

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0135		FROM 10/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/24/2011 TIME 9: 02

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: DECATUR MEMORIAL HOSPITAL 14-0135 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2009 AND ENDING 9/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	284,302	112,110	0	
5	HOSPITAL-BASED SNF	0	-1	0	0	
7	HOSPITAL-BASED HHA	0	0	-1	0	
100	TOTAL	0	284,301	112,109	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 2300 N. EDWARD ST. P. O. BOX:
 1.01 CITY: DECATUR STATE: IL ZIP CODE: 62526- COUNTY: MACON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	14-0135	2.01	7/ 1/1966	4	5	6
06.00	HOSPITAL-BASED SNF	14-5543		5/ 1/1986	N	P	O
09.00	HOSPITAL-BASED HHA	14-7206		1/13/1982	N	P	N
12.00	HOSP-BASED HOSPICE	14-1517		6/30/1988			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 10/ 1/2009 TO: 9/30/2010 1 2
 18 TYPE OF CONTROL 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16580

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

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

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

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTI CAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.
- IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

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

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 2/11/2011

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0135
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/24/2011
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	227	82,855			18,535		5,193
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	227	82,855			18,535		5,193
6 INTENSIVE CARE UNIT	22	8,030			3,696		840
7 CORONARY CARE UNIT	30	10,950			2,090		443
11 NURSERY							688
12 TOTAL	279	101,835			24,321		7,164
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	39	14,235			4,358		
17 OTHER LONG TERM CARE	16	5,840					
18 HOME HEALTH AGENCY					13,771		1,082
21 HOSPICE					5,461		585
25 TOTAL	334						
26 OBSERVATION BED DAYS							1,004
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							134

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			31,284				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			31,284				
6 INTENSIVE CARE UNIT			5,058				
7 CORONARY CARE UNIT			4,144				
11 NURSERY			2,429				
12 TOTAL			42,915			12.78	
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			5,081				
17 OTHER LONG TERM CARE			3,558				
18 HOME HEALTH AGENCY			20,792				
21 HOSPICE			6,887				
25 TOTAL						12.78	
26 OBSERVATION BED DAYS			3,777				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			564				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			242				

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					5,780	2,004	12,061
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
11 NURSERY							
12 TOTAL	12.78	1,786.93			5,780	2,004	12,061
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		21.91					
17 OTHER LONG TERM CARE		5.90					10
18 HOME HEALTH AGENCY		37.59					
21 HOSPICE		9.77					
25 TOTAL	12.78	1,862.10					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/24/2011
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	106,581,308		106,581,308	3,873,168.00	27.52	
2 NON-PHYSICIAN ANESTHETIST PART A	4,348,900		4,348,900	51,024.00	85.23	
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	527,385		527,385	2,875.00	183.44	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		722,005	722,005	30,098.00	23.99	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	883,053		883,053	45,573.00	19.38	
8.01 EXCLUDED AREA SALARIES	40,573,557	-1,876,952	38,696,605	943,429.00	41.02	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	126,000		126,000	868.00	145.16	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	18,062,653		18,062,653			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	4,314,019		4,314,019			CMS 339
16 NON-PHYS ANESTHETIST PART A	462,685		462,685			CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	38,975		38,975			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	107,539		107,539			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	709,627		709,627	23,754.00	29.87	
22 ADMINISTRATIVE & GENERAL	8,812,799	-242,674	8,570,125	375,840.00	22.80	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,188,641		1,188,641	70,325.00	16.90	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,495,463		1,495,463	144,976.00	10.32	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,053,687	-1,644,972	408,715	31,046.00	13.16	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		1,644,972	1,644,972	124,954.00	13.16	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,145,428	242,674	1,388,102	52,786.00	26.30	
31 CENTRAL SERVICE AND SUPPLY	667,507		667,507	40,581.00	16.45	
32 PHARMACY	1,615,053		1,615,053	50,794.00	31.80	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,964,330		1,964,330	113,027.00	17.38	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	102,232,408	-722,005	101,510,403	3,792,046.00	26.77	
2 EXCLUDED AREA SALARIES	41,456,610	-1,876,952	39,579,658	989,002.00	40.02	
3 SUBTOTAL SALARIES	60,775,798	1,154,947	61,930,745	2,803,044.00	22.09	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	126,000		126,000	868.00	145.16	
5 SUBTOTAL WAGE-RELATED COSTS	18,101,628		18,101,628		29.23	
6 TOTAL	79,003,426	1,154,947	80,158,373	2,803,912.00	28.59	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	19,652,535		19,652,535	1,028,083.00	19.12	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 14-0135
HHA NO: 14-7206
COUNTY:
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/24/2011
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,662	245	731
2 UNDUPLICATED CENSUS COUNT		794.00	73.00	218.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	3,638			
2 UNDUPLICATED CENSUS COUNT	1,085.00			

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	8.63		8.63
6 DIRECTING NURSING SERVICE	16.51		16.51
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	7.13		7.13
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	1.75		1.75
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.79		.79
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	1.10		1.10
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.75		1.75
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	1	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		19500	

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	6,443	1,032	328	70
22 SKILLED NURSING VISIT CHARGES	1,235,953	171,360	76,160	14,880
23 PHYSICAL THERAPY VISITS	3,613	25	75	37
24 PHYSICAL THERAPY VISIT CHARGES	577,952	4,000	12,000	5,920
25 OCCUPATIONAL THERAPY VISITS	832	9	6	16
26 OCCUPATIONAL THERAPY VISIT CHARGES	133,120	1,440	960	2,560
27 SPEECH PATHOLOGY VISITS	56	0	0	3
28 SPEECH PATHOLOGY VISIT CHARGES	8,960	0	0	480
29 MEDICAL SOCIAL SERVICE VISITS	60	3	1	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	10,800	540	180	180
31 HOME HEALTH AIDE VISITS	1,105	53	3	0
32 HOME HEALTH AIDE VISIT CHARGES	93,925	4,505	355	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	12,109	1,122	413	127
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	2,060,710	181,845	89,655	24,020
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	800	0	138	13
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	19	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	62,805	12,053	5,867	64

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	7,873
22 SKILLED NURSING VISIT CHARGES	0	0	1,498,353
23 PHYSICAL THERAPY VISITS	0	0	3,750
24 PHYSICAL THERAPY VISIT CHARGES	0	0	599,872
25 OCCUPATIONAL THERAPY VISITS	0	0	863
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	138,080
27 SPEECH PATHOLOGY VISITS	0	0	59
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	9,440
29 MEDICAL SOCIAL SERVICE VISITS	0	0	65
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	11,700
31 HOME HEALTH AIDE VISITS	0	0	1,161
32 HOME HEALTH AIDE VISIT CHARGES	0	0	98,785
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	13,771
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	2,356,230
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	951
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	19
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	80,789

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0135
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/24/2011
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB		15				
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC						
5	RVB		30				
6	RVA		4				
6.01	RVX						
6.02	RVL		7				
7	RHC		163				
8	RHB		852				
9	RHA		343				
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB		143				
12	RMA		148				
12.01	RMX		370				
12.02	RML		2,180				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		3				
16	SE2		87				
17	SE1						
18	SSC						
19	SSB						
20	SSA		10				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		2				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1		1				
43	PA2						
44	PA1						
45	AAA						
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD2						
45.23	CD1						
46	TOTAL		4,358				

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

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0135
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/24/2011
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03

Worksheet S-2 reference data:

Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01): 0.9055
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : 19500

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3.01	RUX			
3.02	RUL			
4	RVC			
5	RVB			
6	RVA			
6.01	RVX			
6.02	RVL			
7	RHC			
8	RHB			
9	RHA			
9.01	RHX			
9.02	RHL			
10	RMC			
11	RMB			
12	RMA			
12.01	RMX			
12.02	RML			
13	RLB			
14	RLA			
14.01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45.01	ES3			
45.02	ES2			
45.03	ES1			
45.04	HE2			
45.05	HE1			
45.06	HD2			
45.07	HD1			
45.08	HC2			
45.09	HC1			
45.10	HB2			
45.11	HB1			
45.12	LE2			
45.13	LE1			
45.14	LD2			
45.15	LD1			
45.16	LC2			
45.17	LC1			

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0135
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/24/2011
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF	TOTAL
		RUGs	DAYS	DAYS	
1	2	4.05	4.06	4.06	5
45 .18	LB2				
45 .19	LB1				
45 .20	CE2				
45 .21	CE1				
45 .22	CD2				
45 .23	CD1				
46	TOTAL				

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

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

(4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01): 0.9055
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : 19500

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET S-9
14-1517		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	6,481	534		
3 INPATIENT RESPIRE CARE	5			
4 GENERAL INPATIENT CARE	318	13		
5 TOTAL HOSPICE DAYS	6,804	547		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	14	7,029
3 INPATIENT RESPIRE CARE		5
4 GENERAL INPATIENT CARE		331
5 TOTAL HOSPICE DAYS	14	7,365

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	270	17		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	25.20	32.18		
9 UNDUPLICATED CENSUS COUNT	265	19		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	29	316
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	.48	23.31
9 UNDUPLICATED CENSUS COUNT	26	310

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
	TO 9/30/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	11,346,112
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	5,068,214
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	16,414,326
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)	.218659
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)	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
	TO 9/30/2010	WORKSHEET S-10

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	96,867,207
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	21,180,887
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	45,506,850
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	9,950,482
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	21,180,887

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT		29,146,266	29,146,266	-28,765,872	380,394
2	0200	OLD CAP REL COSTS-MVBLE EQUIP				25,963	25,963
3	0300	NEW CAP REL COSTS-BLDG & FIXT				8,891,570	8,891,570
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				14,661,498	14,661,498
5	0500	EMPLOYEE BENEFITS	709,627	16,533,390	17,243,017		17,243,017
6	0600	ADMINISTRATIVE & GENERAL	8,812,799	14,706,585	23,519,384	4,940,850	28,460,234
8	0800	OPERATION OF PLANT	1,188,641	7,165,356	8,353,997		8,353,997
9	0900	LAUNDRY & LINEN SERVICE		1,122,004	1,122,004		1,122,004
10	1000	HOUSEKEEPING	1,495,463	946,763	2,442,226		2,442,226
11	1100	DIETARY	2,053,687	1,973,603	4,027,290	-3,225,798	801,492
12	1200	CAFETERIA		16	16	3,225,798	3,225,814
14	1400	NURSING ADMINISTRATION	1,145,428	550,640	1,696,068	242,674	1,938,742
15	1500	CENTRAL SERVICES & SUPPLY	667,507	5,382,043	6,049,550	-4,015,611	2,033,939
16	1600	PHARMACY	1,615,053	10,833,355	12,448,408	-9,989,713	2,458,695
17	1700	MEDICAL RECORDS & LIBRARY	1,964,330	499,445	2,463,775		2,463,775
20	2000	NONPHYSICIAN ANESTHETISTS				4,348,900	4,348,900
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD				722,005	722,005
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD				1,067,289	1,067,289
24	2400	PARAMED PRGM	380,758	50,200	430,958		430,958
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	8,773,305	1,024,669	9,797,974	-53,557	9,744,417
26	2600	INTENSIVE CARE UNIT	2,319,059	290,386	2,609,445		2,609,445
27	2700	CORONARY CARE UNIT	2,134,996	222,864	2,357,860	62,500	2,420,360
33	3300	NURSERY	16,362	246,824	263,186		263,186
34	3400	SKILLED NURSING FACILITY	883,053	99,412	982,465	25,074	1,007,539
36	3600	OTHER LONG TERM CARE	212,069	16,923	228,992		228,992
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	4,226,758	14,247,873	18,474,631	177,000	18,651,631
37.01	3701	ORTHO MEDICAL	120,435	89,035	209,470		209,470
38	3800	RECOVERY ROOM	722,630	66,630	789,260		789,260
39	3900	DELIVERY ROOM & LABOR ROOM	186	45,018	45,204	207,724	252,928
40	4000	ANESTHESIOLOGY	4,583,843	813,021	5,396,864	-4,348,900	1,047,964
41	4100	RADIOLOGY-DIAGNOSTIC	5,653,857	7,602,342	13,256,199		13,256,199
42	4200	RADIOLOGY-THERAPEUTIC	1,125,982	1,434,399	2,560,381		2,560,381
44	4400	LABORATORY	3,128,774	4,254,515	7,383,289		7,383,289
49	4900	RESPIRATORY THERAPY	953,643	270,598	1,224,241		1,224,241
50	5000	PHYSICAL THERAPY	2,348,602	709,546	3,058,148	1,284,163	4,342,311
51	5100	OCCUPATIONAL THERAPY	575,066	111,528	686,594		686,594
52	5200	SPEECH PATHOLOGY	260,979	37,231	298,210		298,210
53	5300	ELECTROCARDIOLOGY	1,548,913	697,946	2,246,859		2,246,859
53.01	5301	CATH LAB	806,092	4,581,868	5,387,960		5,387,960
53.02	5302	NEUROPSYCH REHAB		444	444	-444	
54	5400	ELECTROENCEPHALOGRAPHY	595,973	86,150	682,123	83,643	765,766
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				4,015,611	4,015,611
56	5600	DRUGS CHARGED TO PATIENTS				9,989,713	9,989,713
58	5800	ASC (NON-DISTINCT PART)	2,206,716	414,062	2,620,778		2,620,778
59	3020	RENAL DIALYSIS	333,436	159,590	493,026	50,075	543,101
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	257,103	118,726	375,829		375,829
61	6100	EMERGENCY	2,164,257	1,838,797	4,003,054		4,003,054
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
62.01	6201	OBSERVATION BEDS (DISTINCT PART)	615,196	103,027	718,223		718,223
		OTHER REIMBURS COST CNTRS					
71	7100	HOME HEALTH AGENCY	2,076,825	531,151	2,607,976	-20,011	2,587,965
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE					
90	9000	OTHER CAPITAL RELATED COSTS					
93	9300	HOSPICE	514,076	339,601	853,677	-1,746	851,931
95		SUBTOTALS	69,191,479	129,363,842	198,555,321	3,600,398	202,155,719
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,032	319,412	320,444		320,444
96.01	9601	SIU CLINIC	722,005	1,121,674	1,843,679	-1,789,294	54,385
96.02	9602	WOMEN'S CENTER	66,381	77,392	143,773		143,773
97	9700	RESEARCH	612,437	141,895	754,332		754,332
98	9800	PHYSICIANS' PRIVATE OFFICES					
98.01	9801	NON HOSPITAL PHARMACIES	287,479	3,920,046	4,207,525		4,207,525
98.02	9802	RENTAL PROPERTY		984	984		984
98.03	9803	DECATUR DIGESTIVE CENTER	363,681	39,708	403,389		403,389
98.04	9804	DMH MEDICAL EQUIPMENT	516,044	1,300,539	1,816,583		1,816,583
98.05	9805	PULMONARY EXTENDED CARE	23,516	3,094	26,610		26,610
98.06	9806	SHORE		29,617	29,617		29,617
98.07	9807	PHYSICIAN RECRUITMENT	249,018	336,793	585,811		585,811
98.08	9808	PHYSICIAN PRACTICES	31,310,057	11,300,472	42,610,529	-527,385	42,083,144
98.09	9809	CCOP FISCAL INTERMEDIARY	121,686	1,726,875	1,848,561		1,848,561
98.10	9810	ELDERLY SERVICES	329,235	188,548	517,783		517,783
98.11	9811	OPTION CARE					
98.12	9812	CENTRAL ILLINOIS SURGERY CENTER					
98.13	9813	REAL ESTATE MANAGEMENT	132,878	254,190	387,068		387,068
98.14	9814	CORPORATE HEALTH	1,888,141	2,018,824	3,906,965		3,906,965
98.16	9816	CANCER CARE INSTITUTE	138,676	108,313	246,989		246,989
98.17	9817	INTEGRATED CENTER	627,563	664,018	1,291,581	-1,283,719	7,862
98.18	9818	SIU					
101		TOTAL	106,581,308	152,916,236	259,497,544	-0-	259,497,544

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0135
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/24/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		380,394
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		25,963
3	0300 NEW CAP REL COSTS-BLDG & FIXT		8,891,570
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		14,661,498
5	0500 EMPLOYEE BENEFITS	-6,238,381	11,004,636
6	0600 ADMINISTRATIVE & GENERAL	-1,382,469	27,077,765
8	0800 OPERATION OF PLANT	-4,402	8,349,595
9	0900 LAUNDRY & LINEN SERVICE	-1,721	1,120,283
10	1000 HOUSEKEEPING		2,442,226
11	1100 DIETARY	-66,374	735,118
12	1200 CAFETERIA	-1,846,223	1,379,591
14	1400 NURSING ADMINISTRATION	-891	1,937,851
15	1500 CENTRAL SERVICES & SUPPLY		2,033,939
16	1600 PHARMACY		2,458,695
17	1700 MEDICAL RECORDS & LIBRARY	-82,408	2,381,367
20	2000 NONPHYSICIAN ANESTHETISTS	-4,348,900	
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		722,005
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		1,067,289
24	2400 PARAMED ED PRGM	-4,847	426,111
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-85,065	9,659,352
26	2600 INTENSIVE CARE UNIT		2,609,445
27	2700 CORONARY CARE UNIT	-43,237	2,377,123
33	3300 NURSERY	-176,500	86,686
34	3400 SKILLED NURSING FACILITY	-500	1,007,039
36	3600 OTHER LONG TERM CARE		228,992
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-105,587	18,546,044
37.01	3701 ORTHO MEDICAL		209,470
38	3800 RECOVERY ROOM		789,260
39	3900 DELIVERY ROOM & LABOR ROOM		252,928
40	4000 ANESTHESIOLOGY	-403,351	644,613
41	4100 RADIOLOGY-DIAGNOSTIC	-151,800	13,104,399
42	4200 RADIOLOGY-THERAPEUTIC	-4,296	2,556,085
44	4400 LABORATORY		7,383,289
49	4900 RESPIRATORY THERAPY	-170,870	1,053,371
50	5000 PHYSICAL THERAPY	-3,364	4,338,947
51	5100 OCCUPATIONAL THERAPY		686,594
52	5200 SPEECH PATHOLOGY		298,210
53	5300 ELECTROCARDIOLOGY		2,246,859
53.01	5301 CATH LAB		5,387,960
53.02	5302 NEUROPSYCH REHAB		
54	5400 ELECTROENCEPHALOGRAPHY	-54,231	711,535
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-486,439	3,529,172
56	5600 DRUGS CHARGED TO PATIENTS		9,989,713
58	5800 ASC (NON-DISTINCT PART)		2,620,778
59	3020 RENAL DIALYSIS	-29,570	513,531
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		375,829
61	6100 EMERGENCY	-1,223,000	2,780,054
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
62.01	6201 OBSERVATION BEDS (DISTINCT PART)		718,223
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-29,888	2,558,077
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE	-29,503	822,428
95	SUBTOTALS	-16,973,817	185,181,902
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		320,444
96.01	9601 SIU CLINIC		54,385
96.02	9602 WOMEN'S CENTER		143,773
97	9700 RESEARCH		754,332
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 NON HOSPITAL PHARMACIES		4,207,525
98.02	9802 RENTAL PROPERTY		984
98.03	9803 DECATUR DIGESTIVE CENTER		403,389
98.04	9804 DMH MEDICAL EQUIPMENT		1,816,583
98.05	9805 PULMONARY EXTENDED CARE		26,610
98.06	9806 SHORE		29,617
98.07	9807 PHYSICIAN RECRUITMENT		585,811
98.08	9808 PHYSICIAN PRACTICES		42,083,144
98.09	9809 CCOP FISCAL INTERMEDIARY		1,848,561
98.10	9810 ELDERLY SERVICES		517,783
98.11	9811 OPTION CARE		
98.12	9812 CENTRAL ILLINOIS SURGERY CENTER		
98.13	9813 REAL ESTATE MANAGEMENT		387,068
98.14	9814 CORPORATE HEALTH		3,906,965
98.16	9816 CANCER CARE INSTITUTE		246,989
98.17	9817 INTEGRATED CENTER		7,862
98.18	9818 SIU		
101	TOTAL	-16,973,817	242,523,727

