

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: 14-0209 | PERIOD FROM 1/1/2010 TO 12/31/2010 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/11/2011 TIME 19:05

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: METHODIST MEDICAL CTR. OF ILLINOIS 14-0209

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

Table with 5 columns: TITLE V, A, B, C, D. Rows include HOSPITAL, SUBPROVIDER, SUBPROVIDER II, HOSPITAL-BASED HHA, and TOTAL.

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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 221 N E GLEN OAK P.O. BOX:
 1.01 CITY: PEORIA STATE: IL ZIP CODE: 61636 COUNTY: PEORIA

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00	HOSPITAL	14-0209	2.01	7/1/1966	4	5	6
03.00	SUBPROVIDER	14-S209		12/15/1983	N	P	0
03.01	SUBPROVIDER 2	14-T209		12/15/1993	N	P	0
09.00	HOSPITAL-BASED HHA	14-7259		6/1/1992	N	P	N
12.00	HOSP-BASED HOSPIECE	14-1537		1/1/1990			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2010 TO: 12/31/2010
 18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER
 20.01 SUBPROVIDER II

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

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

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 37900

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 OR MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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

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	130,633,903	934,259	131,568,162	4,396,270.00	29.93	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	3,637,454		3,637,454	40,723.00	89.32	
4 PHYSICIAN - PART A	914,515		914,515	8,905.00	102.70	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	613,481		613,481	7,687.00	79.81	
5 PHYSICIAN - PART B	33,982,000		33,982,000	357,519.00	95.05	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	1,055,876		1,055,876	31,929.00	33.07	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	12,455,499	1,402,896	13,858,395	628,318.00	22.06	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,797,959		2,797,959	87,195.00	32.09	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	837,091		837,091	7,447.00	112.41	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	762,356		762,356	13,801.00	55.24	
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)	25,107,318		25,107,318			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	4,603,772		4,603,772			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	736,826		736,826			CMS 339
18 PHYSICIAN PART A	180,187		180,187			CMS 339
18.01 PART A TEACHING PHYSICIANS	127,379		127,379			CMS 339
19 PHYSICIAN PART B	6,796,563		6,796,563			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	290,230		290,230			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	2,328,880	60,258	2,389,138	70,425.00	33.92	
22 ADMINISTRATIVE & GENERAL	16,186,651	161,447	16,348,098	584,510.00	27.97	
22.01 A & G UNDER CONTRACT	2,370,391		2,370,391	8,765.00	270.44	
23 MAINTENANCE & REPAIRS	1,669,376		1,669,376	67,965.00	24.56	
24 OPERATION OF PLANT	905,699		905,699	40,358.00	22.44	
25 LAUNDRY & LINEN SERVICE	73,117		73,117	5,117.00	14.29	
26 HOUSEKEEPING	1,824,789		1,824,789	152,023.00	12.00	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,621,058	-387,657	1,233,401	80,760.00	15.27	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	374,276	387,657	761,933	60,160.00	12.67	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,622,532		1,622,532	65,886.00	24.63	
31 CENTRAL SERVICE AND SUPPLY	518,592		518,592	37,043.00	14.00	
32 PHARMACY	2,914,194		2,914,194	83,640.00	34.84	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,153,948		1,153,948	65,739.00	17.55	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	93,715,483	934,259	94,649,742	3,967,177.00	23.86	
2 EXCLUDED AREA SALARIES	12,455,499	1,402,896	13,858,395	628,318.00	22.06	
3 SUBTOTAL SALARIES	81,259,984	-468,637	80,791,347	3,338,859.00	24.20	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	4,397,406		4,397,406	108,443.00	40.55	
5 SUBTOTAL WAGE-RELATED COSTS	25,287,505		25,287,505		31.30	
6 TOTAL	110,944,895	-468,637	110,476,258	3,447,302.00	32.05	
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	33,563,503	221,705	33,785,208	1,322,391.00	25.55	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	6,088	8,056	0
2 UNDUPLICATED CENSUS COUNT		1,107.00	615.00	
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	14,144
2 UNDUPLICATED CENSUS COUNT	1,722.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00		1.00
5 OTHER ADMINISTRATIVE PERSONEL	14.48		14.48
6 DIRECTING NURSING SERVICE	26.53		26.53
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE		6.07	6.07
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE		1.95	1.95
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE		.67	.67
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	1.10		1.10
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	3.94		3.94
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	3	
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).		19340	
20.01		37900	
20.02		99914	

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	15,491	239	442	205
22 SKILLED NURSING VISIT CHARGES	2,439,833	37,643	69,615	32,288
23 PHYSICAL THERAPY VISITS	8,004	35	33	121
24 PHYSICAL THERAPY VISIT CHARGES	1,343,157	5,684	5,544	20,328
25 OCCUPATIONAL THERAPY VISITS	2,529	21	6	31
26 OCCUPATIONAL THERAPY VISIT CHARGES	424,396	3,402	1,008	5,208
27 SPEECH PATHOLOGY VISITS	765	16	2	0
28 SPEECH PATHOLOGY VISIT CHARGES	128,520	2,352	336	0
29 MEDICAL SOCIAL SERVICE VISITS	405	7	12	12
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	85,050	840	2,520	2,520
31 HOME HEALTH AIDE VISITS	3,260	22	5	39
32 HOME HEALTH AIDE VISIT CHARGES	256,725	2,126	394	3,071
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	30,454	340	500	408
34 OTHER CHARGES	46,474	568	624	578
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	4,724,155	52,615	80,041	63,993
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	1,563	0	169	29
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	7	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	66,182	463	2,015	649

