDER	924,506		924,506			
33	NURSERY	2,787,132		2,787,132			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	28,502,487	13,137,094	41,639,581	.361376	.361376	.361376
38	RECOVERY ROOM	1,276,763	827,332	2,104,095	.306570	.306570	.306570
40	ANESTHESIOLOGY	2,913,462	1,565,857	4,479,319	.171299	.171299	.171299
41	RADIOLOGY-DIAGNOSTIC	4,120,144	12,832,376	16,952,520	.242864	.242864	.242864
41 01	CAT SCAN	4,143,838	11,284,180	15,428,018	.061499	.061499	.061499
44	LABORATORY	8,472,818	10,509,019	18,981,837	.270710	.270710	.270710
49	RESPIRATORY THERAPY	3,822,505	391,528	4,214,033	.229425	.229425	.229425
50	PHYSICAL THERAPY	1,253,610	894,064	2,147,674	.606081	.606081	.606081
51	OCCUPATIONAL THERAPY	761,458	182,710	944,168	.327002	.327002	.327002
52	SPEECH PATHOLOGY	321,192	129,998	451,190	.423165	.423165	.423165
53	ELECTROCARDIOLOGY	6,576,888	6,962,001	13,538,889	.294092	.294092	.294092
54	ELECTROENCEPHALOGRAPHY	116,764	119,818	236,582	.627207	.627207	.627207
55	MEDICAL SUPPLIES CHARGED	328,583	31,444	360,027	.677119	.677119	.677119
56	DRUGS CHARGED TO PATIENTS	22,499,998	8,195,903	30,695,901	.166704	.166704	.166704
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		333,719	333,719	1.045454	1.045454	1.045454
60 01	BASIC DIAGNOSTIC TESTING						
60 03	PSYCH OUTPATIENT						
60 04	WOUND CARE CLINIC	94,069	1,853,226	1,947,295	.435422	.435422	.435422
61	EMERGENCY	2,519,718	8,834,910	11,354,628	.391235	.391235	.391235
62	OBSERVATION BEDS (NON-DIS	139,906	709,160	849,066	1.042792	1.042792	1.042792
63	OTHER OUTPATIENT SERVICES		2,794,097	2,794,097	.348308	.348308	.348308
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	116,568,584	81,588,436	198,157,020			
102	LESS OBSERVATION BEDS						
103	TOTAL	116,568,584	81,588,436	198,157,020			

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	41,639,581	.361376	.361376
38	RECOVERY ROOM	2,104,095	.306570	.306570
40	ANESTHESIOLOGY	4,479,319	.171299	.171299
41	RADIOLOGY-DIAGNOSTIC	16,952,520	.242864	.242864
41 01	CAT SCAN	15,428,018	.061499	.061499
44	LABORATORY	18,981,837	.270710	.270710
49	RESPIRATORY THERAPY	4,214,033	.229425	.229425
50	PHYSICAL THERAPY	2,147,674	.606081	.606081
51	OCCUPATIONAL THERAPY	944,168	.327002	.327002
52	SPEECH PATHOLOGY	451,190	.423165	.423165
53	ELECTROCARDIOLOGY	13,538,889	.294092	.294092
54	ELECTROENCEPHALOGRAPHY	236,582	.627207	.627207
55	MEDICAL SUPPLIES CHARGED	360,027	.677119	.677119
56	DRUGS CHARGED TO PATIENTS	30,695,901	.166704	.166704
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	333,719	1.045454	1.045454
60 01	BASIC DIAGNOSTIC TESTING			
60 03	PSYCH OUTPATIENT			
60 04	WOUND CARE CLINIC	1,947,295	.435422	.435422
61	EMERGENCY	11,354,628	.391235	.391235
62	OBSERVATION BEDS (NON-DIS	849,066	1.042792	1.042792
63	OTHER OUTPATIENT SERVICES	2,794,097	.348308	.348308
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	169,452,639		
102	LESS OBSERVATION BEDS	849,066		
103	TOTAL	168,603,573		

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	15,047,547	1,367,910	13,679,637	136,791	793,419	14,117,337
38	RECOVERY ROOM	645,052	64,688	580,364	6,469	33,661	604,922
40	ANESTHESIOLOGY	767,305	43,874	723,431	4,387	41,959	720,959
41	RADIOLOGY-DIAGNOSTIC	4,117,153	874,575	3,242,578	87,458	188,070	3,841,625
41	01 CAT SCAN	948,804	210,755	738,049	21,076	42,807	884,921
44	LABORATORY	5,138,581	458,996	4,679,585	45,900	271,416	4,821,265
49	RESPIRATORY THERAPY	966,803	112,506	854,297	11,251	49,549	906,003
50	PHYSICAL THERAPY	1,301,664	197,353	1,104,311	19,735	64,050	1,217,879
51	OCCUPATIONAL THERAPY	308,745	18,587	290,158	1,859	16,829	290,057
52	SPEECH PATHOLOGY	190,928	11,746	179,182	1,175	10,393	179,360
53	ELECTROCARDIOLOGY	3,981,677	804,185	3,177,492	80,419	184,295	3,716,963
54	ELECTROENCEPHALOGRAPHY	148,386	39,272	109,114	3,927	6,329	138,130
55	MEDICAL SUPPLIES CHARGED	243,781	17,669	226,112	1,767	13,114	228,900
56	DRUGS CHARGED TO PATIENTS	5,117,134	253,521	4,863,613	25,352	282,090	4,809,692
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	348,888	53,833	295,055	5,383	17,113	326,392
60	01 BASIC DIAGNOSTIC TESTING						
60	03 PSYCH OUTPATIENT						
60	04 WOUND CARE CLINIC	847,895	86,098	761,797	8,610	44,184	795,101
61	EMERGENCY	4,442,325	481,517	3,960,808	48,152	229,727	4,164,446
62	OBSERVATION BEDS (NON-DIS	885,399	126,771	758,628	12,677	44,000	828,722
63	OTHER OUTPATIENT SERVICES	973,207	71,823	901,384	7,182	52,280	913,745
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	46,421,274	5,295,679	41,125,595	529,570	2,385,285	43,506,419
102	LESS OBSERVATION BEDS	885,399	126,771	758,628	12,677	44,000	828,722
103	TOTAL	45,535,875	5,168,908	40,366,967	516,893	2,341,285	42,677,697

