

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0143	I	FROM 10/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 9/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 2/23/2011 TIME 13:09

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:
 ST. MARGARET'S HOSPITAL 14-0143

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	5	6
1	HOSPITAL	0	69,593	168,288	0	0
3	SWING BED - SNF	0	1,869	0	0	0
5	HOSPITAL-BASED SNF	0	0	0	0	0
100	TOTAL	0	71,462	168,288	0	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: 600 EAST FIRST ST P.O. BOX:
 1.01 CITY: SPRING VALLEY STATE: IL ZIP CODE: 61362- COUNTY: BUREAU

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
0	1	2	2.01	3	4	5	6
02.00	HOSPITAL	14-0143		7/ 1/1966	N	P	N
04.00	SWING BED - SNF	14-U143		6/23/2003	N	P	N
06.00	HOSPITAL-BASED SNF	14-5578		8/10/1987	N	P	N
12.00	HOSP-BASED HOSPICE	14-1595		7/ 7/1998			

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

18 TYPE OF CONTROL 1

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. N N

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 Y 99914

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

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

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

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. 2 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 6/23/2003

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 Y

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) ----- 1 2 3 4 -----
0 0.0000 0.0000

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

28.03 STAFFING % Y/N 0.00% N

28.04 RECRUITMENT 0.00% N

28.05 RETENTION 0.00% N

28.06 TRAINING 0.00% N

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N 2 3
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 35H002
 40.01 NAME: SISTERS MARY OF THE PRESENIATION HC FI/CONTRACTOR NAME CAHABA GBA FI/CONTRACTOR #
 40.02 STREET: 1202 PAGE DR SW PO BOX 10007 P.O. BOX:
 40.03 CITY: FARGO STATE: ND ZIP CODE: 58106 0007
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
49.00 SNF	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 3
 53.01 MDH PERIOD: BEGINNING: 10/ 1/2009 ENDING: 9/30/2010
 53.02 MDH PERIOD: BEGINNING: / / ENDING: / /
 53.03 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 373,702
 PAID LOSSES: 285,000
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. 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). N 0
- 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). N 0

MULTICAMPUS

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
-----	-----	-----	-----	-----	-----
62.00					0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 1/ 7/2011

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0143
 I PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/23/2011
 WORKSHEET S-3
 PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	77	28,105	2.01	3	4	5
2 HMO					5,159	886
2 01 HMO - (IRF PPS SUBPROVIDER)					543	
3 ADULTS & PED-SB SNF					1,253	
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	77	28,105			6,412	886
6 INTENSIVE CARE UNIT	6	2,190			545	90
11 NURSERY						204
12 TOTAL	83	30,295			6,957	1,180
13 RPCH VISITS						
15 SKILLED NURSING FACILITY						
21 HOSPICE						
25 TOTAL	83					
26 OBSERVATION BED DAYS						11
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS						48

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	-- INTERNS & RES. FTES -- TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			7,952				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			1,397				
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			9,349				
6 INTENSIVE CARE UNIT			1,007				
11 NURSERY			609				
12 TOTAL			10,965				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS			760				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			58				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			120				

COMPONENT	I & R FTES NET	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV --- NONPAID WORKERS	DISCHARGES TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					1,526	536	2,867
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		492.66			1,526	536	2,867
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
21 HOSPICE		6.26					
25 TOTAL		498.92					
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

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
1	SALARIES						
2	TOTAL SALARY	27,326,888		27,326,888	1,032,209.22	26.47	
3	NON-PHYSICIAN ANESTHETIST PART A						
4	NON-PHYSICIAN ANESTHETIST PART B						
4.01	PHYSICIAN - PART A						
5	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01	PHYSICIAN - PART B		6,457,624	6,457,624	37,255.50	173.33	
6	NON-PHYSICIAN - PART B						
6.01	INTERNS & RESIDENTS (APPRVD)						
7	CONTRACT SERVICES, I&R						
8	HOME OFFICE PERSONNEL SNF						
8.01	EXCLUDED AREA SALARIES	10,018,800	-8,897,169	1,121,631	48,597.04	23.08	
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR:	551,615		551,615	9,047.21	60.97	HOSPITAL RECORDS
9.02	PHARMACY SERVICES UNDER CONTRACT						
9.03	LABORATORY SERVICES UNDER CONTRACT						HOSPITAL RECORDS
10	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10.01	CONTRACT LABOR: PHYS PART A	709,593		709,593	4,698.00	151.04	TIME STUDIES
11	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
12	HOME OFFICE SALARIES & WAGE RELATED COSTS	1,314,840		1,314,840	11,200.00	117.40	HOME OFFICE RECORDS
12.01	HOME OFFICE: PHYS PART A						
13	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
14	WAGE RELATED COSTS						
14	WAGE-RELATED COSTS (CORE)	4,832,278		4,832,278			CMS 339
15	WAGE-RELATED COSTS (OTHER)						CMS 339
16	EXCLUDED AREAS	263,583		263,583			CMS 339
17	NON-PHYS ANESTHETIST PART A						CMS 339
18	NON-PHYS ANESTHETIST PART B						CMS 339
18.01	PHYSICIAN PART A						CMS 339
19	PART A TEACHING PHYSICIANS						CMS 339
19.01	PHYSICIAN PART B	181,240		181,240			CMS 339
20	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
21	INTERNS & RESIDENTS (APPRVD)						CMS 339
22	OVERHEAD COSTS - DIRECT SALARIES						
22	EMPLOYEE BENEFITS	179,561		179,561	8,159.76	22.01	
22.01	ADMINISTRATIVE & GENERAL	1,939,910	-103,322	1,836,588	97,783.22	18.78	
23	A & G UNDER CONTRACT	152,730		152,730	735.03	207.79	
24	MAINTENANCE & REPAIRS						
25	OPERATION OF PLANT	411,235		411,235	24,583.25	16.73	
26	LAUNDRY & LINEN SERVICE		39,774	39,774	4,286.55	9.28	
26.01	HOUSEKEEPING	374,943	-39,774	335,169	32,541.95	10.30	
27	HOUSEKEEPING UNDER CONTRACT						
27.01	DIETARY	748,514	-482,118	266,396	19,144.93	13.91	
28	DIETARY UNDER CONTRACT						
29	CAFETERIA		482,118	482,118	34,648.07	13.91	
30	MAINTENANCE OF PERSONNEL						
31	NURSING ADMINISTRATION	809,838		809,838	24,301.25	33.32	
32	CENTRAL SERVICE AND SUPPLY						
33	PHARMACY						
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,205,566		1,205,566	55,746.15	21.63	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	27,479,618	-6,457,624	21,021,994	995,688.75	21.11	
2	EXCLUDED AREA SALARIES	10,018,800	-8,897,169	1,121,631	48,597.04	23.08	
3	SUBTOTAL SALARIES	17,460,818	2,439,545	19,900,363	947,091.71	21.01	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	2,576,048		2,576,048	24,945.21	103.27	
5	SUBTOTAL WAGE-RELATED COSTS	4,832,278		4,832,278		24.28	
6	TOTAL	24,869,144	2,439,545	27,308,689	972,036.92	28.09	
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	5,822,297	-103,322	5,718,975	301,930.16	18.94	

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	DAYS 3.01	SERVICES ON/AFTER 10/1 RATE	DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS 4.03
1	2	3		4			
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						
45 .18	LB2						
45 .19	LB1						
45 .20	CE2						
45 .21	CE1						
45 .22	CD2						
45 .23	CD1						
46	TOTAL						

(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

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	DAYS	SERVICES ON/AFTER 10/1 RATE	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 : 0
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01): 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGS DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB		5	
9	RHA		12	
9 .01	RHX			
9 .02	RHL			
10	RMC		4	
11	RMB		33	
12	RMA		91	
12 .01	RMX		241	
12 .02	RML		315	
13	RLB			
14	RLA			
14 .01	RLX		1	
15	SE3		286	
16	SE2		200	
17	SE1		3	
18	SSC			
19	SSB			
20	SSA		51	
21	CC2			
22	CC1		2	
23	CB2			
24	CB1			
25	CA2		2	
26	CA1			
27	IB2			
28	IB1		5	
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		2	
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			

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I WORKSHEET S-7
 I I TO 9/30/2010 I

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF	TOTAL
			RUGs	DAYS	DAYS	
	1	2	4.05		4.06	5
45	.19	LB1				
45	.20	CE2				
45	.21	CE1				
45	.22	CD2				
45	.23	CD1				
46		TOTAL				1,253

(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 : 0
 Wage Index Factor (before 10/01): 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	14-0143	I	FROM 10/ 1/2009	I	2/23/2011
I	HOSPICE NO:	I	TO 9/30/2010	I	WORKSHEET S-9
I	14-1595	I		I	

HOSPICE IDENTIFICATION DATA

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	2,449			
3 INPATIENT RESPITE CARE	3			
4 GENERAL INPATIENT CARE	5,693	9		
5 TOTAL HOSPICE DAYS	8,145	9		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	138	2,587
3 INPATIENT RESPITE CARE		3
4 GENERAL INPATIENT CARE		5,702
5 TOTAL HOSPICE DAYS	138	8,292

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	92	1		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6) UNDUPLICATED CENSUS COUNT	88.53 71	9.00 1		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	5	98
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6) UNDUPLICATED CENSUS COUNT	27.60 5	84.61 77

HOSPITAL UNCOMPENSATED CARE DATA

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 YES
- 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	1,289,358
17.01	GROSS MEDICAID REVENUES	15,991,070
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	17,280,428
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)	.395952
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	15,991,070

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/23/2011
I	14-0143	I	FROM 10/ 1/2009	I	WORKSHEET S-10
I		I	TO 9/30/2010	I	
I		I		I	

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	6,331,696
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	1,289,358
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	510,524
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	6,331,696

I PROVIDER NO:

I PERIOD:

I PREPARED 2/23/2011

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I 14-0143

I FROM 10/ 1/2009

I WORKSHEET A

I

I TO 9/30/2010

I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT		140,441	140,441	-80	140,361
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		1,459	1,459		1,459
3	0300	NEW CAP REL COSTS-BLDG & FIXT		1,300,033	1,300,033	-34,372	1,265,661
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		1,632,786	1,632,786	79,793	1,712,579
5	0500	EMPLOYEE BENEFITS	179,561	5,349,242	5,528,803		5,528,803
6	0600	ADMINISTRATIVE & GENERAL	1,939,910	7,908,994	9,848,904	-130,461	9,718,443
8	0800	OPERATION OF PLANT	411,235	1,847,378	2,258,613		2,258,613
9	0900	LAUNDRY & LINEN SERVICE		197,530	197,530	39,774	237,304
10	1000	HOUSEKEEPING	374,943	191,490	566,433	-39,774	526,659
11	1100	DIETARY	748,514	490,928	1,239,442	-798,305	441,137
12	1200	CAFETERIA				798,305	798,305
14	1400	NURSING ADMINISTRATION	809,838	22,933	832,771		832,771
17	1700	MEDICAL RECORDS & LIBRARY	1,205,566	245,712	1,451,278		1,451,278
18	1800	SOCIAL SERVICE					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	2,905,396	172,871	3,078,267	-75,763	3,002,504
26	2600	INTENSIVE CARE UNIT	670,651	68,892	739,543		739,543
33	3300	NURSERY	78,738	102,450	181,188		181,188
34	3400	SKILLED NURSING FACILITY					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,835,412	5,902,576	7,737,988		7,737,988
39	3900	DELIVERY ROOM & LABOR ROOM	254,549	52,777	307,326	75,763	383,089
40	4000	ANESTHESIOLOGY		434,277	434,277		434,277
41	4100	RADIOLOGY-DIAGNOSTIC	687,372	1,177,712	1,865,084		1,865,084
41.01	3230	CT SCAN	150,089	441,434	591,523		591,523
41.02	3450	NUCLEAR MEDICINE	98,459	264,728	363,187		363,187
44	4400	LABORATORY	819,058	1,948,812	2,767,870		2,767,870
47	4700	BLOOD STORING, PROCESSING & TRANS.		389,261	389,261		389,261
49	4900	RESPIRATORY THERAPY	409,816	70,057	479,873		479,873
50	5000	PHYSICAL THERAPY	1,125,961	120,788	1,246,749		1,246,749
51	5100	OCCUPATIONAL THERAPY	149,086	7,122	156,208		156,208
52	5200	SPEECH PATHOLOGY	32,490	12,488	44,978		44,978
53	5300	ELECTROCARDIOLOGY	115,165	67,138	182,303		182,303
54	5400	ELECTROENCEPHALOGRAPHY	63,644	11,159	74,803		74,803
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	40,652	416,152	456,804	26,794	483,598
56	5600	DRUGS CHARGED TO PATIENTS	637,649	1,654,916	2,292,565	-26,794	2,265,771
59	3950	SONOGRAPHY	145,108	152,526	297,634		297,634
59.01	3040	AUDIOLOGY				448,976	448,976
59.02	3020	CARDIAC REHAB	157,824	16,969	174,793		174,793
59.03	3021	ECP					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	573,493	79,806	653,299	10,823,509	11,476,808
61	6100	EMERGENCY	687,909	1,315,304	2,003,213		2,003,213
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950	OTHER OUTPATIENT SERVICE COST CENTER					
		OTHER REIMBURS COST CNTRS					
65	6500	AMBULANCE SERVICES		363,012	363,012		363,012
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		385,162	385,162	-385,162	
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
93	9300	HOSPICE	310,635	298,366	609,001		609,001
95		SUBTOTALS	17,618,723	35,255,681	52,874,404	10,802,203	63,676,607
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100	7950	ER PROFESSIONAL CHARGES					
100.01	7951	CONGREGATE LIVING	28,147	7,113	35,260		35,260
100.02	7952	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	834,096	89,758	923,854	-923,854	
100.03	7953	MANAGED CARE	52,147	12,796	64,943		64,943
100.04	7954	RENTAL AREA/PPOS					
100.05	7955	SPECIALTY CLINICS	1,041	1,274	2,315		2,315
100.06	7956	LASALLE SELLETT SUITE	352,873	59,260	412,133	-412,133	
100.07	7957	LASALLE STANMAR SUITE	346,698	41,252	387,950	-387,950	
100.08	7958	ENT	1,178,769	572,730	1,751,499	-1,751,499	
100.09	7959	DURABLE MEDICAL EQUIPMENT	215,818	228,798	444,616		444,616
100.10	7960	PERU MALL	574,755	139,453	714,208	-714,208	
100.11	7961	LADD					
100.12	7962	FAMILY ORTHOPEDIC CENTER	1,621,934	232,684	1,854,618	-1,854,618	
100.13	7963	WOMEN'S HEALTH CENTER	1,122,495	165,504	1,287,999	-1,287,999	
100.14	7964	HENRY	305,301	50,986	356,287	-356,287	
100.15	7965	LAMOILLE					
100.16	7966	SPRING VALLEY CLINIC	657,153	89,830	746,983	-746,983	
100.17	7967	OGLESBY MP OB	258,809	45,837	304,646	-304,646	
100.18	7968	FAMILY HEALTH CENTER	1,219,516	187,642	1,407,158	-1,407,158	
100.19	7969	GRANVILLE CLINIC	382,904	81,214	464,118	-464,118	
100.20	7970	PARATRANSIT				141,858	141,858
100.21	7971	OCCUPATIONAL HEALTH	410,521	71,889	482,410	25,280	507,690
100.22	7972	SPORTS MEDICINE CLINIC					
100.23	7973	OTHER NONREIMBURSABLE COST CENTERS					
100.24	7974	SURGICAL ASSOCIATES		1,533	1,533		1,533
100.25	7975	HENNEPIN CLINIC	3,404	45,225	48,629	-48,629	
100.26	7976	FAMILY HEALTH CENTER 2ND FLOOR	141,784	165,368	307,152	-307,152	
100.27	7977	MIDTOWN		2,107	2,107	-2,107	
101		TOTAL	27,326,888	37,547,934	64,874,822	-0-	64,874,822

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0143
II PERIOD:
I FROM 10/ 1/2009
I TO 9/30/2010I PREPARED 2/23/2011
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		140,361
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	1,036	2,495
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-26,919	1,238,742
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	2,832	1,715,411
5	0500 EMPLOYEE BENEFITS	-748,592	4,780,211
6	0600 ADMINISTRATIVE & GENERAL	-2,946,024	6,772,419
8	0800 OPERATION OF PLANT	-1,800	2,256,813
9	0900 LAUNDRY & LINEN SERVICE		237,304
10	1000 HOUSEKEEPING		526,659
11	1100 DIETARY	-7,471	433,666
12	1200 CAFETERIA	-223,308	574,997
14	1400 NURSING ADMINISTRATION	-1,587	831,184
17	1700 MEDICAL RECORDS & LIBRARY	-21,729	1,429,549
18	1800 SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,050	3,001,454
26	2600 INTENSIVE CARE UNIT		739,543
33	3300 NURSERY	-78,000	103,188
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		7,737,988
39	3900 DELIVERY ROOM & LABOR ROOM		383,089
40	4000 ANESTHESIOLOGY	-219,878	214,399
41	4100 RADIOLOGY-DIAGNOSTIC		1,865,084
41.01	3230 CT SCAN		591,523
41.02	3450 NUCLEAR MEDICINE		363,187
44	4400 LABORATORY		2,767,870
47	4700 BLOOD STORING, PROCESSING & TRANS.		389,261
49	4900 RESPIRATORY THERAPY		479,873
50	5000 PHYSICAL THERAPY	-55,364	1,191,385
51	5100 OCCUPATIONAL THERAPY		156,208
52	5200 SPEECH PATHOLOGY		44,978
53	5300 ELECTROCARDIOLOGY	-24,615	157,688
54	5400 ELECTROENCEPHALOGRAPHY	-2,220	72,583
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		483,598
56	5600 DRUGS CHARGED TO PATIENTS	-447,481	1,818,290
59	3950 SONOGRAPHY	-70,700	226,934
59.01	3040 AUDIOLOGY		448,976
59.02	3020 CARDIAC REHAB		174,793
59.03	3021 ECP		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-6,459,393	5,017,415
61	6100 EMERGENCY	-837,460	1,165,753
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		363,012
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE		609,001
95	SUBTOTALS	-12,169,723	51,506,884
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100	7950 ER PROFESSIONAL CHARGES		
100.01	7951 CONGREGATE LIVING		35,260
100.02	7952 VALLEY ORTHOPEDIC AND SPORTS MEDICIN		
100.03	7953 MANAGED CARE		64,943
100.04	7954 RENTAL AREA/PPOS		
100.05	7955 SPECIALTY CLINICS		2,315
100.06	7956 LASALLE SELLETT SUITE		
100.07	7957 LASALLE STANMAR SUITE		
100.08	7958 ENT		
100.09	7959 DURABLE MEDICAL EQUIPMENT		444,616
100.10	7960 PERU MALL		
100.11	7961 LADD		
100.12	7962 FAMILY ORTHOPEDIC CENTER		
100.13	7963 WOMEN'S HEALTH CENTER		
100.14	7964 HENRY		
100.15	7965 LAMOILLE		
100.16	7966 SPRING VALLEY CLINIC		
100.17	7967 OGLESBY MP OB		
100.18	7968 FAMILY HEALTH CENTER		
100.19	7969 GRANVILLE CLINIC		
100.20	7970 PARATRANSIT		141,858
100.21	7971 OCCUPATIONAL HEALTH		507,690
100.22	7972 SPORTS MEDICINE CLINIC		
100.23	7973 OTHER NONREIMBURSABLE COST CENTERS		
100.24	7974 SURGICAL ASSOCIATES		1,533
100.25	7975 HENNEPIN CLINIC		
100.26	7976 FAMILY HEALTH CENTER 2ND FLOOR		
100.27	7977 MIDTOWN		
101	TOTAL	-12,169,723	52,705,099