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	16,377
22 SKILLED NURSING VISIT CHARGES	0	0	2,579,379
23 PHYSICAL THERAPY VISITS	0	0	8,193
24 PHYSICAL THERAPY VISIT CHARGES	0	0	1,374,713
25 OCCUPATIONAL THERAPY VISITS	0	0	2,587
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	434,014
27 SPEECH PATHOLOGY VISITS	0	0	783
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	131,208
29 MEDICAL SOCIAL SERVICE VISITS	0	0	436
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	90,930
31 HOME HEALTH AIDE VISITS	0	0	3,326
32 HOME HEALTH AIDE VISIT CHARGES	0	0	262,316
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	31,702
34 OTHER CHARGES	0	0	48,244
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	4,920,804
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	1,761
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	7
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	69,309

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET S-9
14-1537		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	9,188			
3 INPATIENT RESPIRE CARE	9			
4 GENERAL INPATIENT CARE	3			
5 TOTAL HOSPICE DAYS	9,200			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE		9,188
3 INPATIENT RESPIRE CARE		9
4 GENERAL INPATIENT CARE		3
5 TOTAL HOSPICE DAYS		9,200

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	237			
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	38.82			
9 UNDUPLICATED CENSUS COUNT	237			

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE		237
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)		38.82
9 UNDUPLICATED CENSUS COUNT		237

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	42,414,912
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	42,414,912
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)	.224231
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	157,125,083

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	35,232,314
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	22,028,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,939,360
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	35,232,314

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2				
		GENERAL SERVICE COST CNTR						
3	0300	NEW CAP REL COSTS-BLDG & FIXT		5,627,788		5,627,788	209,270	5,837,058
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		10,220,238		10,220,238	1,706,519	11,926,757
5	0500	EMPLOYEE BENEFITS	2,051,750	30,265,128		32,316,878	-721,013	31,595,865
5.01	0501	PARKING	277,130	110,680		387,810	-339,373	48,437
6	0600	ADMINISTRATIVE & GENERAL	16,186,651	37,491,944		53,678,595	-292,712	53,385,883
7	0700	MAINTENANCE & REPAIRS	1,669,376	5,089,212		6,758,588	-496	6,758,092
8	0800	OPERATION OF PLANT	905,699	4,950,981		5,856,680	-231,902	5,624,778
9	0900	LAUNDRY & LINEN SERVICE	73,117	1,047,093		1,120,210		1,120,210
10	1000	HOUSEKEEPING	1,824,789	919,545		2,744,334		2,744,334
11	1100	DIETARY	1,621,058	1,634,733		3,255,791	-1,128,859	2,126,932
12	1200	CAFETERIA	374,276	53,621		427,897	1,127,906	1,555,803
14	1400	NURSING ADMINISTRATION	1,622,532	212,735		1,835,267		1,835,267
15	1500	CENTRAL SERVICES & SUPPLY	518,592	977,864		1,496,456	-868,093	628,363
16	1600	PHARMACY	2,914,194	7,600,945		10,515,139	-7,277,199	3,237,940
17	1700	MEDICAL RECORDS & LIBRARY	1,153,948	666,125		1,820,073		1,820,073
21	2100	NURSING SCHOOL	2,793,417	1,263,089		4,056,506		4,056,506
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	1,055,876			1,055,876		1,055,876
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,055,876	1,553,711		2,609,587		2,609,587
		INPAT ROUTINE SRVC CNTRS						
25	2500	ADULTS & PEDIATRICS	13,959,241	2,401,076		16,360,317	10,225	16,370,542
26	2600	INTENSIVE CARE UNIT	1,989,322	651,005		2,640,327		2,640,327
29	2900	SURGICAL INTENSIVE CARE UNIT	1,594,246	338,277		1,932,523		1,932,523
31	3100	SUBPROVIDER	3,245,880	450,740		3,696,620		3,696,620
31.01	3101	SUBPROVIDER - REHAB	1,664,067	976,050		2,640,117		2,640,117
33	3300	NURSERY	877,113	371,007		1,248,120		1,248,120
		ANCILLARY SRVC COST CNTRS						
37	3700	OPERATING ROOM	12,687,558	27,700,530		40,388,088	-51,621	40,336,467
39	3900	DELIVERY ROOM & LABOR ROOM	1,761,081	2,168,281		3,929,362		3,929,362
40	4000	ANESTHESIOLOGY	8,043,934	2,356,974		10,400,908		10,400,908
40.01	3951	PAIN CLINIC	964,862	376,966		1,341,828		1,341,828
41	4100	RADIOLOGY-DIAGNOSTIC	3,997,689	3,153,234		7,150,923	-611,000	6,539,923
41.01	4101	NORTHSIDE IMAGING	66,381	8,335		74,716	97,271	171,987
41.02	4102	NORTHSIDE MRI	101,853	36,699		138,552	130,399	268,951
41.03	4103	NORTHSIDE CT	67,411	225,404		292,815	90,222	383,037
41.04	4104	NORTHSIDE MAMMOGRAPHY	61,549	10,812		72,361	86,698	159,059
41.05	4105	NORTHSIDE ULTRASOUND	84,409	7,977		92,386	89,517	181,903
41.06	4106	NORTHSIDE CARDIO NONINVASIVE	38,563	8,969		47,532	52,160	99,692
41.07	4107	NORTHSIDE ADMINISTRATION	165,636	647,069		812,705	-812,705	
42	4200	RADIOLOGY-THERAPEUTIC	665,796	1,013,318		1,679,114		1,679,114
43	4300	RADIOISOTOPE	264,977	536,586		801,563		801,563
43.01	3950	PET SCANNING	106,645	504,123		610,768		610,768
44	4400	LABORATORY	3,995,417	9,055,230		13,050,647	7	13,050,654
44.01	4401	NORTHSIDE LABORATORY	89,145	17,275		106,420	266,438	372,858
49	4900	RESPIRATORY THERAPY	1,086,873	463,339		1,550,212	-412	1,549,800
50	5000	PHYSICAL THERAPY		2,769,367		2,769,367		2,769,367
54	5400	ELECTROENCEPHALOGRAPHY	375,822	89,113		464,935		464,935
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS					552,462	552,462
56	5600	DRUGS CHARGED TO PATIENTS					7,277,199	7,277,199
57	5700	RENAL DIALYSIS	221,897	36,444		258,341	-525	257,816
59	3550	PSYCH - PARTIAL HOSPITALIZATION	496,470	39,808		536,278		536,278
59.01	3330	ENDOSCOPY	454,401	412,724		867,125		867,125
59.97	3997	CARDIAC REHABILITATION	194,259	86,117		280,376		280,376
59.98	3998	HYPERBARIC OXYGEN THERAPY					490,246	490,246
59.99	3999	LITHOTRIPSY		118,445		118,445		118,445
		OUTPAT SERVICE COST CNTRS						
60	6000	CLINIC	2,133,755	664,589		2,798,344		2,798,344
60.01	6001	CHILDREN, PEDIATRIC & LACON RHC	828,855	1,308,736		2,137,591		2,137,591
60.03	6003	PHYSICIAN OFFICES	23,127,160	19,625,961		42,753,121	-1,021,813	41,731,308
60.06	6006	DIABETIC CARE CENTER	178,791	54,150		232,941		232,941
60.07	6007	WOUND CARE CENTER	803,958	852,813		1,656,771	-490,246	1,166,525
61	6100	EMERGENCY	3,388,471	2,830,145		6,218,616		6,218,616
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)						
		OTHER REIMBURS COST CNTRS						
65	6500	AMBULANCE SERVICES		10,225		10,225	-10,225	
71	7100	HOME HEALTH AGENCY	2,490,533	2,009,666		4,500,199	-142,770	4,357,429
		SPEC PURPOSE COST CENTERS						
88	8800	INTEREST EXPENSE		2,755,278		2,755,278		2,755,278
93	9300	HOSPICE	722,911	1,013,127		1,736,038	-267,082	1,468,956
95		SUBTOTALS	129,095,212	197,841,416		326,936,628	-2,081,507	324,855,121
		NONREIMBURS COST CENTERS						
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN						
97	9700	RESEARCH	321,670	865,936		1,187,606		1,187,606
98	9800	PHYSICIANS' PRIVATE OFFICES		1,524		1,524		1,524
99	9900	NONPAID WORKERS	967,083	2,210,143		3,177,226		3,177,226
100	7950	HEARTLAND PHARMACY		477		477		477
100.01	7951	FOUNDATION		275		275		275
100.02	7952	WELLNESS CENTER	249,938	372,959		622,897	-640	622,257
100.05	7953	OTHER NON-REIMBURSABLE		71		71	2,082,147	2,082,218
101		TOTAL	130,633,903	201,292,801		331,926,704	-0-	331,926,704