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
20	NONPHYSICIAN ANESTHETISTS	2000	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	ORTHO MEDICAL	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CATH LAB	5301	ELECTROCARDIOLOGY
53.02	NEUROPSYCH REHAB	5302	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DISTINCT PART)	5800	
59	RENAL DIALYSIS	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
62.01	OBSERVATION BEDS (DISTINCT PART)	6201	OBSERVATION BEDS (NON-DISTINCT PART)
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	SIU CLINIC	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	WOMEN'S CENTER	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	NON HOSPITAL PHARMACIES	9801	PHYSICIANS' PRIVATE OFFICES
98.02	RENTAL PROPERTY	9802	PHYSICIANS' PRIVATE OFFICES
98.03	DECATUR DIGESTIVE CENTER	9803	PHYSICIANS' PRIVATE OFFICES
98.04	DMH MEDICAL EQUIPMENT	9804	PHYSICIANS' PRIVATE OFFICES
98.05	PULMONARY EXTENDED CARE	9805	PHYSICIANS' PRIVATE OFFICES
98.06	SHORE	9806	PHYSICIANS' PRIVATE OFFICES
98.07	PHYSICIAN RECRUITMENT	9807	PHYSICIANS' PRIVATE OFFICES
98.08	PHYSICIAN PRACTICES	9808	PHYSICIANS' PRIVATE OFFICES
98.09	CCOP FISCAL INTERMEDIARY	9809	PHYSICIANS' PRIVATE OFFICES
98.10	ELDERLY SERVICES	9810	PHYSICIANS' PRIVATE OFFICES
98.11	OPTI ON CARE	9811	PHYSICIANS' PRIVATE OFFICES
98.12	CENTRAL ILLINOIS SURGERY CENTER	9812	PHYSICIANS' PRIVATE OFFICES
98.13	REAL ESTATE MANAGEMENT	9813	PHYSICIANS' PRIVATE OFFICES
98.14	CORPORATE HEALTH	9814	PHYSICIANS' PRIVATE OFFICES
98.16	CANCER CARE INSTITUTE	9816	PHYSICIANS' PRIVATE OFFICES
98.17	INTEGRATED CENTER	9817	PHYSICIANS' PRIVATE OFFICES
98.18	SIU	9818	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140135

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/24/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	INCREASE			
		COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 OLD AND NEW CAPITAL	A	OLD CAP REL COSTS-MVBLE EQUIP	2		10,184
2		NEW CAP REL COSTS-BLDG & FIXT	3		5,555,797
3		NEW CAP REL COSTS-MVBLE EQUIP	4		14,661,498
4 INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3		3,335,773
5 BED TAX	C	ADMINISTRATIVE & GENERAL	6		5,183,524
6		SKILLED NURSING FACILITY	34		25,074
7 ANESTHESIA - RN SALARY	D	NONPHYSICIAN ANESTHETISTS	20	4,348,900	
8 MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,015,611
9 DRUGS CHARGED TO PATIENTS	F	DRUGS CHARGED TO PATIENTS	56		9,989,713
10 MEDICAL EDUCATION	G	I&R SERVICES-SALARY & FRINGES APPRVD	22	722,005	
11		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		1,067,289
12 HHA RECLASS	H	OLD CAP REL COSTS-BLDG & FIXT	1		5,886
13		OLD CAP REL COSTS-MVBLE EQUIP	2		14,125
14 HOSPICE DEPRECIATION	I	OLD CAP REL COSTS-BLDG & FIXT	1		92
15		OLD CAP REL COSTS-MVBLE EQUIP	2		1,654
16 CAFETERIA RECLASS	J	CAFETERIA	12	1,644,972	1,580,826
17 CHIEF NURSING SALARY	K	NURSING ADMINISTRATION	14	242,674	
18 INTEGRATED CENTER	L	PHYSICAL THERAPY	50	627,562	656,601
19 PHYSICIANS	M	ADULTS & PEDIATRICS	25	154,167	
20		CORONARY CARE UNIT	27	62,500	
21		OPERATING ROOM	37	177,000	
22		ELECTROENCEPHALOGRAPHY	54	83,643	
23		RENAL DIALYSIS	59	50,075	
24 NEUROPSYCH REHAB	N	INTEGRATED CENTER	98.17		444
25 LABOR AND DELIVERY ROOM	O	DELIVERY ROOM & LABOR ROOM	39	177,421	30,303
36 TOTAL RECLASSIFICATIONS				8,290,919	46,134,394

(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:
140135

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/24/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8		OTHER 9
1 OLD AND NEW CAPITAL	A	OLD CAP REL COSTS-BLDG & FIXT	1		20,227,479	9
2						9
3						9
4 INTEREST EXPENSE	B	OLD CAP REL COSTS-BLDG & FIXT	1		3,335,773	11
5 BED TAX	C	OLD CAP REL COSTS-BLDG & FIXT	1		5,208,598	13
6						13
7 ANESTHESIA - RN SALARY	D	ANESTHESIOLOGY	40	4,348,900		
8 MEDICAL SUPPLIES	E	CENTRAL SERVICES & SUPPLY	15		4,015,611	
9 DRUGS CHARGED TO PATIENTS	F	PHARMACY	16		9,989,713	
10 MEDICAL EDUCATION	G	SIU CLINIC	96.01	722,005	1,067,289	
11						
12 HHA RECLASS	H	HOME HEALTH AGENCY	71		20,011	9
13						9
14 HOSPICE DEPRECIATION	I	HOSPICE	93		1,746	9
15						9
16 CAFETERIA RECLASS	J	DIETARY	11	1,644,972	1,580,826	
17 CHIEF NURSING SALARY	K	ADMINISTRATIVE & GENERAL	6	242,674		
18 INTEGRATED CENTER	L	INTEGRATED CENTER	98.17	627,562	656,601	
19 PHYSICIANS	M	PHYSICIAN PRACTICES	98.08	527,385		
20						
21						
22						
23						
24 NEUROPSYCH REHAB	N	NEUROPSYCH REHAB	53.02		444	
25 LABOR AND DELIVERY ROOM	O	ADULTS & PEDIATRICS	25	177,421	30,303	
36 TOTAL RECLASSIFICATIONS				8,290,919	46,134,394	

(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:
140135

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/24/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : OLD AND NEW CAPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	10,184	OLD CAP REL COSTS-BLDG & FIXT	1	20,227,479	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,555,797			0	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	14,661,498			0	
TOTAL RECLASSIFICATIONS FOR CODE A			20,227,479				20,227,479

RECLASS CODE: B
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,335,773	OLD CAP REL COSTS-BLDG & FIXT	1	3,335,773	
TOTAL RECLASSIFICATIONS FOR CODE B			3,335,773				3,335,773

RECLASS CODE: C
EXPLANATION : BED TAX

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	5,183,524	OLD CAP REL COSTS-BLDG & FIXT	1	5,208,598	
2.00	SKILLED NURSING FACILITY	34	25,074			0	
TOTAL RECLASSIFICATIONS FOR CODE C			5,208,598				5,208,598

RECLASS CODE: D
EXPLANATION : ANESTHESIA - RN SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	4,348,900	ANESTHESIOLOGY	40	4,348,900	
TOTAL RECLASSIFICATIONS FOR CODE D			4,348,900				4,348,900

RECLASS CODE: E
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,015,611	CENTRAL SERVICES & SUPPLY	15	4,015,611	
TOTAL RECLASSIFICATIONS FOR CODE E			4,015,611				4,015,611

RECLASS CODE: F
EXPLANATION : DRUGS CHARGED TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	9,989,713	PHARMACY	16	9,989,713	
TOTAL RECLASSIFICATIONS FOR CODE F			9,989,713				9,989,713

RECLASS CODE: G
EXPLANATION : MEDICAL EDUCATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	722,005	SIU CLINIC	96.01	1,789,294	
2.00	I&R SERVICES-OTHER PRGM COSTS	23	1,067,289			0	
TOTAL RECLASSIFICATIONS FOR CODE G			1,789,294				1,789,294

RECLASS CODE: H
EXPLANATION : HHA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	5,886	HOME HEALTH AGENCY	71	20,011	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	14,125			0	
TOTAL RECLASSIFICATIONS FOR CODE H			20,011				20,011

RECLASS CODE: I
EXPLANATION : HOSPICE DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	92	HOSPICE	93	1,746	

RECLASSIFICATIONS

PROVIDER NO:
140135

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/24/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : HOSPICE DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	1,654			0	
TOTAL RECLASSIFICATIONS FOR CODE I			1,746			1,746	

RECLASS CODE: J
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	3,225,798	DIETARY	11	3,225,798	
TOTAL RECLASSIFICATIONS FOR CODE J			3,225,798			3,225,798	

RECLASS CODE: K
EXPLANATION : CHIEF NURSING SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	242,674	ADMINISTRATIVE & GENERAL	6	242,674	
TOTAL RECLASSIFICATIONS FOR CODE K			242,674			242,674	

RECLASS CODE: L
EXPLANATION : INTEGRATED CENTER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	1,284,163	INTEGRATED CENTER	98.17	1,284,163	
TOTAL RECLASSIFICATIONS FOR CODE L			1,284,163			1,284,163	

RECLASS CODE: M
EXPLANATION : PHYSICIANS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	154,167	PHYSICIAN PRACTICES	98.08	527,385	
2.00	CORONARY CARE UNIT	27	62,500			0	
3.00	OPERATING ROOM	37	177,000			0	
4.00	ELECTROENCEPHALOGRAPHY	54	83,643			0	
5.00	RENAL DIALYSIS	59	50,075			0	
TOTAL RECLASSIFICATIONS FOR CODE M			527,385			527,385	

RECLASS CODE: N
EXPLANATION : NEUROPSYCH REHAB

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTEGRATED CENTER	98.17	444	NEUROPSYCH REHAB	53.02	444	
TOTAL RECLASSIFICATIONS FOR CODE N			444			444	

RECLASS CODE: O
EXPLANATION : LABOR AND DELIVERY ROOM

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	207,724	ADULTS & PEDIATRICS	25	207,724	
TOTAL RECLASSIFICATIONS FOR CODE O			207,724			207,724	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	1,887,159					1,887,159	
2	LAND IMPROVEMENTS	8,251,023					8,251,023	
3	BUILDINGS & FIXTURE	126,508,740					126,508,740	
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	137,493,941					137,493,941	
7	SUBTOTAL	274,140,863					274,140,863	
8	RECONCILING ITEMS							
9	TOTAL	274,140,863					274,140,863	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*	1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL			1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*	9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL 380,394						380,394
2	OLD CAP REL COSTS-MV 25,963						25,963
3	NEW CAP REL COSTS-BL 5,555,797		3,335,773				8,891,570
4	NEW CAP REL COSTS-MV 14,661,498						14,661,498
5	TOTAL 20,623,652		3,335,773				23,959,425

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

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*	9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL 20,601,895		3,335,773				29,146,266
2	OLD CAP REL COSTS-MV						
3	NEW CAP REL COSTS-BL						
4	NEW CAP REL COSTS-MV						
5	TOTAL 20,601,895		3,335,773		5,208,598		29,146,266

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		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	B	-43	ADMINISTRATIVE & GENERAL		6	
7 REFUNDS AND REBATES OF EXPENSES	B	-486,439	MEDICAL SUPPLIES CHARGED		55	
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	-1,782,446				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE	B	-1,721	LAUNDRY & LINEN SERVICE		9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,801,218	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-82,408	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES	B	-45,005	CAFETERIA		12	
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			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		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	A	-4,348,900	NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 EMPLOYEE BENEFITS-OTHER REVENUE	B	-7,200	EMPLOYEE BENEFITS		5	
38 A&G - OTHER REVENUE	B	-262,021	ADMINISTRATIVE & GENERAL		6	
39 MISC TELEPHONE REVENUE	B	-165,089	ADMINISTRATIVE & GENERAL		6	
40 MISC ACCOUNTING REVENUE	B	-14,500	ADMINISTRATIVE & GENERAL		6	
41 OPERATION OF PLANT - OTHER REV	B	-4,402	OPERATION OF PLANT		8	
42 DIET-OTHER REVENUE	B	-66,374	DIETARY		11	
43 NURSING ADMIN - OTHER REV	B	-891	NURSING ADMINISTRATION		14	
44 A&P - OTHER REV	B	-4,900	ADULTS & PEDIATRICS		25	
45 SNF - OTHER REV	B	-500	SKILLED NURSING FACILITY		34	
46 ANES-OTHER REVENUE	B	-159,564	ANESTHESIOLOGY		40	
47 RADIOLOGY DIAGNOSTIC - OTHER REV	B	-141,670	RADIOLOGY-DIAGNOSTIC		41	
48 RESPIRATORY - OTHER REV	B	-112,140	RESPIRATORY THERAPY		49	
49 PHYSICAL THERAPY - OTHER REV	B	-3,364	PHYSICAL THERAPY		50	
49.01 EMER-OTHER REVENUE	B	-3,000	EMERGENCY		61	
49.02 HHH - OTHER REV	B	-29,888	HOME HEALTH AGENCY		71	
49.03 HOSPICE - OTHER REV	B	-29,503	HOSPICE		93	
49.04 SELF INSURANCE	A	-6,012,283	EMPLOYEE BENEFITS		5	
49.05 NON-ALLOWABLE DUES	A	-22,092	ADMINISTRATIVE & GENERAL		6	
49.06 ADVERTISING	A	-649,730	ADMINISTRATIVE & GENERAL		6	
49.07 LOBBYING DUES	A	-25,620	ADMINISTRATIVE & GENERAL		6	
49.08 ANESTHESIA GRANT	B	-4,847	PARAMED ED PRGM		24	
49.09 NON-ALLOWABLE MARKETING	A	-243,374	ADMINISTRATIVE & GENERAL		6	
49.10 CRNA BENEFITS	A	-218,898	EMPLOYEE BENEFITS		5	
49.11 CRNA ACCRUALS	A	6,551	ANESTHESIOLOGY		40	
49.12 CRNA FICA	A	-250,338	ANESTHESIOLOGY		40	
50 TOTAL (SUM OF LINES 1 THRU 49)		-16,973,817				

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED: 2/24/2011
 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	ADULTS & PEDIATRICS	100,000		100,000	136,700	520	34,175	1,709
2 25	ADULTS & PEDIATRICS	5,000		5,000	136,700	69	4,535	227
3 25	ADULTS & PEDIATRICS	11,667		11,667	136,700	121	7,952	398
4 25	ADULTS & PEDIATRICS	37,500		37,500	136,700	416	27,340	1,367
5 27	CORONARY CARE UNIT	62,500		62,500	154,100	260	19,263	963
6 33	NURSERY	176,500	176,500					
7 37	OPERATING ROOM	5,125	5,125					
8 37	OPERATING ROOM	177,000		177,000	204,100	780	76,538	3,827
9 41	RADIOLOGY-DIAGNOSTIC	10,130	10,130					
10 42	RADIOLOGY-THERAPEUTIC	8,740	2,740	6,000	231,100	40	4,444	222
11 49	RESPIRATORY THERAPY	120,000		120,000	154,100	827	61,270	3,064
12 54	ELECTROENCEPHALOGRAPHY	83,643		83,643	154,100	397	29,412	1,471
13 59	RENAL DIALYSIS	50,075		50,075	136,700	312	20,505	1,025
14 61	EMERGENCY	1,220,000	1,220,000					
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,067,880	1,414,495	653,385		3,742	285,434	14,273

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0135

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/24/2011
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	ADULTS & PEDIATRICS					34,175	65,825	65,825
2 25	ADULTS & PEDIATRICS					4,535	465	465
3 25	ADULTS & PEDIATRICS					7,952	3,715	3,715
4 25	ADULTS & PEDIATRICS					27,340	10,160	10,160
5 27	CORONARY CARE UNIT					19,263	43,237	43,237
6 33	NURSERY							176,500
7 37	OPERATING ROOM							5,125
8 37	OPERATING ROOM					76,538	100,462	100,462
9 41	RADIOLOGY-DIAGNOSTIC							10,130
10 42	RADIOLOGY-THERAPEUTIC					4,444	1,556	4,296
11 49	RESPIRATORY THERAPY					61,270	58,730	58,730
12 54	ELECTROENCEPHALOGRAPHY					29,412	54,231	54,231
13 59	RENAL DIALYSIS					20,505	29,570	29,570
14 61	EMERGENCY							1,220,000
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					285,434	367,951	1,782,446