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	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CT SCAN	3230	CAT SCAN
41.02	NUCLEAR MEDICINE	3450	NUCLEAR MEDICINE-DIAGNOSTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	SONOGRAPHY	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	AUDIOLOGY	3040	AUDIOLOGY
59.02	CARDIAC REHAB	3020	ACUPUNCTURE
59.03	ECP	3021	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	ER PROFESSIONAL CHARGES	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	CONGREGATE LIVING	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	MANAGED CARE	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	RENTAL AREA/PPOS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	SPECIALTY CLINICS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	LASALLE SELLETT SUITE	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	LASALLE STANMAR SUITE	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	ENT	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	DURABLE MEDICAL EQUIPMENT	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	PERU MALL	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	LADD	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	FAMILY ORTHOPEDIC CENTER	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	WOMEN'S HEALTH CENTER	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	HENRY	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	LAMOILLE	7965	OTHER NONREIMBURSABLE COST CENTERS
100.16	SPRING VALLEY CLINIC	7966	OTHER NONREIMBURSABLE COST CENTERS
100.17	OGLESBY MP OB	7967	OTHER NONREIMBURSABLE COST CENTERS
100.18	FAMILY HEALTH CENTER	7968	OTHER NONREIMBURSABLE COST CENTERS
100.19	GRANVILLE CLINIC	7969	OTHER NONREIMBURSABLE COST CENTERS
100.20	PARATRANSIT	7970	OTHER NONREIMBURSABLE COST CENTERS
100.21	OCCUPATIONAL HEALTH	7971	OTHER NONREIMBURSABLE COST CENTERS
100.22	SPORTS MEDICINE CLINIC	7972	OTHER NONREIMBURSABLE COST CENTERS
100.23	OTHER NONREIMBURSABLE COST CENTERS	7973	OTHER NONREIMBURSABLE COST CENTERS
100.24	SURGICAL ASSOCIATES	7974	OTHER NONREIMBURSABLE COST CENTERS
100.25	HENNEPIN CLINIC	7975	OTHER NONREIMBURSABLE COST CENTERS
100.26	FAMILY HEALTH CENTER 2ND FLOOR	7976	OTHER NONREIMBURSABLE COST CENTERS
100.27	MIDTOWN	7977	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 IV COSTS FROM PHARMACY	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		26,794
2 DIETARY	C	CAFETERIA	12	482,118	316,187
3 LAUNDRY SALARIES	D	LAUNDRY & LINEN SERVICE	9	39,774	
4 DEPRECIATION FOR "OFF CAMPUS CLINICS	G	CLINIC	60		302,739
5		OCCUPATIONAL HEALTH	100.21		25,280
6		CLINIC	60		325
7		CLINIC	60		80
8 AUDIOLOGY COSTS	J	AUDIOLOGY	59.01		448,976
9 INTEREST EXPENSE ON EQUIPMENT	K	NEW CAP REL COSTS-MVBLE EQUIP	4		79,793
10		ADMINISTRATIVE & GENERAL	6		11,397
11		NEW CAP REL COSTS-BLDG & FIXT	3		293,972
12 PARATRANSIT COSTS	L	PARATRANSIT	100.20	103,322	38,536
13 LABOR AND DELIVERY SALARIES	M	DELIVERY ROOM & LABOR ROOM	39	75,763	
14 PROV BASED CLINIC SALARIES	Q	CLINIC	60	9,000,491	
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28 PROVIDER BASED OTHER EXPENSES	R	CLINIC	60		1,519,874
29					
30					
31					
32					
33					
34					
35					
1 PROVIDER BASED OTHER EXPENSES	R				
2					
3					
4					
5					
6					
7					
36 TOTAL RECLASSIFICATIONS				9,701,468	3,063,953

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF
		COST CENTER	LINE NO	SALARY	OTHER	
	1	6	7	8	9	10
1 IV COSTS FROM PHARMACY	A	DRUGS CHARGED TO PATIENTS	56		26,794	
2 DIETARY	C	DIETARY	11	482,118	316,187	
3 LAUNDRY SALARIES	D	HOUSEKEEPING	10	39,774		
4 DEPRECIATION FOR "OFF CAMPUS CLINICS	G	OLD CAP REL COSTS-BLDG & FIXT	1		80	9
5						9
6		NEW CAP REL COSTS-BLDG & FIXT	3		328,344	9
7						9
8 AUDIOLOGY COSTS	J	ENT	100.08		448,976	
9 INTEREST EXPENSE ON EQUIPMENT	K	INTEREST EXPENSE	88		385,162	11
10						11
11						11
12 PARATRANSIT COSTS	L	ADMINISTRATIVE & GENERAL	6	103,322	38,536	
13 LABOR AND DELIVERY SALARIES	M	ADULTS & PEDIATRICS	25	75,763		
14 PROV BASED CLINIC SALARIES	Q	LASALLE SELLETT SUITE	100.06	352,873		
15		LASALLE STANMAR SUITE	100.07	346,698		
16		FAMILY HEALTH CENTER	100.18	1,219,516		
17		HENRY	100.14	305,301		
18		SPRING VALLEY CLINIC	100.16	657,153		
19		OGLESBY MP OB	100.17	258,809		
20		GRANVILLE CLINIC	100.19	382,904		
21		PERU MALL	100.10	574,755		
22		FAMILY ORTHOPEDIC CENTER	100.12	1,621,934		
23		ENT	100.08	1,178,769		
24		WOMEN'S HEALTH CENTER	100.13	1,122,495		
25		HENNEPIN CLINIC	100.25	3,404		
26		VALLEY ORTHOPEDIC AND SPORTS MEDICIN	100.02	834,096		
27		FAMILY HEALTH CENTER 2ND FLOOR	100.26	141,784		
28 PROVIDER BASED OTHER EXPENSES	R	LASALLE SELLETT SUITE	100.06		59,260	
29		LASALLE STANMAR SUITE	100.07		41,252	
30		FAMILY HEALTH CENTER	100.18		187,642	
31		HENRY	100.14		50,986	
32		SPRING VALLEY CLINIC	100.16		89,830	
33		VALLEY ORTHOPEDIC AND SPORTS MEDICIN	100.02		89,758	
34		OGLESBY MP OB	100.17		45,837	
35		GRANVILLE CLINIC	100.19		81,214	
1 PROVIDER BASED OTHER EXPENSES	R	PERU MALL	100.10		139,453	
2		FAMILY ORTHOPEDIC CENTER	100.12		232,684	
3		WOMEN'S HEALTH CENTER	100.13		165,504	
4		ENT	100.08		123,754	
5		HENNEPIN CLINIC	100.25		45,225	
6		FAMILY HEALTH CENTER 2ND FLOOR	100.26		165,368	
7		MIDTOWN	100.27		2,107	
36 TOTAL RECLASSIFICATIONS				9,701,468	3,063,953	

(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:
140143

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

PREPARED 2/23/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : IV COSTS FROM PHARMACY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	26,794	DRUGS CHARGED TO PATIENTS	56	26,794	26,794
TOTAL RECLASSIFICATIONS FOR CODE A			26,794				26,794

RECLASS CODE: C
EXPLANATION : DIETARY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	CAFETERIA	12	798,305	DIETARY	11	798,305	798,305
TOTAL RECLASSIFICATIONS FOR CODE C			798,305				798,305

RECLASS CODE: D
EXPLANATION : LAUNDRY SALARIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	39,774	HOUSEKEEPING	10	39,774	39,774
TOTAL RECLASSIFICATIONS FOR CODE D			39,774				39,774

RECLASS CODE: G
EXPLANATION : DEPRECIATION FOR "OFF CAMPUS CLINICS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	CLINIC	60	302,739	OLD CAP REL COSTS-BLDG & FIXT	1	80	80
2.00	OCCUPATIONAL HEALTH	100.21	25,280			0	0
3.00	CLINIC	60	325	NEW CAP REL COSTS-BLDG & FIXT	3	328,344	328,344
4.00	CLINIC	60	80			0	0
TOTAL RECLASSIFICATIONS FOR CODE G			328,424				328,424

RECLASS CODE: J
EXPLANATION : AUDIOLOGY COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	AUDIOLOGY	59.01	448,976	ENT	100.08	448,976	448,976
TOTAL RECLASSIFICATIONS FOR CODE J			448,976				448,976

RECLASS CODE: K
EXPLANATION : INTEREST EXPENSE ON EQUIPMENT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	79,793	INTEREST EXPENSE	88	385,162	385,162
2.00	ADMINISTRATIVE & GENERAL	6	11,397			0	0
3.00	NEW CAP REL COSTS-BLDG & FIXT	3	293,972			0	0
TOTAL RECLASSIFICATIONS FOR CODE K			385,162				385,162

RECLASS CODE: L
EXPLANATION : PARATRANSIT COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	PARATRANSIT	100.20	141,858	ADMINISTRATIVE & GENERAL	6	141,858	141,858
TOTAL RECLASSIFICATIONS FOR CODE L			141,858				141,858

RECLASS CODE: M
EXPLANATION : LABOR AND DELIVERY SALARIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	DELIVERY ROOM & LABOR ROOM	39	75,763	ADULTS & PEDIATRICS	25	75,763	75,763
TOTAL RECLASSIFICATIONS FOR CODE M			75,763				75,763

RECLASS CODE: Q
EXPLANATION : PROV BASED CLINIC SALARIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	CLINIC	60	9,000,491	LASALLE SELLETT SUITE	100.06	352,873	352,873

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140143	FROM 10/ 1/2009	2/23/2011
	TO 9/30/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: Q
 EXPLANATION : PROV BASED CLINIC SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	LASALLE STANMAR SUITE	100.07	346,698	
3.00			0	FAMILY HEALTH CENTER	100.18	1,219,516	
4.00			0	HENRY	100.14	305,301	
5.00			0	SPRING VALLEY CLINIC	100.16	657,153	
6.00			0	OGLESBY MP OB	100.17	258,809	
7.00			0	GRANVILLE CLINIC	100.19	382,904	
8.00			0	PERU MALL	100.10	574,755	
9.00			0	FAMILY ORTHOPEDIC CENTER	100.12	1,621,934	
10.00			0	ENT	100.08	1,178,769	
11.00			0	WOMEN'S HEALTH CENTER	100.13	1,122,495	
12.00			0	HENNEPIN CLINIC	100.25	3,404	
13.00			0	VALLEY ORTHOPEDIC AND SPORTS M	100.02	834,096	
14.00			0	FAMILY HEALTH CENTER 2ND FLOOR	100.26	141,784	
TOTAL RECLASSIFICATIONS FOR CODE Q			9,000,491				

RECLASS CODE: R
 EXPLANATION : PROVIDER BASED OTHER EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	1,519,874	LASALLE SELLETT SUITE	100.06	59,260	
2.00			0	LASALLE STANMAR SUITE	100.07	41,252	
3.00			0	FAMILY HEALTH CENTER	100.18	187,642	
4.00			0	HENRY	100.14	50,986	
5.00			0	SPRING VALLEY CLINIC	100.16	89,830	
6.00			0	VALLEY ORTHOPEDIC AND SPORTS M	100.02	89,758	
7.00			0	OGLESBY MP OB	100.17	45,837	
8.00			0	GRANVILLE CLINIC	100.19	81,214	
9.00			0	PERU MALL	100.10	139,453	
11.00			0	FAMILY ORTHOPEDIC CENTER	100.12	232,684	
12.00			0	WOMEN'S HEALTH CENTER	100.13	165,504	
13.00			0	ENT	100.08	123,754	
14.00			0	HENNEPIN CLINIC	100.25	45,225	
15.00			0	FAMILY HEALTH CENTER 2ND FLOOR	100.26	165,368	
16.00			0	MIDTOWN	100.27	2,107	
TOTAL RECLASSIFICATIONS FOR CODE R			1,519,874	1,519,874			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS	1,017					1,017	
3	BUILDINGS & FIXTURE	1,082,278					1,082,278	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	13,259					13,259	
7	SUBTOTAL	1,096,554					1,096,554	
8	RECONCILING ITEMS							
9	TOTAL	1,096,554					1,096,554	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	2,554,028	100,246		100,246		2,654,274	
2	LAND IMPROVEMENTS	2,190,429	12,127		12,127		2,202,556	
3	BUILDINGS & FIXTURE	36,722,004	4,998,679		4,998,679		41,720,683	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	20,880,050	1,166,206		1,166,206	67,530	21,978,726	
7	SUBTOTAL	62,346,511	6,277,258		6,277,258	67,530	68,556,239	
8	RECONCILING ITEMS							
9	TOTAL	62,346,511	6,277,258		6,277,258	67,530	68,556,239	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	1,083,295		1,083,295	.015553				
2	OLD CAP REL COSTS-MV	13,259		13,259	.000190				
3	NEW CAP REL COSTS-BL	46,577,513		46,577,513	.668710				
4	NEW CAP REL COSTS-MV	21,978,726		21,978,726	.315547				
5	TOTAL	69,652,793		69,652,793	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	140,361						140,361
2	OLD CAP REL COSTS-MV	2,495						2,495
3	NEW CAP REL COSTS-BL	971,689		267,053				1,238,742
4	NEW CAP REL COSTS-MV	1,635,618		79,793				1,715,411
5	TOTAL	2,750,163		346,846				3,097,009

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	140,441						140,441
2	OLD CAP REL COSTS-MV	1,459						1,459
3	NEW CAP REL COSTS-BL	1,300,033						1,300,033
4	NEW CAP REL COSTS-MV	1,632,786						1,632,786
5	TOTAL	3,074,719						3,074,719

* All lines numbers except line 5 are to be consistent with workseet 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	B	-24,972	NEW CAP REL COSTS-BLDG &		3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES	B	-6,326	ADMINISTRATIVE & GENERAL		6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE	A	-1,800	OPERATION OF PLANT		8	
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-7,871,737				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	146,889				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-223,308	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	B	-447,481	DRUGS CHARGED TO PATIENTS		56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-21,729	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES	B	-7,471	DIETARY		11	
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3		**COST CENTER DELETED**		71	
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF		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			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 LIFELINE	B	-1,050	ADULTS & PEDIATRICS		25	
37.01 OUTSIDE PHYSICAL THERAPY	B	-55,364	PHYSICAL THERAPY		50	
37.03 OB COMMISSIONS	B	-379	ADMINISTRATIVE & GENERAL		6	
37.04 HOME OFFICE OPERATING INTEREST INCOM	B	-1,947	NEW CAP REL COSTS-BLDG &		3	11
37.05						
37.06 PATIENT PHONES	A	-31,105	ADMINISTRATIVE & GENERAL		6	
37.07 PATIENT PHONES DEPRECIATION	A	-10,746	NEW CAP REL COSTS-MVBLE E		4	9
37.10 MISC INCOME	B	-26,586	ADMINISTRATIVE & GENERAL		6	
37.11 PHYSICIAN RECRUITMENT	A	-44,430	ADMINISTRATIVE & GENERAL		6	
37.12 EMPLOYEE HEALTH	A	-567,352	EMPLOYEE BENEFITS		5	
37.13 PROVISION FOR BAD DEBTS	A	-2,947,063	ADMINISTRATIVE & GENERAL		6	
37.15 ADMIN COSTS FOR POB	A	420	ADMINISTRATIVE & GENERAL		6	
37.16 PHYSICIAN RECRUITMENT	A	-1,769	CLINIC		60	
37.17 LOBBYING PORTION OF IHHA DUES	A	-22,830	ADMINISTRATIVE & GENERAL		6	
37.18 PATIENT EDUCATION REVENUE	A	-1,587	NURSING ADMINISTRATION		14	
38 OTHER ADJUSTMENTS (SPECIFY)						
39 OTHER ADJUSTMENTS (SPECIFY)						
40 OTHER ADJUSTMENTS (SPECIFY)						
41 OTHER ADJUSTMENTS (SPECIFY)						
42 OTHER ADJUSTMENTS (SPECIFY)						
43 OTHER ADJUSTMENTS (SPECIFY)						
44 OTHER ADJUSTMENTS (SPECIFY)						
45 OTHER ADJUSTMENTS (SPECIFY)						
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-12,169,723				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL MANAGEMENT FEES	1,418,673	1,280,398	138,275	
2	6	ADMINISTRATIVE & GENERAL SISTERS SALARIES		6,000	-6,000	
3	2	OLD CAP REL COSTS-MVBLE E OLD CAPITAL COSTS	1,036		1,036	9
4	4	NEW CAP REL COSTS-MVBLE E NEW CAPITAL COSTS	13,578		13,578	9
4.01						
5		TOTALS	1,433,287	1,286,398	146,889	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	SRS OF MARY OF THE PRES	0.00	RELIGIOUS COMMUNITY
2	G	0.00		0.00	MANAGEMENT COMPANY
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	
5.01		0.00		0.00	
5.02		0.00		0.00	
5.03		0.00		0.00	
5.04		0.00		0.00	
5.05		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I
I 14-0143 I
I I