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	41,639,581	.339036	.358091
38	RECOVERY ROOM	2,104,095	.287497	.303495
40	ANESTHESIOLOGY	4,479,319	.160953	.170320
41	RADIOLOGY-DIAGNOSTIC	16,952,520	.226611	.237705
41 01	CAT SCAN	15,428,018	.057358	.060133
44	LABORATORY	18,981,837	.253994	.268292
49	RESPIRATORY THERAPY	4,214,033	.214997	.226755
50	PHYSICAL THERAPY	2,147,674	.567069	.596892
51	OCCUPATIONAL THERAPY	944,168	.307209	.325033
52	SPEECH PATHOLOGY	451,190	.397527	.420561
53	ELECTROCARDIOLOGY	13,538,889	.274540	.288152
54	ELECTROENCEPHALOGRAPHY	236,582	.583857	.610609
55	MEDICAL SUPPLIES CHARGED	360,027	.635786	.672211
56	DRUGS CHARGED TO PATIENTS	30,695,901	.156688	.165878
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	333,719	.978044	1.029324
60 01	BASIC DIAGNOSTIC TESTING			
60 03	PSYCH OUTPATIENT			
60 04	WOUND CARE CLINIC	1,947,295	.408311	.431000
61	EMERGENCY	11,354,628	.366762	.386994
62	OBSERVATION BEDS (NON-DIS	849,066	.976040	1.027861
63	OTHER OUTPATIENT SERVICES	2,794,097	.327027	.345738
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	169,452,639		
102	LESS OBSERVATION BEDS	849,066		
103	TOTAL	168,603,573		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	15,648	6,651			159.26	1,059,238
26	INTENSIVE CARE UNIT	3,197	1,012			152.99	154,826
31	SUBPROVIDER	1,248	701			182.23	127,743
33	NURSERY	2,274				45.21	
101	TOTAL	22,367	8,364				1,341,807

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

PROVIDER NO: 14-0127
PERIOD: FROM 7/1/2009 TO 1/5/2010
PREPARED 5/26/2010
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		87,964		87,964	15,648	5.62
26	INTENSIVE CARE UNIT		107,831		107,831	3,197	33.73
31	SUBPROVIDER		6,766		6,766	1,248	5.42
33	NURSERY					2,274	
101	TOTAL		202,561		202,561	22,367	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	6,651	37,379
26	INTENSIVE CARE UNIT	1,012	34,135
31	SUBPROVIDER	701	3,799
33	NURSERY		
101	TOTAL	8,364	75,313

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			61,186							
40	RECOVERY ROOM										
41	ANESTHESIOLOGY										
41 01	RADIOLOGY-DIAGNOSTIC										
44	CAT SCAN										
49	LABORATORY			1,440							
50	RESPIRATORY THERAPY										
51	PHYSICAL THERAPY										
52	OCCUPATIONAL THERAPY										
53	SPEECH PATHOLOGY										
54	ELECTROCARDIOLOGY			5,183							
55	ELECTROENCEPHALOGRAPHY										
56	MEDICAL SUPPLIES CHARGED										
60	DRUGS CHARGED TO PATIENTS										
60 01	OUTPAT SERVICE COST CNTRS										
60 03	CLINIC										
60 04	BASIC DIAGNOSTIC TESTING										
61	PSYCH OUTPATIENT										
62	WOUND CARE CLINIC										
63	EMERGENCY			124,082							
101	OBSERVATION BEDS (NON-DIS)			4,475							
	OTHER OUTPATIENT SERVICES										
	OTHER REIMBURS COST CNTRS										
	TOTAL			196,366							

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			41,639,581	.001469	.001469	12,465,291	18,312
38	OPERATING ROOM	61,186	61,186	2,104,095			517,488	
40	RECOVERY ROOM			4,479,319			1,199,480	
41	ANESTHESIOLOGY			16,952,520			2,107,929	
41	RADIOLOGY-DIAGNOSTIC			15,428,018			2,080,928	
44	01 CAT SCAN			18,981,837	.000076	.000076	4,236,299	322
44	LABORATORY	1,440	1,440	4,214,033			2,010,632	
49	RESPIRATORY THERAPY			2,147,674			518,782	
50	PHYSICAL THERAPY			944,168			221,576	
51	OCCUPATIONAL THERAPY			451,190			90,721	
52	SPEECH PATHOLOGY			13,538,889	.000383	.000383	3,287,349	1,259
53	ELECTROCARDIOLOGY	5,183	5,183	236,582			54,238	
54	ELECTROENCEPHALOGRAPHY			360,027			154,389	
55	MEDICAL SUPPLIES CHARGED			30,695,901			10,199,032	
56	DRUGS CHARGED TO PATIENTS							
60	OUTPAT SERVICE COST CNTRS			333,719				
60	CLINIC							
60	01 BASIC DIAGNOSTIC TESTING			1,947,295			62,087	
60	03 PSYCH OUTPATIENT			11,354,628	.010928	.010928	1,222,846	13,363
60	04 WOUND CARE CLINIC			849,066	.005270	.005270	69,793	368
61	EMERGENCY	124,082	124,082	2,794,097				
62	OBSERVATION BEDS (NON-DIS	4,475	4,475					
63	OTHER OUTPATIENT SERVICES							
63	OTHER REIMBURS COST CNTRS							
101	TOTAL	196,366	196,366	169,452,639			40,498,860	33,624

