

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0202		FROM 1/1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2011 TIME 10:55

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:  
 CONDELL MEDICAL CENTER 14-0202  
 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	82,743	585,920	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	82,743	585,920	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.









COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	232	84,680			29,447		7,248
2 HMO							2,119
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	232	84,680			29,447		7,248
6 INTENSIVE CARE UNIT	25	9,125			2,381		1,882
11 NURSERY							2,016
12 TOTAL	257	93,805			31,828		11,146
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
21 HOSPICE							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL	257						
26 OBSERVATION BED DAYS							764
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							403

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 6.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			58,166				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			58,166				
6 INTENSIVE CARE UNIT			6,994				
11 NURSERY			4,154				
12 TOTAL			69,314				
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
21 HOSPICE							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL			4,370				
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS			936				

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					6,980	3,140	17,261
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		1,437.00			6,980	3,140	17,261
13 RPCH VISITS							
18 HOME HEALTH AGENCY							
21 HOSPICE							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL		1,437.00					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
28 01 EMP DISCOUNT DAYS -IRF	9	10	11	12	13	14	15
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
SALARIES						
1 TOTAL SALARY	91,547,040		91,547,040	3,011,840.00	30.40	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL SNF	9,605,843		9,605,843	143,856.00	66.77	
8						
8.01 EXCLUDED AREA SALARIES	391,465	-111,227	280,238	13,023.00	21.52	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	113,842		113,842	1,847.00	61.64	INVOICES
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	712,336		712,336	5,277.00	134.99	
10 CONTRACT LABOR: PHYS PART A	1,475,953		1,475,953	16,277.00	90.68	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	24,742,476		24,742,476			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	75,740		75,740			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,179,444		1,179,444	10,400.00	113.41	
22 ADMINISTRATIVE & GENERAL	13,173,059	109,728	13,282,787	422,240.00	31.46	
22.01 A & G UNDER CONTRACT	333,854		333,854	1,743.00	191.54	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,835,201		1,835,201	64,480.00	28.46	
25 LAUNDRY & LINEN SERVICE	57,969		57,969	4,160.00	13.93	
26 HOUSEKEEPING	1,690,046		1,690,046	122,720.00	13.77	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,450,283	-673,606	776,677	55,952.00	13.88	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		673,606	673,606	48,048.00	14.02	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,712,300		1,712,300	41,600.00	41.16	
31 CENTRAL SERVICE AND SUPPLY	616,011		616,011	29,120.00	21.15	
32 PHARMACY	3,372,132		3,372,132	87,360.00	38.60	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,219,118		1,219,118	58,240.00	20.93	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	82,275,051		82,275,051	2,869,727.00	28.67	
2 EXCLUDED AREA SALARIES	391,465	-111,227	280,238	13,023.00	21.52	
3 SUBTOTAL SALARIES	81,883,586	111,227	81,994,813	2,856,704.00	28.70	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,302,131		2,302,131	23,401.00	98.38	
5 SUBTOTAL WAGE-RELATED COSTS	24,742,476		24,742,476		30.18	
6 TOTAL	108,928,193	111,227	109,039,420	2,880,105.00	37.86	
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	26,639,417	109,728	26,749,145	946,063.00	28.27	

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO: 14-0202  
HHA NO: 14-7247  
COUNTY:  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/26/2011  
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

TOTAL  
5

1	HOME HEALTH AIDE HOURS	0			
2	UNDUPLICATED CENSUS COUNT				

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

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

HOME HEALTH AGENCY MSA CODES	1	1.01
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19	HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	0
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20	LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		
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PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		

21	SKILLED NURSING VISITS	0	0	0	0
22	SKILLED NURSING VISIT CHARGES	0	0	0	0
23	PHYSICAL THERAPY VISITS	0	0	0	0
24	PHYSICAL THERAPY VISIT CHARGES	0	0	0	0
25	OCCUPATIONAL THERAPY VISITS	0	0	0	0
26	OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0	0
27	SPEECH PATHOLOGY VISITS	0	0	0	0
28	SPEECH PATHOLOGY VISIT CHARGES	0	0	0	0
29	MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31	HOME HEALTH AIDE VISITS	0	0	0	0
32	HOME HEALTH AIDE VISIT CHARGES	0	0	0	0
33	TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	0	0
34	OTHER CHARGES	0	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	0	0
36	TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	0	0
37	TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0	0

HOSPITAL-BASED HOME HEALTH AGENCY  
 STATISTICAL DATA  
 HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO: 14-0202  
 HHA NO: 14-7247  
 COUNTY:  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET S-4

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	0
22 SKILLED NURSING VISIT CHARGES	0	0	0
23 PHYSICAL THERAPY VISITS	0	0	0
24 PHYSICAL THERAPY VISIT CHARGES	0	0	0
25 OCCUPATIONAL THERAPY VISITS	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	0
27 SPEECH PATHOLOGY VISITS	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	0
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	0
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	0
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	0

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET S-9
-		

HOSPICE 1

PART I - ENROLLMENT DAYS

TITLE XVIII UNDUPLICATED MEDICARE DAYS	TITLE XIX UNDUPLICATED MEDICAID DAYS	TITLE XVIII UNDUPLICATED SNF DAYS	TITLE XIX UNDUPLICATED NF DAYS
1	2	3	4

- 1 CONTINUOUS HOME CARE
- 2 ROUTINE HOME CARE
- 3 INPATIENT RESPIRE CARE
- 4 GENERAL INPATIENT CARE
- 5 TOTAL HOSPICE DAYS

PART I - ENROLLMENT DAYS (CONTINUED)

OTHER UNDUPLICATED DAYS	TOTAL UNDUPLICATED DAYS
5	6

- 1 CONTINUOUS HOME CARE
- 2 ROUTINE HOME CARE
- 3 INPATIENT RESPIRE CARE
- 4 GENERAL INPATIENT CARE
- 5 TOTAL HOSPICE DAYS

PART II - CENSUS DATA

TITLE XVIII	TITLE XIX	TITLE XVIII SNF	TITLE XIX NF
1	2	3	4

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

PART II - CENSUS DATA (CONTINUED)

OTHER	TOTAL
5	6

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

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	71,593,530
17.01	GROSS MEDICAID REVENUES	36,134,089
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	107,727,619
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)	.206580
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	145,613,881

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	30,080,916
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	71,593,530
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	14,789,791
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	30,080,916

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET A

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				-2,316,493	-2,316,493
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				19,471	19,471
3	0300 NEW CAP REL COSTS-BLDG & FIXT				7,568,499	7,568,499
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				8,312,349	8,312,349
5	0500 EMPLOYEE BENEFITS	1,179,444	19,080,141	20,259,585	-9,808	20,249,777
6	0600 ADMINISTRATIVE & GENERAL	13,173,059	87,578,033	100,751,092	-7,224,691	93,526,401
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	1,835,201	4,896,518	6,731,719	-95,881	6,635,838
9	0900 LAUNDRY & LINEN SERVICE	57,969	1,260,272	1,318,241	-1,307	1,316,934
10	1000 HOUSEKEEPING	1,690,046	1,062,469	2,752,515	-30,965	2,721,550
11	1100 DIETARY	1,450,283	2,339,648	3,789,931	-1,832,006	1,957,925
12	1200 CAFETERIA				1,760,291	1,760,291
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	1,712,300	362,040	2,074,340	-86,755	1,987,585
15	1500 CENTRAL SERVICES & SUPPLY	616,011	851,975	1,467,986	-577,423	890,563
16	1600 PHARMACY	3,372,132	12,235,924	15,608,056	-11,498,353	4,109,703
17	1700 MEDICAL RECORDS & LIBRARY	1,219,118	1,050,003	2,269,121	-12,406	2,256,715
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS	226,577	220,675	447,252	-269,611	177,641
25	2500 ADULTS & PEDIATRICS	24,794,005	6,707,931	31,501,936	-6,287,077	25,214,859
26	2600 INTENSIVE CARE UNIT	4,105,630	2,247,569	6,353,199	-562,646	5,790,553
33	3300 NURSERY	924,398	633,643	1,558,041	780,166	2,338,207
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	7,181,987	23,237,177	30,419,164	-20,261,608	10,157,556
38	3800 RECOVERY ROOM	1,312,184	378,729	1,690,913	-197,413	1,493,500
39	3900 DELIVERY ROOM & LABOR ROOM				2,873,071	2,873,071
40	4000 ANESTHESIOLOGY		1,028,106	1,028,106	-720,994	307,112
41	4100 RADIOLOGY-DIAGNOSTIC	2,928,166	2,650,776	5,578,942	-1,655,320	3,923,622
43.01	4301 NUCLEAR MEDICINE	976,315	2,118,317	3,094,632	-1,224,092	1,870,540
43.02	4302 ULTRASOUND	1,389,950	442,396	1,832,346	-214,343	1,618,003
43.03	4303 MRI	528,902	496,421	1,025,323	-210,201	815,122
43.04	4304 CT SCAN	1,001,991	971,329	1,973,320	-416,538	1,556,782
43.05	4305 RADIOLOGY SPECIAL PROCEDURE					
44	4400 LABORATORY	2,056,730	5,520,621	7,577,351	-2,071,744	5,505,607
44.01	4401 REFERENCE LAB					
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
47	4700 BLOOD STORING, PROCESSING & TRANS.	242,506	1,891,551	2,134,057	-1,839,384	294,673
49	4900 RESPIRATORY THERAPY	2,072,819	775,493	2,848,312	-465,407	2,382,905
49.01	4901 STRESS TEST	742,972	226,755	969,727	-59,240	910,487
50	5000 PHYSICAL THERAPY	2,819,480	1,015,778	3,835,258	-47,105	3,788,153
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	312,428	46,882	359,310	-17,685	341,625
53.01	5301 ECHOCARDIOGRAM					
53.03	5303 RADIOLOGY					
53.04	5304 RADIOLOGY					
54	5400 ELECTROENCEPHALOGRAPHY	1,225,461	6,461,260	7,686,721	-6,211,398	1,475,323
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	460,478	267,977	728,455	-51,204	677,251
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				19,548,242	19,548,242
56	5600 DRUGS CHARGED TO PATIENTS				15,724,449	15,724,449
57	5700 RENAL DIALYSIS		952,402	952,402	-7,309	945,093
58.02	5802 OUTPATIENT SURGERY					
59	5900 ELECTROMYOGRAPHY		4,928	4,928	-3,148	1,780
59.97	5997 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	253,279	362,302	615,581	-7,116	608,465
60	6000 CLINIC	506,684	157,684	664,368	-68,913	595,455
60.01	6001 ADDICTION RECOVERY CLINIC					
60.03	6003 LI THOTRI PSY					
61	6100 EMERGENCY	5,646,239	4,357,272	10,003,511	-1,064,863	8,938,648
61.20	6120 ACUTE CARE CENTER	3,367,408	2,147,748	5,515,156	-331,673	5,183,483
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
69.10	6910 CMHC					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
85.02	8520 INTESTINAL ACQUISITION					
93	9300 HOSPICE					
95	SUBTOTALS	91,382,152	196,038,745	287,420,897	7,331	287,428,228
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	131,597	418,731	550,328	-7,331	542,997
100	7950 FUNDRAISING					
100.01	7951 MANAGED CARE ADMINISTRATION	33,291	-471	32,820		32,820
100.02	7952 PHYSICIAN SUPPORT SERVICES		1,076	1,076		1,076
100.03	7953 HOME MEDICAL EQUIPMENT					
100.04	7954 HOME PHARMACY					

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	NONREIMBURS COST CENTERS					
100.05 7955	HOSPICE					
100.06 7956	NEIL MRI					
101	TOTAL	91,547,040	196,458,081	288,005,121	-0-	288,005,121

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0202  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/26/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	2,406,404	89,911
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	-18,277	1,194
3	0300 NEW CAP REL COSTS-BLDG & FIXT	248,691	7,817,190
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,277,692	9,590,041
5	0500 EMPLOYEE BENEFITS	3,008,956	23,258,733
6	0600 ADMINISTRATIVE & GENERAL	-50,274,916	43,251,485
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-366,033	6,269,805
9	0900 LAUNDRY & LINEN SERVICE		1,316,934
10	1000 HOUSEKEEPING		2,721,550
11	1100 DIETARY	-309	1,957,616
12	1200 CAFETERIA	-593,303	1,166,988
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-13,890	1,973,695
15	1500 CENTRAL SERVICES & SUPPLY		890,563
16	1600 PHARMACY	-30,805	4,078,898
17	1700 MEDICAL RECORDS & LIBRARY	-85,785	2,170,930
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS	-82,546	95,095
25	2500 ADULTS & PEDIATRICS	-945,607	24,269,252
26	2600 INTENSIVE CARE UNIT	-1,144,792	4,645,761
33	3300 NURSERY	-395,829	1,942,378
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		10,157,556
38	3800 RECOVERY ROOM		1,493,500
39	3900 DELIVERY ROOM & LABOR ROOM		2,873,071
40	4000 ANESTHESIOLOGY		307,112
41	4100 RADIOLOGY-DIAGNOSTIC	-11,482	3,912,140
43.01	4301 NUCLEAR MEDICINE	-359	1,870,181
43.02	3630 ULTRASOUND	-900	1,617,103
43.03	3430 MRI	-351	814,771
43.04	3230 CT SCAN	-1,375	1,555,407
43.05	3950 RADIOLOGY SPECIAL PROCEDURE		
44	4400 LABORATORY	-152,998	5,352,609
44.01	3390 REFERENCE LAB		
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		294,673
49	4900 RESPIRATORY THERAPY		2,382,905
49.01	3620 STRESS TEST	-2,665	907,822
50	5000 PHYSICAL THERAPY	-17,877	3,770,276
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		341,625
53.01	3260 ECHOCARDIOGRAM		
53.03	3140 RADIOLOGY		
53.04	3120 CARDIAC CATH LAB	-218,384	1,256,939
54	5400 ELECTROENCEPHALOGRAPHY	-9,944	667,307
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		19,548,242
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		15,724,449
56	5600 DRUGS CHARGED TO PATIENTS		11,372,913
57	5700 RENAL DIALYSIS		945,093
58.02	5802 OUTPATIENT SURGERY		
59	3290 ELECTROMYOGRAPHY		1,780
59.97	3997 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS		608,465
60	6000 CLINIC	-275,838	319,617
60.01	4950 ADDICTION RECOVERY CLINIC		
60.03	4951 LI THOTRI PSY		
61	6100 EMERGENCY	-1,122,071	7,816,577
61.20	4952 ACUTE CARE CENTER	-149,544	5,033,939
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC		
63.60	6320 FOHC		
	OTHER REIMBURS COST CNTRS		
69.10	6910 CMHC		
69.20	6920 OUTPATIENT PHYSICAL THERAPY		
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY		
69.40	6940 OUTPATIENT SPEECH PATHOLOGY		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
85.01	8510 PANCREAS ACQUISITION		
85.02	8520 INTESTINAL ACQUISITION		
93	9300 HOSPICE		
95	SUBTOTALS	-48,974,137	238,454,091
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-3,491	539,506
100	7950 FUNDRAISING		
100.01	7951 MANAGED CARE ADMINISTRATION		32,820
100.02	7952 PHYSICIAN SUPPORT SERVICES		1,076
100.03	7953 HOME MEDICAL EQUIPMENT		
100.04	7954 HOME PHARMACY		

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	NONREIMBURS COST CENTERS	6	7
100.05 7955	HOSPICE		
100.06 7956	NE IL MRI		
101	TOTAL	-48,977,628	239,027,493

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2011  
 I 14-0202 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET  
 I I TO 12/31/2010 I

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	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43.01	NUCLEAR MEDICINE	4301	RADIOISOTOPE
43.02	ULTRASOUND	3630	ULTRASOUND
43.03	MRI	3430	MAGNETIC RESONANCE IMAGING (MRI)
43.04	CT SCAN	3230	CAT SCAN
43.05	RADIOLOGY SPECIAL PROCEDURE	3950	OTHER ANCILLARY SERVICE COST CENTERS
44	LABORATORY	4400	
44.01	REFERENCE LAB	3390	LABORATORY-CLINICAL
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
49.01	STRESS TEST	3620	STRESS TEST
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	ECHOCARDIOGRAM	3260	ECHOCARDIOGRAPHY
53.03	CARDIOLOGY	3140	CARDIOLOGY
53.04	CARDIAC CATH LAB	3120	CARDIAC CATHETERIZATION LABORATORY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58.02	OUTPATIENT SURGERY	5802	ASC (NON-DISTINCT PART)
59	ELECTROMYOGRAPHY	3290	ELECTROMYOGRAPHY
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	ADDITIONAL RECOVERY CLINIC	4950	OTHER OUTPATIENT SERVICE COST CENTER
60.03	LITHOTRIpsy	4951	OTHER OUTPATIENT SERVICE COST CENTER
61	EMERGENCY	6100	
61.20	ACUTE CARE CENTER	4952	OTHER OUTPATIENT SERVICE COST CENTER
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	FUNDRAISING	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MANAGED CARE ADMINISTRATION	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	PHYSICIAN SUPPORT SERVICES	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	HOME MEDICAL EQUIPMENT	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	HOME PHARMACY	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	HOSPICE	7955	OTHER NONREIMBURSABLE COST CENTERS

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0202  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/26/2011  
NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
100.06	NONREIMBURS COST CEN		
101	NEIL MRI	7956	OTHER NONREIMBURSABLE COST CENTERS
	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
140202