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

I PREPARED 2/23/2011 I
I WORKSHEET A-8-2 I
I GROUP 1 I

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 40	ANESTHESIOLOGY	249,996	205,075	44,921	167,500	374	30,118	1,506
2 61	EMERGENCY ROOM	1,133,696	574,104	559,592	142,500	4,324	296,236	14,812
3 59	SONOGRAPHY	70,700	70,700					
5 60	VALLEY ORTHO SPORTS MEDIC	668,592	668,592					
6 44	LABORATORY	35,000		35,000	208,000	520	52,000	2,600
7 54	EEG	2,220	2,220					
8 33	NURSERY	78,000	78,000					
9 60	LASALLE - SELLET	224,286	224,286					
10 60	LASALLE - STANMAR	126,859	126,859					
11 60	FAMILY HEALTH	817,597	817,597					
12 60	HENRY	182,211	182,211					
13 60	SPRING VALLEY	377,928	377,928					
14 60	OGLESBY	175,526	175,526					
15 60	GRANVILLE	254,612	254,612					
16 60	PMMC	376,359	376,359					
17								
18 60	FOC	1,221,241	1,221,241					
19 60	WOMEN'S HEALTH	887,243	887,243					
20 60	ENT	1,057,232	1,057,232					
21 5	BENEFITS FOR PROV BASED P	181,240	181,240					
22 53	EKG	24,615	24,615					
23 60	FHC 2ND FLOOR	84,597	84,597					
24 60	HENNEPIN	3,341	3,341					
101	TOTAL	8,233,091	7,593,578	639,513		5,218	378,354	18,918

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 40	ANESTHESIOLOGY					30,118	14,803	219,878
2 61	EMERGENCY ROOM					296,236	263,356	837,460
3 59	SONOGRAPHY							70,700
5 60	VALLEY ORTHO SPORTS MEDIC							668,592
6 44	LABORATORY					52,000		
7 54	EEG							2,220
8 33	NURSERY							78,000
9 60	LASALLE - SELLET							224,286
10 60	LASALLE - STANMAR							126,859
11 60	FAMILY HEALTH							817,597
12 60	HENRY							182,211
13 60	SPRING VALLEY							377,928
14 60	OGLESBY							175,526
15 60	GRANVILLE							254,612
16 60	PMMC							376,359
17								
18 60	FOC							1,221,241
19 60	WOMEN'S HEALTH							887,243
20 60	ENT							1,057,232
21 5	BENEFITS FOR PROV BASED P							181,240
22 53	EKG							24,615
23 60	FHC 2ND FLOOR							84,597
24 60	HENNEPIN							3,341
101	TOTAL					378,354	278,159	7,871,737

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 9/30/2010 I

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	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARY	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	HOURS OF	SERVICE	ENTERED
17	MEDICAL RECORDS & LIBRARY	14	PATIENT	CHARGES	ENTERED
18	SOCIAL SERVICE	15	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	SUBTOTAL
	FOR COST ALLOCATION	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	140,361	140,361					
003 OLD CAP REL COSTS-MVBLE E	2,495		2,495				
004 NEW CAP REL COSTS-BLDG &	1,238,742			1,238,742			
005 NEW CAP REL COSTS-MVBLE E	1,715,411				1,715,411		
006 EMPLOYEE BENEFITS	4,780,211	532		4,698		4,785,441	
008 ADMINISTRATIVE & GENERAL	6,772,419	46,928	68	414,176	435,108	424,795	8,093,494
009 OPERATION OF PLANT	2,256,813	14,766	2,086	130,317	112,092	95,117	2,611,191
010 LAUNDRY & LINEN SERVICE	237,304	382		3,373		9,200	250,259
011 HOUSEKEEPING	526,659	1,525		13,460	1,604	77,523	620,771
012 DIETARY	433,666	3,925		34,638	16,376	61,616	550,221
014 CAFETERIA	574,997	1,304		11,506		111,512	699,319
017 NURSING ADMINISTRATION	831,184	1,352		11,931	1,810	187,312	1,033,589
018 MEDICAL RECORDS & LIBRARY	1,429,549	1,345		11,872	25,922	278,843	1,747,531
025 SOCIAL SERVICE		674		5,946			6,620
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	3,001,454	12,267		108,264	104,134	654,483	3,880,602
034 INTENSIVE CARE UNIT	739,543	2,627		23,183	4,924	155,119	925,396
037 NURSERY	103,188	588		5,186	2,520	18,212	129,694
038 SKILLED NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	7,737,988	7,420		65,484	337,583	424,523	8,572,998
041 DELIVERY ROOM & LABOR ROO	383,089	296		2,612	45,680	76,400	508,077
042 ANESTHESIOLOGY	214,399	673		5,938	56,336		277,346
043 RADIOLOGY-DIAGNOSTIC	1,865,084	2,492	151	21,989	83,771	158,986	2,132,473
044 01 CT SCAN	591,523	313		2,761	2,409	34,715	631,721
045 02 NUCLEAR MEDICINE	363,187	676		5,968	24,412	22,773	417,016
046 LABORATORY	2,767,870	1,881		16,603	54,097	189,445	3,029,896
047 BLOOD STORING, PROCESSING	389,261	113		994	990		391,358
049 RESPIRATORY THERAPY	479,873	564		4,974	13,053	94,789	593,253
050 PHYSICAL THERAPY	1,191,385	5,081		44,841	21,057	260,430	1,522,794
051 OCCUPATIONAL THERAPY	156,208	19		166		34,483	190,876
052 SPEECH PATHOLOGY	44,978	77		684	874	7,515	54,128
053 ELECTROCARDIOLOGY	157,688	64	127	561	13,904	26,637	198,981
054 ELECTROENCEPHALOGRAPHY	72,583	1,016		8,971	8,949	14,721	106,240
055 MEDICAL SUPPLIES CHARGED	483,598	3,631		32,047	2,851	9,403	531,530
056 DRUGS CHARGED TO PATIENTS	1,818,290	766	17	6,758	3,414	147,486	1,976,731
059 SONOGRAPHY	226,934	227		2,005	56,124	33,563	318,853
059 01 AUDIOLOGY	448,976						448,976
059 02 CARDIAC REHAB	174,793	718		6,333	31,377	36,504	249,725
059 03 ECP							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	5,017,415	6,361		56,135	174,300	720,796	5,975,007
062 EMERGENCY	1,165,753	2,648		23,374	36,572	159,111	1,387,458
063 OBSERVATION BEDS (NON-DIS							
064 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES	363,012						363,012
067 SPEC PURPOSE COST CENTERS							
093 HOSPICE	609,001	469		4,137	1,675	71,849	687,131
095 SUBTOTALS	51,506,884	123,720	2,449	1,091,885	1,673,918	4,597,861	51,114,267
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		588		5,190			5,778
100 ER PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING	35,260	6,389		56,381		6,510	104,540
100 02 VALLEY ORTHOPEDIC AND SPO							
100 03 MANAGED CARE	64,943					12,061	77,004
100 04 RENTAL AREA/PPOS		8,268		72,968			81,236
100 05 SPECIALTY CLINICS	2,315					241	2,556
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT	444,616	1,396		12,318	4,518	49,918	512,766
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MP OB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT	141,858		46		34,656	23,898	200,458
100 21 OCCUPATIONAL HEALTH	507,690				2,319	94,952	604,961
100 22 SPORTS MEDICINE CLINIC							
100 23 OTHER NONREIMBURSABLE COS							
100 24 SURGICAL ASSOCIATES	1,533						1,533
100 25 HENNEPIN CLINIC							
100 26 FAMILY HEALTH CENTER 2ND							
100 27 MIDTOWN							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	52,705,099	140,361	2,495	1,238,742	1,715,411	4,785,441	52,705,099

COST ALLOCATION - GENERAL SERVICE COSTS

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	8,093,494						
009 OPERATION OF PLANT	473,725	3,084,916					
010 LAUNDRY & LINEN SERVICE	45,402	15,088	310,749				
011 HOUSEKEEPING	112,621	60,219		793,611			
012 DIETARY	99,822	154,965			847,954		
014 CAFETERIA	126,871	51,478				908,461	
017 NURSING ADMINISTRATION	187,515	53,378		21,462		36,385	1,332,329
018 MEDICAL RECORDS & LIBRARY	317,039	53,112		46,717		91,303	
025 SOCIAL SERVICE	1,201	26,603		646		18,840	
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	704,023	484,353	202,087	305,881	599,087	233,912	682,913
033 INTENSIVE CARE UNIT	167,886	103,715	16,563	39,908	68,203	39,655	115,739
034 NURSERY	23,529	23,202		3,448		8,687	25,369
037 SKILLED NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	1,555,332	292,961	32,940	64,516	72,244	120,329	351,277
041 DELIVERY ROOM & LABOR ROO	92,176	11,687		13,813		18,226	53,195
044 ANESTHESIOLOGY	50,316	26,565		646			
041 RADIOLOGY-DIAGNOSTIC	386,875	98,376	20,727	21,074		46,673	
041 01 CT SCAN	114,607	12,352	4,133	1,358		8,210	
041 02 NUCLEAR MEDICINE	75,655	26,698		1,358		5,144	
044 LABORATORY	549,687	74,281	156	16,700		63,639	
047 BLOOD STORING, PROCESSING	71,001	4,447		1,595			
049 RESPIRATORY THERAPY	107,629	22,252	607	3,685		24,733	
050 PHYSICAL THERAPY	276,267	200,609	16,563	9,611			
051 OCCUPATIONAL THERAPY	34,629	741					
052 SPEECH PATHOLOGY	9,820	3,059		1,358			
053 ELECTROCARDIOLOGY	36,099	2,508		2,392		6,984	
054 ELECTROENCEPHALOGRAPHY	19,274	40,133		560		5,246	
055 MEDICAL SUPPLIES CHARGED	96,431	143,374		3,749		5,417	
056 DRUGS CHARGED TO PATIENTS	358,621	30,233		12,692		28,311	
059 SONOGRAPHY	57,847	8,969		1,358		7,393	
059 01 AUDIOLOGY	81,454			1,358			
059 02 CARDIAC REHAB	45,305	28,333					
059 03 ECP							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	1,083,992	251,136				54,986	
062 EMERGENCY	251,714	104,571	16,563	16,161		35,567	103,836
063 OBSERVATION BEDS (NON-DIS							
065 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
093 AMBULANCE SERVICES	65,858						
095 SPEC PURPOSE COST CENTERS							
096 HOSPICE	124,660	18,508				21,327	
095 SUBTOTALS	7,804,883	2,427,906	310,339	665,785	739,534	880,967	1,332,329
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	1,048	23,221		1,358			
100 ER PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING	18,966	252,239			108,420	2,862	
100 02 VALLEY ORTHOPEDIC AND SPO							
100 03 MANAGED CARE	13,970					3,407	
100 04 RENTAL AREA/PPOS	14,738	326,443		126,468			
100 05 SPECIALTY CLINICS	464		410				
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT	93,027	55,107					
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MP OB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT	36,367					3,407	
100 21 OCCUPATIONAL HEALTH	109,753					17,818	
100 22 SPORTS MEDICINE CLINIC							
100 23 OTHER NONREIMBURSABLE COS							
100 24 SURGICAL ASSOCIATES	278						
100 25 HENNEPIN CLINIC							
100 26 FAMILY HEALTH CENTER 2ND							
100 27 MIDTOWN							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	8,093,494	3,084,916	310,749	793,611	847,954	908,461	1,332,329

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	18	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 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
017 MEDICAL RECORDS & LIBRARY	2,255,702				
018 SOCIAL SERVICE		53,910			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	134,422	50,209	7,277,489		7,277,489
033 INTENSIVE CARE UNIT	22,765		1,499,830		1,499,830
034 NURSERY	6,887		220,816		220,816
037 SKILLED NURSING FACILITY					
039 ANCILLARY SRVC COST CNTRS					
040 OPERATING ROOM	384,799		11,447,396		11,447,396
041 DELIVERY ROOM & LABOR ROO	12,474		709,648		709,648
041 ANESTHESIOLOGY	73,367		428,240		428,240
041 RADIOLOGY-DIAGNOSTIC	148,363		2,854,561		2,854,561
041 01 CT SCAN	157,081		929,462		929,462
041 02 NUCLEAR MEDICINE	30,231		556,102		556,102
044 LABORATORY	296,258		4,030,617		4,030,617
047 BLOOD STORING, PROCESSING	10,994		479,395		479,395
049 RESPIRATORY THERAPY	46,527		798,686		798,686
050 PHYSICAL THERAPY	97,368		2,123,212		2,123,212
051 OCCUPATIONAL THERAPY	11,212		237,458		237,458
052 SPEECH PATHOLOGY	1,440		69,805		69,805
053 ELECTROCARDIOLOGY	32,838		279,802		279,802
054 ELECTROENCEPHALOGRAPHY	10,988		182,441		182,441
055 MEDICAL SUPPLIES CHARGED	132,659		913,160		913,160
056 DRUGS CHARGED TO PATIENTS	90,319		2,496,907		2,496,907
059 SONOGRAPHY	52,906		447,326		447,326
059 01 AUDIOLOGY	8,320		540,108		540,108
059 02 CARDIAC REHAB	10,625		333,988		333,988
059 03 ECP					
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC	60,965		7,426,086		7,426,086
062 EMERGENCY	54,337	3,701	1,973,908		1,973,908
063 OBSERVATION BEDS (NON-DIS OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES	6,275		435,145		435,145
093 SPEC PURPOSE COST CENTERS					
095 HOSPICE	35,833		887,459		887,459
095 SUBTOTALS	1,930,253	53,910	49,579,047		49,579,047
096 NONREIMBURS COST CENTERS					
100 GIFT, FLOWER, COFFEE SHOP			31,405		31,405
100 ER PROFESSIONAL CHARGES	60,805		60,805		60,805
100 01 CONGREGATE LIVING			487,027		487,027
100 02 VALLEY ORTHOPEDIC AND SPO	21,195		21,195		21,195
100 03 MANAGED CARE			94,381		94,381
100 04 RENTAL AREA/PPOS			548,885		548,885
100 05 SPECIALTY CLINICS	4,820		8,250		8,250
100 06 LASALLE SELLETT SUITE	8,411		8,411		8,411
100 07 LASALLE STANMAR SUITE	6,171		6,171		6,171
100 08 ENT	37,852		37,852		37,852
100 09 DURABLE MEDICAL EQUIPMENT	10,340		671,240		671,240
100 10 PERU MALL	11,636		11,636		11,636
100 11 LADD					
100 12 FAMILY ORTHOPEDIC CENTER	52,847		52,847		52,847
100 13 WOMEN'S HEALTH CENTER	39,522		39,522		39,522
100 14 HENRY	4,928		4,928		4,928
100 15 LAMOILLE					
100 16 SPRING VALLEY CLINIC	13,009		13,009		13,009
100 17 OGLESBY MP OB	6,549		6,549		6,549
100 18 FAMILY HEALTH CENTER	30,912		30,912		30,912
100 19 GRANVILLE CLINIC	8,488		8,488		8,488
100 20 PARATRANSIT			240,232		240,232
100 21 OCCUPATIONAL HEALTH	4,833		737,365		737,365
100 22 SPORTS MEDICINE CLINIC					
100 23 OTHER NONREIMBURSABLE COS					
100 24 SURGICAL ASSOCIATES	2		1,813		1,813
100 25 HENNEPIN CLINIC					
100 26 FAMILY HEALTH CENTER 2ND	3,129		3,129		3,129
100 27 MIDTOWN					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	2,255,702	53,910	52,705,099		52,705,099

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
	OLD CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		FITS
	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		532				532	532
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT		46,928		68		46,996	48
009 LAUNDRY & LINEN SERVICE		14,766		2,086		16,852	11
010 HOUSEKEEPING		382				382	1
011 DIETARY		1,525				1,525	9
012 CAFETERIA		3,925				3,925	7
014 NURSING ADMINISTRATION		1,304				1,304	13
017 MEDICAL RECORDS & LIBRARY		1,352				1,352	21
018 SOCIAL SERVICE		1,345				1,345	31
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		674				674	
026 INTENSIVE CARE UNIT		12,267				12,267	74
033 NURSERY		2,627				2,627	17
034 SKILLED NURSING FACILITY		588				588	2
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM		7,420				7,420	48
039 DELIVERY ROOM & LABOR ROO		296				296	9
040 ANESTHESIOLOGY		673				673	
041 RADIOLOGY-DIAGNOSTIC		2,492		151		2,643	18
041 01 CT SCAN		313				313	4
041 02 NUCLEAR MEDICINE		676				676	3
044 LABORATORY		1,881				1,881	21
047 BLOOD STORING, PROCESSING		113				113	
049 RESPIRATORY THERAPY		564				564	11
050 PHYSICAL THERAPY		5,081				5,081	29
051 OCCUPATIONAL THERAPY		19				19	4
052 SPEECH PATHOLOGY		77				77	1
053 ELECTROCARDIOLOGY		64		127		191	3
054 ELECTROENCEPHALOGRAPHY		1,016				1,016	2
055 MEDICAL SUPPLIES CHARGED		3,631				3,631	1
056 DRUGS CHARGED TO PATIENTS		766		17		783	17
059 SONOGRAPHY		227				227	4
059 01 AUDIOLOGY							
059 02 CARDIAC REHAB		718				718	4
059 03 ECP							
060 OUTPAT SERVICE COST CNTRS CLINIC		6,361				6,361	71
061 EMERGENCY		2,648				2,648	18
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
093 AMBULANCE SERVICES							
095 SPEC PURPOSE COST CENTERS							
093 HOSPICE		469				469	8
095 SUBTOTALS		123,720		2,449		126,169	510
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		588				588	
100 ER PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING		6,389				6,389	1
100 02 VALLEY ORTHOPEDIC AND SPO							
100 03 MANAGED CARE							1
100 04 RENTAL AREA/PPOS		8,268				8,268	
100 05 SPECIALTY CLINICS							
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT		1,396				1,396	6
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MP OB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT				46		46	3
100 21 OCCUPATIONAL HEALTH							11
100 22 SPORTS MEDICINE CLINIC							
100 23 OTHER NONREIMBURSABLE COS							
100 24 SURGICAL ASSOCIATES							
100 25 HENNEPIN CLINIC							
100 26 FAMILY HEALTH CENTER 2ND							
100 27 MIDTOWN							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		140,361		2,495		142,856	532