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/24/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	6	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	8	SQUARE	FEET	ENTERED
11	DIETARY	9	MEALS	SERVED	ENTERED
12	CAFETERIA	10	FTE		ENTERED
14	NURSING ADMINISTRATION	11	DIRECT	NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED	REQUIS.	ENTERED
16	PHARMACY	13	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	GROSS	CHARGES	ENTERED
20	NONPHYSICIAN ANESTHETISTS	15	ASSIGNED	TIME	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	15	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	15	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	16	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL 5a.00
	0	1	2	3	4	5	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	380,394	380,394					
003 OLD CAP REL COSTS-MVBLE E	25,963		25,963				
004 NEW CAP REL COSTS-BLDG &	8,891,570			8,891,570			
005 NEW CAP REL COSTS-MVBLE E	14,661,498				14,661,498		
006 EMPLOYEE BENEFITS	11,004,636	3,151		73,652		1,374	11,082,813
008 ADMINISTRATIVE & GENERAL	27,077,765	24,958		583,387		5,534,257	1,395,576
009 OPERATION OF PLANT	8,349,595	21,319		498,324	343	176,873	188,233
010 LAUNDRY & LINEN SERVICE	1,120,283	4,654	20,460	108,783		1,154	1,255,334
011 HOUSEKEEPING	2,442,226	42,819		1,000,885		11,036	236,822
012 DIETARY	735,118	4,378	101	102,334			64,724
014 CAFETERIA	1,379,591	17,280		403,908		45,315	260,498
015 NURSING ADMINISTRATION	1,937,851	4,068		95,090		135,871	181,390
016 CENTRAL SERVICES & SUPPLY	2,033,939	11,476		268,258		7,820	105,706
017 PHARMACY	2,458,695	1,731	2,782	40,457		68,256	255,760
020 MEDICAL RECORDS & LIBRARY	2,381,367	2,744		64,143		11,936	311,071
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	722,005						114,337
024 I&R SERVICES-OTHER PRGM C	1,067,289						836,342
025 PARAMED ED PRGM	426,111					1,019	60,297
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	9,659,352	49,668		1,160,981		155,772	1,389,341
028 INTENSIVE CARE UNIT	2,609,445	7,886		184,337		36,115	367,246
029 CORONARY CARE UNIT	2,377,123	7,684		179,599		23,989	338,098
033 NURSERY	86,686	930		21,732		10,845	2,591
034 SKILLED NURSING FACILITY	1,007,039	13,184		308,179		27,760	139,840
036 OTHER LONG TERM CARE	228,992	5,998	443	140,197		2,785	33,583
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	18,546,044	29,671		693,553		1,506,105	669,349
038 01 ORTHO MEDICAL	209,470	859		20,090		22,296	19,072
039 01 RECOVERY ROOM	789,260	1,442		33,714		9,252	114,436
040 01 DELIVERY ROOM & LABOR ROO	252,928	1,834		42,860		9,477	29
041 01 ANESTHESIOLOGY	644,613	1,503		35,131		142,794	37,206
042 01 RADIOLOGY-DIAGNOSTIC	13,104,399	19,769	1,592	462,104		3,532,216	895,345
044 01 RADIOLOGY-THERAPEUTIC	2,556,085	5,445		127,265		1,524,752	178,311
049 01 LABORATORY	7,383,289	7,691		179,772		345,216	495,473
050 01 RESPIRATORY THERAPY	1,053,371					30,466	151,019
051 01 PHYSICAL THERAPY	4,338,947	6,715		156,968		69,048	471,305
052 01 OCCUPATIONAL THERAPY	686,594	417		9,751		13,033	91,067
053 01 SPEECH PATHOLOGY	298,210	494		11,549		390	41,329
054 01 ELECTROCARDIOLOGY	2,246,859	7,998		186,947		320,041	245,286
055 01 CATH LAB	5,387,960	8,458		197,701		352,351	127,653
056 02 NEUROPSYCH REHAB						684	684
057 02 ELECTROENCEPHALOGRAPHY	711,535	1,296		30,291		77,555	94,378
058 02 MEDICAL SUPPLIES CHARGED	3,529,172						3,529,172
059 02 DRUGS CHARGED TO PATIENTS	9,989,713						9,989,713
060 02 ASC (NON-DISTINCT PART)	2,620,778	1,932		45,159		149,429	313,399
061 02 RENAL DIALYSIS	513,531					13,581	52,803
062 02 OUTPAT SERVICE COST CNTRS							
063 02 CLINIC	375,829					21,716	40,715
064 02 EMERGENCY	2,780,054	22,190		518,674		49,197	342,732
065 02 OBSERVATION BEDS (NON-DIS							
066 02 OBSERVATION BEDS (DISTINC	718,223	1,548		36,186			97,422
067 02 OTHER REIMBURS COST CNTRS							
068 02 HOME HEALTH AGENCY	2,558,077	3,028		70,782		14,566	328,886
069 02 SPEC PURPOSE COST CENTERS							
070 02 HOSPICE	822,428					1,706	81,409
071 02 SUBTOTALS	185,181,902	346,218	25,721	8,092,743	14,458,048	10,333,737	183,396,131
072 02 NONREIMBURS COST CENTERS							
073 02 GIFT, FLOWER, COFFEE SHOP	320,444	2,580		60,304		8,170	163
074 02 SIU CLINIC	54,385					4,013	58,398
075 02 WOMEN'S CENTER	143,773					256	10,512
076 02 RESEARCH	754,332	1,635		38,209		5,881	96,986
077 02 PHYSICIANS' PRIVATE OFFIC							
078 02 NON HOSPITAL PHARMACIES	4,207,525						45,525
079 02 RENTAL PROPERTY	984	4,786		111,861			117,631
080 02 DECATUR DIGESTIVE CENTER	403,389						57,593
081 02 DMH MEDICAL EQUIPMENT	1,816,583		242			96,766	81,721
082 02 PULMONARY EXTENDED CARE	26,610	582		13,607			3,724
083 02 SHORE	29,617					513	30,130
084 02 PHYSICIAN RECRUITMENT	585,811					342	39,434
085 02 PHYSICIAN PRACTICES	42,083,144	24,238		566,547			42,673,929
086 02 CCOP FISCAL INTERMEDIARY	1,848,561					35	19,270
087 02 ELDERLY SERVICES	517,783					17,981	52,138
088 02 OPTION CARE							
089 02 CENTRAL ILLINOIS SURGERY							
090 02 REAL ESTATE MANAGEMENT	387,068					579	21,043
091 02 CORPORATE HEALTH	3,906,965					65,375	299,006
092 02 CANCER CARE INSTITUTE	246,989	355		8,299		3,445	21,961
093 02 INTEGRATED CENTER	7,862					94	7,956
094 02 SIU							
095 101 CROSS FOOT ADJUSTMENT							
096 102 NEGATIVE COST CENTER							
097 103 TOTAL	242,523,727	380,394	25,963	8,891,570	14,661,498	11,082,813	242,523,727

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	34,615,943						
009 OPERATION OF PLANT	1,537,548	10,772,235					
010 LAUNDRY & LINEN SERVICE	209,009	163,444	1,627,787				
011 HOUSEKEEPING	621,665	1,503,804	67	5,859,324			
012 DIETARY	150,955	153,755	6,967	98,946	1,317,278		
014 CAFETERIA	350,741	606,862		390,534		3,454,729	
015 NURSING ADMINISTRATION	391,979	142,871		91,941		48,121	3,029,182
016 CENTRAL SERVICES & SUPPLY	404,121	403,051		259,375		45,333	
017 PHARMACY	470,800	60,785		39,117		56,742	
020 MEDICAL RECORDS & LIBRARY	461,407	96,373		62,019		126,264	
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	139,248						
024 I&R SERVICES-OTHER PRGM C	177,700						
025 PARAMED PRGM	81,155					6,320	
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	2,067,079	1,744,344	502,333	1,122,536	742,123	452,100	1,711,641
028 INTENSIVE CARE UNIT	533,628	276,961	107,431	178,233	159,631	109,487	432,342
029 CORONARY CARE UNIT	487,252	269,844	94,730	173,652	112,837	101,773	401,821
033 NURSERY	20,443	32,652	15,868	21,013		790	3,111
034 SKILLED NURSING FACILITY	249,080	463,031	67,717	297,974	207,110	50,910	200,990
036 OTHER LONG TERM CARE	68,596	210,643		135,555		13,709	54,151
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	3,570,482	1,042,046	221,512	670,587	1,880	206,776	
038 01 ORTHO MEDICAL	45,252	30,185	10,355	19,425		6,111	
039 RECOVERY ROOM	157,856	50,654	22,910	32,597		30,532	
040 DELIVERY ROOM & LABOR ROO	51,136	64,396		41,440			
041 ANESTHESIOLOGY	143,395	52,784		33,968		60,065	
042 RADIOLOGY-DIAGNOSTIC	2,999,514	694,299	104,787	446,802	7,144	270,651	
044 RADIOLOGY-THERAPEUTIC	731,231	191,213	21,287	123,051		39,896	
049 LABORATORY	1,400,480	270,103		173,819		174,060	
050 RESPIRATORY THERAPY	205,600		463			47,448	
051 PHYSICAL THERAPY	839,642	235,840	62,744	151,770		141,460	
052 OCCUPATIONAL THERAPY	133,341	14,651		9,428		21,981	
053 SPEECH PATHOLOGY	58,602	17,352		11,167		8,411	
053 01 ELECTROCARDIOLOGY	500,678	280,884	51,663	180,757		68,755	
053 02 CATH LAB	1,011,323	297,041		191,154	6,510	34,203	
054 02 NEUROPSYCH REHAB	114						
055 ELECTROENCEPHALOGRAPHY	152,354	45,511	16,827	29,288	147	26,001	
056 MEDICAL SUPPLIES CHARGED	587,597						
058 DRUGS CHARGED TO PATIENTS	1,663,257						
059 ASC (NON-DISTINCT PART)	521,252	67,851	87,259	43,664	50,782	88,993	170,742
060 RENAL DIALYSIS	96,554					13,779	54,384
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	72,969					10,642	
062 01 EMERGENCY	618,178	779,294	160,189	501,498	29,114	122,616	
062 02 OBSERVATION BEDS (NON-DIS	142,085	54,369	32,593	34,988		33,831	
071 OBSERVATION BEDS (DISTINC							
071 OTHER REIMBURS COST CNTRS							
093 HOME HEALTH AGENCY	495,385	106,348		68,438		87,344	
095 SPEC PURPOSE COST CENTERS							
096 HOSPICE	150,770		1,672			22,701	
096 01 SUBTOTALS	24,771,453	10,423,241	1,589,374	5,634,736	1,317,278	2,527,805	3,029,182
096 02 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	65,210	90,606	856	58,308			
096 02 SIU CLINIC	9,723		59			33,622	
097 02 WOMEN'S CENTER	25,731					3,021	
098 RESEARCH	149,355	57,408		36,944		30,811	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON HOSPITAL PHARMACIES	708,120					14,732	
098 02 RENTAL PROPERTY	19,585	168,068		108,156			
098 03 DECATUR DIGESTIVE CENTER	76,752		1,707			19,402	
098 04 DMH MEDICAL EQUIPMENT	332,213					33,901	
098 05 PULMONARY EXTENDED CARE	7,413	20,443		13,156		836	
098 06 SHORE	5,017						
098 07 PHYSICIAN RECRUITMENT	104,158					10,503	
098 08 PHYSICIAN PRACTICES	7,105,004		25,389			653,599	
098 09 CCOP FISCAL INTERMEDIARY	310,994					6,948	
098 10 ELDERLY SERVICES	97,884		489			17,752	
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY							
098 13 REAL ESTATE MANAGEMENT	68,046					6,669	
098 14 CORPORATE HEALTH	711,166		9,872			86,902	
098 16 CANCER CARE INSTITUTE	46,794	12,469		8,024		8,040	
098 17 INTEGRATED CENTER	1,325		41			186	
098 18 SIU							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	34,615,943	10,772,235	1,627,787	5,859,324	1,317,278	3,454,729	3,029,182

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	15	16	17	20	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	3,539,079						
016 PHARMACY	8,571	3,463,696					
017 MEDICAL RECORDS & LIBRARY	2		3,517,326				
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					975,590		
023 I&R SERVICES-OTHER PRGM C						1,244,989	
024 PARAMED ED PRGM							574,902
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	24,638	351	106,377		975,590	1,244,989	
027 INTENSIVE CARE UNIT	9,268		40,010				
027 CORONARY CARE UNIT	4,023		22,631				
033 NURSERY	8,939		3,546				
034 SKILLED NURSING FACILITY	908	31	4,166				
036 OTHER LONG TERM CARE			2,525				
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	1,869,507	3,565	637,802				
038 01 ORTHO MEDICAL	11,107		6,319				
039 RECOVERY ROOM	983		26,776				
040 DELIVERY ROOM & LABOR ROO	6,207		29,552				
041 ANESTHESIOLOGY	17,026		19,524				574,902
042 RADIOLOGY-DIAGNOSTIC	104,575	110,727	831,877				
044 RADIOLOGY-THERAPEUTIC	10,621	352	97,528				
049 LABORATORY	50,214		541,645				
050 RESPIRATORY THERAPY	6,912	1,944	46,342				
051 PHYSICAL THERAPY	3,676		105,787				
052 OCCUPATIONAL THERAPY	1,769		52,087				
053 SPEECH PATHOLOGY	979		8,915				
053 01 ELECTROCARDIOLOGY	5,070	144,950	148,560				
053 02 CATH LAB	605,341	48,814	244,638				
054 NEUROPSYCH REHAB							
055 ELECTROENCEPHALOGRAPHY	1,802		36,164				
056 MEDICAL SUPPLIES CHARGED	603,856		57,519				
058 DRUGS CHARGED TO PATIENTS		3,134,784	153,106				
059 ASC (NON-DISTINCT PART)	32,145	3,420	34,970				
060 RENAL DIALYSIS	18,362		7,470				
061 OUTPAT SERVICE COST CNTRS							
061 CLINIC	15,110		6,935				
062 EMERGENCY	18,657		234,098				
062 01 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	7,088	37	10,457				
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	7,510	33					
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	4,677	14,688					
095 SUBTOTALS	3,459,543	3,463,696	3,517,326		975,590	1,244,989	574,902
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 02 SIU CLINIC							
096 02 WOMEN'S CENTER							
097 RESEARCH	4,758						
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON HOSPITAL PHARMACIES	78						
098 02 RENTAL PROPERTY							
098 03 DECATUR DIGESTIVE CENTER							
098 04 DMH MEDICAL EQUIPMENT	672						
098 05 PULMONARY EXTENDED CARE							
098 06 SHORE							
098 07 PHYSICIAN RECRUITMENT							
098 08 PHYSICIAN PRACTICES	65,357						
098 09 CCOP FISCAL INTERMEDIARY							
098 10 ELDERLY SERVICES	1,611						
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY							
098 13 REAL ESTATE MANAGEMENT							
098 14 CORPORATE HEALTH	7,060						
098 16 CANCER CARE INSTITUTE							
098 17 INTEGRATED CENTER							
098 18 SIU							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,539,079	3,463,696	3,517,326		975,590	1,244,989	574,902

COST ALLOCATION - GENERAL SERVICE COSTS

14-0135

FROM 10/ 1/2009

WORKSHEET B

TO 9/30/2010

PART I

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATION			
016 CENTRAL SERVICES & SUPPLY			
017 PHARMACY			
020 MEDICAL RECORDS & LIBRARY			
022 NONPHYSICIAN ANESTHETISTS			
023 I & R SERVICES-SALARY & FRI			
024 I & R SERVICES-OTHER PRGM C			
025 PARAMED ED PRGM			
025 INPAT ROUTINE SRVC CNTRS			
026 ADULTS & PEDIATRICS	23,109,215	-2,220,579	20,888,636
027 INTENSIVE CARE UNIT	5,052,020		5,052,020
033 CORONARY CARE UNIT	4,595,056		4,595,056
034 NURSERY	229,146		229,146
036 SKILLED NURSING FACILITY	3,037,919		3,037,919
036 OTHER LONG TERM CARE	897,177		897,177
037 ANCILLARY SRVC COST CNTRS			
037 01 OPERATING ROOM	29,668,879		29,668,879
038 01 ORTHO MEDICAL	400,541		400,541
039 01 RECOVERY ROOM	1,270,412		1,270,412
040 01 DELIVERY ROOM & LABOR ROO	499,859		499,859
041 01 ANESTHESIOLOGY	1,762,911		1,762,911
042 01 RADIOLOGY-DIAGNOSTIC	23,585,801		23,585,801
044 01 RADIOLOGY-THERAPEUTIC	5,607,037		5,607,037
049 01 LABORATORY	11,021,762		11,021,762
050 01 RESPIRATORY THERAPY	1,543,565		1,543,565
051 01 PHYSICAL THERAPY	6,583,902		6,583,902
052 01 OCCUPATIONAL THERAPY	1,034,119		1,034,119
053 01 SPEECH PATHOLOGY	457,398		457,398
053 01 ELECTROCARDIOLOGY	4,388,448		4,388,448
053 02 CATH LAB	8,513,147		8,513,147
054 02 NEUROPSYCH REHAB	798		798
055 02 ELECTROENCEPHALOGRAPHY	1,223,149		1,223,149
056 02 MEDICAL SUPPLIES CHARGED	4,778,144		4,778,144
058 02 DRUGS CHARGED TO PATIENTS	14,940,860		14,940,860
059 02 ASC (NON-DISTINCT PART)	4,231,775		4,231,775
060 02 RENAL DIALYSIS	770,464		770,464
060 02 OUTPAT SERVICE COST CNTRS			
061 02 CLINIC	543,916		543,916
062 02 EMERGENCY	6,176,491		6,176,491
062 01 OBSERVATION BEDS (NON-DIS			
062 01 OBSERVATION BEDS (DISTINC	1,168,827		1,168,827
071 01 OTHER REIMBURS COST CNTRS			
071 01 HOME HEALTH AGENCY	3,740,397		3,740,397
093 01 SPEC PURPOSE COST CENTERS			
093 01 HOSPICE	1,100,051		1,100,051
095 01 SUBTOTALS	171,933,186	-2,220,579	169,712,607
096 01 NONREIMBURS COST CENTERS			
096 01 GIFT, FLOWER, COFFEE SHOP	606,641		606,641
096 02 SIU CLINIC	101,802		101,802
096 02 WOMEN'S CENTER	183,293		183,293
097 02 RESEARCH	1,176,319		1,176,319
098 02 PHYSICIANS' PRIVATE OFFIC			
098 01 NON HOSPITAL PHARMACIES	4,975,980		4,975,980
098 02 RENTAL PROPERTY	413,440		413,440
098 03 DECATUR DIGESTIVE CENTER	558,843		558,843
098 04 DMH MEDICAL EQUIPMENT	2,362,098		2,362,098
098 05 PULMONARY EXTENDED CARE	86,371		86,371
098 06 SHORE	35,147		35,147
098 07 PHYSICIAN RECRUITMENT	740,248		740,248
098 08 PHYSICIAN PRACTICES	50,523,278		50,523,278
098 09 CCOP FISCAL INTERMEDIARY	2,185,808		2,185,808
098 10 ELDERLY SERVICES	705,638		705,638
098 11 OPTION CARE			
098 12 CENTRAL ILLINOIS SURGERY			
098 13 REAL ESTATE MANAGEMENT	483,405		483,405
098 14 CORPORATE HEALTH	5,086,346		5,086,346
098 16 CANCER CARE INSTITUTE	356,376		356,376
098 17 INTEGRATED CENTER	9,508		9,508
098 18 SIU			
101 01 CROSS FOOT ADJUSTMENT			
102 01 NEGATIVE COST CENTER			
103 01 TOTAL	242,523,727	-2,220,579	240,303,148