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/26/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DEPRECIATION RECLASS	A	ADMINISTRATIVE & GENERAL	6		6,215,150
2					
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33					
34					
35					
1					
1 DRUGS CHARGED	B	DRUGS CHARGED TO PATIENTS	56		11,372,913
2 MEDICAL SUPPLY RECLASS	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		35,272,691
3		OPERATION OF PLANT	8		4,228
4					
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RECLASSIFICATIONS

PROVIDER NO:  
140202

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/26/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DELIVERY ROOM/NURSERY	D	NURSERY	33	581,011	291,819
2		DELIVERY ROOM & LABOR ROOM	39	1,912,499	960,572
3 CAFETERIA	F	CAFETERIA	12	673,606	1,086,685
4 SPLIT OF CAPITAL	H	OLD CAP REL COSTS-BLDG & FIXT	1		5,252,006
5		OLD CAP REL COSTS-MVBLE EQUIP	2		8,331,820
6		NEW CAP REL COSTS-BLDG & FIXT	3		7,568,499
7		NEW CAP REL COSTS-MVBLE EQUIP	4		8,312,349
8 EMS CONTINUING EDUCATION	I	ADMINISTRATIVE & GENERAL	6	111,227	43,210
9 IMPLANT RECLASS	J	IMPL. DEV. CHARGED TO PATIENT	55.30		15,724,449
10 CARDIAC REHAB RECLASS	K	CARDIAC REHABILITATION	59.97	17,989	
11					
36 TOTAL RECLASSIFICATIONS				3,296,332	100,436,391

(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:  
140202

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/26/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE	NO			
	1	6	7	8	9	10	
1 DEPRECIATION RECLASS	A	EMPLOYEE BENEFITS	5			9,574	
2		OPERATION OF PLANT	8			100,109	
3		LAUNDRY & LINEN SERVICE	9			1,307	
4		HOUSEKEEPING	10			21,282	
5		DIETARY	11			64,904	
6		NURSING ADMINISTRATION	14			86,234	
7		CENTRAL SERVICES & SUPPLY	15			377,136	
8		PHARMACY	16			19,903	
9		MEDICAL RECORDS & LIBRARY	17			12,406	
10		PARAMED ED PRGM-(SPECIFY)	24			5,478	
11		ADULTS & PEDIATRICS	25			512,330	
12		INTENSIVE CARE UNIT	26			156,937	
13		NURSERY	33			22,580	
14		OPERATING ROOM	37			1,504,322	
15		RECOVERY ROOM	38			134,710	
16		ANESTHESIOLOGY	40			144,936	
17		RADIOLOGY-DIAGNOSTIC	41			728,893	
18		NUCLEAR MEDICINE	43.01			603,366	
19		ULTRASOUND	43.02			110,883	
20		MRI	43.03			99,972	
21		CT SCAN	43.04			66,333	
22		LABORATORY	44			139,821	
23		BLOOD STORING, PROCESSING & TRANS.	47			10,823	
24		RESPIRATORY THERAPY	49			78,361	
25		STRESS TEST	49.01			24,846	
26		PHYSICAL THERAPY	50			30,890	
27		ELECTROCARDIOLOGY	53			2,645	
28		CARDIAC CATH LAB	53.04			619,115	
29		ELECTROENCEPHALOGRAPHY	54			33,641	
30		ELECTROMYOGRAPHY	59			1,057	
31		CARDIAC REHABILITATION	59.97			17,189	
32		CLINIC	60			10,792	
33		EMERGENCY	61			389,650	
34		ACUTE CARE CENTER	61.20			65,725	
35		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96			7,000	
1 DRUGS CHARGED	B	PHARMACY	16			11,372,913	
2 MEDICAL SUPPLY RECLASS	C	EMPLOYEE BENEFITS	5			234	
3		ADMINISTRATIVE & GENERAL	6			8,953	
4		HOUSEKEEPING	10			9,683	
5		DIETARY	11			6,811	
6		NURSING ADMINISTRATION	14			521	
7		CENTRAL SERVICES & SUPPLY	15			200,287	
8		PHARMACY	16			105,537	
9		PARAMED ED PRGM-(SPECIFY)	24			109,696	
10		ADULTS & PEDIATRICS	25			2,028,846	
11		INTENSIVE CARE UNIT	26			405,709	
12		NURSERY	33			70,084	
13		OPERATING ROOM	37			18,757,286	
14		RECOVERY ROOM	38			62,703	
15		ANESTHESIOLOGY	40			576,058	
16		RADIOLOGY-DIAGNOSTIC	41			926,427	
17		NUCLEAR MEDICINE	43.01			620,726	
18		ULTRASOUND	43.02			103,460	
19		MRI	43.03			110,229	
20		CT SCAN	43.04			350,205	
21		LABORATORY	44			1,931,923	
22		BLOOD STORING, PROCESSING & TRANS.	47			1,828,561	
23		RESPIRATORY THERAPY	49			387,046	
24		STRESS TEST	49.01			34,394	
25		PHYSICAL THERAPY	50			16,215	
26		ELECTROCARDIOLOGY	53			15,040	
27		CARDIAC REHABILITATION	59.97			7,916	
28		CARDIAC CATH LAB	53.04			5,575,793	
29		ELECTROENCEPHALOGRAPHY	54			17,563	
30		RENAL DIALYSIS	57			7,309	
31		ELECTROMYOGRAPHY	59			2,091	
32		CLINIC	60			58,121	
33		EMERGENCY	61			675,213	
34		ACUTE CARE CENTER	61.20			265,948	
35		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96			331	

RECLASSIFICATIONS

PROVIDER NO:  
140202

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/26/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8		OTHER 9
1 DELIVERY ROOM/NURSERY	D	ADULTS & PEDIATRICS	25	2,493,510	1,252,391	
2						
3 CAFETERIA	F	DIETARY	11	673,606	1,086,685	
4 SPLIT OF CAPITAL	H	ADMINISTRATIVE & GENERAL	6		13,583,826	9
5						9
6		OLD CAP REL COSTS-BLDG & FIXT	1		7,568,499	9
7		OLD CAP REL COSTS-MVBLE EQUIP	2		8,312,349	9
8 EMS CONTINUING EDUCATION	I	PARAMED ED PRGM-(SPECIFY)	24	111,227	43,210	
9 IMPLANT RECLASS	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		15,724,449	
10 CARDIAC REHAB RECLASS	K	ADMINISTRATIVE & GENERAL	6	1,499		
11		CARDIAC CATH LAB	53.04	16,490		
36 TOTAL RECLASSIFICATIONS				3,296,332	100,436,391	

(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:  
140202

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/26/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	6,215,150	EMPLOYEE BENEFITS	5	9,574	
2.00			0	OPERATION OF PLANT	8	100,109	
3.00			0	LAUNDRY & LINEN SERVICE	9	1,307	
4.00			0	HOUSEKEEPING	10	21,282	
5.00			0	DIETARY	11	64,904	
6.00			0	NURSING ADMINISTRATION	14	86,234	
7.00			0	CENTRAL SERVICES & SUPPLY	15	377,136	
8.00			0	PHARMACY	16	19,903	
9.00			0	MEDICAL RECORDS & LIBRARY	17	12,406	
10.00			0	PARAMED PRGM-(SPECIFY)	24	5,478	
11.00			0	ADULTS & PEDIATRICS	25	512,330	
12.00			0	INTENSIVE CARE UNIT	26	156,937	
13.00			0	NURSERY	33	22,580	
14.00			0	OPERATING ROOM	37	1,504,322	
15.00			0	RECOVERY ROOM	38	134,710	
16.00			0	ANESTHESIOLOGY	40	144,936	
17.00			0	RADIOLOGY-DIAGNOSTIC	41	728,893	
18.00			0	NUCLEAR MEDICINE	43.01	603,366	
19.00			0	ULTRASOUND	43.02	110,883	
20.00			0	MRI	43.03	99,972	
21.00			0	CT SCAN	43.04	66,333	
22.00			0	LABORATORY	44	139,821	
23.00			0	BLOOD STORING, PROCESSING & TR	47	10,823	
24.00			0	RESPIRATORY THERAPY	49	78,361	
25.00			0	STRESS TEST	49.01	24,846	
26.00			0	PHYSICAL THERAPY	50	30,890	
27.00			0	ELECTROCARDIOLOGY	53	2,645	
28.00			0	CARDIAC CATH LAB	53.04	619,115	
29.00			0	ELECTROENCEPHALOGRAPHY	54	33,641	
30.00			0	ELECTROMYOGRAPHY	59	1,057	
31.00			0	CARDIAC REHABILITATION	59.97	17,189	
32.00			0	CLINIC	60	10,792	
33.00			0	EMERGENCY	61	389,650	
34.00			0	ACUTE CARE CENTER	61.20	65,725	
35.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	7,000	
TOTAL RECLASSIFICATIONS FOR CODE A			6,215,150	TOTAL RECLASSIFICATIONS FOR CODE A			6,215,150

RECLASS CODE: B  
EXPLANATION : DRUGS CHARGED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	11,372,913	PHARMACY	16	11,372,913	
TOTAL RECLASSIFICATIONS FOR CODE B			11,372,913	TOTAL RECLASSIFICATIONS FOR CODE B			11,372,913

RECLASS CODE: C  
EXPLANATION : MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	35,272,691	EMPLOYEE BENEFITS	5	234	
2.00	OPERATION OF PLANT	8	4,228	ADMINISTRATIVE & GENERAL	6	8,953	
3.00			0	HOUSEKEEPING	10	9,683	
4.00			0	DIETARY	11	6,811	
5.00			0	NURSING ADMINISTRATION	14	521	
6.00			0	CENTRAL SERVICES & SUPPLY	15	200,287	
7.00			0	PHARMACY	16	105,537	
8.00			0	PARAMED PRGM-(SPECIFY)	24	109,696	
9.00			0	ADULTS & PEDIATRICS	25	2,028,846	
10.00			0	INTENSIVE CARE UNIT	26	405,709	
11.00			0	NURSERY	33	70,084	
12.00			0	OPERATING ROOM	37	18,757,286	
13.00			0	RECOVERY ROOM	38	62,703	
14.00			0	ANESTHESIOLOGY	40	576,058	
15.00			0	RADIOLOGY-DIAGNOSTIC	41	926,427	
16.00			0	NUCLEAR MEDICINE	43.01	620,726	
17.00			0	ULTRASOUND	43.02	103,460	
18.00			0	MRI	43.03	110,229	
19.00			0	CT SCAN	43.04	350,205	
20.00			0	LABORATORY	44	1,931,923	
21.00			0	BLOOD STORING, PROCESSING & TR	47	1,828,561	
22.00			0	RESPIRATORY THERAPY	49	387,046	
23.00			0	STRESS TEST	49.01	34,394	

RECLASSIFICATIONS

PROVIDER NO:  
140202

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/26/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: C  
EXPLANATION : MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
24.00			0	PHYSICAL THERAPY	50	16,215	
25.00			0	ELECTROCARDIOLOGY	53	15,040	
26.00			0	CARDIAC REHABILITATION	59.97	7,916	
27.00			0	CARDIAC CATH LAB	53.04	5,575,793	
28.00			0	ELECTROENCEPHALOGRAPHY	54	17,563	
29.00			0	RENAL DIALYSIS	57	7,309	
30.00			0	ELECTROMYOGRAPHY	59	2,091	
31.00			0	CLINIC	60	58,121	
32.00			0	EMERGENCY	61	675,213	
33.00			0	ACUTE CARE CENTER	61.20	265,948	
34.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96	331	
TOTAL RECLASSIFICATIONS FOR CODE C			35,276,919				35,276,919

RECLASS CODE: D  
EXPLANATION : DELIVERY ROOM/NURSERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	872,830	ADULTS & PEDIATRICS	25	3,745,901	
2.00	DELIVERY ROOM & LABOR ROOM	39	2,873,071			0	
TOTAL RECLASSIFICATIONS FOR CODE D			3,745,901				3,745,901

RECLASS CODE: F  
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,760,291	DIETARY	11	1,760,291	
TOTAL RECLASSIFICATIONS FOR CODE F			1,760,291				1,760,291

RECLASS CODE: H  
EXPLANATION : SPLIT OF CAPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	5,252,006	ADMINISTRATIVE & GENERAL	6	13,583,826	
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	8,331,820			0	
4.00	NEW CAP REL COSTS-BLDG & FIXT	3	7,568,499	OLD CAP REL COSTS-BLDG & FIXT	1	7,568,499	
5.00	NEW CAP REL COSTS-MVBLE EQUIP	4	8,312,349	OLD CAP REL COSTS-MVBLE EQUIP	2	8,312,349	
TOTAL RECLASSIFICATIONS FOR CODE H			29,464,674				29,464,674

RECLASS CODE: I  
EXPLANATION : EMS CONTINUING EDUCATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	154,437	PARAMED ED PRGM-(SPECIFY)	24	154,437	
TOTAL RECLASSIFICATIONS FOR CODE I			154,437				154,437

RECLASS CODE: J  
EXPLANATION : IMPLANT RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	15,724,449	MEDICAL SUPPLIES CHARGED TO PA	55	15,724,449	
TOTAL RECLASSIFICATIONS FOR CODE J			15,724,449				15,724,449

RECLASS CODE: K  
EXPLANATION : CARDIAC REHAB RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CARDIAC REHABILITATION	59.97	17,989	ADMINISTRATIVE & GENERAL	6	1,499	
2.00			0	CARDIAC CATH LAB	53.04	16,490	
TOTAL RECLASSIFICATIONS FOR CODE K			17,989				17,989

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND							
2	LAND IMPROVEMENTS	2,262,621					2,262,621	2,262,621
3	BUILDINGS & FIXTURE	20,930,550					20,930,550	15,647,326
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT	231,613					231,613	231,613
6	MOVABLE EQUIPMENT							
7	SUBTOTAL	23,424,784					23,424,784	18,141,560
8	RECONCILING ITEMS							
9	TOTAL	23,424,784					23,424,784	18,141,560

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	46,600,000	2,600,000		2,600,000		49,200,000	
2	LAND IMPROVEMENTS	5,818,039	125,122		125,122		5,943,161	
3	BUILDINGS & FIXTURE	212,318,375	47,239,971		47,239,971	5,175	259,553,171	4,775,288
4	BUILDING IMPROVEMENT	43,185					43,185	1,230,033
5	FIXED EQUIPMENT	100,186,960	1,482,661		1,482,661	78,415	101,591,206	46,323,876
6	MOVABLE EQUIPMENT	116,494				21,829	94,665	74,365
7	SUBTOTAL	365,083,053	51,447,754		51,447,754	105,419	416,425,388	52,403,562
8	RECONCILING ITEMS	25,733,107	39,514,631		39,514,631		65,247,738	
9	TOTAL	339,349,946	11,933,123		11,933,123	105,419	351,177,650	52,403,562

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

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

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	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	143,588		-53,677				89,911
2	OLD CAP REL COSTS-MV	1,194						1,194
3	NEW CAP REL COSTS-BL	7,817,190						7,817,190
4	NEW CAP REL COSTS-MV	9,590,041						9,590,041
5	TOTAL	17,552,013		-53,677				17,498,336

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							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON	LINE NO	WKST. A-7 REF.
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER		
1 INVST INCOME-OLD BLDGS AND FIXTURES	B	2,456,278	OLD CAP REL COSTS-BLDG &	1	9
2 INVESTMENT INCOME-OLD MOVABLE EQUIP		-19,470	OLD CAP REL COSTS-MVBLE E	2	9
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-13,590	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-5,499	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,944,982			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	7,672,190			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-593,303	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	11
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			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MISC INCOME	B	-473,689	ADMINISTRATIVE & GENERAL	6	
38 MISC INCOME	B	-85,782	MEDICAL RECORDS & LIBRARY	17	
39 MISC INCOME	B	-82,546	PARAMED ED PRGM-(SPECIFY)	24	
40 MISC INCOME	B	-13,913	NURSING ADMINISTRATION	14	
41 MISC INCOME	B	-360,534	OPERATION OF PLANT	8	
41.01 MISC INCOME	B	-49,774	ADULTS & PEDIATRICS	25	
41.50 RE TAXES	A	-534,919	ADMINISTRATIVE & GENERAL	6	
42 INTERCOMPANY INTEREST	A	-7,741,349	ADMINISTRATIVE & GENERAL	6	
43 REMOVE ILLINOIS PROVIDER TAX	A	-9,589,284	ADMINISTRATIVE & GENERAL	6	
44 REMOVE BAD DEBTS	A	-33,289,441	ADMINISTRATIVE & GENERAL	6	
45 ADJ AHA LOBBYING EXPENSE	A	-31,296	ADMINISTRATIVE & GENERAL	6	
45.02 PHYSICIAN COST	A	-84,056	ADMINISTRATIVE & GENERAL	6	
46 ADJ USEFUL LIFE 1986 SURGERY AD	A	-53,677	OLD CAP REL COSTS-BLDG &	1	11
47 NONALLOWABLE CENTERS1099/90/92/91120	A	-300,598	ADMINISTRATIVE & GENERAL	6	
48 MISC INCOME	B	-1,950	INTENSIVE CARE UNIT	26	
49 MISC INCOME	B	-141,884	EMERGENCY	61	
49.01 MISC INCOME	B	-262,059	CLINIC	60	
49.02 MISC INCOME	B	-30,805	PHARMACY	16	
49.04 MISC INCOME	B	-901	RADIOLOGY-DIAGNOSTIC	41	
49.05 MISC INCOME	B	-17,877	PHYSICAL THERAPY	50	
49.06 LOSS ON SALE OF ASSETS	A	76,583	NEW CAP REL COSTS-BLDG &	3	9
49.11 NON ALLOWABLE	A	-1,425,132	ADMINISTRATIVE & GENERAL	6	
49.12 NON ALLOWABLE	A	-309	DIETARY	11	
49.13 NON ALLOWABLE	A	23	NURSING ADMINISTRATION	14	
49.14 NON ALLOWABLE	A	-10,581	RADIOLOGY-DIAGNOSTIC	41	
49.15 NON ALLOWABLE	A	-359	NUCLEAR MEDICINE	43.01	
49.16 NON ALLOWABLE	A	-900	ULTRASOUND	43.02	
49.17 NON ALLOWABLE	A	-15	MRI	43.03	
49.18 NON ALLOWABLE	A	-3	MEDICAL RECORDS & LIBRARY	17	
49.20 NON ALLOWABLE	A	-3,296	ELECTROENCEPHALOGRAPHY	54	
49.21 NON ALLOWABLE	A	-1,659	EMERGENCY	61	
49.22 NON ALLOWABLE	A	-13,779	CLINIC	60	
49.25 NON ALLOWABLE	A	-3,491	GI FT, FLOWER, COFFEE SHOP	96	
50 TOTAL (SUM OF LINES 1 THRU 49)		-48,977,628			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 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	5	EMPLOYEE BENEFITS	BENEFITS	3,008,956		3,008,956	
2	1	OLD CAP REL COSTS-BLDG &	OLD CAPITAL BUILDING	3,803		3,803	9
3	2	OLD CAP REL COSTS-MVBLE E	OLD CAPITAL EQUIPMENT	1,193		1,193	9
4	3	NEW CAP REL COSTS-BLDG &	NEW CAPITAL BUILDING	172,108		172,108	9
4.01	4	NEW CAP REL COSTS-MVBLE E	NEW CAPITAL EQUIPMENT	1,277,692		1,277,692	9
4.02	6	ADMINISTRATIVE & GENERAL	NON CAPITAL	9,650,226	6,441,788	3,208,438	
5		TOTALS		14,113,978	6,441,788	7,672,190	