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,443,358				5,058	
38	RECOVERY ROOM	92,514					
40	ANESTHESIOLOGY	254,560					
41	RADIOLOGY-DIAGNOSTIC	2,429,444					
41 01	CAT SCAN	2,579,251					
44	LABORATORY	611,026				46	
49	RESPIRATORY THERAPY	95,342					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,516,008				964	
54	ELECTROENCEPHALOGRAPHY	23,519					
55	MEDICAL SUPPLIES CHARGED	8,466					
56	DRUGS CHARGED TO PATIENTS	1,890,687					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	BASIC DIAGNOSTIC TESTING						
60 03	PSYCH OUTPATIENT						
60 04	WOUND CARE CLINIC	1,194,255					
61	EMERGENCY	1,243,624				13,590	
62	OBSERVATION BEDS (NON-DIS	132,532				698	
63	OTHER OUTPATIENT SERVICES	971,218					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	17,485,804				20,356	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
				2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM			61,186			
40	RECOVERY ROOM						
41	ANESTHESIOLOGY						
41 01	RADIOLOGY-DIAGNOSTIC						
44	CAT SCAN						
49	LABORATORY			1,440			
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY			5,183			
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
60	DRUGS CHARGED TO PATIENTS						
60 01	OUTPAT SERVICE COST CNTRS						
60 03	CLINIC						
60 04	BASIC DIAGNOSTIC TESTING						
61	PSYCH OUTPATIENT						
62	WOUND CARE CLINIC						
63	EMERGENCY			124,082			
101	OBSERVATION BEDS (NON-DIS)			4,475			
	OTHER OUTPATIENT SERVICES						
	OTHER REIMBURS COST CNTRS						
	TOTAL			196,366			

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM	61,186	61,186	41,639,581	.001469	.001469	8,108	12
40	RECOVERY ROOM			2,104,095			511	
41	ANESTHESIOLOGY			4,479,319			1,566	
41	RADIOLOGY-DIAGNOSTIC			16,952,520			27,314	
41	01 CAT SCAN			15,428,018			51,607	
44	LABORATORY	1,440	1,440	18,981,837	.000076	.000076	92,667	7
49	RESPIRATORY THERAPY			4,214,033			49,565	
50	PHYSICAL THERAPY			2,147,674			237,503	
51	OCCUPATIONAL THERAPY			944,168			238,478	
52	SPEECH PATHOLOGY			451,190			97,697	
53	ELECTROCARDIOLOGY	5,183	5,183	13,538,889	.000383	.000383	5,906	2
54	ELECTROENCEPHALOGRAPHY			236,582			549	
55	MEDICAL SUPPLIES CHARGED			360,027			14,106	
56	DRUGS CHARGED TO PATIENTS			30,695,901			325,133	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			333,719				
60	01 BASIC DIAGNOSTIC TESTING							
60	03 PSYCH OUTPATIENT							
60	04 WOUND CARE CLINIC			1,947,295			3,607	
61	EMERGENCY	124,082	124,082	11,354,628	.010928	.010928	584	6
62	OBSERVATION BEDS (NON-DIS	4,475	4,475	849,066	.005270	.005270		
63	OTHER OUTPATIENT SERVICES			2,794,097				
63	OTHER REIMBURS COST CNTRS							
101	TOTAL	196,366	196,366	169,452,639			1,154,901	27

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CAT SCAN						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	BASIC DIAGNOSTIC TESTING						
60 03	PSYCH OUTPATIENT						
60 04	WOUND CARE CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICES						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

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)	14,987,474	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	14,987,474	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		1,252,152
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)		203,923
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		71,514
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		33,624
16 TOTAL		16,548,687
17 PRIMARY PAYER PAYMENTS		13,579
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		16,535,108
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		1,463,608
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		25,632
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		226,253
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		158,377
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		174,547
22 SUBTOTAL		15,204,245
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		15,204,245
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS		15,079,391
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		124,854
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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2,194
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	4,790,535
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	4,392,076
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	20,356
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	2,194
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	12,995
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	12,995
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	12,995
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	10,801
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	2,194
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	4,412,432
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	89
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	966,866
19	SUBTOTAL (SEE INSTRUCTIONS)	3,447,671
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	47,603
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,495,274
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	3,495,274
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	182,532
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	127,772
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	148,468
28	SUBTOTAL	3,623,046
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,623,046
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,630,309
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-7,263
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

- 1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
- 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
- 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
- 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
- 1.04 LINE 1.01 TIMES LINE 1.03.
- 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
- 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
- 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
- 2 INTERNS AND RESIDENTS
- 3 ORGAN ACQUISITIONS
- 4 COST OF TEACHING PHYSICIANS
- 5 TOTAL COST (SEE INSTRUCTIONS)

- COMPUTATION OF LESSER OF COST OR CHARGES

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

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

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

- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

- TO BE COMPLETED BY CONTRACTOR
- 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
- 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
- 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
- 54 TOTAL (SUM OF LINES 51 AND 53)