RECLASSIFICATION AND ADJUSTMENT OF
 TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	114,375	5,951,433
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		11,926,757
5	0500 EMPLOYEE BENEFITS	-6,882,299	24,713,566
5.01	0501 PARKING	-48,437	
6	0600 ADMINSTRATIVE & GENERAL	-14,326,164	39,059,719
7	0700 MAINTENANCE & REPAIRS	-43,098	6,714,994
8	0800 OPERATION OF PLANT	-2,959	5,621,819
9	0900 LAUNDRY & LINEN SERVICE		1,120,210
10	1000 HOUSEKEEPING		2,744,334
11	1100 DIETARY		2,126,932
12	1200 CAFETERIA	-1,053,727	502,076
14	1400 NURSING ADMINISTRATION	-15,707	1,819,560
15	1500 CENTRAL SERVICES & SUPPLY	-21	628,342
16	1600 PHARMACY		3,237,940
17	1700 MEDICAL RECORDS & LIBRARY	-14,208	1,805,865
21	2100 NURSING SCHOOL	-4,056,506	
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	-83,522	972,354
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-35	2,609,552
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-309,828	16,060,714
26	2600 INTENSIVE CARE UNIT	-365,364	2,274,963
29	2900 SURGICAL INTENSIVE CARE UNIT	-5,840	1,926,683
31	3100 SUBPROVIDER	-138,897	3,557,723
31.01	3101 SUBPROVIDER - REHAB	-142,206	2,497,911
33	3300 NURSERY	-35,163	1,212,957
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-4,765,602	35,570,865
39	3900 DELIVERY ROOM & LABOR ROOM	-1,736,589	2,192,773
40	4000 ANESTHESIOLOGY	-10,032,106	368,802
40.01	3951 PAIN CLINIC	-709,974	631,854
41	4100 RADIOLOGY-DIAGNOSTIC	-306,812	6,233,111
41.01	4101 NORTHSIDE IMAGING	-18,937	153,050
41.02	4102 NORTHSIDE MRI	-25,370	243,581
41.03	4103 NORTHSIDE CT	-17,553	365,484
41.04	4104 NORTHSIDE MAMMOGRAPHY	-16,867	142,192
41.05	4105 NORTHSIDE ULTRASOUND	-17,421	164,482
41.06	4106 NORTHSIDE CARDIO NONINVASIVE	-10,149	89,543
41.07	4107 NORTHSIDE ADMINISTRATION		
42	4200 RADIOLOGY-THERAPEUTIC	-401,396	1,277,718
43	4300 RADIOISOTOPE	-30	801,533
43.01	3950 PET SCANNING		610,768
44	4400 LABORATORY	-615,639	12,435,015
44.01	4401 NORTHSIDE LABORATORY	-51,836	321,022
49	4900 RESPIRATORY THERAPY	-7,935	1,541,865
50	5000 PHYSICAL THERAPY	-132,423	2,636,944
54	5400 ELECTROENCEPHALOGRAPHY	-23,304	441,631
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		552,462
56	5600 DRUGS CHARGED TO PATIENTS	-5,095	7,272,104
57	5700 RENAL DIALYSIS		257,816
59	3550 PSYCH - PARTIAL HOSPITALIZATION	-228,252	308,026
59.01	3330 ENDOSCOPY		867,125
59.97	3997 CARDIAC REHABILITATION	-24,094	256,282
59.98	3998 HYPERBARIC OXYGEN THERAPY		490,246
59.99	3999 LI THOTRI PSY		118,445
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-1,483,826	1,314,518
60.01	6001 CHI LLICOTHE, PRINCEVILLE & LACON RHC	-1,030,710	1,106,881
60.03	6003 PHYSICIAN OFFICES	-26,182,642	15,548,666
60.06	6006 DIABETIC CARE CENTER	-50,956	181,985
60.07	6007 WOUND CARE CENTER	-471,525	695,000
61	6100 EMERGENCY	-2,061,962	4,156,654
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
71	7100 HOME HEALTH AGENCY	-22,671	4,334,758
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-2,755,278	-0-
93	9300 HOSPICE	-14,182	1,454,774
95	SUBTOTALS	-80,630,742	244,224,379
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH	-4,788	1,182,818
98	9800 PHYSICIANS' PRIVATE OFFICES		1,524
99	9900 NONPAID WORKERS	-20,087	3,157,139
100	7950 HEARTLAND PHARMACY		477
100.01	7951 FOUNDATION		275
100.02	7952 WELLNESS CENTER	-57,211	565,046
100.05	7953 OTHER NON-REIMBURSABLE		2,082,218
101	TOTAL	-80,712,828	251,213,876