\* 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	0.00	ADVOCATE HEALTH CARE	100.00	HEALTH CARE
2	B	0.00	ADVOCATE HEALTH CARE	100.00	HEALTHCARE
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/26/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ROUTINE	895,833	895,833					
2 26	ICU	1,159,667	1,121,267	38,400	136,700	256	16,825	841
3 33	NURSERY	395,829	395,829					
4 43	3 MRI	336	336					
5 43	4 CAT SCAN	1,375	1,375					
6 44	LAB	152,998	152,998					
7 49	1 STRESS TESTING	3,125	2,250	875	136,700	7	460	23
8 53	4 CARDIAC CATH LAB	187,500	187,500					
9 53	4 CARDIAC CATH LAB	35,944	26,319	9,625	136,700	77	5,060	253
10 54	EEG	10,000	4,166	5,834	136,700	51	3,352	168
11 61	TRAUMA	2,019,157	604,407	1,414,750	136,700	15,834	1,040,629	52,031
12 61	20 OUTPATIENT	149,544	149,544					
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	5,011,308	3,541,824	1,469,484		16,225	1,066,326	53,316

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/26/2011  
 WORKSHEET: A-8-2  
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ROUTINE							895,833
2 26	ICU					16,825	21,575	1,142,842
3 33	NURSERY							395,829
4 43	3 MRI							336
5 43	4 CAT SCAN							1,375
6 44	LAB							152,998
7 49	1 STRESS TESTING					460	415	2,665
8 53	4 CARDIAC CATH LAB							187,500
9 53	4 CARDIAC CATH LAB					5,060	4,565	30,884
10 54	EEG					3,352	2,482	6,648
11 61	TRAUMA					1,040,629	374,121	978,528
12 61	20 OUTPATIENT							149,544
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					1,066,326	403,158	3,944,982

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	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	MEALS SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	22	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	89,911	89,911					
003 OLD CAP REL COSTS-MVBLE E	1,194		1,194				
004 NEW CAP REL COSTS-BLDG &	7,817,190			7,817,190			
005 NEW CAP REL COSTS-MVBLE E	9,590,041				9,590,041		
006 EMPLOYEE BENEFITS	23,258,733	393	1	34,177	6,759	23,300,063	
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	43,251,485	20,010	646	1,739,756	5,202,211	3,424,781	53,638,889
008 OPERATION OF PLANT	6,269,805	13,507	9	1,174,338	70,676	473,181	8,001,516
009 LAUNDRY & LINEN SERVICE	1,316,934	225		19,602	923	14,946	1,352,630
010 HOUSEKEEPING	2,721,550	1,852	2	161,023	15,025	435,755	3,335,207
011 DIETARY	1,957,616	1,735	6	150,865	45,822	200,255	2,356,299
012 CAFETERIA	1,166,988	1,478		128,512		173,680	1,470,658
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,973,695	832	8	72,324	60,880	441,493	2,549,232
015 CENTRAL SERVICES & SUPPLY	890,563	1,252	33	108,836	266,254	158,830	1,425,768
016 PHARMACY	4,078,898	733	2	63,773	14,051	869,457	5,026,914
017 MEDICAL RECORDS & LIBRARY	2,170,930	508	1	44,186	8,759	314,333	2,538,717
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)	95,095	426		37,077	3,867	29,741	166,206
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	24,269,252	18,225	45	1,584,563	361,700	5,749,914	31,983,699
033 INTENSIVE CARE UNIT	4,645,761	2,098	14	182,439	110,796	1,058,579	5,999,687
037 NURSERY	1,942,378	134	2	11,630	15,941	388,149	2,358,234
038 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10,157,556	5,102	132	443,569	1,062,036	1,851,775	13,520,170
038 RECOVERY ROOM	1,493,500	322	12	28,020	95,104	338,328	1,955,286
039 DELIVERY ROOM & LABOR ROO	2,873,071					493,111	3,366,182
040 ANESTHESIOLOGY	307,112	21	13	1,785	102,323		411,254
041 RADIOLOGY-DIAGNOSTIC	3,912,140	2,566	64	223,115	514,591	754,987	5,407,463
043 01 NUCLEAR MEDICINE	1,870,181	156	53	13,549	425,970	251,729	2,561,638
043 02 ULTRASOUND	1,617,103	61	10	5,280	78,282	358,379	2,059,115
043 03 MRI	814,771	610	9	53,020	70,579	136,370	1,075,359
043 04 CT SCAN	1,555,407	1,093	6	95,020	46,830	258,349	1,956,705
043 05 RADIOLOGY SPECIAL PROCEDU							
044 LABORATORY	5,352,609	1,295	12	112,569	98,712	530,299	6,095,496
044 01 REFERENCE LAB							
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING	294,673	232	1	20,167	7,641	62,527	385,241
049 RESPIRATORY THERAPY	2,382,905	637	7	55,340	55,322	534,447	3,028,658
049 01 STRESS TEST	907,822	136	2	11,809	17,541	191,565	1,128,875
050 PHYSICAL THERAPY	3,770,276	793	3	68,963	21,808	726,963	4,588,806
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	341,625	1,002		87,122	1,867	80,555	512,171
053 01 ECHOCARDIOGRAM							
053 03 RADIOLOGY							
053 04 CARDIAC CATH LAB	1,256,939	2,861	54	248,726	437,089	311,716	2,257,385
054 ELECTROENCEPHALOGRAPHY	667,307	399	3	34,653	23,750	118,728	844,840
055 MEDICAL SUPPLIES CHARGED	19,548,242						19,548,242
055 30 IMPL. DEV. CHARGED TO PAT	15,724,449						15,724,449
056 DRUGS CHARGED TO PATIENTS	11,372,913						11,372,913
057 RENAL DIALYSIS	945,093	560		48,662			994,315
058 02 OUTPATIENT SURGERY							
059 ELECTROMYOGRAPHY	1,780	22		1,933	746		4,481
059 97 CARDIAC REHABILITATION	608,465	613	2	53,332	12,135	69,943	744,490
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	319,617		1		7,619	130,641	457,878
060 01 ADDITION RECOVERY CLINIC							
060 03 LI THOTRI PSY							
061 EMERGENCY	7,816,577	7,597	34	660,527	275,089	1,455,804	10,215,628
061 20 ACUTE CARE CENTER	5,033,939		6		46,401	868,239	5,948,585
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
093 HOSPICE							
095 SUBTOTALS	238,454,091	89,486	1,193	7,780,262	9,585,099	23,257,549	238,369,281
096 NONREIMBURS COST CENTERS							
100 GI FT, FLOWER, COFFEE SHOP	539,506	406	1	35,277	4,942	33,930	614,062
100 FUNDRAISING							
100 01 MANAGED CARE ADMINISTRATION	32,820					8,584	41,404
100 02 PHYSICIAN SUPPORT SERVICE	1,076	19		1,651			2,746
100 03 HOME MEDICAL EQUIPMENT							

COST ALLOCATION - GENERAL SERVICE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/26/2011  
 | 14-0202 | FROM 1/ 1/2010 | WORKSHEET B  
 | | TO 12/31/2010 | PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
		0	1	2	3	4	5	5a.00
NONREIMBURS COST CENTERS								
100	04 HOME PHARMACY							
100	05 HOSPICE							
100	06 NE IL MRI							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	239,027,493	89,911	1,194	7,817,190	9,590,041	23,300,063	239,027,493

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
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							
007 ADMINISTRATIVE & GENERAL	53,638,889						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	2,315,095		10,316,611				
010 LAUNDRY & LINEN SERVICE	391,359		41,534	1,785,523			
011 HOUSEKEEPING	964,982		341,187		4,641,376		
012 DIETARY	681,753		319,664			3,357,716	
013 CAFETERIA	425,508		272,301				2,168,467
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	737,574		153,246		69,363		48,134
016 CENTRAL SERVICES & SUPPLY	412,520		230,610				49,149
017 PHARMACY	1,454,447		135,126		104,509		73,927
018 MEDICAL RECORDS & LIBRARY	734,532		93,624		45,546		90,581
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)	48,089		78,561				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	9,253,940		3,357,483	882,919	1,124,988	3,081,047	614,370
033 INTENSIVE CARE UNIT	1,735,901		386,566	105,274	173,315	276,669	103,173
037 NURSERY	682,313		24,643		388,971		168,774
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	3,911,818		939,865	128,087	184,225		194,973
040 RECOVERY ROOM	565,727		59,370				42,244
041 DELIVERY ROOM & LABOR ROO	973,944			108,196			
042 ANESTHESIOLOGY	118,989		3,782				
043 RADIOLOGY-DIAGNOSTIC	1,564,552		472,753	122,849	496,312		94,846
043 01 NUCLEAR MEDICINE	741,164		28,708		297,230		22,950
043 02 ULTRASOUND	595,768		11,187	62,736	29,946		22,950
043 03 MRI	311,136		112,343		55,992		1,015
043 04 CT SCAN	566,137		201,334		31,385		26,200
044 RADIOLOGY SPECIAL PROCEDU							
044 LABORATORY	1,763,622		238,519		142,069		121,452
046 01 REFERENCE LAB							
047 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING	111,463		42,731		18,478		
049 RESPIRATORY THERAPY	876,288		117,259		53,345		62,554
049 01 STRESS TEST	326,620		25,021	87,671	167,836		9,952
050 PHYSICAL THERAPY	1,327,688		146,124		145,319		8,733
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	148,187		184,601		71,499		31,074
053 01 ECHOCARDIOGRAM							
053 03 RADIOLOGY							
053 04 CARDIAC CATH LAB	653,134		527,018		105,762		33,105
054 ELECTROENCEPHALOGRAPHY	244,439		73,424		14,114		12,795
055 MEDICAL SUPPLIES CHARGED	5,655,932						
055 30 IMPL. DEV. CHARGED TO PAT	4,549,586						
056 DRUGS CHARGED TO PATIENTS	3,290,548						
057 RENAL DIALYSIS	287,687		103,109		29,157		
058 02 OUTPATIENT SURGERY							
059 ELECTROMYOGRAPHY	1,296		4,097		6,964		
059 97 CARDIAC REHABILITATION	215,405		113,004				4,265
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	132,479						14,623
060 01 ADDITION RECOVERY CLINIC							
060 03 LI THOTRI PSY							
061 EMERGENCY	2,955,708		1,399,571	287,791	885,051		156,994
061 20 ACUTE CARE CENTER	1,721,116						119,218
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
093 HOSPICE							
095 SUBTOTALS	53,448,446		10,238,365	1,785,523	4,641,376	3,357,716	2,128,051
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	177,668		74,748				9,342
100 FUNDRAISING							
100 01 MANAGED CARE ADMINSTRATI	11,980						
100 02 PHYSICIAN SUPPORT SERVICE	795		3,498				20,107
100 03 HOME MEDICAL EQUIPMENT							







COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	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							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)				295,801			
025 INPAT ROUTINE SRVC CNTRS					54,274,802		54,274,802
026 ADULTS & PEDIATRICS					9,414,924		9,414,924
033 INTENSIVE CARE UNIT					3,788,692		3,788,692
037 NURSERY							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM					21,856,634		21,856,634
040 RECOVERY ROOM					2,878,898		2,878,898
041 DELIVERY ROOM & LABOR ROO					4,448,322		4,448,322
042 ANESTHESIOLOGY					1,844,003		1,844,003
043 RADIOLOGY-DIAGNOSTIC					8,843,121		8,843,121
043 01 NUCLEAR MEDICINE					3,851,293		3,851,293
043 02 ULTRASOUND					2,857,684		2,857,684
043 03 MRI					1,646,921		1,646,921
043 04 CT SCAN					3,079,962		3,079,962
044 05 RADIOLOGY SPECIAL PROCEDU							
044 LABORATORY					8,930,774		8,930,774
044 01 REFERENCE LAB							
046 30 BLOOD CLOTTING FACTORS AD					864,716		864,716
047 BLOOD STORING, PROCESSING					4,481,318		4,481,318
049 RESPIRATORY THERAPY					1,815,712		1,815,712
049 01 STRESS TEST					6,280,278		6,280,278
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					1,031,676		1,031,676
053 01 ECHOCARDIOGRAM							
053 03 CARDIOLOGY							
053 04 CARDIAC CATH LAB					4,294,981		4,294,981
054 ELECTROENCEPHALOGRAPHY					1,201,431		1,201,431
055 MEDICAL SUPPLIES CHARGED					25,204,174		25,204,174
055 30 IMPL. DEV. CHARGED TO PAT					20,274,035		20,274,035
056 DRUGS CHARGED TO PATIENTS					14,663,461		14,663,461
057 RENAL DIALYSIS					1,434,086		1,434,086
058 02 OUTPATIENT SURGERY							
059 ELECTROMYOGRAPHY					19,364		19,364
059 97 CARDIAC REHABILITATION					1,082,079		1,082,079
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					1,007,322		1,007,322
060 01 ADDITION RECOVERY CLINIC							
060 03 LI THOTRI PSY							
061 EMERGENCY				295,801	18,276,478		18,276,478
061 20 ACUTE CARE CENTER					8,396,584		8,396,584
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
093 HOSPICE							
095 SUBTOTALS				295,801	238,043,725		238,043,725
096 NONREIMBURS COST CENTERS							
100 GI FT, FLOWER, COFFEE SHOP					875,840		875,840
100 FUNDRAISING							
100 01 MANAGED CARE ADMINSTRATI					64,205		64,205
100 02 PHYSICIAN SUPPORT SERVICE					27,146		27,146
100 03 HOME MEDICAL EQUIPMENT							



ALLOCATION OF OLD CAPITAL RELATED COSTS

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 WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		393	1			394	394
007 ADMINSTRATIVE & GENERAL		20,010	646			20,656	53
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT		13,507	9			13,516	7
010 LAUNDRY & LINEN SERVICE		225				225	
011 HOUSEKEEPING		1,852	2			1,854	7
012 DIETARY		1,735	6			1,741	3
013 CAFETERIA		1,478				1,478	3
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		832	8			840	7
016 CENTRAL SERVICES & SUPPLY		1,252	33			1,285	2
017 PHARMACY		733	2			735	13
018 MEDICAL RECORDS & LIBRARY		508	1			509	5
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)		426				426	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		18,225	45			18,270	123
033 INTENSIVE CARE UNIT		2,098	14			2,112	16
037 NURSERY		134	2			136	6
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		5,102	132			5,234	29
040 RECOVERY ROOM		322	12			334	5
041 DELIVERY ROOM & LABOR ROO							8
043 ANESTHESIOLOGY		21	13			34	
043 01 RADIOLOGY-DIAGNOSTIC		2,566	64			2,630	12
043 02 NUCLEAR MEDICINE		156	53			209	4
043 03 ULTRASOUND		61	10			71	6
043 04 MRI		610	9			619	2
043 05 CT SCAN		1,093	6			1,099	4
044 01 RADIOLOGY SPECIAL PROCEDU							
044 02 LABORATORY		1,295	12			1,307	8
046 01 REFERENCE LAB							
047 30 BLOOD CLOTTING FACTORS AD							
049 BLOOD STORING, PROCESSING		232	1			233	1
049 01 RESPIRATORY THERAPY		637	7			644	8
050 STRESS TEST		136	2			138	3
051 PHYSICAL THERAPY		793	3			796	11
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
053 01 ELECTROCARDIOLOGY		1,002				1,002	1
053 03 ECHOCARDIOGRAM							
053 04 CARDIOLOGY							
054 01 CARDIAC CATH LAB		2,861	54			2,915	5
055 ELECTROENCEPHALOGRAPHY		399	3			402	2
056 MEDICAL SUPPLIES CHARGED							
057 30 IMPL. DEV. CHARGED TO PAT							
059 DRUGS CHARGED TO PATIENTS							
059 02 RENAL DIALYSIS		560				560	
060 02 OUTPATIENT SURGERY							
060 97 ELECTROMYOGRAPHY		22				22	
060 03 CARDIAC REHABILITATION		613	2			615	1
060 01 OUTPAT SERVICE COST CNTRS							
060 03 CLINIC			1			1	2
060 01 ADDITION RECOVERY CLINIC							
061 03 LI THOTRI PSY							
061 EMERGENCY		7,597	34			7,631	23
062 20 ACUTE CARE CENTER			6			6	13
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 10 OTHER REIMBURS COST CNTRS							
069 20 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
093 HOSPICE							
095 SUBTOTALS		89,486	1,193			90,679	393
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		406	1			407	1
100 FUNDRAISING							
100 01 MANAGED CARE ADMINSTRATI							
100 02 PHYSICIAN SUPPORT SERVICE		19				19	
100 03 HOME MEDICAL EQUIPMENT							