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/24/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		3,151				3,151	3,151
008 ADMINISTRATIVE & GENERAL		24,958				24,958	399
009 OPERATION OF PLANT		21,319		343		21,662	53
010 LAUNDRY & LINEN SERVICE		4,654		20,460		25,114	
011 HOUSEKEEPING		42,819				42,819	67
012 DIETARY		4,378		101		4,479	18
014 CAFETERIA		17,280				17,280	74
015 NURSING ADMINISTRATION		4,068				4,068	52
016 CENTRAL SERVICES & SUPPLY		11,476				11,476	30
017 PHARMACY		1,731		2,782		4,513	73
020 MEDICAL RECORDS & LIBRARY		2,744				2,744	88
022 NONPHYSICIAN ANESTHETISTS							32
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							17
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		49,668				49,668	395
033 INTENSIVE CARE UNIT		7,886				7,886	104
034 CORONARY CARE UNIT		7,684				7,684	96
036 NURSERY		930				930	1
037 SKILLED NURSING FACILITY		13,184				13,184	40
038 OTHER LONG TERM CARE		5,998		443		6,441	10
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		29,671				29,671	190
041 ORTHO MEDICAL		859				859	5
042 RECOVERY ROOM		1,442				1,442	33
043 DELIVERY ROOM & LABOR ROO		1,834				1,834	
044 ANESTHESIOLOGY		1,503				1,503	11
045 RADIOLOGY-DIAGNOSTIC		19,769		1,592		21,361	254
046 RADIOLOGY-THERAPEUTIC		5,445				5,445	51
049 LABORATORY		7,691				7,691	141
050 RESPIRATORY THERAPY							43
051 PHYSICAL THERAPY		6,715				6,715	134
052 OCCUPATIONAL THERAPY		417				417	26
053 SPEECH PATHOLOGY		494				494	12
054 ELECTROCARDIOLOGY		7,998				7,998	70
055 CATH LAB		8,458				8,458	36
056 NEUROPSYCH REHAB							
057 ELECTROENCEPHALOGRAPHY		1,296				1,296	27
058 MEDICAL SUPPLIES CHARGED							
059 DRUGS CHARGED TO PATIENTS							
060 ASC (NON-DISTINCT PART)		1,932				1,932	89
061 RENAL DIALYSIS							15
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC							12
064 EMERGENCY		22,190				22,190	97
065 OBSERVATION BEDS (NON-DIS							
066 OBSERVATION BEDS (DISTINC		1,548				1,548	28
071 OTHER REIMBURS COST CNTRS							
072 HOME HEALTH AGENCY		3,028				3,028	93
093 SPEC PURPOSE COST CENTERS							
094 HOSPICE							23
095 SUBTOTALS		346,218		25,721		371,939	2,939
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP		2,580				2,580	
098 SIU CLINIC							
099 WOMEN'S CENTER							3
100 RESEARCH		1,635				1,635	28
101 PHYSICIANS' PRIVATE OFFIC							
102 NON HOSPITAL PHARMACIES							13
103 RENTAL PROPERTY		4,786				4,786	
104 DECATUR DIAGNOSTIC CENTER							16
105 DMH MEDICAL EQUIPMENT				242		242	23
106 PULMONARY EXTENDED CARE		582				582	1
107 SHORE							
108 PHYSICIAN RECRUITMENT							11
109 PHYSICIAN PRACTICES		24,238				24,238	
110 CCOP FISCAL INTERMEDIARY							5
111 ELDERLY SERVICES							15
112 OPTION CARE							
113 CENTRAL ILLINOIS SURGERY							
114 REAL ESTATE MANAGEMENT							6
115 CORPORATE HEALTH							85
116 CANCER CARE INSTITUTE		355				355	6
117 INTEGRATED CENTER							
118 SIU							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		380,394		25,963		406,357	3,151

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO:
14-0135

PERIOD:
FROM 10/ 1/2009
TO 9/30/2010

PREPARED 2/24/2011
WORKSHEET B
PART II

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	25,357						
009 OPERATION OF PLANT	1,127	22,842					
010 LAUNDRY & LINEN SERVICE	153	347	25,614				
011 HOUSEKEEPING	456	3,189	1	46,532			
012 DIETARY	111	326	110	786	5,830		
014 CAFETERIA	257	1,287		3,101		21,999	
015 NURSING ADMINISTRATION	287	303		730		306	5,746
016 CENTRAL SERVICES & SUPPLY	296	855		2,060		289	
017 PHARMACY	345	129		311		361	
020 MEDICAL RECORDS & LIBRARY	338	204		493		804	
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	102						
024 I&R SERVICES-OTHER PRGM C	130						
025 PARAMEDICAL PRGM	59					40	
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	1,515	3,698	7,903	8,914	3,284	2,879	3,247
028 INTENSIVE CARE UNIT	391	587	1,690	1,415	706	697	820
029 CORONARY CARE UNIT	357	572	1,491	1,379	499	648	762
033 NURSERY	15	69	250	167		5	6
034 SKILLED NURSING FACILITY	183	982	1,066	2,366	917	324	381
036 OTHER LONG TERM CARE	50	447		1,077		87	103
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	2,616	2,210	3,486	5,326	8	1,317	
039 01 ORTHO MEDICAL	33	64	163	154		39	
040 RECOVERY ROOM	116	107	360	259		194	
041 DELIVERY ROOM & LABOR ROO	37	137		329			
042 ANESTHESIOLOGY	105	112		270		382	
043 RADIOLOGY-DIAGNOSTIC	2,198	1,472	1,649	3,548	32	1,723	
044 RADIOLOGY-THERAPEUTIC	536	405	335	977		254	
049 LABORATORY	1,026	573		1,380		1,108	
050 RESPIRATORY THERAPY	151		7			302	
051 PHYSICAL THERAPY	615	500	987	1,205		901	
052 OCCUPATIONAL THERAPY	98	31		75		140	
053 SPEECH PATHOLOGY	43	37		89		54	
054 ELECTROCARDIOLOGY	367	596	813	1,435		438	
055 01 CATH LAB	741	630		1,518	29	218	
056 02 NEUROPSYCH REHAB							
057 ELECTROENCEPHALOGRAPHY	112	97	265	233	1	166	
058 MEDICAL SUPPLIES CHARGED	431						
059 DRUGS CHARGED TO PATIENTS	1,219						
060 ASC (NON-DISTINCT PART)	382	144	1,373	347	225	567	324
061 RENAL DIALYSIS	71					88	103
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC	53					68	
064 EMERGENCY	453	1,652	2,521	3,983	129	781	
065 OBSERVATION BEDS (NON-DIS							
066 01 OBSERVATION BEDS (DISTINC	104	115	513	278		215	
067 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	363	226		544		556	
093 SPEC PURPOSE COST CENTERS							
094 HOSPICE	110		26			145	
095 SUBTOTALS	18,152	22,103	25,009	44,749	5,830	16,096	5,746
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	48	192	13	463			
098 01 SIU CLINIC	7		1			214	
099 02 WOMEN'S CENTER	19					19	
100 RESEARCH	109	122		293		196	
101 PHYSICIANS' PRIVATE OFFICE							
102 01 NON HOSPITAL PHARMACIES	519					94	
103 02 RENTAL PROPERTY	14	356		859			
104 03 DECATUR DIGESTIVE CENTER	56		27			124	
105 04 DMH MEDICAL EQUIPMENT	243					216	
106 05 PULMONARY EXTENDED CARE	5	43		104		5	
107 06 SHORE	4						
108 07 PHYSICIAN RECRUITMENT	76					67	
109 08 PHYSICIAN PRACTICES	5,199		400			4,164	
110 09 CCOP FISCAL INTERMEDIARY	228					44	
111 10 ELDERLY SERVICES	72		8			113	
112 11 OPTION CARE							
113 12 CENTRAL ILLINOIS SURGERY							
114 13 REAL ESTATE MANAGEMENT	50					42	
115 14 CORPORATE HEALTH	521		155			553	
116 16 CANCER CARE INSTITUTE	34	26		64		51	
117 17 INTEGRATED CENTER	1		1			1	
118 18 SIU							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	25,357	22,842	25,614	46,532	5,830	21,999	5,746

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/24/2011
 WORKSHEET B
 PART 11

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED PRGM
	15	16	17	20	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	15,006						
016 PHARMACY	36	5,768					
017 MEDICAL RECORDS & LIBRARY			4,671				
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					134		
023 I&R SERVICES-OTHER PRGM C						130	
024 PARAMED PRGM							116
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	105	1	137				
027 INTENSIVE CARE UNIT	39		51				
027 CORONARY CARE UNIT	17		29				
033 NURSERY	38		5				
034 SKILLED NURSING FACILITY	4		5				
036 OTHER LONG TERM CARE			3				
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	7,923	6	820				
038 01 ORTHO MEDICAL	47		8				
039 RECOVERY ROOM	4		34				
040 DELIVERY ROOM & LABOR ROO	26		38				
041 ANESTHESIOLOGY	72		25				
042 RADIOLOGY-DIAGNOSTIC	444	185	1,218				
044 RADIOLOGY-THERAPEUTIC	45	1	125				
049 LABORATORY	213		697				
050 RESPIRATORY THERAPY	29	3	60				
051 PHYSICAL THERAPY	16		136				
052 OCCUPATIONAL THERAPY	8		67				
053 SPEECH PATHOLOGY	4		11				
053 01 ELECTROCARDIOLOGY	22	242	191				
053 02 CATH LAB	2,568	81	315				
054 02 NEUROPSYCH REHAB							
054 ELECTROENCEPHALOGRAPHY	8		47				
055 MEDICAL SUPPLIES CHARGED	2,562		74				
056 DRUGS CHARGED TO PATIENTS		5,219	197				
058 ASC (NON-DISTINCT PART)	136	6	45				
059 RENAL DIALYSIS	78		10				
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	64		9				
062 EMERGENCY	79		301				
062 01 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	30		13				
071 OTHER REIMBURS COST CNTRS							
093 HOME HEALTH AGENCY	32						
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE	20	24					
095 SUBTOTALS	14,669	5,768	4,671				
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 01 SIU CLINIC							
096 02 WOMEN'S CENTER							
097 RESEARCH	20						
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON HOSPITAL PHARMACIES							
098 02 RENTAL PROPERTY							
098 03 DECATUR DIGESTIVE CENTER							
098 04 DMH MEDICAL EQUIPMENT	3						
098 05 PULMONARY EXTENDED CARE							
098 06 SHORE							
098 07 PHYSICIAN RECRUITMENT							
098 08 PHYSICIAN PRACTICES	277						
098 09 CCOP FISCAL INTERMEDIARY							
098 10 ELDERLY SERVICES	7						
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY							
098 13 REAL ESTATE MANAGEMENT							
098 14 CORPORATE HEALTH	30						
098 16 CANCER CARE INSTITUTE							
098 17 INTEGRATED CENTER							
098 18 SIU							
101 CROSS FOOT ADJUSTMENTS					134	130	116
102 NEGATIVE COST CENTER							
103 TOTAL	15,006	5,768	4,671		134	130	116

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATION			
016 CENTRAL SERVICES & SUPPLY			
017 PHARMACY			
020 MEDICAL RECORDS & LIBRARY			
022 NONPHYSICIAN ANESTHETISTS			
023 I&R SERVICES-SALARY & FRI			
024 I&R SERVICES-OTHER PRGM C			
025 PARAMED ED PRGM			
025 INPAT ROUTINE SRVC CNTRS			
026 ADULTS & PEDIATRICS	81,746		81,746
027 INTENSIVE CARE UNIT	14,386		14,386
033 CORONARY CARE UNIT	13,534		13,534
034 NURSERY	1,486		1,486
036 SKILLED NURSING FACILITY	19,452		19,452
037 OTHER LONG TERM CARE	8,218		8,218
037 ANCILLARY SRVC COST CNTRS			
037 01 OPERATING ROOM	53,573		53,573
038 01 ORTHO MEDICAL	1,372		1,372
039 01 RECOVERY ROOM	2,549		2,549
040 01 DELIVERY ROOM & LABOR ROO	2,401		2,401
041 01 ANESTHESIOLOGY	2,480		2,480
042 01 RADIOLOGY-DIAGNOSTIC	34,084		34,084
044 01 RADIOLOGY-THERAPEUTIC	8,174		8,174
049 01 LABORATORY	12,829		12,829
050 01 RESPIRATORY THERAPY	595		595
051 01 PHYSICAL THERAPY	11,209		11,209
052 01 OCCUPATIONAL THERAPY	862		862
053 01 SPEECH PATHOLOGY	744		744
053 01 ELECTROCARDIOLOGY	12,172		12,172
053 02 CATH LAB	14,594		14,594
053 02 NEUROPSYCH REHAB			
054 02 ELECTROENCEPHALOGRAPHY	2,252		2,252
055 02 MEDICAL SUPPLIES CHARGED	3,067		3,067
058 02 DRUGS CHARGED TO PATIENTS	6,635		6,635
059 02 ASC (NON-DISTINCT PART)	5,570		5,570
060 02 RENAL DIALYSIS	365		365
060 02 OUTPAT SERVICE COST CNTRS			
061 02 CLINIC	206		206
062 02 EMERGENCY	32,186		32,186
062 01 OBSERVATION BEDS (NON-DIS			
062 01 OBSERVATION BEDS (DISTINC	2,844		2,844
071 01 OTHER REIMBURS COST CNTRS			
071 01 HOME HEALTH AGENCY	4,842		4,842
093 01 SPEC PURPOSE COST CENTERS			
093 01 HOSPICE	348		348
095 01 SUBTOTALS	354,775		354,775
096 01 NONREIMBURS COST CENTERS			
096 01 GIFT, FLOWER, COFFEE SHOP	3,296		3,296
096 02 SIU CLINIC	222		222
096 02 WOMEN'S CENTER	41		41
097 02 RESEARCH	2,403		2,403
098 02 PHYSICIANS' PRIVATE OFFIC			
098 01 NON HOSPITAL PHARMACIES	626		626
098 02 RENTAL PROPERTY	6,015		6,015
098 03 DECATUR DIGESTIVE CENTER	223		223
098 04 DMH MEDICAL EQUIPMENT	727		727
098 05 PULMONARY EXTENDED CARE	740		740
098 06 SHORE	4		4
098 07 PHYSICIAN RECRUITMENT	154		154
098 08 PHYSICIAN PRACTICES	34,278		34,278
098 09 CCOP FISCAL INTERMEDIARY	277		277
098 10 ELDERLY SERVICES	215		215
098 11 OPTION CARE			
098 12 CENTRAL ILLINOIS SURGERY			
098 13 REAL ESTATE MANAGEMENT	98		98
098 14 CORPORATE HEALTH	1,344		1,344
098 16 CANCER CARE INSTITUTE	536		536
098 17 INTEGRATED CENTER	3		3
098 18 SIU			
101 01 CROSS FOOT ADJUSTMENTS	380		380
102 01 NEGATIVE COST CENTER			
103 01 TOTAL	406,357		406,357

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/24/2011
 WORKSHEET B PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				73,652	1,374	75,026	75,026
008 ADMINISTRATIVE & GENERAL				583,387	5,534,257	6,117,644	9,452
009 OPERATION OF PLANT				498,324	176,873	675,197	1,274
010 LAUNDRY & LINEN SERVICE				108,783	1,154	109,937	
011 HOUSEKEEPING				1,000,885	11,036	1,011,921	1,603
012 DIETARY				102,334		102,334	438
014 CAFETERIA				403,908	45,315	449,223	1,763
015 NURSING ADMINISTRATION				95,090	135,871	230,961	1,228
016 CENTRAL SERVICES & SUPPLY				268,258	7,820	276,078	716
017 PHARMACY				40,457	68,256	108,713	1,731
020 MEDICAL RECORDS & LIBRARY				64,143	11,936	76,079	2,106
022 NONPHYSICIAN ANESTHETISTS							774
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM					1,019	1,019	408
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS				1,160,981	155,772	1,316,753	9,405
033 INTENSIVE CARE UNIT				184,337	36,115	220,452	2,486
034 CORONARY CARE UNIT				179,599	23,989	203,588	2,289
036 NURSERY				21,732	10,845	32,577	18
037 SKILLED NURSING FACILITY				308,179	27,760	335,939	947
038 OTHER LONG TERM CARE				140,197	2,785	142,982	227
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM				693,553	1,506,105	2,199,658	4,531
041 01 ORTHO MEDICAL				20,090	22,296	42,386	129
042 RECOVERY ROOM				33,714	9,252	42,966	775
043 DELIVERY ROOM & LABOR ROO				42,860	9,477	52,337	
044 ANESTHESIOLOGY				35,131	142,794	177,925	252
045 RADIOLOGY-DIAGNOSTIC				462,104	3,532,216	3,994,320	6,061
046 RADIOLOGY-THERAPEUTIC				127,265	1,524,752	1,652,017	1,207
049 LABORATORY				179,772	345,216	524,988	3,354
050 RESPIRATORY THERAPY					30,466	30,466	1,022
051 PHYSICAL THERAPY				156,968	69,048	226,016	3,190
052 OCCUPATIONAL THERAPY				9,751	13,033	22,784	616
053 SPEECH PATHOLOGY				11,549	390	11,939	280
054 ELECTROCARDIOLOGY				186,947	320,041	506,988	1,660
055 01 CATH LAB				197,701	352,351	550,052	864
056 02 NEUROPSYCH REHAB					684	684	
057 ELECTROENCEPHALOGRAPHY				30,291	77,555	107,846	639
058 MEDICAL SUPPLIES CHARGED							
059 DRUGS CHARGED TO PATIENTS							
060 ASC (NON-DISTINCT PART)				45,159	149,429	194,588	2,122
061 RENAL DIALYSIS					13,581	13,581	357
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC					21,716	21,716	276
064 EMERGENCY				518,674	49,197	567,871	2,320
065 OBSERVATION BEDS (NON-DIS							
066 01 OBSERVATION BEDS (DISTINC				36,186		36,186	659
067 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY				70,782	14,566	85,348	2,226
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE					1,706	1,706	551
096 SUBTOTALS				8,092,743	14,458,048	22,550,791	69,956
097 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP				60,304	8,170	68,474	1
099 01 SIU CLINIC					4,013	4,013	
100 02 WOMEN'S CENTER					256	256	71
101 RESEARCH				38,209	5,881	44,090	657
102 PHYSICIANS' PRIVATE OFFIC							
103 01 NON HOSPITAL PHARMACIES							308
104 02 RENTAL PROPERTY				111,861		111,861	
105 03 DECATUR DIGESTIVE CENTER							390
106 04 DMH MEDICAL EQUIPMENT					96,766	96,766	553
107 05 PULMONARY EXTENDED CARE				13,607		13,607	25
108 06 SHORE					513	513	
109 07 PHYSICIAN RECRUITMENT					342	342	267
110 08 PHYSICIAN PRACTICES				566,547		566,547	
111 09 CCOP FISCAL INTERMEDIARY					35	35	130
112 10 ELDERLY SERVICES					17,981	17,981	353
113 11 OPTION CARE							
114 12 CENTRAL ILLINOIS SURGERY							
115 13 REAL ESTATE MANAGEMENT					579	579	142
116 14 CORPORATE HEALTH					65,375	65,375	2,024
117 16 CANCER CARE INSTITUTE				8,299	3,445	11,744	149
118 17 INTEGRATED CENTER					94	94	
119 18 SIU							
120 CROSS FOOT ADJUSTMENTS							
121 NEGATIVE COST CENTER							
122 TOTAL				8,891,570	14,661,498	23,553,068	75,026