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
5.01	PARKING	0501	EMPLOYEE BENEFITS
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	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER - REHAB	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	PAIN CLINIC	3951	OTHER ANCILLARY SERVICE COST CENTERS
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	NORTHSIDE IMAGING	4101	RADIOLOGY-DIAGNOSTIC
41.02	NORTHSIDE MRI	4102	RADIOLOGY-DIAGNOSTIC
41.03	NORTHSIDE CT	4103	RADIOLOGY-DIAGNOSTIC
41.04	NORTHSIDE MAMMOGRAPHY	4104	RADIOLOGY-DIAGNOSTIC
41.05	NORTHSIDE ULTRASOUND	4105	RADIOLOGY-DIAGNOSTIC
41.06	NORTHSIDE RADIOLOGY-INTERVENTIVE	4106	RADIOLOGY-DIAGNOSTIC
41.07	NORTHSIDE ADMINISTRATION	4107	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	PET SCANNING	3950	OTHER ANCILLARY SERVICE COST CENTERS
44	LABORATORY	4400	
44.01	NORTHSIDE LABORATORY	4401	LABORATORY
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	PSYCH - PARTIAL HOSPITALIZATION	3550	PSYCHIATRY/PSYCHOLOGICAL SERVICES
59.01	ENDOSCOPY	3330	ENDOSCOPY
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
59.98	HYPERBARIC OXYGEN THERAPY	3998	HYPERBARIC OXYGEN THERAPY
59.99	LITHOTRIPSY	3999	LITHOTRIPSY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	CHILLICOTHE, PRINCEVILLE & LACON RHC	6001	CLINIC
60.03	PHYSICIAN OFFICES	6003	CLINIC
60.06	DIABETIC CARE CENTER	6006	CLINIC
60.07	WOUND CARE CENTER	6007	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	HEARTLAND PHARMACY	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	FOUNDATION	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	WELLNESS CENTER	7952	OTHER NONREIMBURSABLE COST CENTERS
100.05	OTHER NON-REIMBURSABLE	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140209