ALLOCATION OF OLD CAPITAL RELATED COSTS

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	47,044						
009 OPERATION OF PLANT	2,755	19,618					
010 LAUNDRY & LINEN SERVICE	264	96	743				
011 HOUSEKEEPING	655	383		2,572			
012 DIETARY	580	985		139	5,636		
014 CAFETERIA	738	327		100		2,482	
017 NURSING ADMINISTRATION	1,090	339		70		99	2,971
018 MEDICAL RECORDS & LIBRARY	1,844	338		151		249	
025 SOCIAL SERVICE	7	169		2		51	
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	4,094	3,080	482	995	3,982	641	1,522
033 INTENSIVE CARE UNIT	976	660	40	129	453	108	258
034 NURSERY	137	148		11		24	57
037 SKILLED NURSING FACILITY							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	9,023	1,863	79	209	480	329	783
041 DELIVERY ROOM & LABOR ROO	536	74		45		50	119
041 ANESTHESIOLOGY	293	169		2			
041 RADIOLOGY-DIAGNOSTIC	2,250	626	50	68		128	
041 01 CT SCAN	666	79	10	4		22	
041 02 NUCLEAR MEDICINE	440	170		4		14	
044 LABORATORY	3,197	472		54		174	
047 BLOOD STORING, PROCESSING	413	28		5			
049 RESPIRATORY THERAPY	626	142	1	12		68	
050 PHYSICAL THERAPY	1,607	1,276	40	31			
051 OCCUPATIONAL THERAPY	201	5					
052 SPEECH PATHOLOGY	57	19		4			
053 ELECTROCARDIOLOGY	210	16		8		19	
054 ELECTROENCEPHALOGRAPHY	112	255		2		14	
055 MEDICAL SUPPLIES CHARGED	561	912		12		15	
056 DRUGS CHARGED TO PATIENTS	2,085	192		41		77	
059 SONOGRAPHY	336	57		4		20	
059 01 AUDIOLOGY	474			4			
059 02 CARDIAC REHAB	263	180					
059 03 ECP							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	6,304	1,597				150	
062 EMERGENCY	1,464	665	40	52		97	232
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
093 AMBULANCE SERVICES	383						
095 SPEC PURPOSE COST CENTERS							
095 HOSPICE	725	118				58	
096 SUBTOTALS	45,366	15,440	742	2,158	4,915	2,407	2,971
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	6	148		4			
100 ER PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING	110	1,604			721	8	
100 02 VALLEY ORTHOPEDIC AND SPO							
100 03 MANAGED CARE	81					9	
100 04 RENTAL AREA/PPOS	86	2,076		410			
100 05 SPECIALTY CLINICS	3		1				
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT	541	350					
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MP OB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT	211					9	
100 21 OCCUPATIONAL HEALTH	638					49	
100 22 SPORTS MEDICINE CLINIC							
100 23 OTHER NONREIMBURSABLE COS							
100 24 SURGICAL ASSOCIATES	2						
100 25 HENNEPIN CLINIC							
100 26 FAMILY HEALTH CENTER 2ND							
100 27 MIDTOWN							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	47,044	19,618	743	2,572	5,636	2,482	2,971

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	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					
017 NURSING ADMINISTRATION					
018 MEDICAL RECORDS & LIBRARY	3,958				
018 SOCIAL SERVICE		903			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	238	841	28,216		28,216
033 INTENSIVE CARE UNIT	40		5,308		5,308
034 NURSERY	12		979		979
034 SKILLED NURSING FACILITY					
037 ANCILLARY SRVC COST CNTRS					
039 OPERATING ROOM	638		20,872		20,872
040 DELIVERY ROOM & LABOR ROO	22		1,151		1,151
041 ANESTHESIOLOGY	130		1,267		1,267
041 RADIOLOGY-DIAGNOSTIC	263		6,046		6,046
041 01 CT SCAN	279		1,377		1,377
041 02 NUCLEAR MEDICINE	54		1,361		1,361
044 LABORATORY	525		6,324		6,324
047 BLOOD STORING, PROCESSING	19		578		578
049 RESPIRATORY THERAPY	83		1,507		1,507
050 PHYSICAL THERAPY	173		8,237		8,237
051 OCCUPATIONAL THERAPY	20		249		249
052 SPEECH PATHOLOGY	3		161		161
053 ELECTROCARDIOLOGY	58		505		505
054 ELECTROENCEPHALOGRAPHY	19		1,420		1,420
055 MEDICAL SUPPLIES CHARGED	235		5,367		5,367
056 DRUGS CHARGED TO PATIENTS	160		3,355		3,355
059 SONOGRAPHY	94		742		742
059 01 AUDIOLOGY	15		493		493
059 02 CARDIAC REHAB	19		1,184		1,184
059 03 ECP					
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC	108		14,591		14,591
062 EMERGENCY	96	62	5,374		5,374
063 OBSERVATION BEDS (NON-DIS					
063 OTHER OUTPATIENT SERVICE					
063 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES	11		394		394
093 SPEC PURPOSE COST CENTERS					
095 HOSPICE	64		1,442		1,442
095 SUBTOTALS	3,378	903	118,500		118,500
096 NONREIMBURS COST CENTERS					
100 GIFT, FLOWER, COFFEE SHOP			746		746
100 ER PROFESSIONAL CHARGES	108		108		108
100 01 CONGREGATE LIVING			8,833		8,833
100 02 VALLEY ORTHOPEDIC AND SPO	38		38		38
100 03 MANAGED CARE			91		91
100 04 RENTAL AREA/PPOS			10,840		10,840
100 05 SPECIALTY CLINICS	9		13		13
100 06 LASALLE SELLETT SUITE	15		15		15
100 07 LASALLE STANMAR SUITE	11		11		11
100 08 ENT	67		67		67
100 09 DURABLE MEDICAL EQUIPMENT	18		2,311		2,311
100 10 PERU MALL	21		21		21
100 11 LADD					
100 12 FAMILY ORTHOPEDIC CENTER	94		94		94
100 13 WOMEN'S HEALTH CENTER	70		70		70
100 14 HENRY	9		9		9
100 15 LAMOILLE					
100 16 SPRING VALLEY CLINIC	23		23		23
100 17 OGLESBY MP OB	12		12		12
100 18 FAMILY HEALTH CENTER	55		55		55
100 19 GRANVILLE CLINIC	15		15		15
100 20 PARATRANSIT			269		269
100 21 OCCUPATIONAL HEALTH	9		707		707
100 22 SPORTS MEDICINE CLINIC					
100 23 OTHER NONREIMBURSABLE COS					
100 24 SURGICAL ASSOCIATES			2		2
100 25 HENNEPIN CLINIC					
100 26 FAMILY HEALTH CENTER 2ND	6		6		6
100 27 MIDTOWN					
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	3,958	903	142,856		142,856

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL	C OLD CAP REL	C NEW CAP REL	C NEW CAP REL	SUBTOTAL	EMPLOYEE BENE FITS
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	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				4,698		4,698	4,698
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT	388,680			414,176	435,108	1,237,964	417
009 LAUNDRY & LINEN SERVICE	1,049			130,317	112,092	243,458	93
010 HOUSEKEEPING				3,373		3,373	9
011 HOUSEKEEPING	3,322			13,460	1,604	18,386	76
012 DIETARY				34,638	16,376	51,014	60
014 CAFETERIA				11,506		11,506	109
017 NURSING ADMINISTRATION				11,931	1,810	13,741	184
018 MEDICAL RECORDS & LIBRARY SOCIAL SERVICE				11,872	25,922	37,794	274
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	12,984			5,946		5,946	
026 INTENSIVE CARE UNIT	36,666			108,264	104,134	225,382	642
033 NURSERY				23,183	4,924	64,773	152
034 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS				5,186	2,520	7,706	18
037 OPERATING ROOM	250,715			65,484	337,583	653,782	417
039 DELIVERY ROOM & LABOR ROO				2,612	45,680	48,292	75
040 ANESTHESIOLOGY	68,729			5,938	56,336	131,003	
041 RADIOLOGY-DIAGNOSTIC	83,262			21,989	83,771	189,022	156
041 01 CT SCAN	332,382			2,761	2,409	337,552	34
041 02 NUCLEAR MEDICINE				5,968	24,412	30,380	22
044 LABORATORY				16,603	54,097	70,700	186
047 BLOOD STORING, PROCESSING				994	990	1,984	
049 RESPIRATORY THERAPY	6,988			4,974	13,053	25,015	93
050 PHYSICAL THERAPY	12,488			44,841	21,057	78,386	256
051 OCCUPATIONAL THERAPY				166		166	34
052 SPEECH PATHOLOGY				684	874	1,558	7
053 ELECTROCARDIOLOGY	25,146			561	13,904	39,611	26
054 ELECTROENCEPHALOGRAPHY				8,971	8,949	17,920	14
055 MEDICAL SUPPLIES CHARGED	112,014			32,047	2,851	146,912	9
056 DRUGS CHARGED TO PATIENTS	15,382			6,758	3,414	25,554	145
059 SONOGRAPHY				2,005	56,124	58,129	33
059 01 AUDIOLOGY							
059 02 CARDIAC REHAB				6,333	31,377	37,710	36
059 03 ECP							
060 OUTPAT SERVICE COST CNTRS CLINIC	27,697			56,135	174,300	258,132	711
061 EMERGENCY	25,600			23,374	36,572	85,546	156
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
093 AMBULANCE SERVICES SPEC PURPOSE COST CENTERS HOSPICE	38,495			4,137	1,675	44,307	71
095 SUBTOTALS	1,441,599			1,091,885	1,673,918	4,207,402	4,515
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP				5,190		5,190	
100 ER PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING				56,381		56,381	6
100 02 VALLEY ORTHOPEDIC AND SPO							
100 03 MANAGED CARE							12
100 04 RENTAL AREA/PPOS				72,968		72,968	
100 05 SPECIALTY CLINICS							
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT				12,318	4,518	16,836	49
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MP OB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT					34,656	34,656	23
100 21 OCCUPATIONAL HEALTH					2,319	2,319	93
100 22 SPORTS MEDICINE CLINIC							
100 23 OTHER NONREIMBURSABLE COS							
100 24 SURGICAL ASSOCIATES							
100 25 HENNEPIN CLINIC							
100 26 FAMILY HEALTH CENTER 2ND							
100 27 MIDTOWN							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,441,599			1,238,742	1,715,411	4,395,752	4,698

ALLOCATION OF NEW CAPITAL RELATED COSTS

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	1,238,381						
009 OPERATION OF PLANT	72,484	316,035					
010 LAUNDRY & LINEN SERVICE	6,947	1,546	11,875				
011 HOUSEKEEPING	17,232	6,169		41,863			
012 DIETARY	15,274	15,875		2,265	84,488		
014 CAFETERIA	19,412	5,274		1,624		37,925	
017 NURSING ADMINISTRATION	28,691	5,468		1,132		1,519	50,735
018 MEDICAL RECORDS & LIBRARY	48,510	5,441		2,464		3,812	
025 SOCIAL SERVICE	184	2,725		34		786	
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	107,722	49,620	7,722	16,133	59,691	9,765	26,005
028 INTENSIVE CARE UNIT	25,688	10,625	633	2,105	6,796	1,655	4,407
033 NURSERY	3,600	2,377		182		363	966
034 SKILLED NURSING FACILITY							
035 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	237,983	30,012	1,259	3,403	7,198	5,023	13,377
039 DELIVERY ROOM & LABOR ROO	14,104	1,197		729		761	2,026
040 ANESTHESIOLOGY	7,699	2,722		34			
041 RADIOLOGY-DIAGNOSTIC	59,195	10,078	792	1,112		1,948	
041 01 CT SCAN	17,536	1,265	158	72		343	
041 02 NUCLEAR MEDICINE	11,576	2,735		72		215	
044 LABORATORY	84,107	7,610	6	881		2,657	
047 BLOOD STORING, PROCESSING	10,864	456		84			
049 RESPIRATORY THERAPY	16,468	2,280	23	194		1,033	
050 PHYSICAL THERAPY	42,271	20,551	633	507			
051 OCCUPATIONAL THERAPY	5,299	76					
052 SPEECH PATHOLOGY	1,503	313		72			
053 ELECTROCARDIOLOGY	5,524	257		126		292	
054 ELECTROENCEPHALOGRAPHY	2,949	4,111		30		219	
055 MEDICAL SUPPLIES CHARGED	14,755	14,688		198		226	
056 DRUGS CHARGED TO PATIENTS	54,872	3,097		670		1,182	
059 SONOGRAPHY	8,851	919		72		309	
059 01 AUDIOLOGY	12,463			72			
059 02 CARDIAC REHAB	6,932	2,903					
059 03 ECP							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	165,860	25,728				2,295	
062 EMERGENCY	38,514	10,713	633	853		1,485	3,954
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	10,077						
065 SPEC PURPOSE COST CENTERS							
093 HOSPICE	19,074	1,896				890	
095 SUBTOTALS	1,194,220	248,727	11,859	35,120	73,685	36,778	50,735
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	160	2,379		72			
100 ER PROFESSIONAL CHARGES							
100 01 CONGREGATE LIVING	2,902	25,841			10,803	119	
100 02 VALLEY ORTHOPEDIC AND SPO							
100 03 MANAGED CARE	2,138					142	
100 04 RENTAL AREA/PPOS	2,255	33,443		6,671			
100 05 SPECIALTY CLINICS	71		16				
100 06 LASALLE SELLETT SUITE							
100 07 LASALLE STANMAR SUITE							
100 08 ENT							
100 09 DURABLE MEDICAL EQUIPMENT	14,234	5,645					
100 10 PERU MALL							
100 11 LADD							
100 12 FAMILY ORTHOPEDIC CENTER							
100 13 WOMEN'S HEALTH CENTER							
100 14 HENRY							
100 15 LAMOILLE							
100 16 SPRING VALLEY CLINIC							
100 17 OGLESBY MP OB							
100 18 FAMILY HEALTH CENTER							
100 19 GRANVILLE CLINIC							
100 20 PARATRANSIT	5,565					142	
100 21 OCCUPATIONAL HEALTH	16,793					744	
100 22 SPORTS MEDICINE CLINIC							
100 23 OTHER NONREIMBURSABLE COS							
100 24 SURGICAL ASSOCIATES	43						
100 25 HENNEPIN CLINIC							
100 26 FAMILY HEALTH CENTER 2ND							
100 27 MIDTOWN							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,238,381	316,035	11,875	41,863	84,488	37,925	50,735

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
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					
017 NURSING ADMINISTRATION					
018 MEDICAL RECORDS & LIBRARY	98,295				
025 SOCIAL SERVICE		9,675			
026 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	5,862	9,011	517,555		517,555
026 INTENSIVE CARE UNIT	993		117,827		117,827
033 NURSERY	300		15,512		15,512
034 SKILLED NURSING FACILITY					
037 ANCILLARY SRVC COST CNTRS					
039 OPERATING ROOM	16,711		969,165		969,165
040 DELIVERY ROOM & LABOR ROO	544		67,728		67,728
041 ANESTHESIOLOGY	3,199		144,657		144,657
041 RADIOLOGY-DIAGNOSTIC	6,470		268,773		268,773
041 01 CT SCAN	6,850		363,810		363,810
041 02 NUCLEAR MEDICINE	1,318		46,318		46,318
044 LABORATORY	12,919		179,066		179,066
047 BLOOD STORING, PROCESSING	479		13,867		13,867
049 RESPIRATORY THERAPY	2,029		47,135		47,135
050 PHYSICAL THERAPY	4,246		146,850		146,850
051 OCCUPATIONAL THERAPY	489		6,064		6,064
052 SPEECH PATHOLOGY	63		3,516		3,516
053 ELECTROCARDIOLOGY	1,432		47,268		47,268
054 ELECTROENCEPHALOGRAPHY	479		25,722		25,722
055 MEDICAL SUPPLIES CHARGED	5,785		182,573		182,573
056 DRUGS CHARGED TO PATIENTS	3,939		89,459		89,459
059 SONOGRAPHY	2,307		70,620		70,620
059 01 AUDIOLOGY	363		12,898		12,898
059 02 CARDIAC REHAB	463		48,044		48,044
059 03 ECP					
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC	2,658		455,384		455,384
061 EMERGENCY	2,369	664	144,887		144,887
062 OBSERVATION BEDS (NON-DIS					
063 OTHER OUTPATIENT SERVICE					
065 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES	274		10,351		10,351
093 SPEC PURPOSE COST CENTERS					
093 HOSPICE	1,563		67,801		67,801
095 SUBTOTALS	84,104	9,675	4,062,850		4,062,850
096 NONREIMBURS COST CENTERS					
100 GIFT, FLOWER, COFFEE SHOP			7,801		7,801
100 ER PROFESSIONAL CHARGES	2,652		2,652		2,652
100 01 CONGREGATE LIVING			96,052		96,052
100 02 VALLEY ORTHOPEDIC AND SPO	924		924		924
100 03 MANAGED CARE			2,292		2,292
100 04 RENTAL AREA/PPOS			115,337		115,337
100 05 SPECIALTY CLINICS	210		297		297
100 06 LASALLE SELLETT SUITE	367		367		367
100 07 LASALLE STANMAR SUITE	269		269		269
100 08 ENT	1,651		1,651		1,651
100 09 DURABLE MEDICAL EQUIPMENT	451		37,215		37,215
100 10 PERU MALL	507		507		507
100 11 LADD					
100 12 FAMILY ORTHOPEDIC CENTER	2,304		2,304		2,304
100 13 WOMEN'S HEALTH CENTER	1,723		1,723		1,723
100 14 HENRY	215		215		215
100 15 LAMOILLE					
100 16 SPRING VALLEY CLINIC	567		567		567
100 17 OGLESBY MP OB	286		286		286
100 18 FAMILY HEALTH CENTER	1,348		1,348		1,348
100 19 GRANVILLE CLINIC	370		370		370
100 20 PARATRANSIT			40,386		40,386
100 21 OCCUPATIONAL HEALTH	211		20,160		20,160
100 22 SPORTS MEDICINE CLINIC					
100 23 OTHER NONREIMBURSABLE COS					
100 24 SURGICAL ASSOCIATES			43		43
100 25 HENNEPIN CLINIC					
100 26 FAMILY HEALTH CENTER 2ND	136		136		136
100 27 MIDTOWN					
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	98,295	9,675	4,395,752		4,395,752