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0135

FROM 10/ 1/2009

WORKSHEET B

TO 9/30/2010

PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	6,127,096						
009 OPERATION OF PLANT		948,617					
010 LAUNDRY & LINEN SERVICE	36,995	14,393	161,325				
011 HOUSEKEEPING	110,035	132,427	7	1,255,993			
012 DIETARY	26,719	13,540	690	21,210	164,931		
014 CAFETERIA	62,081	53,441		83,714		650,222	
015 NURSING ADMINISTRATION	69,380	12,581		19,708		9,057	342,915
016 CENTRAL SERVICES & SUPPLY	71,530	35,493		55,599		8,532	
017 PHARMACY	83,332	5,353		8,385		10,680	
020 MEDICAL RECORDS & LIBRARY	81,669	8,487		13,294		23,764	
022 NONPHYSICIAN ANESTHETISTS							
023 I&R SERVICES-SALARY & FRI	24,647						
024 I&R SERVICES-OTHER PRGM C	31,453						
025 PARAMED ED PRGM	14,364					1,190	
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	365,873	153,609	49,786	240,624	92,920	85,091	193,763
028 INTENSIVE CARE UNIT	94,452	24,390	10,647	38,206	19,987	20,607	48,943
029 CORONARY CARE UNIT	86,244	23,763	9,388	37,224	14,128	19,155	45,488
033 NURSERY	3,618	2,875	1,573	4,504		149	352
034 SKILLED NURSING FACILITY	44,087	40,775	6,711	63,873	25,931	9,582	22,753
036 OTHER LONG TERM CARE	12,142	18,550		29,057		2,580	6,130
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	631,976	91,764	21,953	143,746	235	38,918	
038 01 ORTHO MEDICAL	8,010	2,658	1,026	4,164		1,150	
038 RECOVERY ROOM	27,941	4,461	2,271	6,988		5,746	
039 DELIVERY ROOM & LABOR ROO	9,051	5,671		8,883			
040 ANESTHESIOLOGY	25,381	4,648		7,281		11,305	
041 RADIOLOGY-DIAGNOSTIC	530,915	61,141	10,385	95,776	894	50,940	
042 RADIOLOGY-THERAPEUTIC	129,428	16,838	2,110	26,377		7,509	
044 LABORATORY	247,885	23,786		37,260		32,760	
049 RESPIRATORY THERAPY	36,391		46			8,930	
050 PHYSICAL THERAPY	148,617	20,768	6,218	32,533		26,624	
051 OCCUPATIONAL THERAPY	23,601	1,290		2,021		4,137	
052 SPEECH PATHOLOGY	10,373	1,528		2,394		1,583	
053 ELECTROCARDIOLOGY	88,620	24,735	5,120	38,747		12,941	
053 01 CATH LAB	179,004	26,158		40,975	815	6,437	
053 02 NEUROPSYCH REHAB	20						
054 ELECTROENCEPHALOGRAPHY	26,967	4,008	1,668	6,278	18	4,894	
055 MEDICAL SUPPLIES CHARGED	104,005						
056 DRUGS CHARGED TO PATIENTS	294,397						
058 ASC (NON-DISTINCT PART)	92,262	5,975	8,648	9,360	6,358	16,750	19,329
059 RENAL DIALYSIS	17,090					2,593	6,157
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	12,916					2,003	
062 EMERGENCY	109,418	68,626	15,876	107,500	3,645	23,078	
062 01 OBSERVATION BEDS (NON-DIS	25,149	4,788	3,230	7,500		6,367	
062 01 OBSERVATION BEDS (DISTINC							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	87,683	9,365		14,670		16,439	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	26,686		166			4,273	
095 SUBTOTALS	4,384,553	917,885	157,519	1,207,851	164,931	475,764	342,915
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	11,542	7,979	85	12,499			
096 01 SIU CLINIC	1,721		6			6,328	
096 02 WOMEN'S CENTER	4,554					569	
097 RESEARCH	26,436	5,055		7,919		5,799	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON HOSPITAL PHARMACIES	125,337					2,773	
098 02 RENTAL PROPERTY	3,467	14,800		23,184			
098 03 DECATUR DIGESTIVE CENTER	13,585		169			3,652	
098 04 DMH MEDICAL EQUIPMENT	58,802					6,381	
098 05 PULMONARY EXTENDED CARE	1,312	1,800		2,820		157	
098 06 SHORE	888						
098 07 PHYSICIAN RECRUITMENT	18,436					1,977	
098 08 PHYSICIAN PRACTICES	1,257,654		2,516			123,014	
098 09 CCOP FISCAL INTERMEDIARY	55,046					1,308	
098 10 ELDERLY SERVICES	17,325		48			3,341	
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY							
098 13 REAL ESTATE MANAGEMENT	12,044					1,255	
098 14 CORPORATE HEALTH	125,877		978			16,356	
098 16 CANCER CARE INSTITUTE	8,283	1,098		1,720		1,513	
098 17 INTEGRATED CENTER	234		4			35	
098 18 SIU							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,127,096	948,617	161,325	1,255,993	164,931	650,222	342,915

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0135

FROM 10/ 1/2009

WORKSHEET B

TO 9/30/2010

PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM
	15	16	17	20	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	447,948						
016 PHARMACY	1,085	219,279					
017 MEDICAL RECORDS & LIBRARY			205,399				
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					25,421		
023 I&R SERVICES-OTHER PRGM C						31,453	
024 PARAMED ED PRGM							16,981
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	3,119	22	6,202				
027 INTENSIVE CARE UNIT	1,173		2,333				
027 CORONARY CARE UNIT	509		1,320				
033 NURSERY	1,131		207				
034 SKILLED NURSING FACILITY	115	2	243				
036 OTHER LONG TERM CARE			147				
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	236,622	226	37,188				
038 01 ORTHO MEDICAL	1,406		368				
039 RECOVERY ROOM	124		1,561				
040 DELIVERY ROOM & LABOR ROO	786		1,723				
041 ANESTHESIOLOGY	2,155		1,138				
042 RADIOLOGY-DIAGNOSTIC	13,237	7,010	48,820				
044 RADIOLOGY-THERAPEUTIC	1,344	22	5,687				
049 LABORATORY	6,356		31,581				
050 RESPIRATORY THERAPY	875	123	2,702				
051 PHYSICAL THERAPY	465		6,168				
052 OCCUPATIONAL THERAPY	224		3,037				
053 SPEECH PATHOLOGY	124		520				
053 01 ELECTROCARDIOLOGY	642	9,176	8,662				
053 02 CATH LAB	76,621	3,090	14,264				
054 02 NEUROPSYCH REHAB							
054 ELECTROENCEPHALOGRAPHY	228		2,109				
055 MEDICAL SUPPLIES CHARGED	76,433		3,354				
056 DRUGS CHARGED TO PATIENTS		198,457	8,927				
058 ASC (NON-DISTINCT PART)	4,069	217	2,039				
059 RENAL DIALYSIS	2,324		436				
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	1,912		404				
062 EMERGENCY	2,361		13,649				
062 01 OBSERVATION BEDS (NON-DIS	897	2	610				
062 02 OBSERVATION BEDS (DISTINC							
071 OTHER REIMBURS COST CNTRS							
093 HOME HEALTH AGENCY	951	2					
095 SPEC PURPOSE COST CENTERS							
095 HOSPICE	592	930					
095 SUBTOTALS	437,880	219,279	205,399				
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 02 SIU CLINIC							
096 02 WOMEN'S CENTER							
097 RESEARCH	602						
098 PHYSICIANS' PRIVATE OFFIC							
098 01 NON HOSPITAL PHARMACIES	10						
098 02 RENTAL PROPERTY							
098 03 DECATUR DIGESTIVE CENTER							
098 04 DMH MEDICAL EQUIPMENT	85						
098 05 PULMONARY EXTENDED CARE							
098 06 SHORE							
098 07 PHYSICIAN RECRUITMENT							
098 08 PHYSICIAN PRACTICES	8,273						
098 09 CCOP FISCAL INTERMEDIARY							
098 10 ELDERLY SERVICES	204						
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY							
098 13 REAL ESTATE MANAGEMENT							
098 14 CORPORATE HEALTH	894						
098 16 CANCER CARE INSTITUTE							
098 17 INTEGRATED CENTER							
098 18 SIU							
101 CROSS FOOT ADJUSTMENTS					25,421	31,453	16,981
102 NEGATIVE COST CENTER							
103 TOTAL	447,948	219,279	205,399		25,421	31,453	16,981

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/24/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
008 ADMINISTRATIVE & GENERAL			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVICE			
011 HOUSEKEEPING			
012 DIETARY			
014 CAFETERIA			
015 NURSING ADMINISTRATION			
016 CENTRAL SERVICES & SUPPLY			
017 PHARMACY			
020 MEDICAL RECORDS & LIBRARY			
022 NONPHYSICIAN ANESTHETISTS			
023 I&R SERVICES-SALARY & FRI			
024 I&R SERVICES-OTHER PRGM C			
025 PARAMED ED PRGM			
025 INPAT ROUTINE SRVC CNTRS			
026 ADULTS & PEDIATRICS	2,517,167		2,517,167
027 INTENSIVE CARE UNIT	483,676		483,676
033 CORONARY CARE UNIT	443,096		443,096
034 NURSERY	47,004		47,004
036 SKILLED NURSING FACILITY	550,958		550,958
037 OTHER LONG TERM CARE	211,815		211,815
037 ANCILLARY SRVC COST CNTRS			
037 01 OPERATING ROOM	3,406,817		3,406,817
038 01 ORTHO MEDICAL	61,297		61,297
039 01 RECOVERY ROOM	92,833		92,833
040 01 DELIVERY ROOM & LABOR ROO	78,451		78,451
041 01 ANESTHESIOLOGY	230,085		230,085
042 01 RADIOLOGY-DIAGNOSTIC	4,819,499		4,819,499
044 01 RADIOLOGY-THERAPEUTIC	1,842,539		1,842,539
049 01 LABORATORY	907,970		907,970
050 01 RESPIRATORY THERAPY	80,555		80,555
051 01 PHYSICAL THERAPY	470,599		470,599
052 01 OCCUPATIONAL THERAPY	57,710		57,710
053 01 SPEECH PATHOLOGY	28,741		28,741
053 01 ELECTROCARDIOLOGY	697,291		697,291
053 02 CATH LAB	898,280		898,280
054 02 NEUROPSYCH REHAB	704		704
055 02 ELECTROENCEPHALOGRAPHY	154,655		154,655
056 02 MEDICAL SUPPLIES CHARGED	183,792		183,792
058 02 DRUGS CHARGED TO PATIENTS	501,781		501,781
059 02 ASC (NON-DISTINCT PART)	361,717		361,717
060 02 RENAL DIALYSIS	42,538		42,538
060 OUTPAT SERVICE COST CNTRS			
061 CLINIC	39,227		39,227
062 EMERGENCY	914,344		914,344
062 01 OBSERVATION BEDS (NON-DIS			
062 01 OBSERVATION BEDS (DISTINC	85,388		85,388
071 OTHER REIMBURS COST CNTRS			
071 HOME HEALTH AGENCY	216,684		216,684
093 SPEC PURPOSE COST CENTERS			
093 HOSPICE	34,904		34,904
095 SUBTOTALS	20,462,117		20,462,117
096 NONREIMBURS COST CENTERS			
096 01 GIFT, FLOWER, COFFEE SHOP	100,580		100,580
096 02 SIU CLINIC	12,068		12,068
097 02 WOMEN'S CENTER	5,450		5,450
098 RESEARCH	90,558		90,558
098 PHYSICIANS' PRIVATE OFFIC			
098 01 NON HOSPITAL PHARMACIES	128,428		128,428
098 02 RENTAL PROPERTY	153,312		153,312
098 03 DECATUR DIGESTIVE CENTER	17,796		17,796
098 04 DMH MEDICAL EQUIPMENT	162,587		162,587
098 05 PULMONARY EXTENDED CARE	19,721		19,721
098 06 SHORE	1,401		1,401
098 07 PHYSICIAN RECRUITMENT	21,022		21,022
098 08 PHYSICIAN PRACTICES	1,958,004		1,958,004
098 09 CCOP FISCAL INTERMEDIARY	56,519		56,519
098 10 ELDERLY SERVICES	39,252		39,252
098 11 OPTION CARE			
098 12 CENTRAL ILLINOIS SURGERY			
098 13 REAL ESTATE MANAGEMENT	14,020		14,020
098 14 CORPORATE HEALTH	211,504		211,504
098 16 CANCER CARE INSTITUTE	24,507		24,507
098 17 INTEGRATED CENTER	367		367
098 18 SIU			
101 CROSS FOOT ADJUSTMENTS	73,855		73,855
102 NEGATIVE COST CENTER			
103 TOTAL	23,553,068		23,553,068

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	FITS (GROSS SALARIES)	
	1	2	3	4	5	6a. 00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	514,287					
002 OLD CAP REL COSTS-MVB		1,288				
003 NEW CAP REL COSTS-BLD			514,287			
004 NEW CAP REL COSTS-MVB				14,217,805		
005 EMPLOYEE BENEFITS	4,260		4,260	1,332	69,985,038	
006 ADMINISTRATIVE & GENE	33,743		33,743	5,366,779	8,812,799	-34,615,943
008 OPERATION OF PLANT	28,823	17	28,823	171,520	1,188,641	
009 LAUNDRY & LINEN SERVI	6,292	1,015	6,292	1,119		
010 HOUSEKEEPING	57,891		57,891	10,702	1,495,463	
011 DIETARY	5,919	5	5,919		408,715	
012 CAFETERIA	23,362		23,362	43,944	1,644,972	
014 NURSING ADMINISTRATIO	5,500		5,500	131,759	1,145,428	
015 CENTRAL SERVICES & SU	15,516		15,516	7,583	667,507	
016 PHARMACY	2,340	138	2,340	66,190	1,615,053	
017 MEDICAL RECORDS & LIB	3,710		3,710	11,575	1,964,330	
020 NONPHYSICIAN ANESTHET						
022 I&R SERVICES-SALARY &					722,005	
023 I&R SERVICES-OTHER PR						
024 PARAMEDICAL PRGM				988	380,758	
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	67,151		67,151	151,058	8,773,305	
027 INTENSIVE CARE UNIT	10,662		10,662	35,022	2,319,059	
027 CORONARY CARE UNIT	10,388		10,388	23,263	2,134,996	
033 NURSERY	1,257		1,257	10,517	16,362	
034 SKILLED NURSING FACIL	17,825		17,825	26,920	883,053	
036 OTHER LONG TERM CARE	8,109	22	8,109	2,701	212,069	
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	40,115		40,115	1,460,526	4,226,758	
037 01 ORTHO MEDICAL	1,162		1,162	21,621	120,435	
038 RECOVERY ROOM	1,950		1,950	8,972	722,630	
039 DELIVERY ROOM & LABOR	2,479		2,479	9,190	186	
040 ANESTHESIOLOGY	2,032		2,032	138,473	234,943	
041 RADIOLOGY-DIAGNOSTIC	26,728	79	26,728	3,425,322	5,653,857	
042 RADIOLOGY-THERAPEUTIC	7,361		7,361	1,478,609	1,125,982	
044 LABORATORY	10,398		10,398	334,769	3,128,774	
049 RESPIRATORY THERAPY				29,544	953,643	
050 PHYSICAL THERAPY	9,079		9,079	66,958	2,976,164	
051 OCCUPATIONAL THERAPY	564		564	12,639	575,066	
052 SPEECH PATHOLOGY	668		668	378	260,979	
053 ELECTROCARDIOLOGY	10,813		10,813	310,356	1,548,913	
053 01 CATH LAB	11,435		11,435	341,688	806,092	
053 02 NEUROPSYCH REHAB				663		
054 ELECTROENCEPHALOGRAPH	1,752		1,752	75,208	595,973	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
058 ASC (NON-DISTINCT PAR	2,612		2,612	144,907	1,979,030	
059 RENAL DIALYSIS				13,170	333,436	
060 OUTPAT SERVICE COST C						
060 CLINIC				21,059	257,103	
061 EMERGENCY	30,000		30,000	47,708	2,164,257	
062 OBSERVATION BEDS (NON						
062 01 OBSERVATION BEDS (DIS	2,093		2,093		615,196	
062 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY	4,094		4,094	14,125	2,076,825	
071 SPEC PURPOSE COST CEN						
093 HOSPICE				1,654	514,076	
095 SUBTOTALS	468,083	1,276	468,083	14,020,511	65,254,833	-34,615,943
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	3,488		3,488	7,923	1,032	
096 01 SIU CLINIC				3,892		
096 02 WOMEN'S CENTER				248	66,381	
097 RESEARCH	2,210		2,210	5,703	612,437	
098 PHYSICIANS' PRIVATE O						
098 01 NON HOSPITAL PHARMACI					287,479	
098 02 RENTAL PROPERTY	6,470		6,470			
098 03 DECATUR DIGESTIVE CEN					363,681	
098 04 DMH MEDICAL EQUIPMENT		12		93,838	516,044	
098 05 PULMONARY EXTENDED CA	787		787		23,516	
098 06 SHORE				497		
098 07 PHYSICIAN RECRUITMENT				332	249,018	
098 08 PHYSICIAN PRACTICES	32,769		32,769			
098 09 CCOP FISCAL INTERMEDI				34	121,686	
098 10 ELDERLY SERVICES				17,437	329,235	
098 11 OPTION CARE						
098 12 CENTRAL ILLINOIS SURG						
098 13 REAL ESTATE MANAGEMEN				561	132,878	
098 14 CORPORATE HEALTH				63,397	1,888,141	
098 16 CANCER CARE INSTITUTE	480		480	3,341	138,676	
098 17 INTEGRATED CENTER				91		
098 18 SIU					1	