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

PREPARED 5/11/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 MEDICAL SUPPLIES	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		552,462
2 DRUGS SOLD	B	DRUGS CHARGED TO PATIENTS	56		7,277,199
3 FOOD PREP	C	CAFETERIA	12	387,657	740,980
4 PARKING EXPENSE	D	OTHER NON-REIMBURSABLE	100.05	242,517	96,856
5 PROPERTY INSURANCE	E	NEW CAP REL COSTS-BLDG & FIXT	3		209,270
6		NEW CAP REL COSTS-MVBLE EQUIP	4		149,669
7 EQUIPMENT RENTAL	F	NEW CAP REL COSTS-MVBLE EQUIP	4		1,556,850
8		LABORATORY	44		7
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20 CHILD CARE EXPENSES	G	OTHER NON-REIMBURSABLE	100.05	570,942	150,071
21 CENTRAL BILLING	H	OTHER NON-REIMBURSABLE	100.05	690,342	331,419
22 PT BILLING DIRECTOR	I	ADMINISTRATIVE & GENERAL	6	112,240	30,530
23 INPATIENT AMBULANCE	J	ADULTS & PEDIATRICS	25		10,225
24 RECRUITMENT/RETENTION BONUSES	K	EMPLOYEE BENEFITS	5	584,604	
25		ADMINISTRATIVE & GENERAL	6	49,207	
26		NURSING SCHOOL	21	11,335	
27 SEVERANCE	L	EMPLOYEE BENEFITS	5	289,113	
28 NORTHSIDE ADMIN ALLOCATION	N	NORTHSIDE IMAGING	41.01	19,825	77,446
29		NORTHSIDE MRI	41.02	26,576	103,823
30		NORTHSIDE CT	41.03	18,388	71,834
31		NORTHSIDE MAMMOGRAPHY	41.04	17,670	69,028
32		NORTHSIDE ULTRASOUND	41.05	18,244	71,273
33		NORTHSIDE CARDIO NONINVASIVE	41.06	10,631	41,529
34		NORTHSIDE LABORATORY	44.01	54,302	212,136
35 HYPERBARIC THERAPY	O	HYPERBARIC OXYGEN THERAPY	59.98	106,347	383,899
36 TOTAL RECLASSIFICATIONS				3,209,940	12,136,506

(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:
140209

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

PREPARED 5/11/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 MEDICAL SUPPLIES	A	CENTRAL SERVICES & SUPPLY	15		552,462	
2 DRUGS SOLD	B	PHARMACY	16		7,277,199	
3 FOOD PREP	C	DIETARY	11	387,657	740,980	
4 PARKING EXPENSE	D	PARKING	5.01	242,517	96,856	
5 PROPERTY INSURANCE	E	ADMINISTRATIVE & GENERAL	6		358,939	12
6						12
7 EQUIPMENT RENTAL	F	ADMINISTRATIVE & GENERAL	6		76,543	10
8		MAINTENANCE & REPAIRS	7		496	
9		OPERATION OF PLANT	8		231,902	
10		DIETARY	11		222	
11		CAFETERIA	12		731	
12		CENTRAL SERVICES & SUPPLY	15		315,631	
13		OPERATING ROOM	37		51,621	
14		RADIOLOGY-DIAGNOSTIC	41		611,000	
15		RESPIRATORY THERAPY	49		412	
16		RENAL DIALYSIS	57		525	
17		PHYSICIAN OFFICES	60.03		52	
18		HOSPICE	93		267,082	
19		WELLNESS CENTER	100.02		640	
20 CHILD CARE EXPENSES	G	EMPLOYEE BENEFITS	5	570,942	150,071	
21 CENTRAL BILLING	H	PHYSICIAN OFFICES	60.03	690,342	331,419	
22 PT BILLING DIRECTOR	I	HOME HEALTH AGENCY	71	112,240	30,530	
23 INPATIENT AMBULANCE	J	AMBULANCE SERVICES	65		10,225	
24 RECRUITMENT/RETENTION BONUSES	K	EMPLOYEE BENEFITS	5		584,604	
25		ADMINISTRATIVE & GENERAL	6		49,207	
26		NURSING SCHOOL	21		11,335	
27 SEVERANCE	L	EMPLOYEE BENEFITS	5		289,113	
28 NORTHSIDE ADMIN ALLOCATION	N	NORTHSIDE ADMINISTRATION	41.07	165,636	647,069	
29						
30						
31						
32						
33						
34						
35 HYPERBARIC THERAPY	O	WOUND CARE CENTER	60.07	106,347	383,899	
36 TOTAL RECLASSIFICATIONS				2,275,681	13,070,765	

(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:
140209

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

PREPARED 5/11/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	552,462
TOTAL RECLASSIFICATIONS FOR CODE A			552,462

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	552,462	
			552,462

RECLASS CODE: B
EXPLANATION: DRUGS SOLD

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	7,277,199
TOTAL RECLASSIFICATIONS FOR CODE B			7,277,199

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	7,277,199	
			7,277,199

RECLASS CODE: C
EXPLANATION: FOOD PREP

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,128,637
TOTAL RECLASSIFICATIONS FOR CODE C			1,128,637

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,128,637	
			1,128,637

RECLASS CODE: D
EXPLANATION: PARKING EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER NON-REIMBURSABLE	100.05	339,373
TOTAL RECLASSIFICATIONS FOR CODE D			339,373

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PARKING	5.01	339,373	
			339,373

RECLASS CODE: E
EXPLANATION: PROPERTY INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	209,270
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	149,669
TOTAL RECLASSIFICATIONS FOR CODE E			358,939

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	358,939	
			0
			358,939

RECLASS CODE: F
EXPLANATION: EQUIPMENT RENTAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,556,850
2.00	LABORATORY	44	7
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			1,556,857

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	76,543	
MAINTENANCE & REPAIRS	7	496	
OPERATION OF PLANT	8	231,902	
DIETARY	11	222	
CAFETERIA	12	731	
CENTRAL SERVICES & SUPPLY	15	315,631	
OPERATING ROOM	37	51,621	
RADIOLOGY-DIAGNOSTIC	41	611,000	
RESPIRATORY THERAPY	49	412	
RENAL DIALYSIS	57	525	
PHYSICIAN OFFICES	60.03	52	
HOSPICE	93	267,082	
WELLNESS CENTER	100.02	640	
			1,556,857