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		872,700
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0304
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		58,891
1.05	OUTLIER PAYMENTS		69,082
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		1,000,673
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		6.603175
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		1,000,673
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		1,000,673
7	DEDUCTIBLES		8,544
8	SUBTOTAL		992,129
9	COINSURANCE		3,471
10	SUBTOTAL		988,658
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		988,658
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		3,826
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	992,484
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	999,040
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-6,556
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	13.60
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03	13.60
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	4.16
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	4.16
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	2.14
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	3.90
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	6.04
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	6.04
3.10	SEE INSTRUCTIONS	3.90
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	4.47
3.12	SEE INSTRUCTIONS	3.50
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	3.96
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	3.96
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	88,578.59
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	350,771
3.18	SEE INSTRUCTIONS	.99
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	2.46
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	RES INIT YEARS
3.21	SEE INSTRUCTIONS	1.86
3.22	SEE INSTRUCTIONS	1.86
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	88,578.59
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	164,756
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	515,527

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS	8,364
5	TOTAL INPATIENT DAYS	19,297
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	223,447
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)	1,224
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.	19,297
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)	100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.	28,079
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)	
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422 E-3, 6 LN 12

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

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

TITLE XVIII

10 MEDICARE OUTPATIENT ESRD CHARGES
 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	20,631,994
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	13,579
16	TOTAL PART A REASONABLE COST	20,618,415

PART B REASONABLE COST

17	REASONABLE COST	4,813,085
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	4,813,085
20	TOTAL REASONABLE COST	25,431,500
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.810743
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.189257

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	251,526
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	203,923
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	47,603

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		156,405,857		
2	NET INCOME (LOSS)		17,877,143		
3	TOTAL		174,283,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		174,283,000		
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		174,283,000		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
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	24,850,683		24,850,683
2 00 SUBPROVIDER	928,108		928,108
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	25,778,791		25,778,791
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,587,958		4,587,958
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,587,958		4,587,958
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	30,366,749		30,366,749
17 00 ANCILLARY SERVICES	88,623,405	81,858,229	170,481,634
18 00 OUTPATIENT SERVICES		232	339,911
19 00 OTHER HOME HEALTH SERVICES-HHA		1,077,481	1,077,481
23 00 HOSPICE		857,030	857,030
24 00 EUREKA		11,221,947	11,221,947
25 00 TOTAL PATIENT REVENUES	118,990,386	95,354,366	214,344,752

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		86,130,489	
ADD (SPECIFY)			
27 00 EUREKA TOTAL EXPENSE	4,370,118		
28 00 BAD DEBT	3,718,000		
29 00 EXP VARIANCE	2		
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		8,088,120	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		94,218,609	

DESCRIPTION

1	TOTAL PATIENT REVENUES	214,344,752
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	115,774,000
3	NET PATIENT REVENUES	98,570,752
4	LESS: TOTAL OPERATING EXPENSES	94,218,609
5	NET INCOME FROM SERVICE TO PATIENTS	4,352,143
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	2,523,000
24.01	INCREASE IN TEMP RESTRICT ASSETS	3,802,000
24.03	OTHER NON-OP GAINS	2,123,000
24.04	EARNINGS IN ASSOC COMPANY	543,000
24.05	UNREAL GAINS	4,534,000
24.06		
25	TOTAL OTHER INCOME	13,525,000
26	TOTAL	17,877,143
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	17,877,143

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2					2,241	2,241
3					4,103	4,103
4						
5						
	121,227		39,355		10,446	171,028
HHA REIMBURSABLE SERVICES						
6	367,463					367,463
7	156,387					156,387
8	14,343					14,343
9	5,338					5,338
10	1,713					1,713
11	15,588					15,588
12					12,340	12,340
13					52	52
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23			163	38,307		38,470
23.50						
24	682,059		39,518	38,307	29,182	789,066

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2		2,241		2,241
3		4,103		4,103
4				
5		171,028	-4,082	166,946
HHA REIMBURSABLE SERVICES				
6		367,463		367,463
7		156,387		156,387
8		14,343		14,343
9		5,338		5,338
10		1,713		1,713
11		15,588		15,588
12		12,340		12,340
13		52		52
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23		38,470		38,470
23.50				
24		789,066	-4,082	784,984

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2			2,241				
3	2,241						
4	4,103			4,103			
5	166,946			4,103		171,049	171,049
HHA REIMBURSABLE SERVICES							
6	367,463		2,241			369,704	103,005
7	156,387					156,387	43,571
8	14,343					14,343	3,996
9	5,338					5,338	1,487
10	1,713					1,713	477
11	15,588					15,588	4,343
12	12,340					12,340	3,438
13	52					52	14
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23	38,470					38,470	10,718
23.50							
24	784,984		2,241	4,103		784,984	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6	472,709						
7	199,958						
8	18,339						
9	6,825						
10	2,190						
11	19,931						
12	15,778						
13	66						
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23	49,188						
23.50							
24	784,984						
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (FEET SQUARE)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (FEET SQUARE)	TRANSPORTATION (MILEAGE)	RECONCILIATION ()	ADMINISTRATIVE & GENERAL (COST ACCUM.)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX	5,280				
2	CAP-REL COST-MOV EQUIP		23			
3	PLANT OPER & MAINT			5,280		
4	TRANSPORTATION				100	
5	ADMINISTRATIVE & GENERAL	5,280		5,280	100	-171,049
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE		23			369,704
7	PHYSICAL THERAPY					156,387
8	OCCUPATIONAL THERAPY					14,343
9	SPEECH PATHOLOGY					5,338
10	MEDICAL SOCIAL SERVICES					1,713
11	HOME HEALTH AIDE					15,588
12	SUPPLIES					12,340
13	DRUGS					52
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					38,470
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)	5,280	23	5,280	100	-171,049
25	COST TO BE ALLOCATED		2,241	4,103		171,049
26	UNIT COST MULTIPLIER		97.434783	.777083		.278611