COST ALLOCATION - STATISTICAL BASIS

14-0135

FROM 10/ 1/2009

WORKSHEET B-1

TO 9/30/2010

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE)	(DIRECT NRSNG HRS)
	6	8	9	10	11	12	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	207,907,784						
008 OPERATION OF PLANT	9,234,687	414,692					
009 LAUNDRY & LINEN SERVICE	1,255,334	6,292	1,758,814				
010 HOUSEKEEPING	3,733,788	57,891	72	350,509			
011 DIETARY	906,655	5,919	7,528	5,919	178,673		
012 CAFETERIA	2,106,592	23,362		23,362		148,681	
014 NURSING ADMINISTRATION	2,354,270	5,500		5,500		2,071	688,503
015 CENTRAL SERVICES & SUPPLY	2,427,199	15,516		15,516		1,951	
016 PHARMACY	2,827,681	2,340		2,340		2,442	
017 MEDICAL RECORDS & LIBRARY	2,771,261	3,710		3,710		5,434	
020 NONPHYSICIAN ANESTHESIOLOGIST							
022 I&R SERVICES-SALARY & BENEFITS	836,342						
023 I&R SERVICES-OTHER PERSONNEL	1,067,289						
024 PARAMEDICAL PRGM	487,427					272	
INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	12,415,114	67,151	542,768	67,151	100,660	19,457	389,039
026 INTENSIVE CARE UNIT	3,205,029	10,662	116,078	10,662	21,652	4,712	98,267
027 CORONARY CARE UNIT	2,926,493	10,388	102,355	10,388	15,305	4,380	91,330
033 SURSERY	122,784	1,257	17,145	1,257		34	707
034 SKILLED NURSING FACILITY	1,496,002	17,825	73,168	17,825	28,092	2,191	45,683
036 OTHER LONG TERM CARE	411,998	8,109		8,109		590	12,308
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	21,444,722	40,115	239,342	40,115	255	8,899	
037 01 ORTHO MEDICAL	271,787	1,162	11,188	1,162		263	
038 RECOVERY ROOM	948,104	1,950	24,754	1,950		1,314	
039 DELIVERY ROOM & LABOR	307,128	2,479		2,479			
040 ANESTHESIOLOGY	861,247	2,032		2,032		2,585	
041 RADIOLOGY-DIAGNOSTIC	18,015,425	26,728	113,222	26,728	969	11,648	
042 RADIOLOGY-THERAPEUTIC	4,391,858	7,361	23,001	7,361		1,717	
044 LABORATORY	8,411,441	10,398		10,398		7,491	
049 RESPIRATORY THERAPY	1,234,856		500			2,042	
050 PHYSICAL THERAPY	5,042,983	9,079	67,795	9,079		6,088	
051 OCCUPATIONAL THERAPY	800,862	564		564		946	
052 SPEECH PATHOLOGY	351,972	668		668		362	
053 ELECTROCARDIOLOGY	3,007,131	10,813	55,821	10,813		2,959	
053 01 CATH LAB	6,074,123	11,435		11,435	883	1,472	
053 02 NEUROPSYCH REHAB	684						
054 ELECTROENCEPHALOGRAPH	915,055	1,752	18,182	1,752	20	1,119	
055 MEDICAL SUPPLIES CHARGED TO PATIENT	3,529,172						
056 DRUGS CHARGED TO PATIENT	9,989,713						
058 ASC (NON-DIALYSIS) PAR	3,130,697	2,612	94,283	2,612	6,888	3,830	38,808
059 RENAL DIALYSIS	579,915					593	12,361
OUTPATIENT SERVICE COST CENTER							
060 CLINIC	438,260					458	
061 EMERGENCY	3,712,847	30,000	173,083	30,000	3,949	5,277	
062 OBSERVATION BEDS (NON-REIMBURS)							
062 01 OBSERVATION BEDS (DISCHARGE)	853,379	2,093	35,217	2,093		1,456	
OTHER REIMBURS COST CENTER							
071 HOME HEALTH AGENCY	2,975,339	4,094		4,094		3,759	
SPECIAL PURPOSE COST CENTER							
093 HOSPICE	905,543		1,807			977	
095 SUBTOTALS	148,780,188	401,257	1,717,309	337,074	178,673	108,789	688,503
NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE	391,661	3,488	925	3,488			
096 01 SIU CLINIC	58,398		64			1,447	
096 02 WOMEN'S CENTER	154,541					130	
097 RESEARCH	897,043	2,210		2,210		1,326	
098 PHYSICIANS' PRIVATE OFFICE							
098 01 NON HOSPITAL PHARMACY	4,253,050					634	
098 02 RENTAL PROPERTY	117,631	6,470		6,470			
098 03 DECATUR DIGESTIVE CENTER	460,982		1,844			835	
098 04 DMH MEDICAL EQUIPMENT	1,995,312					1,459	
098 05 PULMONARY EXTENDED CARE	44,523	787		787		36	
098 06 SHORE	30,130						
098 07 PHYSICIAN RECRUITMENT	625,587					452	
098 08 PHYSICIAN PRACTICES	42,673,929		27,433			28,129	
098 09 CCOP FISCAL INTERMEDIARY	1,867,866					299	
098 10 ELDERLY SERVICES	587,902		528			764	
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURGERY							
098 13 REAL ESTATE MANAGEMENT	408,690					287	
098 14 CORPORATE HEALTH	4,271,346		10,667			3,740	
098 16 CANCER CARE INSTITUTE	281,049	480		480		346	
098 17 INTEGRATED CENTER	7,956		44			8	
098 18 SIU							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 2/24/2011

14-0135

FROM 10/ 1/2009

WORKSHEET B-1

TO 9/30/2010

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF) LAUNDRY	(SQUARE FEET)	(MEALS SERVED)	(FTE)	(DIRECT) NRSING HRS)
		6	8	9	10	11	12	14
101	NONREIMBURS COST CENT							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	34,615,943	10,772,235	1,627,787	5,859,324	1,317,278	3,454,729	3,029,182
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.166497	25.976472	.925503	16.716615	7.372563	23.235847	4.399664
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	25,357	22,842	25,614	46,532	5,830	21,999	5,746
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000122	.055082	.014563	.132756	.032629	.147961	.008346
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	6,127,096	948,617	161,325	1,255,993	164,931	650,222	342,915
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.029470	2.287522	.091724	3.583340	.923089	4.373269	.498059

COST ALLOCATION - STATISTICAL BASIS

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FROM 10/ 1/2009

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TO 9/30/2010

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)
	15	16	17	20	22	23	24
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	23,534,686						
016 PHARMACY	56,999	11,037,868					
017 MEDICAL RECORDS & LIBRARY	16		754,013,511				
020 NONPHYSICIAN ANESTHETISTS				100			
022 I&R SERVICES-SALARY & FRI					100		
023 I&R SERVICES-OTHER PRGM						100	
024 PARAMED PRGM							100
025 INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS	163,841	1,117	22,803,130	100	100	100	
026 INTENSIVE CARE UNIT	61,630		8,576,677				
027 CORONARY CARE UNIT	26,753		4,851,291				
033 NURSERY	59,441		760,086				
034 SKILLED NURSING FACILITY	6,036	98	893,069				
036 OTHER LONG TERM CARE			541,287				
037 ANCILLARY SRVC COST CENTER							
037 01 OPERATING ROOM	12,432,121	11,361	136,720,580				
037 01 ORTHO MEDICAL	73,858		1,354,594				
038 RECOVERY ROOM	6,534		5,739,777				
039 DELIVERY ROOM & LABOR	41,275		6,334,935				
040 ANESTHESIOLOGY	113,219		4,185,160				100
041 RADIOLOGY-DIAGNOSTIC	695,419	352,858	178,354,368				
042 RADIOLOGY-THERAPEUTIC	70,626	1,121	20,906,345				
044 LABORATORY	333,923		116,108,288				
049 RESPIRATORY THERAPY	45,965	6,196	9,934,040				
050 PHYSICAL THERAPY	24,442		22,676,820				
051 OCCUPATIONAL THERAPY	11,767		11,165,524				
052 SPEECH PATHOLOGY	6,511		1,910,986				
053 ELECTROCARDIOLOGY	33,718	461,917	31,845,558				
053 01 CATH LAB	4,025,487	155,557	52,441,178				
053 02 NEUROPSYCH REHAB							
054 ELECTROENCEPHALOGRAPH	11,985		7,752,181				
055 MEDICAL SUPPLIES CHAR	4,015,611		12,329,822				
056 DRUGS CHARGED TO PATIENT		9,989,713	32,820,047				
058 ASC (NON-DIAGNOSTIC PAR)	213,764	10,899	7,496,217				
059 RENAL DIALYSIS	122,109		1,601,370				
060 OUTPAT SERVICE COST CENTER							
060 CLINIC	100,478		1,486,705				
061 EMERGENCY	124,066		50,181,822				
062 OBSERVATION BEDS (NON)							
062 01 OBSERVATION BEDS (DIS)	47,136	119	2,241,654				
071 OTHER REIMBURS COST CENTER							
071 HOME HEALTH AGENCY	49,940	104					
093 SPEC PURPOSE COST CENTER							
093 HOSPICE	31,101	46,808					
095 SUBTOTALS	23,005,771	11,037,868	754,013,511	100	100	100	100
096 NONREIMBURS COST CENTER							
096 01 GIFT, FLOWER, COFFEE							
096 01 SIU CLINIC							
096 02 WOMEN'S CENTER							
097 RESEARCH	31,641						
098 PHYSICIANS' PRIVATE OFFICE							
098 01 NON HOSPITAL PHARMACY	520						
098 02 RENTAL PROPERTY							
098 03 DECATUR DIGESTIVE CENTER							
098 04 DMH MEDICAL EQUIPMENT	4,471						
098 05 PULMONARY EXTENDED CARE							
098 06 SHORE							
098 07 PHYSICIAN RECRUITMENT							
098 08 PHYSICIAN PRACTICES	434,619						
098 09 CCOP FISCAL INTERMEDI							
098 10 ELDERLY SERVICES	10,710						
098 11 OPTION CARE							
098 12 CENTRAL ILLINOIS SURG							
098 13 REAL ESTATE MANAGEMENT							
098 14 CORPORATE HEALTH	46,951						
098 16 CANCER CARE INSTITUTE							
098 17 INTEGRATED CENTER	3						
098 18 SIU							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

14-0135

PERIOD:

FROM 10/ 1/2009

TO 9/30/2010

PREPARED 2/24/2011

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COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C GM	PARAMED ED PR GM
	(COSTED REQUIS. 15)	(COSTED)REQUIS. 16)	(GROSS)CHARGES 17)	(ASSIGNED)TIME 20)	(ASSIGNED)TIME 22)	(ASSIGNED)TIME 23)	(ASSIGNED)TIME 24)
101 NONREIMBURS COST CENT							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
COST TO BE ALLOCATED (WRKSHT B, PART I)	3,539,079	3,463,696	3,517,326		975,590	1,244,989	574,902
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.150377	.313801	.004665		9,755.900000	12,449.890000	5,749.020000
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	15,006	5,768	4,671		134	130	116
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000638	.000523	.000006		1.340000	1.300000	1.160000
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	447,948	219,279	205,399		25,421	31,453	16,981
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.019034	.019866	.000272		254.210000	314.530000	169.810000

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	20,888,636		20,888,636	80,165	20,968,801
26	INTENSIVE CARE UNIT	5,052,020		5,052,020		5,052,020
27	CORONARY CARE UNIT	4,595,056		4,595,056	43,237	4,638,293
33	NURSERY	229,146		229,146		229,146
34	SKILLED NURSING FACILITY	3,037,919		3,037,919		3,037,919
36	OTHER LONG TERM CARE	897,177		897,177		897,177
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	29,668,879		29,668,879	100,462	29,769,341
37	01 ORTHO MEDICAL	400,541		400,541		400,541
38	RECOVERY ROOM	1,270,412		1,270,412		1,270,412
39	DELIVERY ROOM & LABOR ROO	499,859		499,859		499,859
40	ANESTHESIOLOGY	1,762,911		1,762,911		1,762,911
41	RADIOLOGY-DIAGNOSTIC	23,585,801		23,585,801		23,585,801
42	RADIOLOGY-THERAPEUTIC	5,607,037		5,607,037	1,556	5,608,593
44	LABORATORY	11,021,762		11,021,762		11,021,762
49	RESPIRATORY THERAPY	1,543,565		1,543,565	58,730	1,602,295
50	PHYSICAL THERAPY	6,583,902		6,583,902		6,583,902
51	OCCUPATIONAL THERAPY	1,034,119		1,034,119		1,034,119
52	SPEECH PATHOLOGY	457,398		457,398		457,398
53	ELECTROCARDIOLOGY	4,388,448		4,388,448		4,388,448
53	01 CATH LAB	8,513,147		8,513,147		8,513,147
53	02 NEUROPSYCH REHAB	798		798		798
54	ELECTROENCEPHALOGRAPHY	1,223,149		1,223,149	54,231	1,277,380
55	MEDICAL SUPPLIES CHARGED	4,778,144		4,778,144		4,778,144
56	DRUGS CHARGED TO PATIENTS	14,940,860		14,940,860		14,940,860
58	ASC (NON-DISTINCT PART)	4,231,775		4,231,775		4,231,775
59	RENAL DIALYSIS	770,464		770,464	29,570	800,034
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	543,916		543,916		543,916
61	EMERGENCY	6,176,491		6,176,491		6,176,491
62	OBSERVATION BEDS (NON-DIS	2,258,910		2,258,910		2,258,910
62	01 OBSERVATION BEDS (DISTINC	1,168,827		1,168,827		1,168,827
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	167,131,069		167,131,069	367,951	167,499,020
102	LESS OBSERVATION BEDS	2,258,910		2,258,910		2,258,910
103	TOTAL	164,872,159		164,872,159	367,951	165,240,110

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	19,883,521		19,883,521			
26	INTENSIVE CARE UNIT	8,576,677		8,576,677			
27	CORONARY CARE UNIT	4,851,291		4,851,291			
33	NURSERY	760,086		760,086			
34	SKILLED NURSING FACILITY	893,069		893,069			
36	OTHER LONG TERM CARE	541,287		541,287			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	55,547,125	81,173,455	136,720,580	.217004	.217004	.217739
37 01	ORTHO MEDICAL	94,840	1,259,754	1,354,594	.295691	.295691	.295691
38	RECOVERY ROOM	2,080,320	3,659,457	5,739,777	.221335	.221335	.221335
39	DELIVERY ROOM & LABOR ROO	4,654,373	1,680,562	6,334,935	.078905	.078905	.078905
40	ANESTHESIOLOGY	1,799,054	2,386,106	4,185,160	.421229	.421229	.421229
41	RADIOLOGY-DIAGNOSTIC	35,635,046	142,719,322	178,354,368	.132241	.132241	.132241
42	RADIOLOGY-THERAPEUTIC	459,251	20,447,094	20,906,345	.268198	.268198	.268272
44	LABORATORY	40,971,080	75,137,208	116,108,288	.094927	.094927	.094927
49	RESPIRATORY THERAPY	9,515,851	418,189	9,934,040	.155381	.155381	.161293
50	PHYSICAL THERAPY	6,236,074	16,440,746	22,676,820	.290336	.290336	.290336
51	OCCUPATIONAL THERAPY	3,599,387	7,566,137	11,165,524	.092617	.092617	.092617
52	SPEECH PATHOLOGY	543,418	1,367,568	1,910,986	.239352	.239352	.239352
53	ELECTROCARDIOLOGY	6,779,525	25,066,033	31,845,558	.137804	.137804	.137804
53 01	CATH LAB	28,618,899	23,822,279	52,441,178	.162337	.162337	.162337
53 02	NEUROPSYCH REHAB						
54	ELECTROENCEPHALOGRAPHY	603,479	7,148,702	7,752,181	.157781	.157781	.164777
55	MEDICAL SUPPLIES CHARGED	6,663,558	5,666,264	12,329,822	.387527	.387527	.387527
56	DRUGS CHARGED TO PATIENTS	18,203,179	14,616,868	32,820,047	.455236	.455236	.455236
58	ASC (NON-DISTINCT PART)	47,382	7,448,835	7,496,217	.564521	.564521	.564521
59	RENAL DIALYSIS	1,339,465	261,905	1,601,370	.481128	.481128	.499593
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	95,881	1,390,824	1,486,705	.365853	.365853	.365853
61	EMERGENCY	11,317,884	38,863,938	50,181,822	.123082	.123082	.123082
62	OBSERVATION BEDS (NON-DIS		2,919,609	2,919,609	.773703	.773703	.773703
62 01	OBSERVATION BEDS (DISTINC		2,241,654	2,241,654	.521413	.521413	.521413
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	270,311,002	483,702,509	754,013,511			
102	LESS OBSERVATION BEDS						
103	TOTAL	270,311,002	483,702,509	754,013,511			

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	29,668,879	3,460,390	26,208,489			29,668,879
37 01	ORTHO MEDICAL	400,541	62,669	337,872			400,541
38	RECOVERY ROOM	1,270,412	95,382	1,175,030			1,270,412
39	DELIVERY ROOM & LABOR ROO	499,859	80,852	419,007			499,859
40	ANESTHESIOLOGY	1,762,911	232,565	1,530,346			1,762,911
41	RADIOLOGY-DIAGNOSTIC	23,585,801	4,853,583	18,732,218			23,585,801
42	RADIOLOGY-THERAPEUTIC	5,607,037	1,850,713	3,756,324			5,607,037
44	LABORATORY	11,021,762	920,799	10,100,963			11,021,762
49	RESPIRATORY THERAPY	1,543,565	81,150	1,462,415			1,543,565
50	PHYSICAL THERAPY	6,583,902	481,808	6,102,094			6,583,902
51	OCCUPATIONAL THERAPY	1,034,119	58,572	975,547			1,034,119
52	SPEECH PATHOLOGY	457,398	29,485	427,913			457,398
53	ELECTROCARDIOLOGY	4,388,448	709,463	3,678,985			4,388,448
53 01	CATH LAB	8,513,147	912,874	7,600,273			8,513,147
53 02	NEUROPSYCH REHAB	798	704	94			798
54	ELECTROENCEPHALOGRAPHY	1,223,149	156,907	1,066,242			1,223,149
55	MEDICAL SUPPLIES CHARGED	4,778,144	186,859	4,591,285			4,778,144
56	DRUGS CHARGED TO PATIENTS	14,940,860	508,416	14,432,444			14,940,860
58	ASC (NON-DISTINCT PART)	4,231,775	367,287	3,864,488			4,231,775
59	RENAL DIALYSIS	770,464	42,903	727,561			770,464
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	543,916	39,433	504,483			543,916
61	EMERGENCY	6,176,491	946,530	5,229,961			6,176,491
62	OBSERVATION BEDS (NON-DIS	2,258,910	279,971	1,978,939			2,258,910
62 01	OBSERVATION BEDS (DISTINC	1,168,827	88,232	1,080,595			1,168,827
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	132,431,115	16,447,547	115,983,568			132,431,115
102	LESS OBSERVATION BEDS	2,258,910	279,971	1,978,939			2,258,910
103	TOTAL	130,172,205	16,167,576	114,004,629			130,172,205