RECLASS CODE: G
EXPLANATION: CHILD CARE EXPENSES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER NON-REIMBURSABLE	100.05	721,013
TOTAL RECLASSIFICATIONS FOR CODE G			721,013

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	721,013	
			721,013

RECLASS CODE: H
EXPLANATION: CENTRAL BILLING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER NON-REIMBURSABLE	100.05	1,021,761
TOTAL RECLASSIFICATIONS FOR CODE H			1,021,761

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICIAN OFFICES	60.03	1,021,761	
			1,021,761

RECLASSIFICATIONS

PROVIDER NO:
140209

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

PREPARED 5/11/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : PT BILLING DIRECTOR

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	142,770
TOTAL	RECLASSIFICATIONS FOR CODE I	142,770

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
HOME HEALTH AGENCY	71	142,770
TOTAL		142,770

RECLASS CODE: J
EXPLANATION : INPATIENT AMBULANCE

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	10,225
TOTAL	RECLASSIFICATIONS FOR CODE J	10,225

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
AMBULANCE SERVICES	65	10,225
TOTAL		10,225

RECLASS CODE: K
EXPLANATION : RECRUITMENT/RETENTION BONUSES

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	584,604
2.00	ADMINISTRATIVE & GENERAL	49,207
3.00	NURSING SCHOOL	11,335
TOTAL	RECLASSIFICATIONS FOR CODE K	645,146

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	584,604
ADMINISTRATIVE & GENERAL	6	49,207
NURSING SCHOOL	21	11,335
TOTAL		645,146

RECLASS CODE: L
EXPLANATION : SEVERANCE

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	289,113
TOTAL	RECLASSIFICATIONS FOR CODE L	289,113

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	289,113
TOTAL		289,113

RECLASS CODE: N
EXPLANATION : NORTHSIDE ADMIN ALLOCATION

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	NORTHSIDE IMAGING	97,271
2.00	NORTHSIDE MRI	130,399
3.00	NORTHSIDE CT	90,222
4.00	NORTHSIDE MAMMOGRAPHY	86,698
5.00	NORTHSIDE ULTRASOUND	89,517
6.00	NORTHSIDE CARDIO NONINVASIVE	52,160
7.00	NORTHSIDE LABORATORY	266,438
TOTAL	RECLASSIFICATIONS FOR CODE N	812,705

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
NORTHSIDE ADMINISTRATION	41.07	812,705
		0
		0
		0
		0
		0
		0
TOTAL		812,705

RECLASS CODE: O
EXPLANATION : HYPERBARIC THERAPY

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	HYPERBARIC OXYGEN THERAPY	490,246
TOTAL	RECLASSIFICATIONS FOR CODE O	490,246

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
WOUND CARE CENTER	60.07	490,246
TOTAL		490,246

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS	1,733,802	6,765,670		6,765,670		8,499,472	
3 BUILDINGS & FIXTURE	196,666,228	41,809,594		41,809,594		238,475,822	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	162,392,481	17,093,377		17,093,377	2,850,748	176,635,110	
7 SUBTOTAL	360,792,511	65,668,641		65,668,641	2,850,748	423,610,404	
8 RECONCILING ITEMS							
9 TOTAL	360,792,511	65,668,641		65,668,641	2,850,748	423,610,404	

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
3	NEW CAP REL COSTS-BL	246,975,294		246,975,294	.583025				
4	NEW CAP REL COSTS-MV	176,635,110		176,635,110	.416975				
5	TOTAL	423,610,404		423,610,404	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*	9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	5,742,163			209,270		5,951,433
4	NEW CAP REL COSTS-MV	10,220,238	1,556,850		149,669		11,926,757
5	TOTAL	15,962,401	1,556,850		358,939		17,878,190

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

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*	9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	5,627,788					5,627,788
4	NEW CAP REL COSTS-MV	10,220,238					10,220,238
5	TOTAL	15,848,026					15,848,026