ALLOCATION OF OLD CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
NONREIMBURS COST CENTERS							
100 04 HOME PHARMACY							
100 05 HOSPICE							
100 06 NEIL MRI							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		89,911	1,194			91,105	394



ALLOCATION OF OLD CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
NONREIMBURS COST CENTERS								
100	04 HOME PHARMACY							10
100	05 HOSPICE							
100	06 NEIL MRI							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	20,709		14,419	434	2,712	2,455	2,027



ALLOCATION OF OLD CAPITAL RELATED COSTS

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 WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
NONREIMBURS COST CENTERS								
100 04 HOME PHARMACY					2			
100 05 HOSPICE								
100 06 NEIL MRI								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL		1,433	1,816	1,635	1,041			

ALLOCATION OF OLD CAPITAL RELATED COSTS

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 WORKSHEET B PART II

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	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							
007 ADMIN STRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)				556			
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS					31,694		31,694
037 INTENSIVE CARE UNIT					3,980		3,980
038 NURSERY					880		880
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM					9,926		9,926
041 RECOVERY ROOM					760		760
042 DELIVERY ROOM & LABOR ROO					411		411
043 ANESTHESIOLOGY					425		425
044 RADIOLOGY-DIAGNOSTIC					4,549		4,549
045 01 NUCLEAR MEDICINE					810		810
046 02 ULTRASOUND					401		401
047 03 MRI					963		963
048 04 CT SCAN					1,743		1,743
049 05 RADIOLOGY SPECIAL PROCEDU							
050 LABORATORY					2,762		2,762
051 01 REFERENCE LAB							
052 30 BLOOD CLOTTING FACTORS AD							
053 BLOOD STORING, PROCESSING					492		492
054 RESPIRATORY THERAPY					1,350		1,350
055 01 STRESS TEST					450		450
056 PHYSICAL THERAPY					1,637		1,637
057 OCCUPATIONAL THERAPY							
058 SPEECH PATHOLOGY							
059 ELECTROCARDIOLOGY					1,415		1,415
060 01 ECHOCARDIOGRAM							
061 03 CARDIOLOGY							
062 04 CARDIAC CATH LAB					4,407		4,407
063 ELECTROENCEPHALOGRAPHY					626		626
064 MEDICAL SUPPLIES CHARGED					2,189		2,189
065 30 IMPL. DEV. CHARGED TO PAT					1,761		1,761
066 DRUGS CHARGED TO PATIENTS					1,274		1,274
067 RENAL DIALYSIS					837		837
068 02 OUTPATIENT SURGERY							
069 ELECTROMYOGRAPHY					34		34
070 97 CARDIAC REHABILITATION					862		862
071 OUTPAT SERVICE COST CNTRS							
072 CLINIC					202		202
073 01 ADDITION RECOVERY CLINIC							
074 03 LI THOTRI PSY							
075 EMERGENCY					12,096		12,096
076 20 ACUTE CARE CENTER					959		959
077 OBSERVATION BEDS (NON-DIS							
078 50 RHC							
079 60 FOHC							
080 OTHER REIMBURS COST CNTRS							
081 10 CMHC							
082 20 OUTPATIENT PHYSICAL THERA							
083 30 OUTPATIENT OCCUPATIONAL T							
084 40 OUTPATIENT SPEECH PATHOLO							
085 HOME HEALTH AGENCY							
086 SPEC PURPOSE COST CENTERS							
087 01 PANCREAS ACQUISITION							
088 02 INTESTINAL ACQUISITION							
089 HOSPICE							
090 SUBTOTALS					89,895		89,895
091 NONREIMBURS COST CENTERS							
092 GIFT, FLOWER, COFFEE SHOP					590		590
100 FUNDRAISING							
101 01 MANAGED CARE ADMIN STRATI					9		9
102 02 PHYSICIAN SUPPORT SERVICE					43		43
103 03 HOME MEDICAL EQUIPMENT							

ALLOCATION OF OLD CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION		NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		21	22	23	24	25	26	27
NONREIMBURS COST CENTERS								
100	04 HOME PHARMACY					12		12
100	05 HOSPICE							
100	06 NEIL MRI							
101	CROSS FOOT ADJUSTMENTS				556	556		556
102	NEGATIVE COST CENTER							
103	TOTAL				556	91,105		91,105

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				34,177	6,759	40,936	40,936
007 ADMINISTRATIVE & GENERAL				1,739,756	5,202,211	6,941,967	6,017
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				1,174,338	70,676	1,245,014	831
010 LAUNDRY & LINEN SERVICE				19,602	923	20,525	26
011 HOUSEKEEPING				161,023	15,025	176,048	766
012 DIETARY				150,865	45,822	196,687	352
013 CAFETERIA				128,512		128,512	305
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				72,324	60,880	133,204	776
016 CENTRAL SERVICES & SUPPLY				108,836	266,254	375,090	279
017 PHARMACY				63,773	14,051	77,824	1,528
018 MEDICAL RECORDS & LIBRARY				44,186	8,759	52,945	552
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMEDICAL PRGM-(SPECIFY)				37,077	3,867	40,944	52
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS				1,584,563	361,700	1,946,263	10,100
037 INTENSIVE CARE UNIT				182,439	110,796	293,235	1,860
038 NURSERY				11,630	15,941	27,571	682
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM				443,569	1,062,036	1,505,605	3,253
041 RECOVERY ROOM				28,020	95,104	123,124	594
042 DELIVERY ROOM & LABOR ROO							866
043 ANESTHESIOLOGY				1,785	102,323	104,108	
044 RADIOLOGY-DIAGNOSTIC				223,115	514,591	737,706	1,326
045 01 NUCLEAR MEDICINE				13,549	425,970	439,519	442
046 02 ULTRASOUND				5,280	78,282	83,562	630
047 03 MRI				53,020	70,579	123,599	240
048 04 CT SCAN				95,020	46,830	141,850	454
049 05 RADIOLOGY SPECIAL PROCEDU							
050 LABORATORY				112,569	98,712	211,281	932
051 01 REFERENCE LAB							
052 30 BLOOD CLOTTING FACTORS AD							
053 BLOOD STORING, PROCESSING				20,167	7,641	27,808	110
054 RESPIRATORY THERAPY				55,340	55,322	110,662	939
055 01 STRESS TEST				11,809	17,541	29,350	337
056 PHYSICAL THERAPY				68,963	21,808	90,771	1,277
057 OCCUPATIONAL THERAPY							
058 SPEECH PATHOLOGY							
059 ELECTROCARDIOLOGY				87,122	1,867	88,989	142
060 01 ECHOCARDIOGRAM							
061 03 CARDIOLOGY							
062 04 CARDIAC CATH LAB				248,726	437,089	685,815	548
063 ELECTROENCEPHALOGRAPHY				34,653	23,750	58,403	209
064 MEDICAL SUPPLIES CHARGED							
065 30 IMPL. DEV. CHARGED TO PAT							
066 DRUGS CHARGED TO PATIENTS							
067 RENAL DIALYSIS				48,662		48,662	
068 02 OUTPATIENT SURGERY							
069 ELECTROMYOGRAPHY				1,933	746	2,679	
070 97 CARDIAC REHABILITATION				53,332	12,135	65,467	123
071 OUTPAT SERVICE COST CNTRS							
072 CLINIC					7,619	7,619	230
073 01 ADDITION RECOVERY CLINIC							
074 03 LI THOTRI PSY							
075 EMERGENCY				660,527	275,089	935,616	2,558
076 20 ACUTE CARE CENTER					46,401	46,401	1,525
077 OBSERVATION BEDS (NON-DIS							
078 50 RHC							
079 60 FOHC							
080 OTHER REIMBURS COST CNTRS							
081 10 CMHC							
082 20 OUTPATIENT PHYSICAL THERA							
083 30 OUTPATIENT OCCUPATIONAL T							
084 40 OUTPATIENT SPEECH PATHOLO							
085 HOME HEALTH AGENCY							
086 SPEC PURPOSE COST CENTERS							
087 01 PANCREAS ACQUISITION							
088 02 INTESTINAL ACQUISITION							
089 HOSPICE							
090 SUBTOTALS				7,780,262	9,585,099	17,365,361	40,861
091 NONREIMBURS COST CENTERS							
092 GIFT, FLOWER, COFFEE SHOP				35,277	4,942	40,219	60
100 FUNDRAISING							
101 01 MANAGED CARE ADMINSTRATI							15
102 02 PHYSICIAN SUPPORT SERVICE				1,651		1,651	
103 03 HOME MEDICAL EQUIPMENT							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
NONREIMBURS COST CENTERS							
100 04 HOME PHARMACY							
100 05 HOSPICE							
100 06 NE IL MRI							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				7,817,190	9,590,041	17,407,231	40,936

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	E & GENERAL	REPAIRS	PLANT				
	6	7	8	9	10	11	12
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							
007 ADMINISTRATIVE & GENERAL	6,947,984						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	299,881		1,545,726				
010 LAUNDRY & LINEN SERVICE	50,694		6,223	77,468			
011 HOUSEKEEPING	124,997		51,120		352,931		
012 DIETARY	88,309		47,895			333,243	
013 CAFETERIA	55,117		40,799				224,733
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	95,540		22,961		5,274		4,988
016 CENTRAL SERVICES & SUPPLY	53,435		34,552				5,094
017 PHARMACY	188,399		20,246		7,947		7,662
018 MEDICAL RECORDS & LIBRARY	95,146		14,028		3,463		9,388
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)	6,229		11,771				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,198,676		503,046	38,307	85,545	305,784	63,673
033 INTENSIVE CARE UNIT	224,856		57,919	4,568	13,179	27,459	10,693
037 NURSERY	88,382		3,692		29,577		17,491
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	506,709		140,819	5,557	14,009		20,206
040 RECOVERY ROOM	73,280		8,895				4,378
041 DELIVERY ROOM & LABOR ROO	126,158			4,694			
042 ANESTHESIOLOGY	15,413		567				
043 RADIOLOGY-DIAGNOSTIC	202,661		70,832	5,330	37,740		9,830
043 01 NUCLEAR MEDICINE	96,005		4,301		22,601		2,378
043 02 ULTRASOUND	77,172		1,676	2,722	2,277		2,378
043 03 MRI	40,302		16,832		4,258		105
043 04 CT SCAN	73,333		30,166		2,387		2,715
043 05 RADIOLOGY SPECIAL PROCEDU							
044 LABORATORY	228,447		35,737		10,803		12,587
044 01 REFERENCE LAB							
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING	14,438		6,402		1,405		
049 RESPIRATORY THERAPY	113,508		17,569		4,056		6,483
049 01 STRESS TEST	42,308		3,749	3,804	12,762		1,031
050 PHYSICAL THERAPY	171,979		21,894		11,050		905
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	19,195		27,659		5,437		3,220
053 01 ECHOCARDIOGRAM							
053 03 CARDIOLOGY							
053 04 CARDIAC CATH LAB	84,602		78,962		8,042		3,431
054 ELECTROENCEPHALOGRAPHY	31,663		11,001		1,073		1,326
055 MEDICAL SUPPLIES CHARGED	732,629						
055 30 IMPL. DEV. CHARGED TO PAT	589,321						
056 DRUGS CHARGED TO PATIENTS	426,234						
057 RENAL DIALYSIS	37,265		15,449		2,217		
058 02 OUTPATIENT SURGERY							
059 ELECTROMYOGRAPHY	168		614		530		
059 97 CARDIAC REHABILITATION	27,902		16,931				442
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	17,160						1,515
060 01 ADDITION RECOVERY CLINIC							
060 03 LI THOTRI PSY							
061 EMERGENCY	382,861		209,696	12,486	67,299		16,270
061 20 ACUTE CARE CENTER	222,941						12,355
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
093 HOSPICE							
095 SUBTOTALS	6,923,315		1,534,003	77,468	352,931	333,243	220,544
096 NONREIMBURS COST CENTERS							
100 GI FT, FLOWER, COFFEE SHOP	23,014		11,199				968
100 FUNDRAISING							
100 01 MANAGED CARE ADMINSTRATI	1,552						
100 02 PHYSICIAN SUPPORT SERVICE	103		524				2,084
100 03 HOME MEDICAL EQUIPMENT							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PREPARED 5/26/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
NONREIMBURS COST CENTERS								
100	04 HOME PHARMACY							1,137
100	05 HOSPICE							
100	06 NEIL MRI							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	6,947,984		1,545,726	77,468	352,931	333,243	224,733



ALLOCATION OF NEW CAPITAL RELATED COSTS

	PROVIDER NO:		PERIOD:		PREPARED
	14-0202		FROM 1/ 1/2010		5/26/2011
			TO 12/31/2010		WORKSHEET B
					PART III

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
NONREIMBURS COST CENTERS								
100 04 HOME PHARMACY					281			
100 05 HOSPICE								
100 06 NEIL MRI								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL		262,743	468,659	305,068	175,522			

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	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							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)				59,214			
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS					4,410,882		4,410,882
037 INTENSIVE CARE UNIT					674,530		674,530
038 NURSERY					177,529		177,529
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM					2,544,800		2,544,800
041 RECOVERY ROOM					225,090		225,090
042 DELIVERY ROOM & LABOR ROO					131,718		131,718
043 ANESTHESIOLOGY					185,256		185,256
044 RADIOLOGY-DIAGNOSTIC					1,109,137		1,109,137
043 01 NUCLEAR MEDICINE					581,282		581,282
043 02 ULTRASOUND					175,180		175,180
043 03 MRI					191,000		191,000
043 04 CT SCAN					269,257		269,257
044 05 RADIOLOGY SPECIAL PROCEDU							
044 LABORATORY					548,344		548,344
044 01 REFERENCE LAB							
046 30 BLOOD CLOTTING FACTORS AD							
047 BLOOD STORING, PROCESSING					83,645		83,645
049 RESPIRATORY THERAPY					273,615		273,615
049 01 STRESS TEST					97,014		97,014
050 PHYSICAL THERAPY					301,179		301,179
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					149,089		149,089
053 01 ECHOCARDIOGRAM							
053 03 CARDIOLOGY							
053 04 CARDIAC CATH LAB					956,417		956,417
054 ELECTROENCEPHALOGRAPHY					104,455		104,455
055 MEDICAL SUPPLIES CHARGED					732,629		732,629
055 30 IMPL. DEV. CHARGED TO PAT					589,321		589,321
056 DRUGS CHARGED TO PATIENTS					426,234		426,234
057 RENAL DIALYSIS					104,617		104,617
058 02 OUTPATIENT SURGERY							
059 ELECTROMYOGRAPHY					4,139		4,139
059 97 CARDIAC REHABILITATION					111,192		111,192
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					51,563		51,563
060 01 ADDITION RECOVERY CLINIC							
060 03 LI THOTRI PSY							
061 EMERGENCY					1,740,983		1,740,983
061 20 ACUTE CARE CENTER					314,310		314,310
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
093 HOSPICE							
095 SUBTOTALS					17,264,407		17,264,407
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP					75,464		75,464
100 FUNDRAISING							
100 01 MANAGED CARE ADMINSTRATI					2,366		2,366
100 02 PHYSICIAN SUPPORT SERVICE					4,362		4,362
100 03 HOME MEDICAL EQUIPMENT							

ALLOCATION OF NEW CAPITAL RELATED COSTS		PROVIDER NO:		PERIOD:		PREPARED	5/26/2011
		14-0202		FROM 1/ 1/2010		WORKSHEET B	
				TO 12/31/2010		PART III	

	COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		21	22	23	24	25	26	27
	NONREIMBURS COST CENTERS							
100	04 HOME PHARMACY					1,418		1,418
100	05 HOSPICE							
100	06 NEIL MRI							
101	CROSS FOOT ADJUSTMENTS				59,214	59,214		59,214
102	NEGATIVE COST CENTER							
103	TOTAL				59,214	17,407,231		17,407,231