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	29,668,879	3,460,390	26,208,489	346,039	1,520,092	27,802,748
37	01 ORTHO MEDICAL	400,541	62,669	337,872	6,267	19,597	374,677
38	RECOVERY ROOM	1,270,412	95,382	1,175,030	9,538	68,152	1,192,722
39	DELIVERY ROOM & LABOR ROO	499,859	80,852	419,007	8,085	24,302	467,472
40	ANESTHESIOLOGY	1,762,911	232,565	1,530,346	23,257	88,760	1,650,894
41	RADIOLOGY-DIAGNOSTIC	23,585,801	4,853,583	18,732,218	485,358	1,086,469	22,013,974
42	RADIOLOGY-THERAPEUTIC	5,607,037	1,850,713	3,756,324	185,071	217,867	5,204,099
44	LABORATORY	11,021,762	920,799	10,100,963	92,080	585,856	10,343,826
49	RESPIRATORY THERAPY	1,543,565	81,150	1,462,415	8,115	84,820	1,450,630
50	PHYSICAL THERAPY	6,583,902	481,808	6,102,094	48,181	353,921	6,181,800
51	OCCUPATIONAL THERAPY	1,034,119	58,572	975,547	5,857	56,582	971,680
52	SPEECH PATHOLOGY	457,398	29,485	427,913	2,949	24,819	429,630
53	ELECTROCARDIOLOGY	4,388,448	709,463	3,678,985	70,946	213,381	4,104,121
53	01 CATH LAB	8,513,147	912,874	7,600,273	91,287	440,816	7,981,044
53	02 NEUROPSYCH REHAB	798	704	94	70	5	723
54	ELECTROENCEPHALOGRAPHY	1,223,149	156,907	1,066,242	15,691	61,842	1,145,616
55	MEDICAL SUPPLIES CHARGED	4,778,144	186,859	4,591,285	18,686	266,295	4,493,163
56	DRUGS CHARGED TO PATIENTS	14,940,860	508,416	14,432,444	50,842	837,082	14,052,936
58	ASC (NON-DISTINCT PART)	4,231,775	367,287	3,864,488	36,729	224,140	3,970,906
59	RENAL DIALYSIS	770,464	42,903	727,561	4,290	42,199	723,975
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	543,916	39,433	504,483	3,943	29,260	510,713
61	EMERGENCY	6,176,491	946,530	5,229,961	94,653	303,338	5,778,500
62	OBSERVATION BEDS (NON-DIS	2,258,910	279,971	1,978,939	27,997	114,778	2,116,135
62	01 OBSERVATION BEDS (DISTINC	1,168,827	88,232	1,080,595	8,823	62,675	1,097,329
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	132,431,115	16,447,547	115,983,568	1,644,754	6,727,048	124,059,313
102	LESS OBSERVATION BEDS	2,258,910	279,971	1,978,939	27,997	114,778	2,116,135
103	TOTAL	130,172,205	16,167,576	114,004,629	1,616,757	6,612,270	121,943,178

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	136,720,580	.203355	.214473
37 01	ORTHO MEDICAL	1,354,594	.276597	.291064
38	RECOVERY ROOM	5,739,777	.207799	.219673
39	DELIVERY ROOM & LABOR ROO	6,334,935	.073793	.077629
40	ANESTHESIOLOGY	4,185,160	.394464	.415672
41	RADIOLOGY-DIAGNOSTIC	178,354,368	.123428	.129520
42	RADIOLOGY-THERAPEUTIC	20,906,345	.248924	.259345
44	LABORATORY	116,108,288	.089088	.094134
49	RESPIRATORY THERAPY	9,934,040	.146026	.154565
50	PHYSICAL THERAPY	22,676,820	.272604	.288212
51	OCCUPATIONAL THERAPY	11,165,524	.087025	.092093
52	SPEECH PATHOLOGY	1,910,986	.224821	.237809
53	ELECTROCARDIOLOGY	31,845,558	.128876	.135576
53 01	CATH LAB	52,441,178	.152190	.160596
53 02	NEUROPSYCH REHAB			
54	ELECTROENCEPHALOGRAPHY	7,752,181	.147780	.155757
55	MEDICAL SUPPLIES CHARGED	12,329,822	.364414	.386012
56	DRUGS CHARGED TO PATIENTS	32,820,047	.428181	.453687
58	ASC (NON-DISTINCT PART)	7,496,217	.529721	.559622
59	RENAL DIALYSIS	1,601,370	.452097	.478449
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,486,705	.343520	.363201
61	EMERGENCY	50,181,822	.115151	.121196
62	OBSERVATION BEDS (NON-DIS	2,919,609	.724801	.764114
62 01	OBSERVATION BEDS (DISTINC	2,241,654	.489518	.517477
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	718,507,580		
102	LESS OBSERVATION BEDS	2,919,609		
103	TOTAL	715,587,971		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO:
14-0135

PERIOD:
FROM 10/1/2009
TO 9/30/2010

PREPARED 2/24/2011
WORKSHEET D
PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	81,746		81,746	2,517,167		2,517,167
26	INTENSIVE CARE UNIT	14,386		14,386	483,676		483,676
27	CORONARY CARE UNIT	13,534		13,534	443,096		443,096
33	NURSERY	1,486		1,486	47,004		47,004
101	TOTAL	111,152		111,152	3,490,943		3,490,943

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	35,061	18,535	2.33	43,187	71.79	1,330,628
26	INTENSIVE CARE UNIT	5,058	3,696	2.84	10,497	95.63	353,448
27	CORONARY CARE UNIT	4,144	2,090	3.27	6,834	106.92	223,463
33	NURSERY	2,429		.61		19.35	
101	TOTAL	46,692	24,321		60,518		1,907,539

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0135
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 COMPONENT NO: 14-0135
 PREPARED 2/24/2011
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.024918	814,166
37 01	ORTHO MEDICAL	.045251	2,542
38	RECOVERY ROOM	.016174	25,011
39	DELIVERY ROOM & LABOR ROO	.012384	580
40	ANESTHESIOLOGY	.054976	47,114
41	RADIOLOGY-DIAGNOSTIC	.027022	660,680
42	RADIOLOGY-THERAPEUTIC	.088133	34,903
44	LABORATORY	.007820	201,901
49	RESPIRATORY THERAPY	.008109	50,068
50	PHYSICAL THERAPY	.020752	62,977
51	OCCUPATIONAL THERAPY	.005169	9,509
52	SPEECH PATHOLOGY	.015040	4,596
53	ELECTROCARDIOLOGY	.021896	142,324
53 01	CATH LAB	.017129	300,613
53 02	NEUROPSYCH REHAB		
54	ELECTROENCEPHALOGRAPHY	.019950	8,758
55	MEDICAL SUPPLIES CHARGED	.014906	92,250
56	DRUGS CHARGED TO PATIENTS	.015289	163,087
58	ASC (NON-DISTINCT PART)	.048253	2,224
59	RENAL DIALYSIS	.026564	26,255
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.026385	862
61	EMERGENCY	.018221	148,071
62	OBSERVATION BEDS (NON-DIS	.092878	
62 01	OBSERVATION BEDS (DISTINC	.038092	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		2,798,491

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

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

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
	TO 9/30/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	35,061		18,535	
26	INTENSIVE CARE UNIT	5,058		3,696	
27	CORONARY CARE UNIT	4,144		2,090	
33	NURSERY	2,429			
34	SKILLED NURSING FACILITY	5,081		4,358	
101	TOTAL	51,773		28,679	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37 01	ORTHO MEDICAL						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY				574,902		
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CATH LAB						
53 02	NEUROPSYCH REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62 01	OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL				574,902		

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			136,720,580			32,673,809	
37	01 OPERATING ROOM			1,354,594			56,173	
38	RECOVERY ROOM			5,739,777			1,546,363	
39	DELIVERY ROOM & LABOR ROO			6,334,935			46,865	
40	ANESTHESIOLOGY	574,902	574,902	4,185,160	.137367	.137367	856,984	117,721
41	RADIOLOGY-DIAGNOSTIC			178,354,368			24,449,725	
42	RADIOLOGY-THERAPEUTIC			20,906,345			396,022	
44	LABORATORY			116,108,288			25,818,537	
49	RESPIRATORY THERAPY			9,934,040			6,174,380	
50	PHYSICAL THERAPY			22,676,820			3,034,759	
51	OCCUPATIONAL THERAPY			11,165,524			1,839,539	
52	SPEECH PATHOLOGY			1,910,986			305,577	
53	ELECTROCARDIOLOGY			31,845,558			6,499,999	
53	01 CATH LAB			52,441,178			17,549,926	
53	02 NEUROPSYCH REHAB							
54	ELECTROENCEPHALOGRAPHY			7,752,181			438,980	
55	MEDICAL SUPPLIES CHARGED			12,329,822			6,188,787	
56	DRUGS CHARGED TO PATIENTS			32,820,047			10,666,972	
58	ASC (NON-DISTINCT PART)			7,496,217			46,081	
59	RENAL DIALYSIS			1,601,370			988,356	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,486,705			32,663	
61	EMERGENCY			50,181,822			8,126,402	
62	OBSERVATION BEDS (NON-DIS			2,919,609				
62	01 OBSERVATION BEDS (DISTINC			2,241,654				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	574,902	574,902	718,507,580			147,736,899	117,721

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	22,562,941					
37 01	ORTHO MEDICAL	147,265					
38	RECOVERY ROOM	2,447,109					
39	DELIVERY ROOM & LABOR ROO	3,269					
40	ANESTHESIOLOGY	574,367			78,899		
41	RADIOLOGY-DIAGNOSTIC	50,429,310					
42	RADIOLOGY-THERAPEUTIC	11,906,701					
44	LABORATORY	2,511,272					
49	RESPIRATORY THERAPY	94,335					
50	PHYSICAL THERAPY	274,682					
51	OCCUPATIONAL THERAPY	19,942					
52	SPEECH PATHOLOGY	3,839					
53	ELECTROCARDIOLOGY	10,243,094					
53 01	CATH LAB	12,115,271					
53 02	NEUROPSYCH REHAB						
54	ELECTROENCEPHALOGRAPHY	2,222,735					
55	MEDICAL SUPPLIES CHARGED	2,253,495					
56	DRUGS CHARGED TO PATIENTS	6,126,591					
58	ASC (NON-DISTINCT PART)	1,461,001					
59	RENAL DIALYSIS	216,610					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	116,858					
61	EMERGENCY	8,187,442					
62	OBSERVATION BEDS (NON-DIS	230,042					
62 01	OBSERVATION BEDS (DISTINC	69,473					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	134,217,644			78,899		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				4,896,248	
37 01 ORTHO MEDICAL				43,545	
38 RECOVERY ROOM				541,631	
39 DELIVERY ROOM & LABOR ROOM				258	
40 ANESTHESIOLOGY				241,940	
41 RADIOLOGY-DIAGNOSTIC				6,668,822	
42 RADIOLOGY-THERAPEUTIC				3,193,353	
44 LABORATORY				238,388	
49 RESPIRATORY THERAPY				14,658	
50 PHYSICAL THERAPY				79,750	
51 OCCUPATIONAL THERAPY				1,847	
52 SPEECH PATHOLOGY				919	
53 ELECTROCARDIOLOGY				1,411,539	
53 01 CATH LAB				1,966,757	
53 02 NEUROPSYCH REHAB					
54 ELECTROENCEPHALOGRAPHY				350,705	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				873,290	
56 DRUGS CHARGED TO PATIENTS				2,789,045	
58 ASC (NON-DISTINCT PART)				824,766	
59 RENAL DIALYSIS				104,217	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				42,753	
61 EMERGENCY				1,007,727	
62 OBSERVATION BEDS (NON-DISTINCT PART)				177,984	
62 01 OBSERVATION BEDS (DISTINCT PART)				36,224	
101 SUBTOTAL				25,506,366	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				25,506,366	

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0135
 COMPONENT NO: 14-5543
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/24/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37 01	ORTHO MEDICAL						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CATH LAB						
53 02	NEUROPSYCH REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62 01	OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY 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										
	OPERATING ROOM										
37 01	ORTHO MEDICAL										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY					574,902					
41	RADIOLOGY-DIAGNOSTIC										
42	RADIOLOGY-THERAPEUTIC										
44	LABORATORY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53 01	CATH LAB										
53 02	NEUROPSYCH REHAB										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
58	ASC (NON-DISTINCT PART)										
59	RENAL DIALYSIS										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
62 01	OBSERVATION BEDS (DISTINC										
	OTHER REIMBURS COST CNTRS										
101	TOTAL					574,902					

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			136,720,580				
37 01	ORTHO MEDICAL			1,354,594			4,829	
38	RECOVERY ROOM			5,739,777				
39	DELIVERY ROOM & LABOR ROO			6,334,935				
40	ANESTHESIOLOGY	574,902	574,902	4,185,160	.137367	.137367		
41	RADIOLOGY-DIAGNOSTIC			178,354,368			119,568	
42	RADIOLOGY-THERAPEUTIC			20,906,345				
44	LABORATORY			116,108,288			568,117	
49	RESPIRATORY THERAPY			9,934,040			311,579	
50	PHYSICAL THERAPY			22,676,820			1,816,620	
51	OCCUPATIONAL THERAPY			11,165,524			1,014,554	
52	SPEECH PATHOLOGY			1,910,986			134,741	
53	ELECTROCARDIOLOGY			31,845,558			11,417	
53 01	CATH LAB			52,441,178				
53 02	NEUROPSYCH REHAB							
54	ELECTROENCEPHALOGRAPHY			7,752,181			9,869	
55	MEDICAL SUPPLIES CHARGED			12,329,822			58,196	
56	DRUGS CHARGED TO PATIENTS			32,820,047			511,948	
58	ASC (NON-DISTINCT PART)			7,496,217				
59	RENAL DIALYSIS			1,601,370			259	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,486,705				
61	EMERGENCY			50,181,822				
62	OBSERVATION BEDS (NON-DIS			2,919,609				
62 01	OBSERVATION BEDS (DISTINC			2,241,654				
	OTHER REIMBURS COST CNTRS							
101	TOTAL	574,902	574,902	718,507,580			4,561,697	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37 01	ORTHO MEDICAL						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CATH LAB						
53 02	NEUROPSYCH REHAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	ASC (NON-DISTINCT PART)						
59	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62 01	OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0135
 COMPONENT NO: 14-0135
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/24/2011
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		9,165,666	
26	INTENSIVE CARE UNIT		4,083,293	
27	CORONARY CARE UNIT		2,996,172	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.217739	32,673,809	7,114,362
37 01	ORTHO MEDICAL	.295691	56,173	16,610
38	RECOVERY ROOM	.221335	1,546,363	342,264
39	DELIVERY ROOM & LABOR ROOM	.078905	46,865	3,698
40	ANESTHESIOLOGY	.421229	856,984	360,987
41	RADIOLOGY-DIAGNOSTIC	.132241	24,449,725	3,233,256
42	RADIOLOGY-THERAPEUTIC	.268272	396,022	106,242
44	LABORATORY	.094927	25,818,537	2,450,876
49	RESPIRATORY THERAPY	.161293	6,174,380	995,884
50	PHYSICAL THERAPY	.290336	3,034,759	881,100
51	OCCUPATIONAL THERAPY	.092617	1,839,539	170,373
52	SPEECH PATHOLOGY	.239352	305,577	73,140
53	ELECTROCARDIOLOGY	.137804	6,499,999	895,726
53 01	CATH LAB	.162337	17,549,926	2,849,002
53 02	NEUROPSYCH REHAB			
54	ELECTROENCEPHALOGRAPHY	.164777	438,980	72,334
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.387527	6,188,787	2,398,322
56	DRUGS CHARGED TO PATIENTS	.455236	10,666,972	4,855,990
58	ASC (NON-DISTINCT PART)	.564521	46,081	26,014
59	RENAL DIALYSIS	.499593	988,356	493,776
60	OUTPAT SERVICE COST CNTRS CLINIC	.365853	32,663	11,950
61	EMERGENCY	.123082	8,126,402	1,000,214
62	OBSERVATION BEDS (NON-DISTINCT PART)	.773703		
62 01	OBSERVATION BEDS (DISTINCT PART)	.521413		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		147,736,899	28,352,120
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		147,736,899	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0135
 COMPONENT NO: 14-5543
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/24/2011
 WORKSHEET D-4

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.217004		
37 01	ORTHO MEDICAL	.295691	4,829	1,428
38	RECOVERY ROOM	.221335		
39	DELIVERY ROOM & LABOR ROOM	.078905		
40	ANESTHESIOLOGY	.421229		
41	RADIOLOGY-DIAGNOSTIC	.132241	119,568	15,812
42	RADIOLOGY-THERAPEUTIC	.268198		
44	LABORATORY	.094927	568,117	53,930
49	RESPIRATORY THERAPY	.155381	311,579	48,413
50	PHYSICAL THERAPY	.290336	1,816,620	527,430
51	OCCUPATIONAL THERAPY	.092617	1,014,554	93,965
52	SPEECH PATHOLOGY	.239352	134,741	32,251
53	ELECTROCARDIOLOGY	.137804	11,417	1,573
53 01	CATH LAB	.162337		
53 02	NEUROPSYCH REHAB			
54	ELECTROENCEPHALOGRAPHY	.157781	9,869	1,557
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.387527	58,196	22,553
56	DRUGS CHARGED TO PATIENTS	.455236	511,948	233,057
58	ASC (NON-DISTINCT PART)	.564521		
59	RENAL DIALYSIS	.481128	259	125
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.365853		
61	EMERGENCY	.123082		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.773703		
62 01	OBSERVATION BEDS (DISTINCT PART)	.521413		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4,561,697	1,032,094
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,561,697	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10,272,308	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	30,816,923	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	362,016	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	268.65	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	5.81	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	5.81	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	12.77	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	5.81	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	5.81	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	5.81	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	5.81	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.021627	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.021414	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)	.021414	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	119,508	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	358,524	
	SUM OF LINES 3.21 - 3.23	
	478,032	
	PLUS E-3, PT VI, LINE 23	
	282,406	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	760,438	
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		5.21
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		16.69
4.02 SUM OF LINES 4 AND 4.01		21.90
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		7.28
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		2,991,296
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
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)	45,202,981	
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)	45,202,981	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,695,498	
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)	401,953	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	117,721	
16 TOTAL	49,418,153	
17 PRIMARY PAYER PAYMENTS	84,649	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	49,333,504	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,640,500	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	60,196	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	762,999	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	534,099	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	679,657	
22 SUBTOTAL	45,166,907	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
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	45,166,907	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	44,882,605	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	284,302	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	24,137	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	25,427,467
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	24,489,425
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.	78,899
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)	24,568,324

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	5,846,196
19	SUBTOTAL (SEE INSTRUCTIONS)	18,722,128
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	213,603
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	18,935,731
24	PRIMARY PAYER PAYMENTS	4,190
25	SUBTOTAL	18,931,541

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	962,560
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	673,792
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	880,556
28	SUBTOTAL	19,605,333
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	19,605,333
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	19,493,223
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	112,110
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-3
14-5543		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	7.19
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	7.19
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	12.78
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	7.19
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.	12.77
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	12.77
3.10	SEE INSTRUCTIONS	7.18
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.12	SEE INSTRUCTIONS	
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	74,487.72
3.18	SEE INSTRUCTIONS	
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	7.17
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	7.19
3.21	SEE INSTRUCTIONS	RES INIT YEARS
3.22	SEE INSTRUCTIONS	7.18
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	74,487.72
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	534,822
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	534,822

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		24,321
5	TOTAL INPATIENT DAYS		40,486
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.600726
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	321,281 294,275	615,556
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		40,486
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.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES

TITLE XVIII

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 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)	48,073,929
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	84,649
16	TOTAL PART A REASONABLE COST	47,989,280