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-B&F SH 3.01	NEW CAP REL COSTS-MVBLE 4	NEW CAP REL COSTS-MME SH 4.01	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL		52,827	1,280	8,697		118,546
2 SKILLED NURSING CARE	472,709					
3 PHYSICAL THERAPY	199,958					
4 OCCUPATIONAL THERAPY	18,339					
5 SPEECH PATHOLOGY	6,825					
6 MEDICAL SOCIAL SERVICES	2,190					
7 HOME HEALTH AIDE	19,931					
8 SUPPLIES	15,778					
9 DRUGS	66					
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	49,188					
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	784,984	52,827	1,280	8,697		118,546
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	SUBTOTAL 5A	A & G BROMEN & EUREKA S 6.01	SUBTOTAL 6A.01	INTEREST BRO MENN& EUREKA 6.02	SUBTOTAL 6A.02	A & G BROMEN N ONLY 6.03
1 ADMIN & GENERAL	181,350	44,204	225,554		225,554	10,970
2 SKILLED NURSING CARE	472,709	115,221	587,930		587,930	28,595
3 PHYSICAL THERAPY	199,958	48,740	248,698		248,698	12,095
4 OCCUPATIONAL THERAPY	18,339	4,470	22,809		22,809	1,109
5 SPEECH PATHOLOGY	6,825	1,664	8,489		8,489	413
6 MEDICAL SOCIAL SERVICES	2,190	534	2,724		2,724	132
7 HOME HEALTH AIDE	19,931	4,858	24,789		24,789	1,206
8 SUPPLIES	15,778	3,846	19,624		19,624	954
9 DRUGS	66	16	82		82	4
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	49,188	11,990	61,178		61,178	2,975
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	966,334	235,543	1,201,877		1,201,877	58,453
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	PLANT OPERATOR 8.01	DIR SHARED 8.02	OPERATION OF PLANT BROMENN SERVICE 9	LAUNDRY & LI 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL			54,422				178
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)			54,422				178
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	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY DIRECTOR SHARED 16.01	PHARMACY BROMENN ONLY 16.02	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
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		5,589				
9 DRUGS				22		
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		5,589		22		
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	RADIOLOGY DIRECTOR SHARE 19	LAB DIRECTOR SHARED 19.01	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	CLINICAL PASTORAL EDUCAT 24	EMS PROGRAM 24.01
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	SCHOOL OF RADIOGRAPHY 24.02	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		291,124		291,124		
2 SKILLED NURSING CARE		616,525		616,525	174,354	790,879
3 PHYSICAL THERAPY		260,793		260,793	73,754	334,547
4 OCCUPATIONAL THERAPY		23,918		23,918	6,764	30,682
5 SPEECH PATHOLOGY		8,902		8,902	2,518	11,420
6 MEDICAL SOCIAL SERVICES		2,856		2,856	808	3,664
7 HOME HEALTH AIDE		25,995		25,995	7,352	33,347
8 SUPPLIES		26,167		26,167	7,400	33,567
9 DRUGS		108		108	31	139
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		64,153		64,153	18,143	82,296
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		1,320,541		1,320,541	291,124	1,320,541
21 UNIT COST MULTIPLIER					0.282805	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-B&F SH (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-MME SH (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION
	3	3.01	4	4.01	5	6A.01
1 ADMIN & GENERAL	5,634	5,634	10,583		682,059	
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)	5,634	5,634	10,583		682,059	
21 COST TO BE ALLOCATED	52,827	1,280	8,697		118,546	
22 UNIT COST MULTIPLIER	9.376464	0.227192	0.821790		0.173806	

HHA COST CENTER	A & G BROMENN & EUREKA S (ACCUM. COST)	RECONCILIATION	INTEREST BROMENN & EUREKA (ACCUM. COST)	RECONCILIATION	A & G BROMENN ONLY (ACCUM. COST)	PLANT OPER DIRECTOR SHARED (SQUARE FEET)
	6.01	6A.02	6.02	6A.03	6.03	8.01
1 ADMIN & GENERAL	181,350		225,554		225,554	
2 SKILLED NURSING CARE	472,709		587,930		587,930	
3 PHYSICAL THERAPY	199,958		248,698		248,698	
4 OCCUPATIONAL THERAPY	18,339		22,809		22,809	
5 SPEECH PATHOLOGY	6,825		8,489		8,489	
6 MEDICAL SOCIAL SERVICES	2,190		2,724		2,724	
7 HOME HEALTH AIDE	19,931		24,789		24,789	
8 SUPPLIES	15,778		19,624		19,624	
9 DRUGS	66		82		82	
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	49,188		61,178		61,178	
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	966,334		1,201,877		1,201,877	
21 COST TO BE ALLOCATED	235,543				58,453	
22 UNIT COST MULTIPLIER	0.243749				0.048635	

HHA 1

HHA COST CENTER	OPERATION OF PLANT BROMENN (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (FTE'S)
	8.02	9	10	11	12	14
1 ADMIN & GENERAL	5,634				15	
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)	5,634				15	
21 COST TO BE ALLOCATED	54,422				178	
22 UNIT COST MULTIPLIER	9.659567				11.866667	

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES (COSTED REQUISITION)	PHARMACY DIRECTOR SHARED (HOURS)	PHARMACY BROMENN ONLY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARIES (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	RADIOLOGY DIRECTOR SHARE (HOURS)
	15	16.01	16.02	17	18	19
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	12,095					
9 DRUGS			52			
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)	12,095		52			
21 COST TO BE ALLOCATED	5,589		22			
22 UNIT COST MULTIPLIER	0.462092		0.423077			