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	525,618					
002 OLD CAP REL COSTS-MVB		13,583,829				
003 NEW CAP REL COSTS-BLD			525,618			
004 NEW CAP REL COSTS-MVB				13,583,829		
005 EMPLOYEE BENEFITS	2,298	9,574	2,298	9,574	90,367,596	
006 ADMINSTRATIVE & GENE	116,979	7,368,679	116,979	7,368,679	13,282,787	-53,638,889
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	78,961	100,109	78,961	100,109	1,835,201	
009 LAUNDRY & LINEN SERVI	1,318	1,307	1,318	1,307	57,969	
010 HOUSEKEEPING	10,827	21,282	10,827	21,282	1,690,046	
011 DIETARY	10,144	64,904	10,144	64,904	776,677	
012 CAFETERIA	8,641		8,641		673,606	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINSTRATIO	4,863	86,234	4,863	86,234	1,712,300	
015 CENTRAL SERVICES & SU	7,318	377,136	7,318	377,136	616,011	
016 PHARMACY	4,288	19,903	4,288	19,903	3,372,132	
017 MEDICAL RECORDS & LIB	2,971	12,406	2,971	12,406	1,219,118	
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC	2,493	5,478	2,493	5,478	115,350	
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRCS	106,544	512,330	106,544	512,330	22,300,495	
026 INTENSIVE CARE UNIT	12,267	156,937	12,267	156,937	4,105,630	
033 NURSERY	782	22,580	782	22,580	1,505,409	
ANCILLARY SRVC COST C						
037 OPERATING ROOM	29,825	1,504,322	29,825	1,504,322	7,181,987	
038 RECOVERY ROOM	1,884	134,710	1,884	134,710	1,312,184	
039 DELIVERY ROOM & LABOR					1,912,499	
040 ANESTHESIOLOGY	120	144,936	120	144,936		
041 RADIOLOGY-DIAGNOSTIC	15,002	728,893	15,002	728,893	2,928,166	
043 01 NUCLEAR MEDICINE	911	603,366	911	603,366	976,315	
043 02 ULTRASOUND	355	110,883	355	110,883	1,389,950	
043 03 MRI	3,565	99,972	3,565	99,972	528,902	
043 04 CT SCAN	6,389	66,333	6,389	66,333	1,001,991	
043 05 RADIOLOGY SPECIAL PRO						
044 LABORATORY	7,569	139,821	7,569	139,821	2,056,730	
044 01 REFERENCE LAB						
046 30 BLOOD CLOTTING FACTOR						
047 BLOOD STORING, PROCES	1,356	10,823	1,356	10,823	242,506	
049 RESPIRATORY THERAPY	3,721	78,361	3,721	78,361	2,072,819	
049 01 STRESS TEST	794	24,846	794	24,846	742,972	
050 PHYSICAL THERAPY	4,637	30,890	4,637	30,890	2,819,480	
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	5,858	2,645	5,858	2,645	312,428	
053 01 ECHOCARDIOGRAM						
053 03 RADIOLOGY						
053 04 CARDIAC CATH LAB	16,724	619,115	16,724	619,115	1,208,971	
054 ELECTROENCEPHALOGRAPH	2,330	33,641	2,330	33,641	460,478	
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	3,272		3,272			
058 02 OUTPATIENT SURGERY						
059 ELECTROMYOGRAPHY	130	1,057	130	1,057		
059 97 CARDIAC REHABILITATIO	3,586	17,189	3,586	17,189	271,268	
060 OUTPAT SERVICE COST C						
060 CLINIC		10,792		10,792	506,684	
060 01 ADDICTION RECOVERY CL						
060 03 LI THOTRI PSY						
061 EMERGENCY	44,413	389,650	44,413	389,650	5,646,239	
061 20 ACUTE CARE CENTER		65,725		65,725	3,367,408	
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
069 OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTRESTINAL ACQUISITIO						
093 HOSPICE						
095 SUBTOTALS	523,135	13,576,829	523,135	13,576,829	90,202,708	-53,638,889
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	2,372	7,000	2,372	7,000	131,597	

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT						
100 FUNDRAISING						
100 01 MANAGED CARE ADMINIST					33,291	
100 02 PHYSICIAN SUPPORT SER	111		111			
100 03 HOME MEDICAL EQUIPMEN						
100 04 HOME PHARMACY						
100 05 HOSPICE						
100 06 NEIL MRI						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	89,911	1,194	7,817,190	9,590,041	23,300,063	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.171058	.000088	14.872379	.705990	.257836	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)					394	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000004	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					40,936	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000453	

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF E & GENERAL REPAIRS PLANT			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)
	6	7	8	9	10	11	12
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							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	185,388,604	406,341					
008 OPERATION OF PLANT	8,001,516	78,961	327,380				
009 LAUNDRY & LINEN SERVICE	1,352,630	1,318	1,318	1,921,067			
010 HOUSEKEEPING	3,335,207	10,827	10,827		99,970		
011 DIETARY	2,356,299	10,144	10,144			24,588	
012 CAFETERIA	1,470,658	8,641	8,641				10,677
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATIVE	2,549,232	4,863	4,863		1,494		237
015 CENTRAL SERVICES & SUPPLIES	1,425,768	7,318	7,318				242
016 PHARMACY	5,026,914	4,288	4,288		2,251		364
017 MEDICAL RECORDS & LIBRARY	2,538,717	2,971	2,971		981		446
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPECIAL INPATIENT ROUTINE SRVC CNTR)	166,206	2,493	2,493				
025 ADULTS & PEDIATRICS	31,983,699	106,544	106,544	949,942	24,231	22,562	3,025
026 INTENSIVE CARE UNIT	5,999,687	12,267	12,267	113,266	3,733	2,026	508
033 NURSERY	2,358,234	782	782		8,378		831
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM	13,520,170	29,825	29,825	137,811	3,968		960
039 RECOVERY ROOM	1,955,286	1,884	1,884				208
040 DELIVERY ROOM & LABOR	3,366,182			116,410			
041 ANESTHESIOLOGY	411,254	120	120				
043 RADIOLOGY-DIAGNOSTIC	5,407,463	15,002	15,002	132,175	10,690		467
043 01 NUCLEAR MEDICINE	2,561,638	911	911		6,402		113
043 02 ULTRASOUND	2,059,115	355	355	67,499		645	113
043 03 MRI	1,075,359	3,565	3,565		1,206		5
043 04 CT SCAN	1,956,705	6,389	6,389		676		129
043 05 RADIOLOGY SPECIAL PROCEDURES LABORATORY	6,095,496	7,569	7,569		3,060		598
044 01 REFERENCE LAB							
046 30 BLOOD CLOTTING FACTOR							
047 BLOOD STORAGE, PROCESSING	385,241	1,356	1,356		398		
049 RESPIRATORY THERAPY	3,028,658	3,721	3,721		1,149		308
049 01 STRESS TEST	1,128,875	794	794	94,326	3,615		49
050 PHYSICAL THERAPY	4,588,806	4,637	4,637		3,130		43
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	512,171	5,858	5,858		1,540		153
053 01 ECHOCARDIOGRAM							
053 03 RADIOLOGY							
053 04 CARDIAC CATH LAB	2,257,385	16,724	16,724		2,278		163
054 ELECTROENCEPHALOGRAPHY	844,840	2,330	2,330		304		63
055 MEDICAL SUPPLIES CHARACTERIZED	19,548,242						
055 30 IMPL. DEV. CHARGED TO PATIENT	15,724,449						
056 DRUGS CHARGED TO PATIENT	11,372,913						
057 RENAL DIALYSIS	994,315	3,272	3,272		628		
058 02 OUTPATIENT SURGERY							
059 ELECTROMYOGRAPHY	4,481	130	130		150		
059 97 CARDIAC REHABILITATION	744,490	3,586	3,586				21
060 OUTPATIENT SERVICE COST CENTER CLINIC	457,878						72
060 01 ADDICTION RECOVERY CLINIC							
060 03 LIOTHOTRIPTYLINE							
061 EMERGENCY	10,215,628	44,413	44,413	309,638	19,063		773
061 20 ACUTE CARE CENTER	5,948,585						587
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURSABLE COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATIONAL THERAPY							
069 40 OUTPATIENT SPEECH THERAPY							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTER PANCREAS ACQUISITION							
085 02 INTENSIVE CARE CENTER ACQUISITION							
093 HOSPICE							
095 SUBTOTALS	184,730,392	403,858	324,897	1,921,067	99,970	24,588	10,478
096 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE	614,062	2,372	2,372				46

COST ALLOCATION - STATISTICAL BASIS

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 WORKSHEET B-1

	COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF		LAUNDRY & LIN	HOUSEKEEPING	DIETARY	CAFETERIA	
		E & GENERAL	REPAIRS	PLANT	EN SERVICE			
		( ACCUM. COST	(SQUARE )FEET	(SQUARE )FEET	(POUNDS OF )LAUNDRY	(HOURS OF )SERVICE	(MEALS )SERVED	(MEALS )SERVED
		6	7	8	9	10	11	12
100	NONREIMBURS COST CENT							
100	FUNDRAISING							
100	01 MANAGED CARE ADMINIST	41,404						
100	02 PHYSICIAN SUPPORT SER	2,746	111	111				99
100	03 HOME MEDICAL EQUIPMEN							
100	04 HOME PHARMACY							54
100	05 HOSPICE							
100	06 NEIL MRI							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	53,638,889		10,316,611	1,785,523	4,641,376	3,357,716	2,168,467
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER				.929443		136.559135	
	(WRKSHT B, PT I)	.289332		31.512649		46.427688		203.097031
105	COST TO BE ALLOCATED	20,709		14,419	434	2,712	2,455	2,027
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER				.000226		.099845	
	(WRKSHT B, PT II)	.000112		.044044		.027128		.189847
107	COST TO BE ALLOCATED	6,947,984		1,545,726	77,468	352,931	333,243	224,733
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER				.040326		13.553075	
	(WRKSHT B, PT III)	.037478		4.721504		3.530369		21.048328

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED)	(DIRECT NRSNG HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)
	13	14	15	16	17	18	20
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						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION	2,609,062					
016	CENTRAL SERVICES & SUPPLY	2,080	34,940,734				
017	PHARMACY	453	105,537	1,241,622			
018	MEDICAL RECORDS & LIBRARY				772,426		
019	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & BENEFITS						
023	I&R SERVICES-OTHER PERSONNEL						
024	PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN)	2,160					
025	ADULTS & PEDIATRICS	1,440,780	2,028,846	258,652	104,009		
026	INTENSIVE CARE UNIT	190,624	405,709	48,764	18,224		
033	NURSERY	42,128	70,084	9,100	11,953		
037	ANCILLARY SRVC COST CENTER						
038	OPERATING ROOM	303,620	18,757,286	170,952	107,697		
039	RECOVERY ROOM	58,914	62,703	20,162	13,601		
040	DELIVERY ROOM & LABOR						
041	ANESTHESIOLOGY		576,058	223,829	10,764		
043 01	RADIOLOGY-DIAGNOSTIC NUCLEAR MEDICINE	4,343	926,427	11,319	123,522		
043 02	ULTRASOUND		620,726	13,993	18,802		
043 03	MRI		103,460	4,109	10,406		
043 04	CT SCAN	8	110,229	1,501	16,794		
043 05	RADIOLOGY SPECIAL PROCEDURES		350,205	7,702	51,761		
044 01	LABORATORY REFERENCE LAB		1,931,923	750	98,839		
046 30	BLOOD CLOTTING FACTOR						
047	BLOOD STORAGE, PROCESSING		1,828,561	29,705	7,294		
049 01	RESPIRATORY THERAPY STRESS TEST	1	387,046	28,246	36,379		
050	PHYSICAL THERAPY	3,143	34,394	9,730	2,218		
051	OCCUPATIONAL THERAPY		16,215	1,802	11,632		
052	SPEECH PATHOLOGY						
053 01	ELECTROCARDIOLOGY ECHOCARDIOGRAM	2,304	15,040		17,660		
053 03	CARDIOLOGY						
053 04	CARDIAC CATH LAB	56,041	5,575,793	21,983	40,416		
054	ELECTROENCEPHALOGRAPHY	160	17,563		2,323		
055 30	MEDICAL SUPPLIES CHARGED TO DEPARTMENT						
056	IMPL. DEV. CHARGED TO PATIENT						
057	DRUGS CHARGED TO PATIENT						
058 02	RENAL DIALYSIS OUTPATIENT SURGERY		7,309	1,554	2,395		
059 97	ELECTROMYOGRAPHY CARDIAC REHABILITATION		2,091	53	529		
060 01	OUTPAT SERVICE COST CENTER CLINIC ADDICTION RECOVERY CLINIC	159,137	58,121	30,499	3,251		
060 03	LI THOTRI PSY						
061 20	EMERGENCY ACUTE CARE CENTER	318,051	675,213	254,329	46,745		
062	OBSERVATION BEDS (NON REIMBURS)	17,179	265,948	92,888	13,061		
063 50	RHC						
063 60	FQHC						
069 10	OTHER REIMBURS COST CENTER CMHC						
069 20	OUTPATIENT PHYSICAL THERAPY						
069 30	OUTPATIENT OCCUPATIONAL THERAPY						
069 40	OUTPATIENT SPEECH PATHOLOGY						
071	HOME HEALTH AGENCY SPEC PURPOSE COST CENTER						
085 01	PANCREAS ACQUISITION						
085 02	INTESTINAL ACQUISITION						
093	HOSPICE						
095	SUBTOTALS	2,601,126	34,940,403	1,241,622	771,189		
096	NONREIMBURS COST CENTER GIFT, FLOWER, COFFEE			331			

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED)	(DIRECT NRSING HRS)	(COSTED)REQUIS.	(COSTED)REQUIS.	(TIME)SPENT	(TIME)SPENT	(ASSIGNED)TIME
NONREIMBURS COST CENT	13	14	15	16	17	18	20
100 FUNDRAISING							
100 01 MANAGED CARE ADMINIST		7,936					
100 02 PHYSICIAN SUPPORT SER							
100 03 HOME MEDICAL EQUIPMEN							
100 04 HOME PHARMACY					1,237		
100 05 HOSPICE							
100 06 NEIL MRI							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		3,557,549	2,120,883	6,801,947	3,503,000		
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		1.363536		5.478275			
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		1,433	1,816	1,635	1,041	4,535,062	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000549		.001317			
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		262,743	468,659	305,068	175,522	.001348	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.100704	.013413	.245701	.227235		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23	24
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				
007 ADMINISTRATIVE & GENERAL				
008 MAINTENANCE & REPAIRS				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
013 CAFETERIA				
014 MAINTENANCE OF PERSONNEL				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
018 MEDICAL RECORDS & LIBRARY				
019 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHESIA				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM C				
024 PARAMED ED PRGM-(SPECIFY)				100
025 INPAT ROUTINE SRVC CNTR				
026 ADULTS & PEDIATRICS				
033 INTENSIVE CARE UNIT				
037 NURSERY				
038 ANCILLARY SRVC COST CENTER				
039 OPERATING ROOM				
040 RECOVERY ROOM				
041 DELIVERY ROOM & LABOR				
042 ANESTHESIOLOGY				
043 RADIOLOGY-DIAGNOSTIC				
043 01 NUCLEAR MEDICINE				
043 02 ULTRASOUND				
043 03 MRI				
043 04 CT SCAN				
043 05 RADIOLOGY SPECIAL PROC				
044 LABORATORY				
044 01 REFERENCE LAB				
046 30 BLOOD CLOTTING FACTOR				
047 BLOOD STORING, PROCESSING				
049 RESPIRATORY THERAPY				
049 01 STRESS TEST				
050 PHYSICAL THERAPY				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
053 01 ECHOCARDIOGRAM				
053 03 CARDIOLOGY				
053 04 CARDIAC CATH LAB				
054 ELECTROENCEPHALOGRAPHY				
055 MEDICAL SUPPLIES CHAR				
055 30 IMPL. DEV. CHARGED TO PAT				
056 DRUGS CHARGED TO PATIENT				
057 RENAL DIALYSIS				
058 02 OUTPATIENT SURGERY				
059 ELECTROMYOGRAPHY				
059 97 CARDIAC REHABILITATION				
060 OUTPAT SERVICE COST CENTER				
060 CLINIC				
060 01 ADDICTION RECOVERY CLINIC				
060 03 LI THOTRI PSY				
061 EMERGENCY				100
061 20 ACUTE CARE CENTER				
062 OBSERVATION BEDS (NON)				
063 50 RHC				
063 60 FOHC				
069 OTHER REIMBURS COST CENTER				
069 10 CMHC				
069 20 OUTPATIENT PHYSICAL THERAPY				
069 30 OUTPATIENT OCCUPATION THERAPY				
069 40 OUTPATIENT SPEECH PAT				
071 HOME HEALTH AGENCY				
085 SPEC PURPOSE COST CENTER				
085 01 PANCREAS ACQUISITION				
085 02 INTRESTINAL ACQUISITION				
093 HOSPICE				
095 SUBTOTALS				100
096 NONREIMBURS COST CENTER				
GIFT, FLOWER, COFFEE				

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23	24
100 NONREIMBURS COST CENT				
100 FUNDRAISING				
100 01 MANAGED CARE ADMINIST				
100 02 PHYSICIAN SUPPORT SER				
100 03 HOME MEDICAL EQUIPMEN				
100 04 HOME PHARMACY				
100 05 HOSPICE				
100 06 NEIL MRI				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED				295,801
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER				2,958.010000
(WRKSHT B, PT I)				
105 COST TO BE ALLOCATED				556
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				5,560,000
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED				59,214
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER				592.140000
(WRKSHT B, PT III)				