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	SA RECONCIL-) IATION
		OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
		(SQUARE FEET	(DOLLAR) VALUE	(SQUARE) FEET	(DOLLAR) VALUE	(GROSS)LARY	
		1	2	3	4	5	6a.00
	GENERAL SERVICE COST						
001	OLD CAP REL COSTS-BLD	291,641					
002	OLD CAP REL COSTS-MVB		1,458				
003	NEW CAP REL COSTS-BLD			291,641			
004	NEW CAP REL COSTS-MVB				1,632,782		
005	EMPLOYEE BENEFITS	1,106		1,106		20,689,704	
006	ADMINISTRATIVE & GENE	97,511	40	97,511	414,149	1,836,588	-8,093,494
008	OPERATION OF PLANT	30,681	1,219	30,681	106,693	411,235	
009	LAUNDRY & LINEN SERVI	794		794		39,774	
010	HOUSEKEEPING	3,169		3,169	1,527	335,169	
011	DIETARY	8,155		8,155	15,587	266,396	
012	CAFETERIA	2,709		2,709		482,118	
014	NURSING ADMINISTRATIO	2,809		2,809	1,723	809,838	
017	MEDICAL RECORDS & LIB	2,795		2,795	24,673	1,205,566	
018	SOCIAL SERVICE	1,400		1,400			
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	25,489		25,489	99,118	2,829,633	
026	INTENSIVE CARE UNIT	5,458		5,458	4,687	670,651	
033	NURSERY	1,221		1,221	2,399	78,738	
034	SKILLED NURSING FACIL						
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	15,417		15,417	321,322	1,835,412	
039	DELIVERY ROOM & LABOR	615		615	43,480	330,312	
040	ANESTHESIOLOGY	1,398		1,398	53,622		
041	RADIOLOGY-DIAGNOSTIC	5,177	88	5,177	79,736	687,372	
041 01	CT SCAN	650		650	2,293	150,089	
041 02	NUCLEAR MEDICINE	1,405		1,405	23,236	98,459	
044	LABORATORY	3,909		3,909	51,491	819,058	
047	BLOOD STORING, PROCES	234		234	942		
049	RESPIRATORY THERAPY	1,171		1,171	12,424	409,816	
050	PHYSICAL THERAPY	10,557		10,557	20,043	1,125,961	
051	OCCUPATIONAL THERAPY	39		39		149,086	
052	SPEECH PATHOLOGY	161		161	832	32,490	
053	ELECTROCARDIOLOGY	132	74	132	13,234	115,165	
054	ELECTROENCEPHALOGRAPH	2,112		2,112	8,518	63,644	
055	MEDICAL SUPPLIES CHAR	7,545		7,545	2,714	40,652	
056	DRUGS CHARGED TO PATI	1,591	10	1,591	3,250	637,649	
059	SONOGRAPHY	472		472	53,421	145,108	
059 01	AUDIOLOGY						
059 02	CARDIAC REHAB	1,491		1,491	29,866	157,824	
059 03	ECP						
	OUTPAT SERVICE COST C						
060	CLINIC	13,216		13,216	165,904	3,116,361	
061	EMERGENCY	5,503		5,503	34,810	687,909	
062	OBSERVATION BEDS (NON						
063	OTHER OUTPATIENT SERV						
	OTHER REIMBURS COST C						
065	AMBULANCE SERVICES						
	SPEC PURPOSE COST CEN						
093	HOSPICE	974		974	1,594	310,635	
095	SUBTOTALS	257,066	1,431	257,066	1,593,288	19,878,708	-8,093,494
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE	1,222		1,222			
100	ER PROFESSIONAL CHARG						
100 01	CONGREGATE LIVING	13,274		13,274		28,147	
100 02	VALLEY ORTHOPEDIC AND						
100 03	MANAGED CARE					52,147	
100 04	RENTAL AREA/PPOS	17,179		17,179			
100 05	SPECIALTY CLINICS					1,041	
100 06	LASALLE SELLETT SUITE						
100 07	LASALLE STANMAR SUITE						
100 08	ENT						
100 09	DURABLE MEDICAL EQUIP	2,900		2,900	4,300	215,818	
100 10	PERU MALL						
100 11	LADD						
100 12	FAMILY ORTHOPEDIC CEN						
100 13	WOMEN'S HEALTH CENTER						
100 14	HENRY						
100 15	LAMOILLE						
100 16	SPRING VALLEY CLINIC						
100 17	OGLESBY MP OB						
100 18	FAMILY HEALTH CENTER						
100 19	GRANVILLE CLINIC						
100 20	PARATRANSIT		27		32,987	103,322	
100 21	OCCUPATIONAL HEALTH				2,207	410,521	
100 22	SPORTS MEDICINE CLINI						
100 23	OTHER NONREIMBURSABLE						
100 24	SURGICAL ASSOCIATES						
100 25	HENNEPIN CLINIC						
100 26	FAMILY HEALTH CENTER						
100 27	MIDTOWN						
101	CROSS FOOT ADJUSTMENT						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I WORKSHEET B-1
 I I TO 9/30/2010 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	SA RECONCIL-) IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR) VALUE	(SQUARE) FEET	(DOLLAR) VALUE	(GROSS)LARY	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	140,361	2,495	1,238,742	1,715,411	4,785,441	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.481280		4.247489		.231296	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		1.711248		1.050606	532	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000026	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					4,698	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000227	

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(HOURS OF SERVICE)
		6	8	9	10	11	12	14
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL	44,611,605						
009	OPERATION OF PLANT	2,611,191	162,343					
010	LAUNDRY & LINEN SERVICE	250,259		361,053				
011	HOUSEKEEPING	620,771	3,169		36,829			
012	DIETARY	550,221	8,155		1,993	39,238		
014	CAFETERIA	699,319	2,709		1,429		26,666	
017	NURSING ADMINISTRATION	1,033,589	2,809		996		1,068	278,613
018	MEDICAL RECORDS & LIBRARY	1,747,531	2,795		2,168		2,680	
025	SOCIAL SERVICE	6,620	1,400		30		553	
026	INPAT ROUTINE SRVC CNTR							
026	ADULTS & PEDIATRICS	3,880,602	25,489	234,803	14,195	27,722	6,866	142,809
033	INTENSIVE CARE UNIT	925,396	5,458	19,244	1,852	3,156	1,164	24,203
034	NURSERY	129,694	1,221		160		255	5,305
037	SKILLED NURSING FACILITY							
039	ANCILLARY SRVC COST CENTER							
040	OPERATING ROOM	8,572,998	15,417	38,272	2,994	3,343	3,532	73,458
041	DELIVERY ROOM & LABOR	508,077	615		641		535	11,124
041	ANESTHESIOLOGY	277,346	1,398		30			
041	RADIOLOGY-DIAGNOSTIC	2,132,473	5,177	24,082	978		1,370	
041	01 CT SCAN	631,721	650	4,802	63		241	
041	02 NUCLEAR MEDICINE	417,016	1,405		63		151	
044	LABORATORY	3,029,896	3,909	181	775		1,868	
047	BLOOD STORING, PROCESSING	391,358	234		74			
049	RESPIRATORY THERAPY	593,253	1,171	705	171		726	
050	PHYSICAL THERAPY	1,522,794	10,557	19,244	446			
051	OCCUPATIONAL THERAPY	190,876	39					
052	SPEECH PATHOLOGY	54,128	161		63			
053	ELECTROCARDIOLOGY	198,981	132		111		205	
054	ELECTROENCEPHALOGRAPHY	106,240	2,112		26		154	
055	MEDICAL SUPPLIES CHARGED	531,530	7,545		174		159	
056	DRUGS CHARGED TO PATIENTS	1,976,731	1,591		589		831	
059	SONOGRAPHY	318,853	472		63		217	
059	01 AUDIOLOGY	448,976			63			
059	02 CARDIAC REHAB	249,725	1,491					
059	03 ECP							
060	OUTPAT SERVICE COST CENTER							
061	CLINIC	5,975,007	13,216				1,614	
062	EMERGENCY	1,387,458	5,503	19,244	750		1,044	21,714
063	OBSERVATION BEDS (NON-PAYING)							
063	OTHER OUTPATIENT SERVICES							
065	OTHER REIMBURSABLE COST CENTER							
065	AMBULANCE SERVICES	363,012						
093	SPEC PURPOSE COST CENTER							
093	HOSPICE	687,131	974				626	
095	SUBTOTALS	43,020,773	127,768	360,577	30,897	34,221	25,859	278,613
096	NONREIMBURSABLE COST CENTER							
100	GIFT, FLOWER, COFFEE	5,778	1,222		63			
100	PROFESSIONAL CHARGES							
100	01 CONGREGATE LIVING	104,540	13,274			5,017	84	
100	02 VALLEY ORTHOPEDIC AND							
100	03 MANAGED CARE	77,004					100	
100	04 RENTAL AREA/PPOS	81,236	17,179		5,869			
100	05 SPECIALTY CLINICS	2,556		476				
100	06 LASALLE SELLETT SUITE							
100	07 LASALLE STANMAR SUITE							
100	08 ENT							
100	09 DURABLE MEDICAL EQUIPMENT	512,766	2,900					
100	10 PERU MALL							
100	11 LADD							
100	12 FAMILY ORTHOPEDIC CENTER							
100	13 WOMEN'S HEALTH CENTER							
100	14 HENRY							
100	15 LAMOILLE							
100	16 SPRING VALLEY CLINIC							
100	17 OGLESBY MP OB							
100	18 FAMILY HEALTH CENTER							
100	19 GRANVILLE CLINIC							
100	20 PARATRANSIT	200,458					100	
100	21 OCCUPATIONAL HEALTH	604,961					523	
100	22 SPORTS MEDICINE CLINIC							
100	23 OTHER NONREIMBURSABLE							
100	24 SURGICAL ASSOCIATES	1,533						
100	25 HENNEPIN CLINIC							
100	26 FAMILY HEALTH CENTER							
100	27 MIDTOWN							
101	CROSS FOOT ADJUSTMENT							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I WORKSHEET B-1
 I I TO 9/30/2010 I

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF) LAUNDRY	(HOURS OF) SERVICE	(MEALS) SERVED	(FTE'S)	(HOURS OF) SERVICE
		6	8	9	10	11	12	14
102	NONREIMBURS COST CENTER							
103	NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	8,093,494	3,084,916	310,749	793,611	847,954	908,461	1,332,329
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.181421	19.002458	.860674	21.548535	21.610531	34.068139	4.782006
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	47,044	19,618	743	2,572	5,636	2,482	2,971
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.001055	.120843	.002058	.069836	.143636	.093077	.010664
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	1,238,381	316,035	11,875	41,863	84,488	37,925	50,735
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.027759	1.946712	.032890	1.136686	2.153219	1.422223	.182098

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I WORKSHEET B-1
 I TO 9/30/2010 I

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	(PATIENT HARGES	C(TIME)SPENT)
	17	18
001 GENERAL SERVICE COST		
002 OLD CAP REL COSTS-BLD		
003 OLD CAP REL COSTS-MVB		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENE		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVI		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
017 NURSING ADMINISTRATIO	148,137,418	
018 MEDICAL RECORDS & LIB		437
025 SOCIAL SERVICE		
026 INPAT ROUTINE SRVC CN		
033 ADULTS & PEDIATRICS	8,827,852	407
034 INTENSIVE CARE UNIT	1,495,020	
037 NURSERY	452,285	
039 SKILLED NURSING FACIL		
040 ANCILLARY SRVC COST C		
041 OPERATING ROOM	25,269,832	
041 01 DELIVERY ROOM & LABOR	819,204	
041 02 ANESTHESIOLOGY	4,818,199	
044 RADIOLOGY-DIAGNOSTIC	9,743,447	
047 01 CT SCAN	10,315,937	
047 02 NUCLEAR MEDICINE	1,985,383	
049 LABORATORY	19,456,104	
050 BLOOD STORING, PROCES	721,990	
051 RESPIRATORY THERAPY	3,055,576	
052 PHYSICAL THERAPY	6,394,399	
053 OCCUPATIONAL THERAPY	736,294	
054 SPEECH PATHOLOGY	94,571	
055 ELECTROCARDIOLOGY	2,156,596	
056 ELECTROENCEPHALOGRAPH	721,642	
059 MEDICAL SUPPLIES CHAR	8,712,116	
059 01 DRUGS CHARGED TO PATI	5,931,490	
059 02 SONOGRAPHY	3,474,463	
059 03 AUDIOLOGY	546,427	
060 02 CARDIAC REHAB	697,757	
061 ECP		
062 OUTPAT SERVICE COST C		
063 CLINIC	4,003,759	
065 EMERGENCY	3,568,484	30
093 OBSERVATION BEDS (NON		
095 OTHER OUTPATIENT SERV		
096 OTHER REIMBURS COST C		
100 AMBULANCE SERVICES	412,126	
100 SPEC PURPOSE COST CEN		
100 HOSPICE	2,353,251	
100 SUBTOTALS	126,764,204	437
100 NONREIMBURS COST CENT		
100 GIFT, FLOWER, COFFEE		
100 ER PROFESSIONAL CHARG	3,993,251	
100 01 CONGREGATE LIVING		
100 02 VALLEY ORTHOPEDIC AND	1,391,967	
100 03 MANAGED CARE		
100 04 RENTAL AREA/PPOS		
100 05 SPECIALTY CLINICS	316,565	
100 06 LASALLE SELLETT SUITE	552,375	
100 07 LASALLE STANMAR SUITE	405,237	
100 08 ENT	2,485,831	
100 09 DURABLE MEDICAL EQUIP	679,079	
100 10 PERU MALL	764,166	
100 11 LADD		
100 12 FAMILY ORTHOPEDIC CEN	3,470,623	
100 13 WOMEN'S HEALTH CENTER	2,595,547	
100 14 HENRY	323,656	
100 15 LAMOILLE		
100 16 SPRING VALLEY CLINIC	854,321	
100 17 OGLESBY MP OB	430,084	
100 18 FAMILY HEALTH CENTER	2,030,075	
100 19 GRANVILLE CLINIC	557,431	
100 20 PARATRANSIT		
100 21 OCCUPATIONAL HEALTH	317,424	
100 22 SPORTS MEDICINE CLINI		
100 23 OTHER NONREIMBURSABLE		
100 24 SURGICAL ASSOCIATES	112	
100 25 HENNEPIN CLINIC		
100 26 FAMILY HEALTH CENTER	205,470	
100 27 MIDTOWN		
101 CROSS FOOT ADJUSTMENT		

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I WORKSHEET B-1
 I I TO 9/30/2010 I

	COST CENTER DESCRIPTION	MEDICAL RECOR SOCIAL SERVIC DS & LIBRARY E	
		(PATIENT HARGES	C(TIME)SPENT)
	NONREIMBURS COST CENT	17	18
102	NEGATIVE COST CENTER		
103	COST TO BE ALLOCATED (PER WRKSHT B, PART	2,255,702	53,910
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.015227	123.363844
105	COST TO BE ALLOCATED (PER WRKSHT B, PART	3,958	903
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000027	2.066362
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	98,295	9,675
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000664	22.139588

POST STEP DOWN ADJUSTMENTS

I PROVIDER NO:
I 14-0143
I

I PERIOD: I PREPARED 2/23/2011
I FROM 10/ 1/2009 I
I TO 9/30/2010 I WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I WORKSHEET C
 I I TO 9/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	7,277,489		7,277,489		7,277,489
26	INTENSIVE CARE UNIT	1,499,830		1,499,830		1,499,830
33	NURSERY	220,816		220,816		220,816
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	11,447,396		11,447,396		11,447,396
39	DELIVERY ROOM & LABOR ROO	709,648		709,648		709,648
40	ANESTHESIOLOGY	428,240		428,240	14,803	443,043
41	RADIOLOGY-DIAGNOSTIC	2,854,561		2,854,561		2,854,561
41 01	CT SCAN	929,462		929,462		929,462
41 02	NUCLEAR MEDICINE	556,102		556,102		556,102
44	LABORATORY	4,030,617		4,030,617		4,030,617
47	BLOOD STORING, PROCESSING	479,395		479,395		479,395
49	RESPIRATORY THERAPY	798,686		798,686		798,686
50	PHYSICAL THERAPY	2,123,212		2,123,212		2,123,212
51	OCCUPATIONAL THERAPY	237,458		237,458		237,458
52	SPEECH PATHOLOGY	69,805		69,805		69,805
53	ELECTROCARDIOLOGY	279,802		279,802		279,802
54	ELECTROENCEPHALOGRAPHY	182,441		182,441		182,441
55	MEDICAL SUPPLIES CHARGED	913,160		913,160		913,160
56	DRUGS CHARGED TO PATIENTS	2,496,907		2,496,907		2,496,907
59	SONOGRAPHY	447,326		447,326		447,326
59 01	AUDIOLOGY	540,108		540,108		540,108
59 02	CARDIAC REHAB	333,988		333,988		333,988
59 03	ECP					
60	OUTPAT SERVICE COST CNTRS CLINIC	7,426,086		7,426,086		7,426,086
61	EMERGENCY	1,973,908		1,973,908	263,356	2,237,264
62	OBSERVATION BEDS (NON-DIS	612,530		612,530		612,530
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	435,145		435,145		435,145
101	SUBTOTAL	49,304,118		49,304,118	278,159	49,582,277
102	LESS OBSERVATION BEDS	612,530		612,530		612,530
103	TOTAL	48,691,588		48,691,588	278,159	48,969,747