HHA 1

HHA COST CENTER	LAB DIRECTOR SHARED (HOURS	I&R SERVICES -SALARY & FR (ASSIGNED) TIME	I&R SERVICES -OTHER PRGM (ASSIGNED) TIME	CLINICAL PAS TORAL EDUCAT (ASSIGNED) TIME	EMS PROGRAM (ASSIGNED) TIME	SCHOOL OF RA DI OGRAPHY (ASSIGNED) TIME
	19.01	22	23	24	24.01	24.02
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED 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	790,879	2	790,879	3,573	221.35	1,338
2 PHYSICAL THERAPY	3	334,547		334,547	1,914	174.79	762
3 OCCUPATIONAL THERAPY	4	30,682		30,682	219	140.10	108
4 SPEECH PATHOLOGY	5	11,420		11,420	98	116.53	56
5 MEDICAL SOCIAL SERVICES	6	3,664		3,664	4	916.00	
6 HOME HEALTH AIDE SERVICE	7	33,347		33,347	523	63.76	147
7 TOTAL		1,204,539		1,204,539	6,331		2,411

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	12
1 SKILLED NURSING	600		296,166	132,810		428,976
2 PHYSICAL THERAPY	388		133,190	67,819		201,009
3 OCCUPATIONAL THERAPY	41		15,131	5,744		20,875
4 SPEECH PATHOLOGY	7		6,526	816		7,342
5 MEDICAL SOCIAL SERVICES						
6 HOME HEALTH AIDE SERVICES	228		9,373	14,537		23,910
7 TOTAL	1,264		460,386	221,726		682,112

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

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	12
8 SKILLED NURSING						
8.01 SKILLED NURSING						
8.02 SKILLED NURSING						
8.03 SKILLED NURSING						
9 PHYSICAL THERAPY						
9.01 PHYSICAL THERAPY						
9.02 PHYSICAL THERAPY						
9.03 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
10.01 OCCUPATIONAL THERAPY						
10.02 OCCUPATIONAL THERAPY						
10.03 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						

PROVIDER NO:	PERIOD:	PREPARED	5/26/2010
14-0127	FROM 7/ 1/2009	WORKSHEET	H-6
HHA NO:	TO 1/ 5/2010	PARTS I II & III	
14-7111		HHA 1	

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

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
	-----PART B-----		-----PART B-----			
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
	7	8	9	10	11	12
11.01	SPEECH PATHOLOGY					
11.02	SPEECH PATHOLOGY					
11.03	SPEECH PATHOLOGY					
12	MEDICAL SOCIAL SERVICES					
12.01	MEDICAL SOCIAL SERVICES					
12.02	MEDICAL SOCIAL SERVICES					
12.03	MEDICAL SOCIAL SERVICES					
13	HOME HEALTH AIDE SERVICE					
13.01	HOME HEALTH AIDE SERVICE					
13.02	HOME HEALTH AIDE SERVICE					
13.03	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	33,567	5,173	38,740	12,836	3.018074	10,759
16 COST OF DRUGS	9.00	139		139			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		2,077	32,471	6,269
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		
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.02 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.03 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)		
17.01 PER BENE COST LIMITATION (FRM FI)		
17.02 PER BENE COST LIMITATION (FRM FI)		
17.03 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.606081			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.327002			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.423165			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.677119	7,640	5,173	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.166704			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 COSTS		PROG VISITS ON OR AFTER
			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	174.79					
2 OCCUPATIONAL THERAPY	3	140.10					
3 SPEECH PATHOLOGY	4	116.53					
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		422,008		229,575
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	.59			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		422,008		229,575
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 SETTLEMENT TO PROGRAM	.01 .02		
7 TOTAL MEDICARE PROGRAM LIABILITY		422,008		229,575

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
14-0127	FROM 7/ 1/2009	5/26/2010
HOSPICE NO:	TO 1/ 5/2010	WORKSHEET K
14-1567		

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	70,545		4,539	69,698
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	109,938		7,074	569
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY	18,773			
14 MEDICAL SOCIAL SERVICES			1,208	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER	8,760			
18 HOME HEALTH AIDE AND HOMEMAKER			564	
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)	208,016		13,385	70,267

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/ 1/2009	5/26/2010
HOSPICE NO:	TO 1/ 5/2010	WORKSHEET K
14-1567		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
6	12,499	157,281		157,281
7				
8				
9	4,929	4,929		4,929
10		117,581		117,581
10.20				
11				
12				
13		18,773		18,773
14		1,208		1,208
15				
16				
17		8,760		8,760
18		564		564
18.20				
19				
20	61,543	61,543		61,543
20.30				
20.31				
20.32				
21				
22				
23				
24				
25	39,269	39,269		39,269
26				
27				
28				
29				
30				
31				
32				
33				
34	118,240	409,908		409,908

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/ 1/2009	5/26/2010
HOSPICE NO:	TO 1/ 5/2010	WORKSHEET K
14-1567		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL	-62,170	95,111
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES	-4,929	117,581
10 NURSING CARE		
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		18,773
14 MEDICAL SOCIAL SERVICES		1,208
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		8,760
18 HOME HEALTH AIDE AND HOME MAKER		564
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		61,543
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		39,269
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)	-67,099	342,809