PART B REASONABLE COST

17	REASONABLE COST	25,506,366
18	PRIMARY PAYER PAYMENTS	4,190
19	TOTAL PART B REASONABLE COST	25,502,176
20	TOTAL REASONABLE COST	73,491,456
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.652991
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.347009

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)	615,556
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	401,953
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	213,603

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)		
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	5.82	
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	5.59	
7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	5.59	
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	87,632.62	
9 MULTIPLY LINE 7 TIMES LINE 8	489,866	
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.600726	
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	294,275	
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])		

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)		
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)		
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP		

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	7.20	
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6.96	
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	6.96	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.025907	
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.006873	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	41,089,231	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	282,406	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	22,426,468			
2 TEMPORARY INVESTMENTS	14,000,000			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	52,018,320			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-12,150,000			
7 INVENTORY	3,427,292			
8 PREPAID EXPENSES	6,524,454			
9 OTHER CURRENT ASSETS	145,138			
10 DUE FROM OTHER FUNDS	671,110			
11 TOTAL CURRENT ASSETS	87,062,782			
FIXED ASSETS				
12 LAND	127,020,676			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS				
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	127,020,676			
OTHER ASSETS				
22 INVESTMENTS	129,688,029			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	46,415,043			
26 TOTAL OTHER ASSETS	176,103,072			
27 TOTAL ASSETS	390,186,530			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,394,162			
29 SALARIES, WAGES & FEES PAYABLE	16,101,367			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,980,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	17,089,391			
35 OTHER CURRENT LIABILITIES	5,441,808			
36 TOTAL CURRENT LIABILITIES	46,006,728			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	66,719,688			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	10,992,143			
42 TOTAL LONG-TERM LIABILITIES	77,711,831			
43 TOTAL LIABILITIES	123,718,559			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	266,467,971			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	266,467,971			
52 TOTAL LIABILITIES AND FUND BALANCES	390,186,530			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		251,760,229		
2	NET INCOME (LOSS)		12,481,333		
3	TOTAL		264,241,562		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM	2,226,410			
6					
7					
8					
9					
10	TOTAL ADDITIONS		2,226,410		
11	SUBTOTAL		266,467,972		
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		266,467,972		

		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	22,332,397		22,332,397
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	897,969		897,969
8 00 OTHER LONG TERM CARE	541,287		541,287
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	23,771,653		23,771,653
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	8,797,977		8,797,977
11 00 CORONARY CARE UNIT	5,870,377		5,870,377
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	14,668,354		14,668,354
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	38,440,007		38,440,007
17 00 ANCILLARY SERVICES	226,436,165	447,047,567	673,483,732
18 00 OUTPATIENT SERVICES	11,544,520	43,028,348	54,572,868
19 00 HOME HEALTH AGENCY		3,046,221	3,046,221
23 00 HOSPICE		1,314,275	1,314,275
24 00 NON-REIMBURSABLE COST CENTERS	6,051,218	60,952,118	67,003,336
25 00 TOTAL PATIENT REVENUES	282,471,910	555,388,529	837,860,439

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		259,497,544	
ADD (SPECIFY)			
27 00 BAD DEBTS	28,084,856		
28 00 NET ASSETS RELEASED	349,001		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		28,433,857	
DEDUCT (SPECIFY)			
34 00 RESTRICTED DISBURSEMENTS	1,939		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		1,939	
40 00 TOTAL OPERATING EXPENSES		287,929,462	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0135 PERIOD: FROM 10/1/2009 TO 9/30/2010 PREPARED 2/24/2011 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	837,860,439
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	558,699,688
3	NET PATIENT REVENUES	279,160,751
4	LESS: TOTAL OPERATING EXPENSES	287,929,462
5	NET INCOME FROM SERVICE TO PATIENTS	-8,768,711
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	11,104,351
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	165,089
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	486,439
11	REBATES AND REFUNDS OF EXPENSES	43
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	1,721
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,801,218
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	82,408
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	45,005
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	6,540,262
24.01	TRUST DISTRIBUTION	674,507
24.02	NET ASSETS RELEASED	349,001
25	TOTAL OTHER INCOME	21,250,044
26	TOTAL	12,481,333
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	12,481,333

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1					5,886	5,886
2					14,125	14,125
3					90,555	90,555
4			116,942			116,942
5	552,257	155,675		22,482	75,442	805,856
HHA REIMBURSABLE SERVICES						
6	952,411					952,411
7	281,822					281,822
8	120,638					120,638
9	54,852					54,852
10	76,228					76,228
11	38,617					38,617
12					49,940	49,940
13					104	104
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,076,825	155,675	116,942	22,482	236,052	2,607,976

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1	-5,886			
2	-14,125			
3		90,555		90,555
4		116,942		116,942
5		805,856	-29,888	775,968
HHA REIMBURSABLE SERVICES				
6		952,411		952,411
7		281,822		281,822
8		120,638		120,638
9		54,852		54,852
10		76,228		76,228
11		38,617		38,617
12		49,940		49,940
13		104		104
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-20,011	2,587,965	-29,888	2,558,077

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (5A	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT		90,555			
4	TRANSPORTATION			116,942		
5	ADMINISTRATIVE & GENERAL		90,555	116,942	-983,465	1,574,612
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					952,411
7	PHYSICAL THERAPY					281,822
8	OCCUPATIONAL THERAPY					120,638
9	SPEECH PATHOLOGY					54,852
10	MEDICAL SOCIAL SERVICES					76,228
11	HOME HEALTH AIDE					38,617
12	SUPPLIES					49,940
13	DRUGS					104
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)		90,555	116,942	-983,465	1,574,612
25	COST TO BE ALLOCATED		90,555	116,942		983,465
26	UNIT COST MULTIPLIER		1.000000	1.000000		.624576

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL		3,028		70,782	14,566	328,886
2 SKILLED NURSING CARE	1,547,265					
3 PHYSICAL THERAPY	457,841					
4 OCCUPATIONAL THERAPY	195,986					
5 SPEECH PATHOLOGY	89,111					
6 MEDICAL SOCIAL SERVICES	123,838					
7 HOME HEALTH AIDE	62,736					
8 SUPPLIES	81,131					
9 DRUGS	169					
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)	2,558,077	3,028		70,782	14,566	328,886
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	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	417,262	69,473	106,348		68,438	
2 SKILLED NURSING CARE	1,547,265	257,615				
3 PHYSICAL THERAPY	457,841	76,229				
4 OCCUPATIONAL THERAPY	195,986	32,631				
5 SPEECH PATHOLOGY	89,111	14,837				
6 MEDICAL SOCIAL SERVICES	123,838	20,619				
7 HOME HEALTH AIDE	62,736	10,445				
8 SUPPLIES	81,131	13,508				
9 DRUGS	169	28				
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)	2,975,339	495,385	106,348		68,438	
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	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NONPHYSICIAN ANESTHETIST 20
1 ADMIN & GENERAL	87,344		7,510	33		
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)	87,344		7,510	33		
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	PARAMED ED PRGM 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL				756,408		756,408
2 SKILLED NURSING CARE				1,804,880		1,804,880
3 PHYSICAL THERAPY				534,070		534,070
4 OCCUPATIONAL THERAPY				228,617		228,617
5 SPEECH PATHOLOGY				103,948		103,948
6 MEDICAL SOCIAL SERVICES				144,457		144,457
7 HOME HEALTH AIDE				73,181		73,181
8 SUPPLIES				94,639		94,639
9 DRUGS				197		197
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)				3,740,397		3,740,397
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	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	457,516	2,262,396
3 PHYSICAL THERAPY	135,381	669,451
4 OCCUPATIONAL THERAPY	57,952	286,569
5 SPEECH PATHOLOGY	26,350	130,298
6 MEDICAL SOCIAL SERVICES	36,618	181,075
7 HOME HEALTH AIDE	18,551	91,732
8 SUPPLIES	23,990	118,629
9 DRUGS	50	247
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)	756,408	3,740,397
21 UNIT COST MULTIPLIER	0.253489	

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6A
1 ADMIN & GENERAL	4,094		4,094	14,125	2,076,825	
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)	4,094		4,094	14,125	2,076,825	
21 COST TO BE ALLOCATED	3,028		70,782	14,566	328,886	
22 UNIT COST MULTIPLIER	0.739619		17.289204	1.031221	0.158360	

HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)
	6	8	9	10	11	12
1 ADMIN & GENERAL	417,262	4,094		4,094		3,759
2 SKILLED NURSING CARE	1,547,265					
3 PHYSICAL THERAPY	457,841					
4 OCCUPATIONAL THERAPY	195,986					
5 SPEECH PATHOLOGY	89,111					
6 MEDICAL SOCIAL SERVICES	123,838					
7 HOME HEALTH AIDE	62,736					
8 SUPPLIES	81,131					
9 DRUGS	169					
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)	2,975,339	4,094		4,094		3,759
21 COST TO BE ALLOCATED	495,385	106,348		68,438		87,344
22 UNIT COST MULTIPLIER	0.166497	25.976551		16.716659		23.235967

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 14	CENTRAL SERVICES & SUPPLIES (COSTED) REQUIS. 15	PHARMACY (COSTED) REQUIS. 16	MEDICAL RECORDS & LIBRARIES (GROSS) CHARGES 17	NONPHYSICIAN ANESTHETIST (ASSIGNED) TIME 20	I & R SERVICES - SALARY & FR (ASSIGNED) TIME 22
1 ADMIN & GENERAL		49,940	104			
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)		49,940	104			
21 COST TO BE ALLOCATED		7,510	33			
22 UNIT COST MULTIPLIER		0.150380	0.317308			

HHA COST CENTER	I & R SERVICES - OTHER PRGM (ASSIGNED) TIME 23	PARAMEDIC RGM (ASSIGNED) TIME 24
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 WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	2,262,396		2,262,396	12,780	177.03	4,678
2 PHYSICAL THERAPY	3	669,451	53,367	722,818	5,204	138.90	3,053
3 OCCUPATIONAL THERAPY	4	286,569	2,353	288,922	1,046	276.22	579
4 SPEECH PATHOLOGY	5	130,298	936	131,234	93	1,411.12	54
5 MEDICAL SOCIAL SERVICES	6	181,075		181,075	319	567.63	32
6 HOME HEALTH AIDE SERVICE	7	91,732		91,732	1,350	67.95	399
7 TOTAL		3,621,521	56,656	3,678,177	20,792		8,795

	-----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
1 SKILLED NURSING	3,195		828,146	565,611	1,393,757
2 PHYSICAL THERAPY	697		424,062	96,813	520,875
3 OCCUPATIONAL THERAPY	284		159,931	78,446	238,377
4 SPEECH PATHOLOGY	5		76,200	7,056	83,256
5 MEDICAL SOCIAL SERVICES	33		18,164	18,732	36,896
6 HOME HEALTH AIDE SERVICES	762		27,112	51,778	78,890
7 TOTAL	4,976		1,533,615	818,436	2,352,051

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

	-----PROGRAM VISITS-----		-----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
8 SKILLED NURSING					
9 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
14 TOTAL					

PROVIDER NO: 14-0135
 HHA NO: 14-7206
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/24/2011
 WORKSHEET H-6
 PARTS III & III
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	118,629	7,450	126,079	80,789	1.560596	30,055
16 COST OF DRUGS	9.00	247		247			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	50,734		46,904	79,175
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

MSA NUMBER 1
 AMOUNT 2

162 PROGRAM UNDUP CENSUS FROM WRKST S-4
 17 PER BENE COST LIMITATION (FRM FI)
 18 PER BENE COST LIMITATION (LN 17*18)

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.290336	183,810	53,367	COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.092617	25,410	2,353	COL 2, LN 3
3 SPEECH PATHOLOGY	52	.239352	3,910	936	COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.387527	19,225	7,450	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.455236			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY	2	138.90	2.01	3	3.01		
2 OCCUPATIONAL THERAPY	3	276.22					
3 SPEECH PATHOLOGY	4	1,411.12					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
HHA NO:	TO 9/30/2010	WORKSHEET H-7
14-7206		PARTS I & II

TITLE XVII I

HHA 1

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

PART A

PART B
NOT SUBJECT TO
DED & COINS
2

PART B
SUBJECT TO
DED & COINS
3

1

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A
SERVICES
1

PART B
SERVICES
2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	1,346,630	641,992
10.02	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	18,844	23,771
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	27,585	18,269
10.04	TOTAL PPS REIMBURSEMENT-PEP EPIISODES	5,340	2,849
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	17,963	12,807
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	1,416,362	699,688
13	EXCESS REASONABLE COST		
14	SUBTOTAL	1,416,362	699,688
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	1,416,362	699,688
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,416,362	699,688
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	1,416,362	699,688
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	1,416,362	699,688
25	INTERIM PAYMENTS	1,416,362	699,689
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		-1
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 14-0135
HOSPICE NO: 14-1517
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/24/2011
WORKSHEET K

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF			26,571	
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	176,373	38,526		92,143
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	22,718			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	314,985			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	514,076	38,526	26,571	92,143

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K
14-1517		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.	92	92	-92	
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.	1,654	1,654	-1,654	
3 PLANT OPERATION AND MAINTENANCE	11,960	11,960		11,960
4 TRANSPORTATION - STAFF		26,571		26,571
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	90,748	397,790		397,790
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		22,718		22,718
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		314,985		314,985
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	46,806	46,806		46,806
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	31,101	31,101		31,101
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)	182,361	853,677	-1,746	851,931

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

	PROVIDER NO:		PERIOD:		PREPARED 2/24/2011
	14-0135		FROM 10/ 1/2009		WORKSHEET K
	HOSPICE NO:		TO 9/30/2010		
	14-1517				

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		11,960
4 TRANSPORTATION - STAFF		26,571
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL	-29,503	368,287
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		22,718
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		314,985
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		46,806
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		31,101
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)	-29,503	822,428

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
14-1517		

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			64,275
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPIRE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)			64,275

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
14-1517		

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			12,480	99,618
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				22,718
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	314,985			
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)	314,985		12,480	122,336

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
HOSPICE NO:	TO	WORKSHEET K-1
14-1517	9/30/2010	

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	176,373
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	22,718
8	INPATIENT - RESPIRE CARE	
9	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	314,985
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	
19	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)	514,076

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-2
14-1517		

HOSPICE 1

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

- GENERAL SERVICE COST CENTERS
- 1 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 3 PLANT OPERATION AND MAINTENANCE
- 4 TRANSPORTATION - STAFF
- 5 VOLUNTEER SERVICE COORDINATION
- 6 ADMINISTRATIVE AND GENERAL
- INPATIENT CARE SERVICE
- 7 INPATIENT - GENERAL CARE
- 8 INPATIENT - 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
14-0135	FROM 10/ 1/2009	2/24/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-2
14-1517		

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				38,526
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)				38,526

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
HOSPICE NO:	TO	WORKSHEET K-2
14-1517	9/30/2010	

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	38,526
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPI TE 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)	38,526

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-3
14-1517		

HOSPICE 1

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	14-0135	PERIOD:	FROM 10/1/2009	PREPARED	2/24/2011
HOSPICE NO:	14-1517	TO	9/30/2010	WORKSHEET	K-3

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				92,143
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)				92,143

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
HOSPICE NO:	TO	WORKSHEET K-3
14-1517	9/30/2010	

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	92,143
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPI TE 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)	92,143

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
14-1517		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	11,960			11,960
5 VOLUNTEER SERVICE COORDINATION	26,571			
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE	368,287			11,960
7 INPATIENT - GENERAL CARE	22,718			
8 INPATIENT - RESPIRE CARE				
9 VISITING SERVICES				
10 PHYSICIAN SERVICES				
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	46,806			
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	31,101			
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)	822,428			11,960

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
14-1517		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	26,571			
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	26,571		406,818	406,818
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			22,718	22,237
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			314,985	308,322
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			46,806	45,816
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			31,101	30,443
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)	26,571		415,610	406,818

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
14-1517		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	44,955
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	623,307
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	92,622
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	61,544
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)	822,428

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
14-1517		PART I I

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE			11,960	
4 TRANSPORTATION - STAFF				26,571
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL			11,960	26,571
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30				
31				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 COST TO BE ALLOCATED (PER WKST K-4, PART I)			11,960	26,571
35 UNIT COST MULTIPLIER	.000000	.000000	1.000000	1.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
14-1517		PART II

HOSPICE 1

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

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE	-406,818	415,610
9	INPATIENT - GENERAL CARE		22,718
10	INPATIENT - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		314,985
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES		
19	SPIRITUAL COUNSELING		
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOMEMAKER		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE		
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY		46,806
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		31,101
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)		406,818
45	UNIT COST MULTIPLIER	.000000	.978846

HOSPICE 1

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE	7,690	60,130
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE	106,628	833,714
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	15,845	123,888
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	10,528	82,319
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,100,051
30.00 UNIT COST MULTIPLIER	.146651	

(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	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	5	6A	6	8
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	514,076		905,543	
30.00 TOTAL COST TO BE ALLOCATED	81,409		150,770	
31.00 UNIT COST MULTIPLIER	.158360		.166497	.000000

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE)
	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL	1,807			977
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	1,807			977
30.00 TOTAL COST TO BE ALLOCATED	1,672			22,701
31.00 UNIT COST MULTIPLIER	.925291	.000000	.000000	23.235415

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	14	15	16	17
1.00 ADMINISTRATIVE AND GENERAL		31,101	46,808	
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)		31,101	46,808	
30.00 TOTAL COST TO BE ALLOCATED		4,677	14,688	
31.00 UNIT COST MULTIPLIER	.000000	.150381	.313793	.000000

HOSPICE COST CENTER	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	I&R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM COSTS APPRVD (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)
	20	22	23	24
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

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

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-5
14-1517		PART II

HOSPICE 1

HOSPICE COST CENTER	NONPHYSICIAN ANESTHETISTS	I & R SERVICES-SALARY & FRINGES APPRVD	I & R SERVICES-OTHER PRGM COSTS APPRVD	PARAMED ED PRGM
	20	22	23	24
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

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

PROVIDER NO: 14-0135
 HOSPICE NO: 14-1517
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/24/2011
 WORKSHEET K-5
 PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.290336	
2	OCCUPATIONAL THERAPY	51	.092617	
3	SPEECH PATHOLOGY	52	.239352	
4	DRUGS CHARGED TO PATIENTS	56	.455236	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.094927	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.387527	
8	EMERGENCY	61	.123082	
9	RADIOLOGY-DIAGNOSTIC	41	.132241	
10	RENAL DIALYSIS	59	.481128	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-6
14-1517		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				1,100,051
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				7,365
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				149.36
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	6,804			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,016,245			
6 UNDUPLICATED MEDICAID DAYS		547		
7 AGGREGATE MEDICAID COST		81,700		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			14	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			2,091	

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0135	FROM 10/ 1/2009	2/24/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET L
14-0135		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,354,925
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	79,224
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	112.47
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	12.77
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	3.26
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	109,371
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	5.21
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	16.69
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	21.90
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.53
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	151,978
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,695,498
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)	