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	8,123,001		8,123,001			
26	INTENSIVE CARE UNIT	1,485,286		1,485,286			
33	NURSERY	445,685		445,685			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,661,570	15,303,375	24,964,945	.458539	.458539	.458539
39	DELIVERY ROOM & LABOR ROO	717,621	89,634	807,255	.879088	.879088	.879088
40	ANESTHESIOLOGY	1,741,469	3,014,334	4,755,803	.090046	.090046	.093158
41	RADIOLOGY-DIAGNOSTIC	1,576,195	8,061,066	9,637,261	.296200	.296200	.296200
41 01	CT SCAN	2,718,484	7,491,717	10,210,201	.091033	.091033	.091033
41 02	NUCLEAR MEDICINE	381,176	1,583,728	1,964,904	.283017	.283017	.283017
44	LABORATORY	6,728,465	12,558,678	19,287,143	.208979	.208979	.208979
47	BLOOD STORING, PROCESSING	521,706	196,870	718,576	.667146	.667146	.667146
49	RESPIRATORY THERAPY	2,643,131	399,230	3,042,361	.262522	.262522	.262522
50	PHYSICAL THERAPY	815,944	5,534,843	6,350,787	.334323	.334323	.334323
51	OCCUPATIONAL THERAPY	114,290	617,608	731,898	.324441	.324441	.324441
52	SPEECH PATHOLOGY	33,723	60,207	93,930	.743160	.743160	.743160
53	ELECTROCARDIOLOGY	1,341,098	778,641	2,119,739	.131998	.131998	.131998
54	ELECTROENCEPHALOGRAPHY	10,039	699,720	709,759	.257046	.257046	.257046
55	MEDICAL SUPPLIES CHARGED	6,872,526	1,794,528	8,667,054	.105360	.105360	.105360
56	DRUGS CHARGED TO PATIENTS	3,437,549	2,431,099	5,868,648	.425465	.425465	.425465
59	SONOGRAPHY	1,169,373	2,201,117	3,370,490	.132718	.132718	.132718
59 01	AUDIOLOGY		546,427	546,427	.988436	.988436	.988436
59 02	CARDIAC REHAB	79,523	611,588	691,111	.483262	.483262	.483262
59 03	ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	56,000	3,719,721	3,775,721	1.966799	1.966799	1.966799
61	EMERGENCY	1,139,249	2,399,157	3,538,406	.557852	.557852	.632280
62	OBSERVATION BEDS (NON-DIS	56,715	601,197	657,912	.931021	.931021	.931021
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		409,010	409,010	1.063898	1.063898	1.063898
101	SUBTOTAL	51,869,818	71,103,495	122,973,313			
102	LESS OBSERVATION BEDS						
103	TOTAL	51,869,818	71,103,495	122,973,313			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	7,277,489		7,277,489		7,277,489
26	INTENSIVE CARE UNIT	1,499,830		1,499,830		1,499,830
33	NURSERY	220,816		220,816		220,816
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	11,447,396		11,447,396		11,447,396
39	DELIVERY ROOM & LABOR ROO	709,648		709,648		709,648
40	ANESTHESIOLOGY	428,240		428,240	14,803	443,043
41	RADIOLOGY-DIAGNOSTIC	2,854,561		2,854,561		2,854,561
41 01	CT SCAN	929,462		929,462		929,462
41 02	NUCLEAR MEDICINE	556,102		556,102		556,102
44	LABORATORY	4,030,617		4,030,617		4,030,617
47	BLOOD STORING, PROCESSING	479,395		479,395		479,395
49	RESPIRATORY THERAPY	798,686		798,686		798,686
50	PHYSICAL THERAPY	2,123,212		2,123,212		2,123,212
51	OCCUPATIONAL THERAPY	237,458		237,458		237,458
52	SPEECH PATHOLOGY	69,805		69,805		69,805
53	ELECTROCARDIOLOGY	279,802		279,802		279,802
54	ELECTROENCEPHALOGRAPHY	182,441		182,441		182,441
55	MEDICAL SUPPLIES CHARGED	913,160		913,160		913,160
56	DRUGS CHARGED TO PATIENTS	2,496,907		2,496,907		2,496,907
59	SONOGRAPHY	447,326		447,326		447,326
59 01	AUDIOLOGY	540,108		540,108		540,108
59 02	CARDIAC REHAB	333,988		333,988		333,988
59 03	ECP					
60	OUTPAT SERVICE COST CNTRS CLINIC	7,426,086		7,426,086		7,426,086
61	EMERGENCY	1,973,908		1,973,908	263,356	2,237,264
62	OBSERVATION BEDS (NON-DIS	612,530		612,530		612,530
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	435,145		435,145		435,145
101	SUBTOTAL	49,304,118		49,304,118	278,159	49,582,277
102	LESS OBSERVATION BEDS	612,530		612,530		612,530
103	TOTAL	48,691,588		48,691,588	278,159	48,969,747

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	8,123,001		8,123,001			
26	INTENSIVE CARE UNIT	1,485,286		1,485,286			
33	NURSERY	445,685		445,685			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,661,570	15,303,375	24,964,945	.458539	.458539	.458539
39	DELIVERY ROOM & LABOR ROO	717,621	89,634	807,255	.879088	.879088	.879088
40	ANESTHESIOLOGY	1,741,469	3,014,334	4,755,803	.090046	.090046	.093158
41	RADIOLOGY-DIAGNOSTIC	1,576,195	8,061,066	9,637,261	.296200	.296200	.296200
41 01	CT SCAN	2,718,484	7,491,717	10,210,201	.091033	.091033	.091033
41 02	NUCLEAR MEDICINE	381,176	1,583,728	1,964,904	.283017	.283017	.283017
44	LABORATORY	6,728,465	12,558,678	19,287,143	.208979	.208979	.208979
47	BLOOD STORING, PROCESSING	521,706	196,870	718,576	.667146	.667146	.667146
49	RESPIRATORY THERAPY	2,643,131	399,230	3,042,361	.262522	.262522	.262522
50	PHYSICAL THERAPY	815,944	5,534,843	6,350,787	.334323	.334323	.334323
51	OCCUPATIONAL THERAPY	114,290	617,608	731,898	.324441	.324441	.324441
52	SPEECH PATHOLOGY	33,723	60,207	93,930	.743160	.743160	.743160
53	ELECTROCARDIOLOGY	1,341,098	778,641	2,119,739	.131998	.131998	.131998
54	ELECTROENCEPHALOGRAPHY	10,039	699,720	709,759	.257046	.257046	.257046
55	MEDICAL SUPPLIES CHARGED	6,872,526	1,794,528	8,667,054	.105360	.105360	.105360
56	DRUGS CHARGED TO PATIENTS	3,437,549	2,431,099	5,868,648	.425465	.425465	.425465
59	SONOGRAPHY	1,169,373	2,201,117	3,370,490	.132718	.132718	.132718
59 01	AUDIOLOGY		546,427	546,427	.988436	.988436	.988436
59 02	CARDIAC REHAB	79,523	611,588	691,111	.483262	.483262	.483262
59 03	ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	56,000	3,719,721	3,775,721	1.966799	1.966799	1.966799
61	EMERGENCY	1,139,249	2,399,157	3,538,406	.557852	.557852	.632280
62	OBSERVATION BEDS (NON-DIS	56,715	601,197	657,912	.931021	.931021	.931021
63	OTHER OUTPATIENT SERVICE OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		409,010	409,010	1.063898	1.063898	1.063898
101	SUBTOTAL	51,869,818	71,103,495	122,973,313			
102	LESS OBSERVATION BEDS						
103	TOTAL	51,869,818	71,103,495	122,973,313			

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	11,447,396	990,037	10,457,359			11,447,396
39	DELIVERY ROOM & LABOR ROO	709,648	68,879	640,769			709,648
40	ANESTHESIOLOGY	428,240	145,924	282,316			428,240
41	RADIOLOGY-DIAGNOSTIC	2,854,561	274,819	2,579,742			2,854,561
41 01	CT SCAN	929,462	365,187	564,275			929,462
41 02	NUCLEAR MEDICINE	556,102	47,679	508,423			556,102
44	LABORATORY	4,030,617	185,390	3,845,227			4,030,617
47	BLOOD STORING, PROCESSING	479,395	14,445	464,950			479,395
49	RESPIRATORY THERAPY	798,686	48,642	750,044			798,686
50	PHYSICAL THERAPY	2,123,212	155,087	1,968,125			2,123,212
51	OCCUPATIONAL THERAPY	237,458	6,313	231,145			237,458
52	SPEECH PATHOLOGY	69,805	3,677	66,128			69,805
53	ELECTROCARDIOLOGY	279,802	47,773	232,029			279,802
54	ELECTROENCEPHALOGRAPHY	182,441	27,142	155,299			182,441
55	MEDICAL SUPPLIES CHARGED	913,160	187,940	725,220			913,160
56	DRUGS CHARGED TO PATIENTS	2,496,907	92,814	2,404,093			2,496,907
59	SONOGRAPHY	447,326	71,362	375,964			447,326
59 01	AUDIOLOGY	540,108	13,391	526,717			540,108
59 02	CARDIAC REHAB	333,988	49,228	284,760			333,988
59 03	ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	7,426,086	469,975	6,956,111			7,426,086
61	EMERGENCY	1,973,908	150,261	1,823,647			1,973,908
62	OBSERVATION BEDS (NON-DIS	612,530	47,612	564,918			612,530
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	435,145	10,745	424,400			435,145
101	SUBTOTAL	40,305,983	3,474,322	36,831,661			40,305,983
102	LESS OBSERVATION BEDS	612,530	47,612	564,918			612,530
103	TOTAL	39,693,453	3,426,710	36,266,743			39,693,453

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	24,964,945	.458539	.458539
39	DELIVERY ROOM & LABOR ROO	807,255	.879088	.879088
40	ANESTHESIOLOGY	4,755,803	.090046	.090046
41	RADIOLOGY-DIAGNOSTIC	9,637,261	.296200	.296200
41 01	CT SCAN	10,210,201	.091033	.091033
41 02	NUCLEAR MEDICINE	1,964,904	.283017	.283017
44	LABORATORY	19,287,143	.208979	.208979
47	BLOOD STORING, PROCESSING	718,576	.667146	.667146
49	RESPIRATORY THERAPY	3,042,361	.262522	.262522
50	PHYSICAL THERAPY	6,350,787	.334323	.334323
51	OCCUPATIONAL THERAPY	731,898	.324441	.324441
52	SPEECH PATHOLOGY	93,930	.743160	.743160
53	ELECTROCARDIOLOGY	2,119,739	.131998	.131998
54	ELECTROENCEPHALOGRAPHY	709,759	.257046	.257046
55	MEDICAL SUPPLIES CHARGED	8,667,054	.105360	.105360
56	DRUGS CHARGED TO PATIENTS	5,868,648	.425465	.425465
59	SONOGRAPHY	3,370,490	.132718	.132718
59 01	AUDIOLOGY	546,427	.988436	.988436
59 02	CARDIAC REHAB	691,111	.483262	.483262
59 03	ECP			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,775,721	1.966799	1.966799
61	EMERGENCY	3,538,406	.557852	.557852
62	OBSERVATION BEDS (NON-DIS	657,912	.931021	.931021
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	409,010	1.063898	1.063898
101	SUBTOTAL	112,919,341		
102	LESS OBSERVATION BEDS	657,912		
103	TOTAL	112,261,429		

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	11,447,396	990,037	10,457,359	99,004	606,527	10,741,865
39	DELIVERY ROOM & LABOR ROO	709,648	68,879	640,769	6,888	37,165	665,595
40	ANESTHESIOLOGY	428,240	145,924	282,316	14,592	16,374	397,274
41	RADIOLOGY-DIAGNOSTIC	2,854,561	274,819	2,579,742	27,482	149,625	2,677,454
41	01 CT SCAN	929,462	365,187	564,275	36,519	32,728	860,215
41	02 NUCLEAR MEDICINE	556,102	47,679	508,423	4,768	29,489	521,845
44	LABORATORY	4,030,617	185,390	3,845,227	18,539	223,023	3,789,055
47	BLOOD STORING, PROCESSING	479,395	14,445	464,950	1,445	26,967	450,983
49	RESPIRATORY THERAPY	798,686	48,642	750,044	4,864	43,503	750,319
50	PHYSICAL THERAPY	2,123,212	155,087	1,968,125	15,509	114,151	1,993,552
51	OCCUPATIONAL THERAPY	237,458	6,313	231,145	631	13,406	223,421
52	SPEECH PATHOLOGY	69,805	3,677	66,128	368	3,835	65,602
53	ELECTROCARDIOLOGY	279,802	47,773	232,029	4,777	13,458	261,567
54	ELECTROENCEPHALOGRAPHY	182,441	27,142	155,299	2,714	9,007	170,720
55	MEDICAL SUPPLIES CHARGED	913,160	187,940	725,220	18,794	42,063	852,303
56	DRUGS CHARGED TO PATIENTS	2,496,907	92,814	2,404,093	9,281	139,437	2,348,189
59	SONOGRAPHY	447,326	71,362	375,964	7,136	21,806	418,384
59	01 AUDIOLOGY	540,108	13,391	526,717	1,339	30,550	508,219
59	02 CARDIAC REHAB	333,988	49,228	284,760	4,923	16,516	312,549
59	03 ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	7,426,086	469,975	6,956,111	46,998	403,454	6,975,634
61	EMERGENCY	1,973,908	150,261	1,823,647	15,026	105,772	1,853,110
62	OBSERVATION BEDS (NON-DIS	612,530	47,612	564,918	4,761	32,765	575,004
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	435,145	10,745	424,400	1,075	24,615	409,455
101	SUBTOTAL	40,305,983	3,474,322	36,831,661	347,433	2,136,236	37,822,314
102	LESS OBSERVATION BEDS	612,530	47,612	564,918	4,761	32,765	575,004
103	TOTAL	39,693,453	3,426,710	36,266,743	342,672	2,103,471	37,247,310

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	24,964,945	.430278	.454573
39	DELIVERY ROOM & LABOR ROO	807,255	.824516	.870555
40	ANESTHESIOLOGY	4,755,803	.083535	.086978
41	RADIOLOGY-DIAGNOSTIC	9,637,261	.277823	.293349
41 01	CT SCAN	10,210,201	.084251	.087456
41 02	NUCLEAR MEDICINE	1,964,904	.265583	.280591
44	LABORATORY	19,287,143	.196455	.208018
47	BLOOD STORING, PROCESSING	718,576	.627607	.665135
49	RESPIRATORY THERAPY	3,042,361	.246624	.260923
50	PHYSICAL THERAPY	6,350,787	.313906	.331881
51	OCCUPATIONAL THERAPY	731,898	.305262	.323579
52	SPEECH PATHOLOGY	93,930	.698414	.739242
53	ELECTROCARDIOLOGY	2,119,739	.123396	.129745
54	ELECTROENCEPHALOGRAPHY	709,759	.240532	.253223
55	MEDICAL SUPPLIES CHARGED	8,667,054	.098338	.103191
56	DRUGS CHARGED TO PATIENTS	5,868,648	.400124	.423884
59	SONOGRAPHY	3,370,490	.124132	.130601
59 01	AUDIOLOGY	546,427	.930077	.985985
59 02	CARDIAC REHAB	691,111	.452241	.476139
59 03	ECP			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,775,721	1.847497	1.954352
61	EMERGENCY	3,538,406	.523713	.553606
62	OBSERVATION BEDS (NON-DIS	657,912	.873983	.923785
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	409,010	1.001088	1.061270
101	SUBTOTAL	112,919,341		
102	LESS OBSERVATION BEDS	657,912		
103	TOTAL	112,261,429		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	20,872	969,165	24,964,945	4,967,696	.000836	4,153
39	DELIVERY ROOM & LABOR ROO	1,151	67,728	807,255	3,426	.001426	5
40	ANESTHESIOLOGY	1,267	144,657	4,755,803	825,772	.000266	220
41	RADIOLOGY-DIAGNOSTIC	6,046	268,773	9,637,261	1,408,679	.000627	883
41 01	CT SCAN	1,377	363,810	10,210,201	1,461,091	.000135	197
41 02	NUCLEAR MEDICINE	1,361	46,318	1,964,904	239,242	.000693	166
44	LABORATORY	6,324	179,066	19,287,143	4,117,555	.000328	1,351
47	BLOOD STORING, PROCESSING	578	13,867	718,576	352,920	.000804	284
49	RESPIRATORY THERAPY	1,507	47,135	3,042,361	1,478,365	.000495	732
50	PHYSICAL THERAPY	8,237	146,850	6,350,787	444,692	.001297	577
51	OCCUPATIONAL THERAPY	249	6,064	731,898	58,993	.000340	20
52	SPEECH PATHOLOGY	161	3,516	93,930	22,043	.001714	38
53	ELECTROCARDIOLOGY	505	47,268	2,119,739	1,017,182	.000238	242
54	ELECTROENCEPHALOGRAPHY	1,420	25,722	709,759	5,490	.002001	11
55	MEDICAL SUPPLIES CHARGED	5,367	182,573	8,667,054	4,005,592	.000619	2,479
56	DRUGS CHARGED TO PATIENTS	3,355	89,459	5,868,648	1,930,477	.000572	1,104
59	SONOGRAPHY	742	70,620	3,370,490	451,212	.000220	99
59 01	AUDIOLOGY	493	12,898	546,427		.000902	
59 02	CARDIAC REHAB	1,184	48,044	691,111		.001713	
59 03	ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	14,591	455,384	3,775,721	50,917	.003864	197
61	EMERGENCY	5,374	144,887	3,538,406	1,071,999	.001519	1,628
62	OBSERVATION BEDS (NON-DIS	2,462	45,150	657,912	22,239	.003742	83
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	84,623	3,378,954	112,510,331	23,935,582		14,469