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/ 1/2009	5/26/2010
HOSPICE NO:	TO 1/ 5/2010	WORKSHEET K-1
14-1567		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
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	18,773	
18	MEDICAL SOCIAL SERVICES		
19	SPIRITUAL COUNSELING		
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOMEMAKER		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE		
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY		
27	ANALGESICS		
28	SEDATIVES / HYPNOTICS		
29	OTHER - SPECIFY		
30	DURABLE MEDICAL EQUIPMENT/OXYGEN		
31	PATIENT TRANSPORTATION		
32	IMAGING SERVICES		
33	LABS AND DIAGNOSTICS		
34	MEDICAL SUPPLIES		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36	RADIATION THERAPY		
37	CHEMOTHERAPY		
38	OTHER		
39	BEREAVEMENT PROGRAM COSTS		
40	VOLUNTEER PROGRAM COSTS		
41	FUNDRAISING		
42	OTHER PROGRAM COSTS		
43	TOTAL (SUM OF LINES 1 THRU 33)	18,773	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/ 1/2009	5/26/2010
HOSPICE NO:	TO 1/ 5/2010	WORKSHEET K-1
14-1567		

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				70,545
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	109,938			
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			8,760	
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)	109,938		8,760	70,545

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/ 1/2009	5/26/2010
HOSPICE NO:	TO 1/ 5/2010	WORKSHEET K-1
14-1567		

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	70,545
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	109,938
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	18,773
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	8,760
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)	208,016

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/ 1/2009	5/26/2010
HOSPICE NO:	TO 1/ 5/2010	WORKSHEET K-3
14-1567		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/ 1/2009	5/26/2010
HOSPICE NO:	TO 1/ 5/2010	WORKSHEET K-3
14-1567		

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				69,698
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				569
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)				70,267

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/ 1/2009	5/26/2010
HOSPICE NO:	TO 1/ 5/2010	WORKSHEET K-3
14-1567		

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.
3	PLANT OPERATION AND MAINTENANCE
4	TRANSPORTATION - STAFF
5	VOLUNTEER SERVICE COORDINATION
6	ADMINISTRATIVE AND GENERAL
	INPATIENT CARE SERVICE
	INPATIENT - GENERAL CARE
	INPATIENT - RESPI TE CARE
	VISITING SERVICES
	PHYSICIAN SERVICES
10	NURSING CARE
	569
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)
	70,267

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

COST ALLOCATION -	PROVIDER NO:	PERIOD:	PREPARED
HOSPICE GENERAL SERVICE COST	14-0127	FROM 7/ 1/2009	5/26/2010
	HOSPICE NO:	TO 1/ 5/2010	WORKSHEET K-4
	14-1567		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	95,111			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	117,581			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY	18,773			
14 MEDICAL SOCIAL SERVICES	1,208			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER	8,760			
18 HOME HEALTH AIDE AND HOMEMAKER	564			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	61,543			
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	39,269			
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)	342,809			

COST ALLOCATION -	PROVIDER NO:	PERIOD:	PREPARED
HOSPICE GENERAL SERVICE COST	14-0127	FROM 7/ 1/2009	5/26/2010
	HOSPICE NO:	TO 1/ 5/2010	WORKSHEET K-4
	14-1567		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			95,111	95,111
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			117,581	45,148
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY			18,773	7,208
18 MEDICAL SOCIAL SERVICES			1,208	464
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER			8,760	3,364
22 HOME HEALTH AIDE AND HOME MAKER			564	217
23.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			61,543	23,631
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES			39,269	15,079
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			247,698	95,111

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/ 1/2009	5/26/2010
HOSPICE NO:	TO 1/ 5/2010	WORKSHEET K-4
14-1567		PART I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	162,729
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	25,981
18	MEDICAL SOCIAL SERVICES	1,672
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	12,124
22	HOME HEALTH AIDE AND HOMEMAKER	781
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	85,174
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	54,348
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	342,809

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/ 1/2009	5/26/2010
HOSPICE NO:	TO 1/ 5/2010	WORKSHEET K-4
14-1567		PART 11

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.		100		
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL		100		
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39				
40				
41				
42 FUNDRAISING				
43 OTHER PROGRAM COSTS				
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)				
45 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0127	FROM 7/ 1/2009	5/26/2010
HOSPICE NO:	TO 1/ 5/2010	WORKSHEET K-4
14-1567		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINSTRATIVE AND GENERAL		-95,111	247,698
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			
13 NURSING CARE			117,581
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			18,773
18 MEDICAL SOCIAL SERVICES			1,208
19 SPIRITUAL COUNSELING			
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			8,760
22 HOME HEALTH AIDE AND HOMEMAKER			564
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			61,543
27.30 ANALGESICS			
28.31 SEDATIVES / HYPNOTICS			
29.32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			39,269
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			95,111
45 UNIT COST MULTIPLIER	.000000		.383980

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-B&F SHARED A&G	NEW CAP REL COSTS-MVBLE EQUIP
		0	3	3.01	4
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	162,729			
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	25,981			
9.00 MEDICAL SOCIAL SERVICES	14	1,672			
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17	12,124			
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	781			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	85,174			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	54,348			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		342,809			
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MME SHARED A&G	EMPLOYEE BENEFITS	SUBTOTAL	A & G BROMENN & EUREKA SHARED
	4.01	5	5A	6.01
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		36,154	36,154	8,813
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			162,729	39,665
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY			25,981	6,333
9.00 MEDICAL SOCIAL SERVICES			1,672	408
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER			12,124	2,955
13.00 HOME HEALTH AIDE AND HOMEMAKER			781	190
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			85,174	20,761
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			54,348	13,247
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)		36,154	378,963	92,372
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	INTEREST BROMENN& EUREKA SHARED	SUBTOTAL	A & G BROMENN ONLY
	6A. 01	6. 02	6A. 02	6. 03
1.00 ADMINISTRATIVE AND GENERAL	44,967		44,967	2,187
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	202,394		202,394	9,844
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY	32,314		32,314	1,572
9.00 MEDICAL SOCIAL SERVICES	2,080		2,080	101
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER	15,079		15,079	733
13.00 HOME HEALTH AIDE AND HOMEMAKER	971		971	47
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	105,935		105,935	5,152
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	67,595		67,595	3,287
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)	471,335		471,335	22,923
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	PLANT OP DIRECTOR SHARED	OPERATION OF PLANT BROMENN	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	8. 01	8. 02	9	10
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 1