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-58,990	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-2,959	OPERATION OF PLANT	8	
11 PARKING LOT	A	-48,437	PARKING	5.01	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-38,386,702			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-594,464			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,009,634	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-5,095	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-14,208	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	B	-4,054,911	NURSING SCHOOL	21	
22 VENDING MACHINES	B	-44,093	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 CHILD CARE CENTER	B	-507,345	EMPLOYEE BENEFITS	5	
38 INTEREST EXPENSE	A	-2,755,278	INTEREST EXPENSE	88	
39 COLLECTION FEES (NETTED IN BD EXP)	A	667,934	ADMINISTRATIVE & GENERAL	6	
40 DONATIONS	A	-1,168,250	ADMINISTRATIVE & GENERAL	6	
41 MALPRACTICE NET OF INCOME	A	-3,132,038	ADMINISTRATIVE & GENERAL	6	
42 ADDBACK INVESTMENT MANAGEMENT FEES	A	258,846	ADMINISTRATIVE & GENERAL	6	
43 FEDERAL INCOME TAXES	A	-237,873	ADMINISTRATIVE & GENERAL	6	
44 ELIM GAIN ON ASSET DISP NETTED	B	323,956	ADMINISTRATIVE & GENERAL	6	
45 PHYSICIAN ANSWERING SERVICE	B	-131,308	ADMINISTRATIVE & GENERAL	6	
46 MISC INCOME	B	-51,012	ADMINISTRATIVE & GENERAL	6	
47 MED STAFF MISC INCOME	B	-122,750	ADMINISTRATIVE & GENERAL	6	
48 BABY CAR SEATS & PHOTOS	B	-5,900	NURSERY	33	
49 LACTATION EQUIPMENT	B	-29,263	NURSERY	33	
49.01 OR MISC REVENUE	B	-4,900	OPERATING ROOM	37	
49.02 LABOR AND DELIVERY	B	-10,877	DELIVERY ROOM & LABOR ROO	39	
49.03 RADIOLOGY DUPLICATIONS	B	-35,726	RADIOLOGY-DIAGNOSTIC	41	
49.04 RADIATION ONCOLOGY MISC REVENUE	B	-57	RADIOLOGY-THERAPEUTIC	42	
49.05 NUCLEAR MED MISC REVENUE	B	-30	RADIOISOTOPE	43	
49.06 LAB ROYALTY FEES	B	-19,325	LABORATORY	44	
49.07 RESPIRATORY THERAPY MISC	B	-1,288	RESPIRATORY THERAPY	49	
49.08 PSYCH PARTIAL MISC	B	-365	PSYCH - PARTIAL HOSPITALI	59	
49.09 CARDIAC REHAB MISC	B	-15,295	CARDIAC REHABILITATION	59.97	
49.10 DIABETIC TRAINING	B	-2,275	DIABETIC CARE CENTER	60.06	
49.11 LEASED EMPLOYEE REVENUE	B	-388,156	ADMINISTRATIVE & GENERAL	6	
49.12 LEASED EMPLOYEE REVENUE	B	-39,157	I&R SERVICES-SALARY & FRI	22	
49.13 LEASED EMPLOYEE REVENUE	B	-263,664	RADIOLOGY-THERAPEUTIC	42	
49.14 LEASED EMPLOYEE REVENUE	B	-407,778	PHYSICIAN OFFICES	60.03	
49.15 MAINTENANCE MISC INCOME	B	-43,098	MAINTENANCE & REPAIRS	7	
49.16 I&R MISC INCOME	B	-875	I&R SERVICES-SALARY & FRI	22	
49.17 A&P MISC INCOME	B	-86,412	ADULTS & PEDIATRICS	25	
49.18 SURGICAL ICU MISC INCOME	B	-5,840	SURGICAL INTENSIVE CARE U	29	
49.19 REHAB MISC INCOME	B	-145	SUBPROVIDER - REHAB	31.01	
49.20 CLINIC MISC INCOME	B	-17,785	CLINIC	60	
49.21 PHYSICIAN OFFICE MISC INCOME	B	-956,564	PHYSICIAN OFFICES	60.03	
49.22 EMERGENCY MISC INCOME	B	-15,700	EMERGENCY	61	
49.23 PT MISC INCOME	B	-110,086	PHYSICAL THERAPY	50	
49.24 PROMOTION EXPENSE	A	-14,656	ADMINISTRATIVE & GENERAL	6	
49.25 PROMOTION EXPENSE	A	-15,707	NURSING ADMINISTRATION	14	
49.26 PROMOTION EXPENSE	A	-830	NURSING SCHOOL	21	
49.27 PROMOTION EXPENSE	A	-2,040	DELIVERY ROOM & LABOR ROO	39	
49.28 PROMOTION EXPENSE	A	-1,140	RADIOLOGY-DIAGNOSTIC	41	
49.29 PROMOTION EXPENSE	A	-165	NORTHSIDE IMAGING	41.01	
49.30 PROMOTION EXPENSE	A	-221	NORTHSIDE MRI	41.02	
49.31 PROMOTION EXPENSE	A	-153	NORTHSIDE CT	41.03	
49.32 PROMOTION EXPENSE	A	-147	NORTHSIDE MAMMOGRAPHY	41.04	
49.33 PROMOTION EXPENSE	A	-152	NORTHSIDE ULTRASOUND	41.05	
49.34 PROMOTION EXPENSE	A	-89	NORTHSIDE CARDIO NONINVAS	41.06	
49.35 PROMOTION EXPENSE	A	-23	RADIOLOGY-THERAPEUTIC	42	
49.36 PROMOTION EXPENSE	A	-1,631	LABORATORY	44	