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART II
 I 14-0143 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.038821	192,851
39	DELIVERY ROOM & LABOR ROO	.083899	287
40	ANESTHESIOLOGY	.030417	25,118
41	RADIOLOGY-DIAGNOSTIC	.027889	39,287
41 01	CT SCAN	.035632	52,062
41 02	NUCLEAR MEDICINE	.023573	5,640
44	LABORATORY	.009284	38,227
47	BLOOD STORING, PROCESSING	.019298	6,811
49	RESPIRATORY THERAPY	.015493	22,904
50	PHYSICAL THERAPY	.023123	10,283
51	OCCUPATIONAL THERAPY	.008285	489
52	SPEECH PATHOLOGY	.037432	825
53	ELECTROCARDIOLOGY	.022299	22,682
54	ELECTROENCEPHALOGRAPHY	.036240	199
55	MEDICAL SUPPLIES CHARGED	.021065	84,378
56	DRUGS CHARGED TO PATIENTS	.015244	29,428
59	SONOGRAPHY	.020952	9,454
59 01	AUDIOLOGY	.023604	
59 02	CARDIAC REHAB	.069517	
59 03	ECP		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.120608	6,141
61	EMERGENCY	.040947	43,895
62	OBSERVATION BEDS (NON-DIS	.068626	1,526
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		592,487

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I WORKSHEET D
 I I TO 9/30/2010 I PART III
 PPS

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

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					8,712	
26	INTENSIVE CARE UNIT					1,007	
33	NURSERY					609	
34	SKILLED NURSING FACILITY						
101	TOTAL					10,328	

Health Financial Systems MCRIF32 FOR ST. MARGARET'S HOSPITAL IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011

SERVICE OTHER PASS THROUGH COSTS I 14-0143 I FROM 10/ 1/2009 I WORKSHEET D

TITLE XVIII, PART A I I TO 9/30/2010 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		5,159
26	INTENSIVE CARE UNIT		545
33	NURSERY		
34	SKILLED NURSING FACILITY		
101	TOTAL		5,704

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CT SCAN						
41	02 NUCLEAR MEDICINE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	SONOGRAPHY						
59	01 AUDIOLOGY						
59	02 CARDIAC REHAB						
59	03 ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			24,964,945			4,967,696	
	OPERATING ROOM			807,255			3,426	
39	DELIVERY ROOM & LABOR ROO			4,755,803			825,772	
40	ANESTHESIOLOGY			9,637,261			1,408,679	
41	RADIOLOGY-DIAGNOSTIC			10,210,201			1,461,091	
41 01	CT SCAN			1,964,904			239,242	
41 02	NUCLEAR MEDICINE			19,287,143			4,117,555	
44	LABORATORY			718,576			352,920	
47	BLOOD STORING, PROCESSING			3,042,361			1,478,365	
49	RESPIRATORY THERAPY			6,350,787			444,692	
50	PHYSICAL THERAPY			731,898			58,993	
51	OCCUPATIONAL THERAPY			93,930			22,043	
52	SPEECH PATHOLOGY			2,119,739			1,017,182	
53	ELECTROCARDIOLOGY			709,759			5,490	
54	ELECTROENCEPHALOGRAPHY			8,667,054			4,005,592	
55	MEDICAL SUPPLIES CHARGED			5,868,648			1,930,477	
56	DRUGS CHARGED TO PATIENTS			3,370,490			451,212	
59	SONOGRAPHY			546,427				
59 01	AUDIOLOGY			691,111				
59 02	CARDIAC REHAB							
59 03	ECP							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,775,721			50,917	
61	EMERGENCY			3,538,406			1,071,999	
62	OBSERVATION BEDS (NON-DIS			657,912			22,239	
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			112,510,331			23,935,582	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,517,215					
39	DELIVERY ROOM & LABOR ROO	1,269					
40	ANESTHESIOLOGY	760,998					
41	RADIOLOGY-DIAGNOSTIC	3,113,031					
41 01	CT SCAN	2,609,705					
41 02	NUCLEAR MEDICINE	724,412					
44	LABORATORY	209,371					
47	BLOOD STORING, PROCESSING	112,273					
49	RESPIRATORY THERAPY	252,310					
50	PHYSICAL THERAPY	7,510					
51	OCCUPATIONAL THERAPY	1,915					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	397,757					
54	ELECTROENCEPHALOGRAPHY	6,405					
55	MEDICAL SUPPLIES CHARGED	695,062					
56	DRUGS CHARGED TO PATIENTS	1,380,571					
59	SONOGRAPHY	340,895					
59 01	AUDIOLOGY	68,595					
59 02	CARDIAC REHAB	78,120					
59 03	ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	871,304					
61	EMERGENCY	1,594,349					
62	OBSERVATION BEDS (NON-DIS	83,550					
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	16,826,617					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.458539	.458539			
39 DELIVERY ROOM & LABOR ROOM	.879088	.879088			
40 ANESTHESIOLOGY	.090046	.090046			
41 RADIOLOGY-DIAGNOSTIC	.296200	.296200			
41 01 CT SCAN	.091033	.091033			
41 02 NUCLEAR MEDICINE	.283017	.283017			
44 LABORATORY	.208979	.208979			
47 BLOOD STORING, PROCESSING & TRANS.	.667146	.667146			
49 RESPIRATORY THERAPY	.262522	.262522			
50 PHYSICAL THERAPY	.334323	.334323			
51 OCCUPATIONAL THERAPY	.324441	.324441			
52 SPEECH PATHOLOGY	.743160	.743160			
53 ELECTROCARDIOLOGY	.131998	.131998			
54 ELECTROENCEPHALOGRAPHY	.257046	.257046			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.105360	.105360			
56 DRUGS CHARGED TO PATIENTS	.425465	.425465			
59 SONOGRAPHY	.132718	.132718			
59 01 AUDIOLOGY	.988436	.988436			
59 02 CARDIAC REHAB	.483262	.483262			
59 03 ECP					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.966799	1.966799			
61 EMERGENCY	.557852	.557852			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.931021	.931021			
63 OTHER OUTPATIENT SERVICE COST CENTER					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	1.063898	1.063898			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B		HOSPITAL				
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		3,517,215			
39	DELIVERY ROOM & LABOR ROOM		1,269			
40	ANESTHESIOLOGY		760,998			
41	RADIOLOGY-DIAGNOSTIC		3,113,031	125		
41 01	CT SCAN		2,609,705			
41 02	NUCLEAR MEDICINE		724,412			
44	LABORATORY		209,371	46		
47	BLOOD STORING, PROCESSING & TRANS.		112,273			
49	RESPIRATORY THERAPY		252,310			
50	PHYSICAL THERAPY		7,510			
51	OCCUPATIONAL THERAPY		1,915			
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		397,757			
54	ELECTROENCEPHALOGRAPHY		6,405			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		695,062			
56	DRUGS CHARGED TO PATIENTS		1,380,571			
59	SONOGRAPHY		340,895			
59 01	AUDIOLOGY		68,595			
59 02	CARDIAC REHAB		78,120			
59 03	ECP					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC		871,304	11,381		
62	EMERGENCY		1,594,349			
63	OBSERVATION BEDS (NON-DISTINCT PART)		83,550			
65	OTHER OUTPATIENT SERVICE COST CENTER					
65	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		16,826,617	11,552		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		16,826,617	11,552		

TITLE XVIII, PART B		HOSPITAL				
		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				1,612,780	
39	DELIVERY ROOM & LABOR ROOM				1,116	
40	ANESTHESIOLOGY				68,525	
41	RADIOLOGY-DIAGNOSTIC				922,080	37
41 01	CT SCAN				237,569	
41 02	NUCLEAR MEDICINE				205,021	
44	LABORATORY				43,754	10
47	BLOOD STORING, PROCESSING & TRANS.				74,902	
49	RESPIRATORY THERAPY				66,237	
50	PHYSICAL THERAPY				2,511	
51	OCCUPATIONAL THERAPY				621	
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY				52,503	
54	ELECTROENCEPHALOGRAPHY				1,646	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				73,232	
56	DRUGS CHARGED TO PATIENTS				587,385	
59	SONOGRAPHY				45,243	
59 01	AUDIOLOGY				67,802	
59 02	CARDIAC REHAB				37,752	
59 03	ECP					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC				1,713,680	22,384
62	EMERGENCY				889,411	
63	OBSERVATION BEDS (NON-DISTINCT PART)				77,787	
63	OTHER OUTPATIENT SERVICE COST CENTER					
63	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL				6,781,557	22,431
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				6,781,557	22,431

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 CT SCAN
- 41 02 NUCLEAR MEDICINE
- 44 LABORATORY
- 47 BLOOD STORING, PROCESSING & TRANS.
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 59 SONOGRAPHY
- 59 01 AUDIOLOGY
- 59 02 CARDIAC REHAB
- 59 03 ECP
- 60 OUTPAT SERVICE COST CNTRS
- 61 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 63 OTHER OUTPATIENT SERVICE COST CENTER
- 65 OTHER REIMBURS COST CNTRS
- 65 AMBULANCE SERVICES
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES
- 104 NET CHARGES

Health Financial Systems MCRIF32 FOR ST. MARGARET'S HOSPITAL IN LIEU OF FORM CMS-2552-96(08/2000) CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/23/2011
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	I	14-0143	I	FROM 10/ 1/2009	I	WORKSHEET D
	I	COMPONENT NO:	I	TO 9/30/2010	I	PART VI
	I	14-0143	I		I	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.425465
2	PROGRAM VACCINE CHARGES		21,610
3	PROGRAM COSTS		9,194

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CT SCAN						
41 02	NUCLEAR MEDICINE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	SONOGRAPHY						
59 01	AUDIOLOGY						
59 02	CARDIAC REHAB						
59 03	ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 9/30/2010 I PART II
 I 14-5578 I I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41 01	CT SCAN		
41 02	NUCLEAR MEDICINE		
44	LABORATORY		
47	BLOOD STORING, PROCESSING		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
59	SONOGRAPHY		
59 01	AUDIOLOGY		
59 02	CARDIAC REHAB		
59 03	ECP		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CT SCAN						
41	02 NUCLEAR MEDICINE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	SONOGRAPHY						
59	01 AUDIOLOGY						
59	02 CARDIAC REHAB						
59	03 ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			24,964,945				
	OPERATING ROOM			807,255				
39	DELIVERY ROOM & LABOR ROO			4,755,803				
40	ANESTHESIOLOGY			9,637,261				
41	RADIOLOGY-DIAGNOSTIC			10,210,201				
41	01 CT SCAN			1,964,904				
41	02 NUCLEAR MEDICINE			19,287,143				
44	LABORATORY			718,576				
47	BLOOD STORING, PROCESSING			3,042,361				
49	RESPIRATORY THERAPY			6,350,787				
50	PHYSICAL THERAPY			731,898				
51	OCCUPATIONAL THERAPY			93,930				
52	SPEECH PATHOLOGY			2,119,739				
53	ELECTROCARDIOLOGY			709,759				
54	ELECTROENCEPHALOGRAPHY			8,667,054				
55	MEDICAL SUPPLIES CHARGED			5,868,648				
56	DRUGS CHARGED TO PATIENTS			3,370,490				
59	SONOGRAPHY			546,427				
59	01 AUDIOLOGY			691,111				
59	02 CARDIAC REHAB							
59	03 ECP							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,775,721				
61	EMERGENCY			3,538,406				
62	OBSERVATION BEDS (NON-DIS			657,912				
63	OTHER OUTPATIENT SERVICE							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			112,510,331				

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CT SCAN						
41 02	NUCLEAR MEDICINE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	SONOGRAPHY						
59 01	AUDIOLOGY						
59 02	CARDIAC REHAB						
59 03	ECP						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	10,109
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,712
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,017
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,695
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	349
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	1,048
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	5,159
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	313
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	940
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	180.51
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	184.15
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	7,277,489
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	62,998
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	192,989
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	255,987
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	7,021,502

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,615,663
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,539,478
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	6,076,185
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.814969
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,259.04
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	907.57
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	351.47
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	286.44
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	577,749
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6,443,753

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					805.96
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					4,157,948
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					4,157,948

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	1,499,830	1,007	1,489.40	545	811,723
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				

48	PROGRAM INPATIENT ANCILLARY SERVICE COST					6,881,609
49	TOTAL PROGRAM INPATIENT COSTS					11,851,280

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					378,452
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					606,956
52	TOTAL PROGRAM EXCLUDABLE COST					985,408
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					10,865,872

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)					56,500
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)					173,101
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS					229,601
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS					

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	760
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	805.96
85	OBSERVATION BED COST	612,530

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1	2	3	4	5
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
86	28,216	7,021,502	.004019	612,530	2,462
87	517,555	7,021,502	.073710	612,530	45,150
88		7,021,502		612,530	
89		7,021,502		612,530	
89.01					
89.02					

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

- 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)
- 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)
- 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)
- 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)
- 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)
THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER
DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 7 TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)
THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 8 TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER
DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)
- 9 TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM
(EXCLUDING SWING-BED AND NEWBORN DAYS)
- 10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING
PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING
PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR
YEAR, ENTER 0 ON THIS LINE)
- 12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING
PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING
PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR
YEAR, ENTER 0 ON THIS LINE)
- 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM
(EXCLUDING SWING-BED DAYS)
- 15 TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)
- 16 NURSERY DAYS (TITLE V OR XIX ONLY)

SWING-BED ADJUSTMENT

- 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH
DECEMBER 31 OF THE COST REPORTING PERIOD
- 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER
DECEMBER 31 OF THE COST REPORTING PERIOD
- 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH
DECEMBER 31 OF THE COST REPORTING PERIOD
- 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER
DECEMBER 31 OF THE COST REPORTING PERIOD
- 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST
- 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST
REPORTING PERIOD
- 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST
REPORTING PERIOD
- 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST
REPORTING PERIOD
- 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST
REPORTING PERIOD
- 26 TOTAL SWING-BED COST (SEE INSTRUCTIONS)
- 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

- 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)
- 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO
- 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE
- 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE
- 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL
- 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL
- 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT
- 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM
COST DIFFERENTIAL

TITLE XVIII PART A SNF PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

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		4,642,890	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		912,661	
37	OPERATING ROOM	.458539	4,967,696	2,277,882
39	DELIVERY ROOM & LABOR ROOM	.879088	3,426	3,012
40	ANESTHESIOLOGY	.093158	825,772	76,927
41	RADIOLOGY-DIAGNOSTIC	.296200	1,408,679	417,251
41 01	CT SCAN	.091033	1,461,091	133,007
41 02	NUCLEAR MEDICINE	.283017	239,242	67,710
44	LABORATORY	.208979	4,117,555	860,483
47	BLOOD STORING, PROCESSING & TRANS.	.667146	352,920	235,449
49	RESPIRATORY THERAPY	.262522	1,478,365	388,103
50	PHYSICAL THERAPY	.334323	444,692	148,671
51	OCCUPATIONAL THERAPY	.324441	58,993	19,140
52	SPEECH PATHOLOGY	.743160	22,043	16,381
53	ELECTROCARDIOLOGY	.131998	1,017,182	134,266
54	ELECTROENCEPHALOGRAPHY	.257046	5,490	1,411
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.105360	4,005,592	422,029
56	DRUGS CHARGED TO PATIENTS	.425465	1,930,477	821,350
59	SONOGRAPHY	.132718	451,212	59,884
59 01	AUDIOLOGY	.988436		
59 02	CARDIAC REHAB	.483262		
59 03	ECP			
60	OUTPAT SERVICE COST CNTRS CLINIC	1.966799	50,917	100,144
61	EMERGENCY	.632280	1,071,999	677,804
62	OBSERVATION BEDS (NON-DISTINCT PART)	.931021	22,239	20,705
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		23,935,582	6,881,609
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		23,935,582	

TITLE XVIII, PART A SWING BED SNF 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 ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.458539	51,955	23,823
39	DELIVERY ROOM & LABOR ROOM	.879088	57	50
40	ANESTHESIOLOGY	.090046		
41	RADIOLOGY-DIAGNOSTIC	.296200	66,710	19,760
41 01	CT SCAN	.091033	23,592	2,148
41 02	NUCLEAR MEDICINE	.283017	7,294	2,064
44	LABORATORY	.208979	290,445	60,697
47	BLOOD STORING, PROCESSING & TRANS.	.667146	30,124	20,097
49	RESPIRATORY THERAPY	.262522	203,993	53,553
50	PHYSICAL THERAPY	.334323	182,085	60,875
51	OCCUPATIONAL THERAPY	.324441	28,849	9,360
52	SPEECH PATHOLOGY	.743160	5,661	4,207
53	ELECTROCARDIOLOGY	.131998	8,138	1,074
54	ELECTROENCEPHALOGRAPHY	.257046	915	235
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.105360	485,859	51,190
56	DRUGS CHARGED TO PATIENTS	.425465	344,207	146,448
59	SONOGRAPHY	.132718	5,950	790
59 01	AUDIOLOGY	.988436		
59 02	CARDIAC REHAB	.483262		
59 03	ECP			
60	OUTPAT SERVICE COST CNTRS CLINIC	1.966799	4,670	9,185
61	EMERGENCY	.557852		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.931021		
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		1,740,504	465,556
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,740,504	

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 ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.458539		
39	DELIVERY ROOM & LABOR ROOM	.879088		
40	ANESTHESIOLOGY	.090046		
41	RADIOLOGY-DIAGNOSTIC	.296200		
41 01	CT SCAN	.091033		
41 02	NUCLEAR MEDICINE	.283017		
44	LABORATORY	.208979		
47	BLOOD STORING, PROCESSING & TRANS.	.667146		
49	RESPIRATORY THERAPY	.262522		
50	PHYSICAL THERAPY	.334323		
51	OCCUPATIONAL THERAPY	.324441		
52	SPEECH PATHOLOGY	.743160		
53	ELECTROCARDIOLOGY	.131998		
54	ELECTROENCEPHALOGRAPHY	.257046		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.105360		
56	DRUGS CHARGED TO PATIENTS	.425465		
59	SONOGRAPHY	.132718		
59 01	AUDIOLOGY	.988436		
59 02	CARDIAC REHAB	.483262		
59 03	ECP			
60	OUTPAT SERVICE COST CNTRS CLINIC	1.966799		
61	EMERGENCY	.557852		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.931021		
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I WORKSHEET E
 I COMPONENT NO: I TO 9/30/2010 I PART A
 I 14-0143 I I