HOSPICE COST CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL		8,640		10,942
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				6,855
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)		8,640		17,797
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	PHARMACY DIRECTOR SHARED	PHARMACY BROMENN ONLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	16.01	16.02	17	18
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		25,486		
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)		25,486		
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL		66,736		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		212,238	26,922	239,160
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY		33,886	4,299	38,185
9.00 MEDICAL SOCIAL SERVICES		2,181	277	2,458
10.00 SPIRITUAL COUNSELING		46,645	5,917	52,562
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER		15,812	2,006	17,818
13.00 HOME HEALTH AIDE AND HOMEMAKER		1,018	129	1,147
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		136,573	17,325	153,898
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		77,737	9,861	87,598
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)		592,826		592,826
30.00 UNIT COST MULTIPLIER			.126853	

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-B&F SHARED A&G (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	NEW CAP REL COSTS-MME SHARED A&G (DOLLAR VALUE)
	3	3.01	4	4.01
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 COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A.01	A & G BROMENN & EUREKA SHARED (ACCUMULATED COST) 6.01	RECONCILIATION 6A.02
1.00 ADMINISTRATIVE AND GENERAL	208,016		36,154	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			162,729	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY			25,981	
9.00 MEDICAL SOCIAL SERVICES			1,672	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER			12,124	
13.00 HOME HEALTH AIDE AND HOMEMAKER			781	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			85,174	
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			54,348	
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	EMPLOYEE BENEFITS	RECONCILIATION	A & G BROMENN & EUREKA SHARED	RECONCILIATION
	5	6A.01	6.01	6A.02
29.00 TOTAL (SUM OF LINE 1 THRU 28)	208,016		378,963	
30.00 TOTAL COST TO BE ALLOCATED	36,154		92,372	
31.00 UNIT COST MULTIPLIER	.173804		.243749	

HOSPICE COST CENTER	INTEREST BROMENN & EUREKA SHARED (ACCUMULATED COST)	RECONCILIATION	A & G BROMENN ONLY (ACCUMULATED COST)	PLANT OPERATOR SHARED (SQUARE FEET)
	6.02	6A.03	6.03	8.01
1.00 ADMINISTRATIVE AND GENERAL	44,967		44,967	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	202,394		202,394	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY	32,314		32,314	
9.00 MEDICAL SOCIAL SERVICES	2,080		2,080	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER	15,079		15,079	
13.00 HOME HEALTH AIDE AND HOMEMAKER	971		971	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	105,935		105,935	
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	67,595		67,595	
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)	471,335		471,335	
30.00 TOTAL COST TO BE ALLOCATED			22,923	
31.00 UNIT COST MULTIPLIER	.000000		.048634	.000000

HOSPICE 1

HOSPICE COST CENTER	OPERATION OF PLANT BROMENN (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)
	8.02	9	10	11
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	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (FTE'S)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY DIRECTOR SHARED (HOURS)
	12	14	15	16.01
1.00 ADMINISTRATIVE AND GENERAL	728		38,515	
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			24,128	
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	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY DIRECTOR SHARED
	12	14	15	16.01
29.00 TOTAL (SUM OF LINE 1 THRU 28)	728		62,643	
30.00 TOTAL COST TO BE ALLOCATED	8,640		17,797	
31.00 UNIT COST MULTIPLIER	11.868132	.000000	.284102	.000000

HOSPICE COST CENTER	PHARMACY BROMENN ONLY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	RADIOLOGY DIRECTOR SHARED (HOURS)
	16.02	17	18	19

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	60,182			
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)	60,182			
30.00 TOTAL COST TO BE ALLOCATED	25,486			
31.00 UNIT COST MULTIPLIER	.423482	.000000	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	LAB DIRECTOR SHARED (HOURS)	I&R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM COSTS APPRVD (ASSIGNED TIME)	CLINICAL PASTORAL EDUCATION (ASSIGNED TIME)
	19.01	22	23	24
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				324
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)				324
30.00 TOTAL COST TO BE ALLOCATED				46,645
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	143.966049

HOSPICE COST CENTER	EMS PROGRAM (ASSIGNED TIME)	SCHOOL OF RADIOGRAPHY (ASSIGNED TIME)
	24.01	24.02

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

HOSPICE 1

EMS PROGRAM	SCHOOL OF RADIOGRAPHY
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HOSPICE COST CENTER

24.01	24.02
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29.00 TOTAL (SUM OF LINE 1 THRU 28)

30.00 TOTAL COST TO BE ALLOCATED

31.00 UNIT COST MULTIPLIER

.000000	.000000
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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	.606081	
2	OCCUPATIONAL THERAPY	51	.327002	
3	SPEECH PATHOLOGY	52	.423165	
4	DRUGS CHARGED TO PATIENTS	56	.166704	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.270710	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.677119	
8	EMERGENCY	61	.391235	
9	RADIOLOGY-DIAGNOSTIC	41	.242864	
9.01	CAT SCAN	41.01	.061499	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				592,826
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				4,534
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				130.75
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	4,087			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	534,375			
6 UNDUPLICATED MEDICAID DAYS		159		
7 AGGREGATE MEDICAID COST		20,789		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	2,087			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	272,875			
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			288	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			37,656	

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,096,597
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	73,968
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	97.22
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	11.57
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	3.42
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	37,504
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	4.51
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	14.93
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	19.44
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.02
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	44,083
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,252,152
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)	