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET C  
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	54,274,802		54,274,802		54,274,802
26	INTENSIVE CARE UNIT	9,414,924		9,414,924	21,575	9,436,499
33	NURSERY	3,788,692		3,788,692		3,788,692
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	21,856,634		21,856,634		21,856,634
38	RECOVERY ROOM	2,878,898		2,878,898		2,878,898
39	DELIVERY ROOM & LABOR ROOM	4,448,322		4,448,322		4,448,322
40	ANESTHESIOLOGY	1,844,003		1,844,003		1,844,003
41	RADIOLOGY-DIAGNOSTIC	8,843,121		8,843,121		8,843,121
43	01 NUCLEAR MEDICINE	3,851,293		3,851,293		3,851,293
43	02 ULTRASOUND	2,857,684		2,857,684		2,857,684
43	03 MRI	1,646,921		1,646,921		1,646,921
43	04 CT SCAN	3,079,962		3,079,962		3,079,962
43	05 RADIOLOGY SPECIAL PROCEDU					
44	LABORATORY	8,930,774		8,930,774		8,930,774
44	01 REFERENCE LAB					
46	30 BLOOD CLOTTING FACTORS AD					
47	BLOOD STORING, PROCESSING	864,716		864,716		864,716
49	RESPIRATORY THERAPY	4,481,318		4,481,318		4,481,318
49	01 STRESS TEST	1,815,712		1,815,712	415	1,816,127
50	PHYSICAL THERAPY	6,280,278		6,280,278		6,280,278
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	1,031,676		1,031,676		1,031,676
53	01 ECHOCARDIOGRAM					
53	03 RADIOLOGY					
53	04 CARDIAC CATH LAB	4,294,981		4,294,981	4,565	4,299,546
54	ELECTROENCEPHALOGRAPHY	1,201,431		1,201,431	2,482	1,203,913
55	MEDICAL SUPPLIES CHARGED	25,204,174		25,204,174		25,204,174
55	30 IMPL. DEV. CHARGED TO PAT	20,274,035		20,274,035		20,274,035
56	DRUGS CHARGED TO PATIENTS	14,663,461		14,663,461		14,663,461
57	RENAL DIALYSIS	1,434,086		1,434,086		1,434,086
58	02 OUTPATIENT SURGERY					
59	ELECTROMYOGRAPHY	19,364		19,364		19,364
59	97 CARDIAC REHABILITATION	1,082,079		1,082,079		1,082,079
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,007,322		1,007,322		1,007,322
60	01 ADDICTION RECOVERY CLINIC					
60	03 LITHOTRIPSY					
61	EMERGENCY	18,276,478		18,276,478	374,121	18,650,599
61	20 ACUTE CARE CENTER	8,396,584		8,396,584		8,396,584
62	OBSERVATION BEDS (NON-DIS	3,792,723		3,792,723		3,792,723
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	241,836,448		241,836,448	403,158	242,239,606
102	LESS OBSERVATION BEDS	3,792,723		3,792,723		3,792,723
103	TOTAL	238,043,725		238,043,725	403,158	238,446,883

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	130,553,081		130,553,081			
26	INTENSIVE CARE UNIT	22,584,189		22,584,189			
33	NURSERY	12,100,817		12,100,817			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	60,516,711	69,595,702	130,112,413	.167983	.167983	.167983
38	RECOVERY ROOM	7,900,004	15,799,474	23,699,478	.121475	.121475	.121475
39	DELIVERY ROOM & LABOR ROO	14,574,202	4,532	14,578,734	.305124	.305124	.305124
40	ANESTHESIOLOGY	10,735,173	11,415,743	22,150,916	.083247	.083247	.083247
41	RADIOLOGY-DIAGNOSTIC	16,192,374	24,486,222	40,678,596	.217390	.217390	.217390
43 01	NUCLEAR MEDICINE	5,323,992	21,393,639	26,717,631	.144148	.144148	.144148
43 02	ULTRASOUND	4,254,646	11,446,266	15,700,912	.182008	.182008	.182008
43 03	MRI	9,612,261	14,648,548	24,260,809	.067884	.067884	.067884
43 04	CT SCAN	32,531,048	54,886,828	87,417,876	.035233	.035233	.035233
43 05	RADIOLOGY SPECIAL PROCEDU						
44	LABORATORY	68,749,321	51,422,621	120,171,942	.074317	.074317	.074317
44 01	REFERENCE LAB						
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	8,373,569	2,140,188	10,513,757	.082246	.082246	.082246
49	RESPIRATORY THERAPY	22,778,484	1,853,855	24,632,339	.181928	.181928	.181928
49 01	STRESS TEST	9,853,694	8,407,879	18,261,573	.099428	.099428	.099451
50	PHYSICAL THERAPY	3,408,451	10,231,088	13,639,539	.460447	.460447	.460447
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,222,357	2,720,680	5,943,037	.173594	.173594	.173594
53 01	ECHOCARDIOGRAM						
53 03	CARDIOLOGY						
53 04	CARDIAC CATH LAB	24,950,991	12,032,678	36,983,669	.116132	.116132	.116255
54	ELECTROENCEPHALOGRAPHY	573,670	3,925,456	4,499,126	.267037	.267037	.267588
55	MEDICAL SUPPLIES CHARGED	38,394,843	16,671,573	55,066,416	.457705	.457705	.457705
55 30	IMPL. DEV. CHARGED TO PAT	45,168,877	10,567,586	55,736,463	.363748	.363748	.363748
56	DRUGS CHARGED TO PATIENTS	105,665,296	43,843,745	149,509,041	.098077	.098077	.098077
57	RENAL DIALYSIS	4,594,234	9,192	4,603,426	.311526	.311526	.311526
58 02	OUTPATIENT SURGERY						
59	ELECTROMYOGRAPHY	27,603	428,668	456,271	.042440	.042440	.042440
59 97	CARDIAC REHABILITATION	60,530	1,359,535	1,420,065	.761993	.761993	.761993
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	24,755	4,288,749	4,313,504	.233528	.233528	.233528
60 01	ADDICTION RECOVERY CLINIC						
60 03	LITHOTRIPSY						
61	EMERGENCY	24,468,172	47,361,297	71,829,469	.254443	.254443	.259651
61 20	ACUTE CARE CENTER	475,506	15,462,999	15,938,505	.526811	.526811	.526811
62	OBSERVATION BEDS (NON-DIS	1,372,143	6,862,108	8,234,251	.460603	.460603	.460603
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	689,040,994	463,266,851	1152,307,845			
102	LESS OBSERVATION BEDS						
103	TOTAL	689,040,994	463,266,851	1152,307,845			



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	130,553,081		130,553,081			
26	INTENSIVE CARE UNIT	22,584,189		22,584,189			
33	NURSERY	12,100,817		12,100,817			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	60,516,711	69,595,702	130,112,413	.167983	.167983	.167983
38	RECOVERY ROOM	7,900,004	15,799,474	23,699,478	.121475	.121475	.121475
39	DELIVERY ROOM & LABOR ROO	14,574,202	4,532	14,578,734	.305124	.305124	.305124
40	ANESTHESIOLOGY	10,735,173	11,415,743	22,150,916	.083247	.083247	.083247
41	RADIOLOGY-DIAGNOSTIC	16,192,374	24,486,222	40,678,596	.217390	.217390	.217390
43 01	NUCLEAR MEDICINE	5,323,992	21,393,639	26,717,631	.144148	.144148	.144148
43 02	ULTRASOUND	4,254,646	11,446,266	15,700,912	.182008	.182008	.182008
43 03	MRI	9,612,261	14,648,548	24,260,809	.067884	.067884	.067884
43 04	CT SCAN	32,531,048	54,886,828	87,417,876	.035233	.035233	.035233
43 05	RADIOLOGY SPECIAL PROCEDU						
44	LABORATORY	68,749,321	51,422,621	120,171,942	.074317	.074317	.074317
44 01	REFERENCE LAB						
46 30	BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	8,373,569	2,140,188	10,513,757	.082246	.082246	.082246
49	RESPIRATORY THERAPY	22,778,484	1,853,855	24,632,339	.181928	.181928	.181928
49 01	STRESS TEST	9,853,694	8,407,879	18,261,573	.099428	.099428	.099451
50	PHYSICAL THERAPY	3,408,451	10,231,088	13,639,539	.460447	.460447	.460447
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,222,357	2,720,680	5,943,037	.173594	.173594	.173594
53 01	ECHOCARDIOGRAM						
53 03	CARDIOLOGY						
53 04	CARDIAC CATH LAB	24,950,991	12,032,678	36,983,669	.116132	.116132	.116255
54	ELECTROENCEPHALOGRAPHY	573,670	3,925,456	4,499,126	.267037	.267037	.267588
55	MEDICAL SUPPLIES CHARGED	38,394,843	16,671,573	55,066,416	.457705	.457705	.457705
55 30	IMPL. DEV. CHARGED TO PAT	45,168,877	10,567,586	55,736,463	.363748	.363748	.363748
56	DRUGS CHARGED TO PATIENTS	105,665,296	43,843,745	149,509,041	.098077	.098077	.098077
57	RENAL DIALYSIS	4,594,234	9,192	4,603,426	.311526	.311526	.311526
58 02	OUTPATIENT SURGERY						
59	ELECTROMYOGRAPHY	27,603	428,668	456,271	.042440	.042440	.042440
59 97	CARDIAC REHABILITATION	60,530	1,359,535	1,420,065	.761993	.761993	.761993
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	24,755	4,288,749	4,313,504	.233528	.233528	.233528
60 01	ADDICTION RECOVERY CLINIC						
60 03	LITHOTRIPSY						
61	EMERGENCY	24,468,172	47,361,297	71,829,469	.254443	.254443	.259651
61 20	ACUTE CARE CENTER	475,506	15,462,999	15,938,505	.526811	.526811	.526811
62	OBSERVATION BEDS (NON-DIS	1,372,143	6,862,108	8,234,251	.460603	.460603	.460603
63	50 RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	689,040,994	463,266,851	1152,307,845			
102	LESS OBSERVATION BEDS						
103	TOTAL	689,040,994	463,266,851	1152,307,845			

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	21,856,634	2,554,726	19,301,908			21,856,634
38	RECOVERY ROOM	2,878,898	225,850	2,653,048			2,878,898
39	DELIVERY ROOM & LABOR ROO	4,448,322	132,129	4,316,193			4,448,322
40	ANESTHESIOLOGY	1,844,003	185,681	1,658,322			1,844,003
41	RADIOLOGY-DIAGNOSTIC	8,843,121	1,113,686	7,729,435			8,843,121
43	01 NUCLEAR MEDICINE	3,851,293	582,092	3,269,201			3,851,293
43	02 ULTRASOUND	2,857,684	175,581	2,682,103			2,857,684
43	03 MRI	1,646,921	191,963	1,454,958			1,646,921
43	04 CT SCAN	3,079,962	271,000	2,808,962			3,079,962
44	05 RADIOLOGY SPECIAL PROCEDU LABORATORY	8,930,774	551,106	8,379,668			8,930,774
44	01 REFERENCE LAB						
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	864,716	84,137	780,579			864,716
49	RESPIRATORY THERAPY	4,481,318	274,965	4,206,353			4,481,318
49	01 STRESS TEST	1,815,712	97,464	1,718,248			1,815,712
50	PHYSICAL THERAPY	6,280,278	302,816	5,977,462			6,280,278
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,031,676	150,504	881,172			1,031,676
53	01 ECHOCARDIOGRAM						
53	03 RADIOLOGY						
53	04 CARDIAC CATH LAB	4,294,981	960,824	3,334,157			4,294,981
54	ELECTROENCEPHALOGRAPHY	1,201,431	105,081	1,096,350			1,201,431
55	MEDICAL SUPPLIES CHARGED	25,204,174	734,818	24,469,356			25,204,174
55	30 IMPL. DEV. CHARGED TO PAT	20,274,035	591,082	19,682,953			20,274,035
56	DRUGS CHARGED TO PATIENTS	14,663,461	427,508	14,235,953			14,663,461
57	RENAL DIALYSIS	1,434,086	105,454	1,328,632			1,434,086
58	02 OUTPATIENT SURGERY						
59	ELECTROMYOGRAPHY	19,364	4,173	15,191			19,364
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	1,082,079	112,054	970,025			1,082,079
60	CLINIC	1,007,322	51,765	955,557			1,007,322
60	01 ADDITION RECOVERY CLINIC						
60	03 LI THOTRI PSY						
61	EMERGENCY	18,276,478	1,753,079	16,523,399			18,276,478
61	20 ACUTE CARE CENTER	8,396,584	315,269	8,081,315			8,396,584
62	OBSERVATION BEDS (NON-DIS	3,792,723	310,446	3,482,277			3,792,723
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	174,358,030	12,365,253	161,992,777			174,358,030
102	LESS OBSERVATION BEDS	3,792,723	310,446	3,482,277			3,792,723
103	TOTAL	170,565,307	12,054,807	158,510,500			170,565,307

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	130,112,413	.167983	.167983
38	RECOVERY ROOM	23,699,478	.121475	.121475
39	DELIVERY ROOM & LABOR ROO	14,578,734	.305124	.305124
40	ANESTHESIOLOGY	22,150,916	.083247	.083247
41	RADIOLOGY-DIAGNOSTIC	40,678,596	.217390	.217390
43	01 NUCLEAR MEDICINE	26,717,631	.144148	.144148
43	02 ULTRASOUND	15,700,912	.182008	.182008
43	03 MRI	24,260,809	.067884	.067884
43	04 CT SCAN	87,417,876	.035233	.035233
43	05 RADIOLOGY SPECIAL PROCEDU			
44	LABORATORY	120,171,942	.074317	.074317
44	01 REFERENCE LAB			
46	30 BLOOD CLOTTING FACTORS AD			
47	BLOOD STORING, PROCESSING	10,513,757	.082246	.082246
49	RESPIRATORY THERAPY	24,632,339	.181928	.181928
49	01 STRESS TEST	18,261,573	.099428	.099428
50	PHYSICAL THERAPY	13,639,539	.460447	.460447
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	5,943,037	.173594	.173594
53	01 ECHOCARDIOGRAM			
53	03 RADIOLOGY			
53	04 CARDIAC CATH LAB	36,983,669	.116132	.116132
54	ELECTROENCEPHALOGRAPHY	4,499,126	.267037	.267037
55	MEDICAL SUPPLIES CHARGED	55,066,416	.457705	.457705
55	30 IMPL. DEV. CHARGED TO PAT	55,736,463	.363748	.363748
56	DRUGS CHARGED TO PATIENTS	149,509,041	.098077	.098077
57	RENAL DIALYSIS	4,603,426	.311526	.311526
58	02 OUTPATIENT SURGERY			
59	ELECTROMYOGRAPHY	456,271	.042440	.042440
59	97 CARDIAC REHABILITATION	1,420,065	.761993	.761993
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	4,313,504	.233528	.233528
60	01 ADDITION RECOVERY CLINIC			
60	03 LI THOTRI PSY			
61	EMERGENCY	71,829,469	.254443	.254443
61	20 ACUTE CARE CENTER	15,938,505	.526811	.526811
62	OBSERVATION BEDS (NON-DIS	8,234,251	.460603	.460603
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	987,069,758		
102	LESS OBSERVATION BEDS	8,234,251		
103	TOTAL	978,835,507		

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	21,856,634	2,554,726	19,301,908	255,473	1,119,511	20,481,650
38	RECOVERY ROOM	2,878,898	225,850	2,653,048	22,585	153,877	2,702,436
39	DELIVERY ROOM & LABOR ROO	4,448,322	132,129	4,316,193	13,213	250,339	4,184,770
40	ANESTHESIOLOGY	1,844,003	185,681	1,658,322	18,568	96,183	1,729,252
41	RADIOLOGY-DIAGNOSTIC	8,843,121	1,113,686	7,729,435	111,369	448,307	8,283,445
43 01	NUCLEAR MEDICINE	3,851,293	582,092	3,269,201	58,209	189,614	3,603,470
43 02	ULTRASOUND	2,857,684	175,581	2,682,103	17,558	155,562	2,684,564
43 03	MRI	1,646,921	191,963	1,454,958	19,196	84,388	1,543,337
43 04	CT SCAN	3,079,962	271,000	2,808,962	27,100	162,920	2,889,942
44	RADIOLOGY SPECIAL PROCEDU LABORATORY	8,930,774	551,106	8,379,668	55,111	486,021	8,389,642
44 01	REFERENCE LAB						
46 30	BLOOD CLOTTING FACTORS AD BLOOD STORING, PROCESSING	864,716	84,137	780,579	8,414	45,274	811,028
47	RESPIRATORY THERAPY	4,481,318	274,965	4,206,353	27,497	243,968	4,209,853
49 01	STRESS TEST	1,815,712	97,464	1,718,248	9,746	99,658	1,706,308
50	PHYSICAL THERAPY	6,280,278	302,816	5,977,462	30,282	346,693	5,903,303
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,031,676	150,504	881,172	15,050	51,108	965,518
53 01	ECHOCARDIOGRAM						
53 03	CARDIOLOGY						
53 04	CARDIAC CATH LAB	4,294,981	960,824	3,334,157	96,082	193,381	4,005,518
54	ELECTROENCEPHALOGRAPHY	1,201,431	105,081	1,096,350	10,508	63,588	1,127,335
55	MEDICAL SUPPLIES CHARGED	25,204,174	734,818	24,469,356	73,482	1,419,223	23,711,469
55 30	IMPL. DEV. CHARGED TO PAT	20,274,035	591,082	19,682,953	59,108	1,141,611	19,073,316
56	DRUGS CHARGED TO PATIENTS	14,663,461	427,508	14,235,953	42,751	825,685	13,795,025
57	RENAL DIALYSIS	1,434,086	105,454	1,328,632	10,545	77,061	1,346,480
58 02	OUTPATIENT SURGERY						
59	ELECTROMYOGRAPHY	19,364	4,173	15,191	417	881	18,066
59 97	CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	1,082,079	112,054	970,025	11,205	56,261	1,014,613
60	CLINIC	1,007,322	51,765	955,557	5,177	55,422	946,723
60 01	ADDITION RECOVERY CLINIC						
60 03	LITHOTRIPSY						
61	EMERGENCY	18,276,478	1,753,079	16,523,399	175,308	958,357	17,142,813
61 20	ACUTE CARE CENTER	8,396,584	315,269	8,081,315	31,527	468,716	7,896,341
62	OBSERVATION BEDS (NON-DIS	3,792,723	310,446	3,482,277	31,045	201,972	3,559,706
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	174,358,030	12,365,253	161,992,777	1,236,526	9,395,581	163,725,923
102	LESS OBSERVATION BEDS	3,792,723	310,446	3,482,277	31,045	201,972	3,559,706
103	TOTAL	170,565,307	12,054,807	158,510,500	1,205,481	9,193,609	160,166,217