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	2,288,558	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	6,704,350	
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)	7,649	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	77.09	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I WORKSHEET E
 I COMPONENT NO: I TO 9/30/2010 I PART A
 I 14-0143 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	9,000,557	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	9,346,269	
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)	9,259,841	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	740,287	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	10,000,128	
17 PRIMARY PAYER PAYMENTS	1,299	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	9,998,829	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,159,112	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	13,200	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	173,007	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	121,105	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	8,947,622	
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	8,947,622	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	8,878,029	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	69,593	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2011
I	14-0143	I	FROM 10/ 1/2009	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 9/30/2010	I	PART B	
I	14-0143	I		I		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	31,625	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	6,781,557	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	5,937,968	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.799	.799
1.04	LINE 1.01 TIMES LINE 1.03.	5,418,464	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	31,625	

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	33,162
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	33,162

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)	33,162
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,537
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	31,625
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	5,937,968

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,464,418
19	SUBTOTAL (SEE INSTRUCTIONS)	4,505,175
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	4,505,175
24	PRIMARY PAYER PAYMENTS	1,107
25	SUBTOTAL	4,504,068

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	222,090
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	155,463
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	4,659,531
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	4,659,531
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,491,243
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	168,288
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2011
I	14-0143	I	FROM 10/ 1/2009	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 9/30/2010	I	PART B	
I	14-5578	I		I		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

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

COMPUTATION OF LESSER OF COST OR CHARGES

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

CUSTOMARY CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

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

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

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

TO BE COMPLETED BY CONTRACTOR

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

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		9,198,055		4,481,043
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	4/ 9/2010	69,896	4/ 9/2010	10,200
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	9/17/2010	389,922		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-320,026		10,200
4 TOTAL INTERIM PAYMENTS		8,878,029		4,491,243
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		69,593		168,288
7 TOTAL MEDICARE PROGRAM LIABILITY		8,947,622		4,659,531

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 9/30/2010 I
 I 14-5578 I I

TITLE XVIII SNF

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

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I WORKSHEET E-1
 I COMPONENT NO: I TO 9/30/2010 I
 I 14-U143 I I

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		376,825		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			376,825	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01	1,869	
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			378,694	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I
 I COMPONENT NO: I TO 9/30/2010 I WORKSHEET E-2
 I 14-U143 I I

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	410,681	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)		
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	1,253	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	410,681	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	410,681	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	410,681	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	33,856	
14	80% OF PART B COSTS		
15	SUBTOTAL	376,825	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS	1,869	
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	378,694	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	376,825	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	1,869	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I WORKSHEET E-3
 I COMPONENT NO: I TO 9/30/2010 I PART III
 I 14-5578 I I

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)				
I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/23/2011
I	14-0143	I	FROM 10/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 9/30/2010	I	PART III
I	14-5578	I		I	

TITLE XVIII

SNF

PPS
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

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

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	872,121			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	20,043,268			
5	OTHER RECEIVABLES	726,141			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-10,944,000			
7	INVENTORY	2,596,404			
8	PREPAID EXPENSES	419,437			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	13,713,371			
FIXED ASSETS					
12	LAND	2,654,274			
12.01	LAND IMPROVEMENTS	2,203,573			
13	LAND IMPROVEMENTS	2,203,573			
13.01	LESS ACCUMULATED DEPRECIATION	-1,330,499			
14	BUILDINGS	42,802,961			
14.01	LESS ACCUMULATED DEPRECIATION	-24,843,696			
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	21,991,985			
18.01	LESS ACCUMULATED DEPRECIATION	-18,431,774			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	25,046,824			
OTHER ASSETS					
22	INVESTMENTS	18,519,180			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,549,154			
26	TOTAL OTHER ASSETS	20,068,334			
27	TOTAL ASSETS	58,828,529			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,016,694			
29 SALARIES, WAGES & FEES PAYABLE	1,457,282			
30 PAYROLL TAXES PAYABLE	137,806			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	779,954			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	147,842			
36 TOTAL CURRENT LIABILITIES	7,539,578			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	9,542,931			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	400,252			
42 TOTAL LONG-TERM LIABILITIES	9,943,183			
43 TOTAL LIABILITIES	17,482,761			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	41,345,768			
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	41,345,768			
52 TOTAL LIABILITIES AND FUND BALANCES	58,828,529			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		38,508,553		
2 OF PERIOD				
2 NET INCOME (LOSS)		2,792,015		
3 TOTAL		41,300,568		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 CONTRIBUTIONS	260,306			
6				
7				
8				
9				
10 TOTAL ADDITIONS		260,306		
11 SUBTOTAL		41,560,874		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
13 EQUITY TRANSFER	55,669			
14 CHANGE IN FOUNDATION INTE	159,437			
15				
16				
17				
18 TOTAL DEDUCTIONS		215,106		
19 FUND BALANCE AT END OF		41,345,768		
PERIOD PER BALANCE SHEET				

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I WORKSHEET G-2
 I I TO 9/30/2010 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	8,615,663		8,615,663
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	8,615,663		8,615,663
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,097,162		2,097,162
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,097,162		2,097,162
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	10,712,825		10,712,825
17 00 ANCILLARY SERVICES	41,787,950	71,954,829	113,742,779
18 00 OUTPATIENT SERVICES		18,511,231	18,511,231
20 00 AMBULANCE SERVICES		412,126	412,126
23 00 HOSPICE		2,353,251	2,353,251
24 00			
25 00 TOTAL PATIENT REVENUES	52,500,775	93,231,437	145,732,212

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		64,874,822	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		64,874,822	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I WORKSHEET G-3
 I I TO 9/30/2010 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	145,732,212
2	LESS: ALLOWANCES AND DISCOUNTS ON	80,718,534
3	NET PATIENT REVENUES	65,013,678
4	LESS: TOTAL OPERATING EXPENSES	64,874,822
5	NET INCOME FROM SERVICE TO PATIENT	138,856
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	32,360
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	223,308
15	REVENUE FROM RENTAL OF LIVING QU	122,248
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	447,482
18	REVENUE FROM SALE OF MEDICAL REC	21,729
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	101,825
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	44,125
24.01	PARA TRANSIT	134,148
24.02	OUTSIDE REHABILITATION SERVICES	55,364
24.03	GAIN ON DISPOSAL OF EQUIPMENT	7,805
24.04	CHANGE IN EQUITY IN GAINS AND LOSSES	3,794
24.05	INVESTMENT INCOME	1,417,935
24.06	CONTRIBUTIONS SPENT FOR OPERATIONS	55,155
25	TOTAL OTHER INCOME	2,667,278
26	TOTAL	2,806,134
	OTHER EXPENSES	
27	LOSS ON DISPOSAL OF EQUIPMENT	
28		
29	NET RENTAL LOSS	14,119
30	TOTAL OTHER EXPENSES	14,119
31	NET INCOME (OR LOSS) FOR THE PERIO	2,792,015

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
I 14-0143 I FROM 10/ 1/2009 I WORKSHEET K
I HOSPICE NO: I TO 9/30/2010 I
I 14-1595 I I

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	247,286		10,238	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	33,271		1,743	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	30,078		3,532	
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				163,133
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	310,635		15,513	163,133

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
I 14-0143 I FROM 10/ 1/2009 I WORKSHEET K
I HOSPICE NO: I TO 9/30/2010 I
I 14-1595 I

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	7,159	7,159		7,159
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	12,000	12,000		12,000
10 NURSING CARE		257,524		257,524
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		35,014		35,014
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER		33,610		33,610
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	49,660	49,660		49,660
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	12,406	12,406		12,406
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER	38,495	201,628		201,628
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	119,720	609,001		609,001

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/23/2011
I	14-0143	I	FROM 10/ 1/2009	I	WORKSHEET K
I	HOSPICE NO:	I	TO 9/30/2010	I	
I	14-1595	I		I	

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
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	
	ADMINISTRATIVE AND GENERAL	7,159
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	12,000
10	NURSING CARE	257,524
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	35,014
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	33,610
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	49,660
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	12,406
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	201,628
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	609,001

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2011
I	14-0143	I	FROM 10/ 1/2009	I	WORKSHEET	K-1
I	HOSPICE NO:	I	TO 9/30/2010	I		
I	14-1595	I		I		

HOSPICE 1

	ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
	1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPITE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			50,538
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES		33,271	
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)		33,271	50,538

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2011
I	14-0143	I	FROM 10/ 1/2009	I	WORKSHEET	K-1
I	HOSPICE NO:	I	TO 9/30/2010	I		
I	14-1595	I		I		

HOSPICE 1

	NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER
	5	6	7	8

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPITE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE	196,748		
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		30,078	
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)	196,748	30,078	

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/23/2011
I	14-0143	I	FROM 10/ 1/2009	I	WORKSHEET K-1
I	HOSPICE NO:	I	TO 9/30/2010	I	
I	14-1595	I		I	

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	247,286
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	33,271
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	30,078
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)	310,635

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/23/2011
I	14-0143	I	FROM 10/ 1/2009	I	WORKSHEET K-3
I	HOSPICE NO:	I	TO 9/30/2010	I	
I	14-1595	I		I	

HOSPICE 1

	ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
	1	2	3	4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2011
I	14-0143	I	FROM 10/ 1/2009	I	WORKSHEET	K-3
I	HOSPICE NO:	I	TO 9/30/2010	I		
I	14-1595	I		I		

HOSPICE 1

	NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER
	5	6	7	8

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPITE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	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			163,133
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)			163,133

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 2/23/2011
I	14-0143	I	FROM 10/ 1/2009	I	WORKSHEET K-3
I	HOSPICE NO:	I	TO 9/30/2010	I	
I	14-1595	I		I	

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	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	163,133
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	163,133

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

COST ALLOCATION -	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2011
HOSPICE GENERAL SERVICE COST	I	14-0143	I	FROM 10/ 1/2009	I	WORKSHEET	K-4
	I	HOSPICE NO:	I	TO 9/30/2010	I	PART	I
	I	14-1595	I		I		

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	7,159			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	12,000			
10 NURSING CARE	257,524			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	35,014			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	33,610			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	49,660			
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	12,406			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER	201,628			
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	609,001			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
I 14-0143 I FROM 10/ 1/2009 I WORKSHEET K-4
I HOSPICE NO: I TO 9/30/2010 I PART I
I 14-1595 I I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL			7,159	7,159
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES			12,000	143
10 NURSING CARE			257,524	3,063
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			35,014	416
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			33,610	400
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY			49,660	591
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			12,406	148
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER			201,628	2,398
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)			601,842	7,159

COST ALLOCATION -	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2011
HOSPICE GENERAL SERVICE COST	I	14-0143	I	FROM 10/ 1/2009	I	WORKSHEET	K-4
	I	HOSPICE NO:	I	TO 9/30/2010	I	PART	I
	I	14-1595	I		I		

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

GENERAL SERVICE COST CENTERS	
1 CAPITAL RELATED COSTS-BLDG AND FIXT.	
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3 PLANT OPERATION AND MAINTENANCE	
4 TRANSPORTATION - STAFF	
5 VOLUNTEER SERVICE COORDINATION	
6 ADMINISTRATIVE AND GENERAL	
INPATIENT CARE SERVICE	
7 INPATIENT - GENERAL CARE	
8 INPATIENT - RESPITE CARE	
VISITING SERVICES	
9 PHYSICIAN SERVICES	12,143
10 NURSING CARE	260,587
10.20 NURSING CARE-CONTINUOUS HOME CARE	
11 PHYSICAL THERAPY	
12 OCCUPATIONAL THERAPY	
13 SPEECH/LANGUAGE PATHOLOGY	
14 MEDICAL SOCIAL SERVICES	35,430
15 SPIRITUAL COUNSELING	
16 DIETARY COUNSELING	
17 COUNSELING - OTHER	
18 HOME HEALTH AIDE AND HOMEMAKER	34,010
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
OTHER HOSPICE SERVICE COSTS	
19 OTHER	
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	50,251
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	12,554
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27 RADIATION THERAPY	
28 CHEMOTHERAPY	
29 OTHER	204,026
30 BEREAVEMENT PROGRAM COSTS	
31 VOLUNTEER PROGRAM COSTS	
32 FUNDRAISING	
33 OTHER PROGRAM COSTS	
34 TOTAL (SUM OF LINES 1 THRU 33)	609,001

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2011
I	14-0143	I	FROM 10/ 1/2009	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO 9/30/2010	I	PART II	
I	14-1595	I		I		

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPITE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	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	FUNDRAISING			
40	OTHER PROGRAM COSTS			
41	COST TO BE ALLOCATED (PER WKST K-4, PART I)			
42	.000000	.000000	.000000	.000000
43	UNIT COST MULTIPLIER			

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2011
I	14-0143	I	FROM 10/ 1/2009	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO 9/30/2010	I	PART II	
I	14-1595	I		I		

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL	-7,159	601,842
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPITE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		12,000
13	NURSING CARE		257,524
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES		35,014
19	SPIRITUAL COUNSELING		
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOMEMAKER		33,610
23	HH AIDE & HOMEMAKER-CONT. HOME CARE		
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY		49,660
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		12,406
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36	RADIATION THERAPY		
37	CHEMOTHERAPY		
38	OTHER		201,628
39	FUNDRAISING		
40	OTHER PROGRAM COSTS		
41	COST TO BE ALLOCATED (PER WKST K-4, PART I)		7,159
42	UNIT COST MULTIPLIER	.000000	.011895

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
		0	1	2	3
1.00 ADMINISTRATIVE AND GENERAL	6		469		4,137
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9	12,143			
5.00 NURSING CARE	10	260,587			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	35,430			
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	34,010			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	50,251			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	12,554			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29	204,026			
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		609,001	469		4,137
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1.00 ADMINISTRATIVE AND GENERAL	1,675		6,281	1,140
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES			12,143	2,203
5.00 NURSING CARE		57,197	317,784	57,651
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		7,695	43,125	7,824
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		6,957	40,967	7,432
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			50,251	9,117
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			12,554	2,278
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00			204,026	37,015
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)	1,675	71,849	687,131	124,660
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	8	9	10	11
1.00 ADMINISTRATIVE AND GENERAL	18,508			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	18,508			
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	12	14	17	18
1.00 ADMINISTRATIVE AND GENERAL			35,833	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	14,957			
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	2,725			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	3,645			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	21,327		35,833	
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	61,762		61,762	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES	14,346		14,346	1,073
5.00 NURSING CARE	390,392		390,392	29,201
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	53,674		53,674	4,015
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	52,044		52,044	3,893
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	59,368		59,368	4,441
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	14,832		14,832	1,109
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00	241,041		241,041	18,030
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)	887,459		887,459	
30.00 UNIT COST MULTIPLIER				.074800

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	SUBTOTAL
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	
3.00 INPATIENT - RESPITE CARE	
4.00 PHYSICIAN SERVICES	15,419
5.00 NURSING CARE	419,593
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	57,689
10.00 SPIRITUAL COUNSELING	
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	55,937
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	63,809
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	15,941
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00	259,071
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)	887,459
30.00 UNIT COST MULTIPLIER	

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	2/23/2011
COST CENTERS	I	14-0143	I	FROM 10/ 1/2009	I	WORKSHEET	K-5
	I	HOSPICE NO:	I	TO 9/30/2010	I	PART I	
	I	14-1595	I		I		

HOSPICE 1

TOTAL HOSPICE
COSTS

HOSPICE COST CENTER

29

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

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL	OLD CAP REL	NEW CAP REL	NEW CAP REL
	COSTS-BLDG & FIXT	COSTS-MVBLE EQUIP	COSTS-BLDG & FIXT	COSTS-MVBLE EQUIP
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)
	1	2	3	4
1.00 ADMINISTRATIVE AND GENERAL	974		974	1,594
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	974		974	1,594
30.00 TOTAL COST TO BE ALLOCATED	469		4,137	1,675
31.00 UNIT COST MULTIPLIER	.481520	.000000	4.247433	1.050816

HOSPICE COST CENTER	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	(GROSS SALARY)		(ACCUMULATED COST)	(SQUARE FEET)
	5	6A	6	8
1.00 ADMINISTRATIVE AND GENERAL			6,281	974
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES			12,143	
5.00 NURSING CARE	247,286		317,784	
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	33,271		43,125	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	30,078		40,967	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			50,251	
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			12,554	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS			204,026	
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
HOSPICE COST CENTER	5	6A	6	8
29.00 TOTAL (SUM OF LINE 1 THRU 28)	310,635		687,131	974
30.00 TOTAL COST TO BE ALLOCATED	71,849		124,660	18,508
31.00 UNIT COST MULTIPLIER	.231297		.181421	19.002053

	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)
HOSPICE COST CENTER	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				439
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				80
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				107
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)				626
30.00 TOTAL COST TO BE ALLOCATED				21,327
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	34.068690

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(HOURS OF SERVICE) 14	(PATIENT CHARGES) 17	(TIME SPENT) 18
1.00 ADMINISTRATIVE AND GENERAL		2,353,251	
2.00 INPATIENT - GENERAL CARE			
3.00 INPATIENT - RESPITE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28)		2,353,251	
30.00 TOTAL COST TO BE ALLOCATED		35,833	
31.00 UNIT COST MULTIPLIER	.000000	.015227	.000000

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

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	.334323	
2	OCCUPATIONAL THERAPY	51	.324441	
3	SPEECH PATHOLOGY	52	.743160	
4	DRUGS CHARGED TO PATIENTS	56	.425465	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.208979	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.105360	
8	EMERGENCY	61	.557852	
9	RADIOLOGY-DIAGNOSTIC	41	.296200	
9.01	CT SCAN	41.01	.091033	
9.02	NUCLEAR MEDICINE	41.02	.283017	
10	SONOGRAPHY	59	.132718	
10.01	AUDIOLOGY	59.01	.988436	
10.02	CARDIAC REHAB	59.02	.483262	
10.03	ECP	59.03		
11	TOTAL (SUM OF LINES 1-10)			

I PROVIDER NO: I PERIOD: I PREPARED 2/23/2011
 I 14-0143 I FROM 10/ 1/2009 I WORKSHEET K-6
 I HOSPICE NO: I TO 9/30/2010 I
 I 14-1595 I I

CALCULATION OF PER DIEM COST

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)				887,459
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				8,292
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				107.03
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	8,145			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	871,759			
6 UNDUPLICATED MEDICAID DAYS		9		
7 AGGREGATE MEDICAID COST		963		
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)			138	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			14,770	

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