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	130,112,413	.157415	.166019
38	RECOVERY ROOM	23,699,478	.114029	.120522
39	DELIVERY ROOM & LABOR ROO	14,578,734	.287046	.304218
40	ANESTHESIOLOGY	22,150,916	.078067	.082409
41	RADIOLOGY-DIAGNOSTIC	40,678,596	.203632	.214652
43	01 NUCLEAR MEDICINE	26,717,631	.134872	.141969
43	02 ULTRASOUND	15,700,912	.170981	.180889
43	03 MRI	24,260,809	.063614	.067093
43	04 CT SCAN	87,417,876	.033059	.034923
43	05 RADIOLOGY SPECIAL PROCEDU			
44	LABORATORY	120,171,942	.069814	.073858
44	01 REFERENCE LAB			
46	30 BLOOD CLOTTING FACTORS AD			
47	BLOOD STORING, PROCESSING	10,513,757	.077140	.081446
49	RESPIRATORY THERAPY	24,632,339	.170908	.180812
49	01 STRESS TEST	18,261,573	.093437	.098894
50	PHYSICAL THERAPY	13,639,539	.432808	.458226
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	5,943,037	.162462	.171062
53	01 ECHOCARDIOGRAM			
53	03 RADIOLOGY			
53	04 CARDIAC CATH LAB	36,983,669	.108305	.113534
54	ELECTROENCEPHALOGRAPHY	4,499,126	.250568	.264701
55	MEDICAL SUPPLIES CHARGED	55,066,416	.430598	.456371
55	30 IMPL. DEV. CHARGED TO PAT	55,736,463	.342205	.362688
56	DRUGS CHARGED TO PATIENTS	149,509,041	.092269	.097791
57	RENAL DIALYSIS	4,603,426	.292495	.309235
58	02 OUTPATIENT SURGERY			
59	ELECTROMYOGRAPHY	456,271	.039595	.041526
59	97 CARDIAC REHABILITATION	1,420,065	.714483	.754102
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	4,313,504	.219479	.232327
60	01 ADDITION RECOVERY CLINIC			
60	03 LI THOTRI PSY			
61	EMERGENCY	71,829,469	.238660	.252002
61	20 ACUTE CARE CENTER	15,938,505	.495425	.524833
62	OBSERVATION BEDS (NON-DIS	8,234,251	.432305	.456833
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	987,069,758		
102	LESS OBSERVATION BEDS	8,234,251		
103	TOTAL	978,835,507		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0202      PERIOD: FROM 1/1/2010 TO 12/31/2010      PREPARED 5/26/2011 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	-----	OLD CAPITAL	-----	-----	NEW CAPITAL	-----
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	31,694		31,694	4,410,882		4,410,882
26	INTENSIVE CARE UNIT	3,980		3,980	674,530		674,530
33	NURSERY	880		880	177,529		177,529
101	TOTAL	36,554		36,554	5,262,941		5,262,941

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET D  
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	62,536	29,447	.51	15,018	70.53	2,076,897
26	INTENSIVE CARE UNIT	6,994	2,381	.57	1,357	96.44	229,624
33	NURSERY	4,154		.21		42.74	
101	TOTAL	73,684	31,828		16,375		2,306,521

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: 14-0202  
 PREPARED 5/26/2011  
 WORKSHEET D  
 PART II

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	9,926	2,544,800	130,112,413	24,643,310	.000076	1,873
38	RECOVERY ROOM	760	225,090	23,699,478	2,947,872	.000032	94
39	DELIVERY ROOM & LABOR ROO	411	131,718	14,578,734		.000028	
40	ANESTHESIOLOGY	425	185,256	22,150,916	3,948,790	.000019	75
41	RADIOLOGY-DIAGNOSTIC	4,549	1,109,137	40,678,596	9,017,305	.000112	1,010
43	01 NUCLEAR MEDICINE	810	581,282	26,717,631	2,934,336	.000030	88
43	02 ULTRASOUND	401	175,180	15,700,912	2,159,626	.000026	56
43	03 MRI	963	191,000	24,260,809	4,608,914	.000040	184
43	04 CT SCAN	1,743	269,257	87,417,876	14,329,569	.000020	287
43	05 RADIOLOGY SPECIAL PROCEDU						
44	LABORATORY	2,762	548,344	120,171,942	37,280,459	.000023	857
44	01 REFERENCE LAB						
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	492	83,645	10,513,757	4,242,509	.000047	199
49	RESPIRATORY THERAPY	1,350	273,615	24,632,339	12,635,920	.000055	695
49	01 STRESS TEST	450	97,014	18,261,573	5,643,292	.000025	141
50	PHYSICAL THERAPY	1,637	301,179	13,639,539	2,160,796	.000120	259
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,415	149,089	5,943,037	1,912,243	.000238	455
53	01 ECHOCARDIOGRAM						
53	03 RADIOLOGY						
53	04 CARDIAC CATH LAB	4,407	956,417	36,983,669	13,112,955	.000119	1,560
54	ELECTROENCEPHALOGRAPHY	626	104,455	4,499,126	325,635	.000139	45
55	MEDICAL SUPPLIES CHARGED	2,189	732,629	55,066,416	19,069,251	.000040	763
55	30 IMPL. DEV. CHARGED TO PAT	1,761	589,321	55,736,463	19,759,176	.000032	632
56	DRUGS CHARGED TO PATIENTS	1,274	426,234	149,509,041	50,395,894	.000009	454
57	RENAL DIALYSIS	837	104,617	4,603,426	3,078,407	.000182	560
58	02 OUTPATIENT SURGERY						
59	ELECTROMYOGRAPHY	34	4,139	456,271	12,026	.000075	1
59	97 CARDIAC REHABILITATION	862	111,192	1,420,065	32,943	.000607	20
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	202	51,563	4,313,504	18,712	.000047	1
60	01 ADDITION RECOVERY CLINIC						
60	03 LI THOTRI PSY						
61	EMERGENCY	12,096	1,740,983	71,829,469	11,357,020	.000168	1,908
61	20 ACUTE CARE CENTER	959	314,310	15,938,505	172,508	.000060	10
62	OBSERVATION BEDS (NON-DIS	2,215	308,231	8,234,251	642,262	.000269	173
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	55,556	12,309,697	987,069,758	246,441,730		12,400

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 COMPONENT NO: 14-0202  
 PREPARED 5/26/2011  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.019558	481,974
38	RECOVERY ROOM	.009498	27,999
39	DELIVERY ROOM & LABOR ROO	.009035	
40	ANESTHESIOLOGY	.008363	33,024
41	RADIOLOGY-DIAGNOSTIC	.027266	245,866
43 01	NUCLEAR MEDICINE	.021756	63,839
43 02	ULTRASOUND	.011157	24,095
43 03	MRI	.007873	36,286
43 04	CT SCAN	.003080	44,135
43 05	RADIOLOGY SPECIAL PROCEDU		
44	LABORATORY	.004563	170,111
44 01	REFERENCE LAB		
46 30	BLOOD CLOTTING FACTORS AD		
47	BLOOD STORING, PROCESSING	.007956	33,753
49	RESPIRATORY THERAPY	.011108	140,360
49 01	STRESS TEST	.005312	29,977
50	PHYSICAL THERAPY	.022081	47,713
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.025086	47,971
53 01	ECHOCARDIOGRAM		
53 03	CARDIOLOGY		
53 04	CARDIAC CATH LAB	.025861	339,114
54	ELECTROENCEPHALOGRAPHY	.023217	7,560
55	MEDICAL SUPPLIES CHARGED	.013304	253,697
55 30	IMPL. DEV. CHARGED TO PAT	.010573	208,914
56	DRUGS CHARGED TO PATIENTS	.002851	143,679
57	RENAL DIALYSIS	.022726	69,960
58 02	OUTPATIENT SURGERY		
59	ELECTROMYOGRAPHY	.009071	109
59 97	CARDIAC REHABILITATION	.078301	2,579
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.011954	224
60 01	ADDITION RECOVERY CLINIC		
60 03	LITHOTRIPSY		
61	EMERGENCY	.024238	275,271
61 20	ACUTE CARE CENTER	.019720	3,402
62	OBSERVATION BEDS (NON-DIS	.037433	24,042
63 50	RHC		
63 60	FOHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		2,755,654

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

PROVIDER NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET D  
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					62,536	
26	INTENSIVE CARE UNIT					6,994	
33	NURSERY					4,154	
101	TOTAL					73,684	

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

PROVIDER NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET D  
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	29,447	
26	INTENSIVE CARE UNIT	2,381	
33	NURSERY		
101	TOTAL	31,828	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	01 NUCLEAR MEDICINE						
43	02 ULTRASOUND						
43	03 MRI						
43	04 CT SCAN						
43	05 RADIOLOGY SPECIAL PROCEDU						
44	LABORATORY						
44	01 REFERENCE LAB						
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
49	01 STRESS TEST						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 ECHOCARDIOGRAM						
53	03 CARDIOLOGY						
53	04 CARDIAC CATH LAB						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	02 OUTPATIENT SURGERY						
59	ELECTROMYOGRAPHY						
59	97 CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 ADDITION RECOVERY CLINIC						
60	03 LI THOTRI PSY						
61	EMERGENCY			295,801			
61	20 ACUTE CARE CENTER						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL			295,801			

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							
	OPERATING ROOM			130,112,413			24,643,310	
38	RECOVERY ROOM			23,699,478			2,947,872	
39	DELIVERY ROOM & LABOR ROO			14,578,734				
40	ANESTHESIOLOGY			22,150,916			3,948,790	
41	RADIOLOGY-DIAGNOSTIC			40,678,596			9,017,305	
43	01 NUCLEAR MEDICINE			26,717,631			2,934,336	
43	02 ULTRASOUND			15,700,912			2,159,626	
43	03 MRI			24,260,809			4,608,914	
43	04 CT SCAN			87,417,876			14,329,569	
43	05 RADIOLOGY SPECIAL PROCEDU							
44	LABORATORY			120,171,942			37,280,459	
44	01 REFERENCE LAB							
46	30 BLOOD CLOTTING FACTORS AD							
47	BLOOD STORING, PROCESSING			10,513,757			4,242,509	
49	RESPIRATORY THERAPY			24,632,339			12,635,920	
49	01 STRESS TEST			18,261,573			5,643,292	
50	PHYSICAL THERAPY			13,639,539			2,160,796	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			5,943,037			1,912,243	
53	01 ECHOCARDIOGRAM							
53	03 RADIOLOGY							
53	04 RADIOLOGY							
54	CARDIAC CATH LAB			36,983,669			13,112,955	
54	ELECTROENCEPHALOGRAPHY			4,499,126			325,635	
55	MEDICAL SUPPLIES CHARGED			55,066,416			19,069,251	
55	30 IMPL. DEV. CHARGED TO PAT			55,736,463			19,759,176	
56	DRUGS CHARGED TO PATIENTS			149,509,041			50,395,894	
57	RENAL DIALYSIS			4,603,426			3,078,407	
58	02 OUTPATIENT SURGERY							
59	ELECTROMYOGRAPHY			456,271			12,026	
59	97 RADIOLOGY			1,420,065			32,943	
60	CARDIAC REHABILITATION							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			4,313,504			18,712	
60	01 ADDITION RECOVERY CLINIC							
60	03 LI THOTRI PSY							
61	EMERGENCY	295,801	295,801	71,829,469	.004118	.004118	11,357,020	46,768
61	20 ACUTE CARE CENTER			15,938,505			172,508	
62	OBSERVATION BEDS (NON-DIS			8,234,251			642,262	
63	50 RHC							
63	60 FOHC							
63	OTHER REIMBURS COST CNTRS							
101	TOTAL	295,801	295,801	987,069,758			246,441,730	46,768

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	16,528,686					
38	RECOVERY ROOM	1,718,486					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,336,072					
41	RADIOLOGY-DIAGNOSTIC	7,621,095					
43	01 NUCLEAR MEDICINE	8,192,839					
43	02 ULTRASOUND	1,766,089					
43	03 MRI	3,780,783					
43	04 CT SCAN	11,831,476					
43	05 RADIOLOGY SPECIAL PROCEDU						
44	LABORATORY	12,633,703					
44	01 REFERENCE LAB						
46	30 BLOOD CLOTTING FACTORS AD						
47	BLOOD STORING, PROCESSING	938,134					
49	RESPIRATORY THERAPY	389,760					
49	01 STRESS TEST	1,836,297					
50	PHYSICAL THERAPY	2,090,808					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	694,627					
53	01 ECHOCARDIOGRAM						
53	03 RADIOLOGY						
53	04 CARDIAC CATH LAB	5,112,746					
54	ELECTROENCEPHALOGRAPHY	590,306					
55	MEDICAL SUPPLIES CHARGED	4,107,490					
55	30 IMPL. DEV. CHARGED TO PAT	3,428,401					
56	DRUGS CHARGED TO PATIENTS	14,486,553					
57	RENAL DIALYSIS	5,953					
58	02 OUTPATIENT SURGERY						
59	ELECTROMYOGRAPHY	79,845					
59	97 CARDIAC REHABILITATION	571,705					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,770,801					
60	01 ADDITION RECOVERY CLINIC						
60	03 LI THOTRI PSY						
61	EMERGENCY	5,577,759			22,969		
61	20 ACUTE CARE CENTER	1,299,655					
62	OBSERVATION BEDS (NON-DIS	1,817,011					
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	111,207,080			22,969		



















COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-0202		PART III

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	4,370
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	867.90
85	OBSERVATION BED COST	3,792,723

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	31,694	54,274,802	.000584	3,792,723	2,215
87	NEW CAPITAL-RELATED COST	4,410,882	54,274,802	.081269	3,792,723	308,231
88	NON PHYSICIAN ANESTHETIST		54,274,802		3,792,723	
89	MEDICAL EDUCATION		54,274,802		3,792,723	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					





COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
14-0202		PART III

TITLE XIX - I/P HOSPITAL OTHER

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	4,370
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	867.90
85	OBSERVATION BED COST	3,792,723

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0202  
 COMPONENT NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET D-4

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		66,211,005	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		10,795,760	
37	OPERATING ROOM	.167983	24,643,310	4,139,657
38	RECOVERY ROOM	.121475	2,947,872	358,093
39	DELIVERY ROOM & LABOR ROOM	.305124		
40	ANESTHESIOLOGY	.083247	3,948,790	328,725
41	RADIOLOGY-DIAGNOSTIC	.217390	9,017,305	1,960,272
43 01	NUCLEAR MEDICINE	.144148	2,934,336	422,979
43 02	ULTRASOUND	.182008	2,159,626	393,069
43 03	MRI	.067884	4,608,914	312,872
43 04	CT SCAN	.035233	14,329,569	504,874
43 05	RADIOLOGY SPECIAL PROCEDURE			
44	LABORATORY	.074317	37,280,459	2,770,572
44 01	REFERENCE LAB			
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
47	BLOOD STORING, PROCESSING & TRANS.	.082246	4,242,509	348,929
49	RESPIRATORY THERAPY	.181928	12,635,920	2,298,828
49 01	STRESS TEST	.099451	5,643,292	561,231
50	PHYSICAL THERAPY	.460447	2,160,796	994,932
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.173594	1,912,243	331,954
53 01	ECHOCARDIOGRAM			
53 03	CARDIOLOGY			
53 04	CARDIAC CATH LAB	.116255	13,112,955	1,524,447
54	ELECTROENCEPHALOGRAPHY	.267588	325,635	87,136
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.457705	19,069,251	8,728,092
55 30	IMPL. DEV. CHARGED TO PATIENT	.363748	19,759,176	7,187,361
56	DRUGS CHARGED TO PATIENTS	.098077	50,395,894	4,942,678
57	RENAL DIALYSIS	.311526	3,078,407	959,004
58 02	OUTPATIENT SURGERY			
59	ELECTROMYOGRAPHY	.042440	12,026	510
59 97	CARDIAC REHABILITATION	.761993	32,943	25,102
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.233528	18,712	4,370
60 01	ADDICTION RECOVERY CLINIC			
60 03	LITHOTRIPSY			
61	EMERGENCY	.259651	11,357,020	2,948,862
61 20	ACUTE CARE CENTER	.526811	172,508	90,879
62	OBSERVATION BEDS (NON-DISTINCT PART)	.460603	642,262	295,828
63	50 RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		246,441,730	42,521,256
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		246,441,730	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0202  
 COMPONENT NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET D-4

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT	
			CHARGES 2	COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		18,002,679	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		1,939,836	
37	OPERATING ROOM	.167983	4,780,689	803,074
38	RECOVERY ROOM	.121475	753,087	91,481
39	DELIVERY ROOM & LABOR ROOM	.305124	8,437,626	2,574,522
40	ANESTHESIOLOGY	.083247	1,371,245	114,152
41	RADIOLOGY-DIAGNOSTIC	.217390	1,186,688	257,974
43	01 NUCLEAR MEDICINE	.144148	458,977	66,161
43	02 ULTRASOUND	.182008	540,330	98,344
43	03 MRI	.067884	793,019	53,833
43	04 CT SCAN	.035233	3,066,163	108,030
43	05 RADIOLOGY SPECIAL PROCEDURE LABORATORY	.074317	6,689,534	497,146
44	01 REFERENCE LAB			
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
47	BLOOD STORING, PROCESSING & TRANS.	.082246	942,069	77,481
49	RESPIRATORY THERAPY	.181928	2,516,252	457,777
49	01 STRESS TEST	.099428	749,982	74,569
50	PHYSICAL THERAPY	.460447	177,471	81,716
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.173594	197,279	34,246
53	01 ECHOCARDIOGRAM			
53	03 CARDIOLOGY			
53	04 CARDIAC CATH LAB	.116132	792,154	91,994
54	ELECTROENCEPHALOGRAPHY	.267037	53,114	14,183
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.457705	2,985,622	1,366,534
55	30 IMPL. DEV. CHARGED TO PATIENT	.363748	1,834,293	667,220
56	DRUGS CHARGED TO PATIENTS	.098077	11,513,176	1,129,178
57	RENAL DIALYSIS	.311526	321,720	100,224
58	02 OUTPATIENT SURGERY			
59	ELECTROMYOGRAPHY	.042440	2,325	99
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	.761993	1,392	1,061
60	CLINIC	.233528	588	137
60	01 ADDICTION RECOVERY CLINIC			
60	03 LI THOTRI PSY			
61	EMERGENCY	.254443	2,684,042	682,936
61	20 ACUTE CARE CENTER	.526811	47,994	25,284
62	OBSERVATION BEDS (NON-DISTINCT PART)	.460603	185,626	85,500
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		53,082,457	9,554,856
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		53,082,457	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0202  
 COMPONENT NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	41,369,131	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	13,026,150	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,658,550	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	245.03	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		3.77
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		19.46
4.02 SUM OF LINES 4 AND 4.01		23.23
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		8.38
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		4,558,325
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

PROVIDER NO: 14-0202  
 COMPONENT NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
 HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	60,612,156	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	60,612,156	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		5,007,807
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		46,768
16 TOTAL	65,666,731	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	65,666,731	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		5,191,436
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		199,100
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		976,905
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		683,834
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	60,960,029	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
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	60,960,029	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	60,877,286	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		82,743
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		217,311
----- 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 ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	18,436,817
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	17,464,849
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.864
1.04	LINE 1.01 TIMES LINE 1.03.	15,929,410
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	22,969
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)	17,487,818

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	4,037,221
19	SUBTOTAL (SEE INSTRUCTIONS)	13,450,597
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	13,450,597
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	13,450,597

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	836,814
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	585,770
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	14,036,367
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	14,036,367
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	13,450,447
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	585,920
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0202  
 COMPONENT NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		60,563,092		13,427,628
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	9/ 3/2010	314,194	9/ 3/2010	22,819
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		314,194		22,819
4 TOTAL INTERIM PAYMENTS		60,877,286		13,450,447
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				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		82,743		585,920
7 TOTAL MEDICARE PROGRAM LIABILITY		60,960,029		14,036,367

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.

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	41,938,000			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	27,765,000			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	7,410,000			
10 DUE FROM OTHER FUNDS	11,812,000			
11 TOTAL CURRENT ASSETS	88,925,000			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS	53,263,000			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	236,756,000			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	40,656,000			
18.01 LESS ACCUMULATED DEPRECIATION	-31,866,000			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	298,809,000			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	29,000			
26 TOTAL OTHER ASSETS	29,000			
27 TOTAL ASSETS	387,763,000			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	25,100,000			
29 SALARIES, WAGES & FEES PAYABLE	11,892,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	677,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	63,050,000			
36 TOTAL CURRENT LIABILITIES	100,719,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	31,253,000			
41 OTHER LONG TERM LIABILITIES	17,915,000			
42 TOTAL LONG-TERM LIABILITIES	49,168,000			
43 TOTAL LIABILITIES	149,887,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	237,876,000			
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	237,876,000			
52 TOTAL LIABILITIES AND FUND BALANCES	387,763,000			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		238,844,000		
2	NET INCOME (LOSS)		14,588,493		
3	TOTAL		253,432,493		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		253,432,493		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		253,432,493		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	142,653,898		142,653,898
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	142,653,898		142,653,898
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	22,584,189		22,584,189
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	22,584,189		22,584,189
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	165,238,087		165,238,087
17 00 ANCILLARY SERVICES	524,161,863	440,945,453	965,107,316
18 00 OUTPATIENT SERVICES	475,506	15,462,999	15,938,505
18 50 RHC			
18 60 FOHC			
19 00 HOME HEALTH AGENCY			
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
23 00 HOSPICE			
24 00 OBSERVATION	1,372,143	6,862,108	8,234,251
25 00 TOTAL PATIENT REVENUES	691,247,599	463,270,560	1154,518,159

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		288,005,121	
ADD (SPECIFY)			
27 00 ROUNDING	28		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		28	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		288,005,149	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0202  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	1154,518,159
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	854,488,514
3	NET PATIENT REVENUES	300,029,645
4	LESS: TOTAL OPERATING EXPENSES	288,005,149
5	NET INCOME FROM SERVICE TO PATIENTS	12,024,496
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
24.02	OTHER OPERATING REVENUE	2,775,455
24.03		
24.04		
24.05		
24.06		
24.07		
24.08		
24.09		
24.10		
25	TOTAL OTHER INCOME	2,775,455
26	TOTAL	14,799,951
	OTHER EXPENSES	
27	NET NON OPERATING	211,458
27.01		
28		
29		
30	TOTAL OTHER EXPENSES	211,458
31	NET INCOME (OR LOSS) FOR THE PERIOD	14,588,493

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
HHA REIMBURSABLE SERVICES						
6						
7						
8						
9						
10						
11						
12						
13						
13. 20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23. 50						
24						

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
HHA REIMBURSABLE SERVICES				
6				
7				
8				
9				
10				
11				
12				
13				
13. 20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23. 50				
24				

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6							
7							
8							
9							
10							
11							
12							
13							
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6							
7							
8							
9							
10							
11							
12							
13							
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24							

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N ( 5A	ADMINISTRATIV E & GENERAL ( ACCUM. COST )
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMINISTRATIVE & GENERAL						
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE						
7 PHYSICAL THERAPY						
8 OCCUPATIONAL THERAPY						
9 SPEECH PATHOLOGY						
10 MEDICAL SOCIAL SERVICES						
11 HOME HEALTH AIDE						
12 SUPPLIES						
13 DRUGS						
13. 20 COST ADMINISTERING DRUGS						
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHERS						
23. 50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)						
25 COST TO BE ALLOCATED						
26 UNIT COST MULTIPLIER						

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BEN EFITS
	0	1	2	3	4	5
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

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

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

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

HHA 1

HHA COST CENTER	DIETARY 11	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16
1						
2						
3						
4						
5						
6						
7						
8						
9						
9.20						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
19.50						
20						
21						

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

HHA COST CENTER	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETIST 20	NURSING SCHOOL 21	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23
1						
2						
3						
4						
5						
6						
7						
8						
9						
9.20						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
19.50						
20						
21						

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

HHA 1

HHA COST CENTER	PARAMED ED P RGM-(SPECIFY 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER					0.000000	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE	NEW CAP REL COSTS-BLDG & (SQUARE FEET	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE	EMPLOYEE BENEFITS (GROSS SALARIES	RECONCILIATION
	1	2	3	4	5	6A
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

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

HHA 1

HHA COST CENTER	CAFETERIA (MEALS SERVED) 12	MAINTENANCE OF PERSONNEL (NUMBER HOUSED) 13	NURSING ADMINISTRATION (DIRECT NRSING HRS) 14	CENTRAL SERVICES & SUPPL (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRAR (TIME SPENT) 17
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

HHA COST CENTER	SOCIAL SERVICE (TIME SPENT) 18	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME) 20	NURSING SCHOOL (ASSIGNED TIME) 21	I&R SERVICES -SALARY & FR (ASSIGNED TIME) 22	I&R SERVICES -OTHER PRGM (ASSIGNED TIME) 23	PARAMED P RGM-(SPECIFY (ASSIGNED TIME) 24
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)					
21	COST TO BE ALLOCATED					
22	UNIT COST MULTIPLIER					

PROVIDER NO: 14-0202  
 HHA NO: 14-7247  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET H-6  
 PARTS I II & III  
 HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES		1	2	3	4	5	PART A 6
1 SKILLED NURSING	2						
2 PHYSICAL THERAPY	3						
3 OCCUPATIONAL THERAPY	4						
4 SPEECH PATHOLOGY	5						
5 MEDICAL SOCIAL SERVICES	6						
6 HOME HEALTH AIDE SERVICE	7						
7 TOTAL							

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----			TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11	12
1 SKILLED NURSING						
2 PHYSICAL THERAPY						
3 OCCUPATIONAL THERAPY						
4 SPEECH PATHOLOGY						
5 MEDICAL SOCIAL SERVICES						
6 HOME HEALTH AIDE SERVICE						
7 TOTAL						

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

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

PROVIDER NO: 14-0202  
 HHA NO: 14-7247  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET H-6  
 PARTS III & III  
 HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

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

	PROGRAM COVERED CHARGES	-----COST OF SERVICES-----	
	-----PART B-----	-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	
15 COST OF MEDICAL SUPPLIES			PART A
16 COST OF DRUGS			NOT SUBJECT TO DEDUCT & COINSUR
16.20 COST OF DRUGS			SUBJECT TO DEDUCT & COINSUR

PER BENEFICIARY COST LIMITATION:

	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM F1)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.460447			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.457705			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.363748			
5 DRUGS CHARGED TO PATIENTS	56	.098077			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER
	1	2	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	1/1/1999
			3	4	5	6	7
1 PHYSICAL THERAPY			2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY							
3 SPEECH PATHOLOGY							
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
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HHA NO:	TO 12/31/2010	WORKSHEET H-7
14-7247		PARTS I & II

TITLE XVII I

HHA 1

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

PART A

PART B  
NOT SUBJECT TO  
DED & COINS  
2

PART B  
SUBJECT TO  
DED & COINS  
3

1

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A  
SERVICES  
1

PART B  
SERVICES  
2

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



RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
-		

HOSPICE 1

SALARIES (FROM K-1)	EMPLOYEE BENEFITS (FROM K-2)	TRANSPORTATION (SEE INST.)	CONTRACTED SERVICES (FROM K-3)
1	2	3	4

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

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
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-		

HOSPICE 1

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

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
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HOSPICE NO:	TO 12/31/2010	WORKSHEET K
-		

HOSPICE 1

	TOTAL
ADJUSTMENTS	(COL. 8
9	+ COL. 9)
	10

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
-		

HOSPICE 1

ADMINISTRATOR  
1

DIRECTOR  
2

SOCIAL  
SERVICES  
3

SUPERVISORS  
4

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
-		

HOSPICE 1

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
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HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
-		

HOSPICE 1

TOTAL (1)

9

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

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
-		PART I

HOSPICE 1

NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUI LDINGS & 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
- INPATIENT CARE SERVICE
- 7 INPATIENT - GENERAL CARE
- 8 INPATIENT - RESPIRE CARE
- VISITING SERVICES
- 9 PHYSICIAN SERVICES
- 10 NURSING CARE
- 10.20 NURSING CARE-CONTINUOUS HOME CARE
- 11 PHYSICAL THERAPY
- 12 OCCUPATIONAL THERAPY
- 13 SPEECH/LANGUAGE PATHOLOGY
- 14 MEDICAL SOCIAL SERVICES
- 15 SPIRITUAL COUNSELING
- 16 DIETARY COUNSELING
- 17 COUNSELING - OTHER
- 18 HOME HEALTH AIDE AND HOMEMAKER
- 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE
- OTHER HOSPICE SERVICE COSTS
- 19 OTHER
- 20 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 20.30 ANALGESICS
- 20.31 SEDATIVES / HYPNOTICS
- 20.32 OTHER - SPECIFY
- 21 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 22 PATIENT TRANSPORTATION
- 23 IMAGING SERVICES
- 24 LABS AND DIAGNOSTICS
- 25 MEDICAL SUPPLIES
- 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 27 RADIATION THERAPY
- 28 CHEMOTHERAPY
- 29 OTHER
- 30 BEREAVEMENT PROGRAM COSTS
- 31 VOLUNTEER PROGRAM COSTS
- 32 FUNDRAISING
- 33 OTHER PROGRAM COSTS
- 34 TOTAL (SUM OF LINES 1 THRU 33)

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
-		PART I

HOSPICE 1

TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
4	5	5A	6

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

COST ALLOCATION -  
 HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
-		PART I

HOSPICE 1

TOTAL  
 (COL. 5A  
 + COL. 6)

7

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

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
-		PART 11

HOSPICE 1

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

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
-		PART II

HOSPICE 1

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

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

.000000

.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 14-0202  
 HOSPICE NO: -  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/26/2011  
 WORKSHEET K-5  
 PART I

HOSPICE 1

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
-		PART I

HOSPICE 1

MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
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HOSPICE COST CENTER

7	8	9	10
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- 1.00 ADMINISTRATIVE AND GENERAL
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)
- 30.00 UNIT COST MULTIPLIER

DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
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HOSPICE COST CENTER

11	12	13	14
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- 1.00 ADMINISTRATIVE AND GENERAL
- 2.00 INPATIENT - GENERAL CARE
- 3.00 INPATIENT - RESPIRE CARE
- 4.00 PHYSICIAN SERVICES
- 5.00 NURSING CARE
- 5.20 NURSING CARE-CONTINUOUS HOME CARE
- 6.00 PHYSICAL THERAPY
- 7.00 OCCUPATIONAL THERAPY
- 8.00 SPEECH/LANGUAGE PATHOLOGY
- 9.00 MEDICAL SOCIAL SERVICES
- 10.00 SPIRITUAL COUNSELING
- 11.00 DIETARY COUNSELING
- 12.00 COUNSELING - OTHER
- 13.00 HOME HEALTH AIDE AND HOMEMAKER
- 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 15.30 ANALGESICS
- 15.31 SEDATIVES / HYPNOTICS
- 15.32 OTHER
- 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 17.00 PATIENT TRANSPORTATION
- 18.00 IMAGING SERVICES
- 19.00 LABS AND DIAGNOSTICS
- 20.00 MEDICAL SUPPLIES
- 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 22.00 RADIATION THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAISING
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)
- 30.00 UNIT COST MULTIPLIER

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
COST CENTERS

PROVIDER NO: 14-0202  
HOSPICE NO: -  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/26/2011  
WORKSHEET K-5  
PART I

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	15	16	17	18
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD
	20	21	22	23
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
-		PART I

HOSPICE 1

HOSPICE COST CENTER	PARAMED ED PRGM- (SPECIFY)	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL
	24	25	26	27
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY		
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		
30.00 UNIT COST MULTIPLIER	.000000	

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
-		PART I

HOSPICE 1

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

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

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

PROVIDER NO: 14-0202  
HOSPICE NO: -  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/26/2011  
WORKSHEET K-5  
PART II

HOSPICE 1

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

HOSPICE COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	MAINTENANCE & REPAIRS (SQUARE FEET) 7
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

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

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
-		PART II

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	5	6A	6	7
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000		.000000	.000000
HOSPICE COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)
	8	9	10	11
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

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

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
-		PART II

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUI S.)
	12	13	14	15
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	16	17	18	20
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

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

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
-		PART II

HOSPICE 1

HOSPICE COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
HOSPICE COST CENTER	16	17	18	20
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

  

HOSPICE COST CENTER	NURSING SCHOOL (ASSIGNED TIME)	I & R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME)	I & R SERVICES-OTHER PRGM COSTS APPRVD (ASSIGNED TIME)	PARAMED ED PRGM-(SPECIFY) (ASSIGNED TIME)
HOSPICE COST CENTER	21	22	23	24
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

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

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
-		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.460447	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.098077	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.074317	
6.01	REFERENCE LAB	44.01		
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.457705	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.363748	
8	EMERGENCY	61	.254443	
8.20	ACUTE CARE CENTER	61.20	.526811	
9	RADIOLOGY-DIAGNOSTIC	41	.217390	
10	ELECTROMYOGRAPHY	59	.042440	
10.97	CARDIAC REHABILITATION	59.97	.761993	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-6
-		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)				
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)				
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
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)				
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)				

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0202	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
14-0202		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	4,463,021
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	329,668
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	178.52
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	3.77
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	19.46
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	23.23
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.82
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	215,118
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	5,007,807
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	