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
	BASIS/CODE	AMOUNT	COST CENTER	LINE NO	
	1	2	3	4	
49.37 PROMOTION EXPENSE	A	-452	NORTHSIDE LABORATORY	44.01	
49.38 PROMOTION EXPENSE	A	-493	RESPIRATORY THERAPY	49	
49.39 PROMOTION EXPENSE	A	-268	ELECTROENCEPHALOGRAPHY	54	
49.40 PROMOTION EXPENSE	A	-620	CHILLICOTHE, PRINCEVILLE	60.01	
49.41 PROMOTION EXPENSE	A	-6,699	PHYSICIAN OFFICES	60.03	
49.42 PROMOTION EXPENSE	A	-5,474	EMERGENCY	61	
49.43 PROMOTION EXPENSE	A	-1,975	HOME HEALTH AGENCY	71	
49.44 PHYSICIAN RECRUITMENT	A	-314,380	ADMINISTRATIVE & GENERAL	6	
49.45 PHYSICIAN RECRUITMENT	A	-35	I&R SERVICES-OTHER PRGM C	23	
49.46 PHYSICIAN RECRUITMENT	A	-71,941	ANESTHESIOLOGY	40	
49.47 PHYSICIAN RECRUITMENT	A	-10,424	PHYSICIAN OFFICES	60.03	
49.48 SPONSORSHIPS	A	-498,741	ADMINISTRATIVE & GENERAL	6	
49.49 SPONSORSHIPS	A	-765	NURSING SCHOOL	21	
49.50 IHHS & AHA MEMBERSHIP DUES	A	-37,605	ADMINISTRATIVE & GENERAL	6	
49.51 CRNA SALARIES	A	-3,632,609	ANESTHESIOLOGY	40	
49.52 CRNA SALARIES	A	-576	PHYSICIAN OFFICES	60.03	
49.53 CRNA SALARIES	A	-4,269	EMPLOYEE BENEFITS	5	
49.54 CRNA BENEFITS	A	-790,665	EMPLOYEE BENEFITS	5	
49.55 RADIOLOGY REBATE	A	-4,750	RADIOLOGY-DIAGNOSTIC	41	
49.57 PHYSICIAN BENEFITS	A	-36,960	ADULTS & PEDIATRICS	25	
49.58 PHYSICIAN BENEFITS	A	-19,771	INTENSIVE CARE UNIT	26	
49.59 PHYSICIAN BENEFITS	A	-820,819	OPERATING ROOM	37	
49.60 PHYSICIAN BENEFITS	A	-955,264	ANESTHESIOLOGY	40	
49.61 PHYSICIAN BENEFITS	A	-118,996	PAIN CLINIC	40.01	
49.62 PHYSICIAN BENEFITS	A	-39,978	PSYCH - PARTIAL HOSPITALI	59	
49.63 PHYSICIAN BENEFITS	A	-245,667	CLINIC	60	
49.64 PHYSICIAN BENEFITS	A	-187,015	CHILLICOTHE, PRINCEVILLE	60.01	
49.65 PHYSICIAN BENEFITS	A	-4,318,643	PHYSICIAN OFFICES	60.03	
49.66 PHYSICIAN BENEFITS	A	-7,477	DIABETIC CARE CENTER	60.06	
49.67 PHYSICIAN BENEFITS	A	-80,203	WOUND CARE CENTER	60.07	
49.68 SELF INSURED EXPENSES	A	-5,579,689	EMPLOYEE BENEFITS	5	
49.69 MEDICAID PROVIDER TAX	A	-9,347,769	ADMINISTRATIVE & GENERAL	6	
49.70					
49.71					
50 TOTAL (SUM OF LINES 1 THRU 49)		-80,712,828			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	60 3	PHYSICIAN OFFICES	GOMP RENTAL	28,544	38,388	-9,844	
2	6	ADMINISTRATIVE & GENERAL	GOMP RENTAL	50,278	68,452	-18,174	
3	6	ADMINISTRATIVE & GENERAL	GOMP RENTAL	89,221	119,991	-30,770	
4	71	HOME HEALTH AGENCY	GOMP RENTAL	38,541	59,237	-20,696	
4.01	6	ADMINISTRATIVE & GENERAL	GOMP RENTAL	18,571	24,975	-6,404	
4.02	99	NONPAID WORKERS	GOMP RENTAL	39,837	51,666	-11,829	
4.03	6	ADMINISTRATIVE & GENERAL	GOMP RENTAL	49,687	66,510	-16,823	
4.04	99	NONPAID WORKERS	GOMP RENTAL	23,041	31,299	-8,258	
4.05	100 2	WELLNESS CENTER	ATRIUM BLDG	207,813	265,024	-57,211	
4.06	59 97	CARDIAC REHABILITATION	ATRIUM BLDG	37,128	45,927	-8,799	
4.07	60 3	PHYSICIAN OFFICES	ATRIUM BLDG	91,844	113,610	-21,766	
4.08	40 1	PAIN CLINIC	ATRIUM BLDG	181,227	224,175	-42,948	
4.09	60 7	WOUND CARE CENTER	ATRIUM BLDG	91,776	114,125	-22,349	
4.10	60 6	DIABETIC CARE CENTER	ATRIUM BLDG	31,237	38,042	-6,805	
4.11	37	OPERATING ROOM	ATRIUM BLDG	39,403	48,741	-9,338	
4.12	97	RESEARCH	ATRIUM BLDG	20,202	24,990	-4,788	
4.13	60 3	PHYSICIAN OFFICES	ATRIUM BLDG	34,327	62,356	-28,029	
4.14	60 3	PHYSICIAN OFFICES	ATRIUM BLDG	52,068	72,439	-20,371	
4.15	60 3	PHYSICIAN OFFICES	ATRIUM BLDG	87,328	108,024	-20,696	
4.16	60 3	PHYSICIAN OFFICES	ATRIUM BLDG	72,983	94,779	-21,796	
4.17	60 3	PHYSICIAN OFFICES	ATRIUM BLDG	35,023	47,228	-12,205	
4.18	50	PHYSICAL THERAPY	ATRIUM BLDG	94,255	116,592	-22,337	
4.19	22	I&R SERVICES-SALARY & FRI	FAMILY MEDICAL BLDG	84,238	127,728	-43,490	
4.20	60	CLINIC	FAMILY MEDICAL BLDG	171,020	259,312	-88,292	
4.21	60 3	PHYSICIAN OFFICES	FAMILY MEDICAL BLDG	1,109,847	936,345	173,502	
4.22	60 1	CHILLICOTHE, PRINCEVILLE	CHILLICOTHE, PRINCEVILLE & LACON	211,074	193,787	17,287	
4.23	60 3	PHYSICIAN OFFICES	MT HAWLEY PEDIATRIC CTR	36,491	55,488	-18,997	
4.24	60 3	PHYSICIAN OFFICES	PHYSICIANS IN FAMILY MED	28,110	50,679	-22,569	
4.25	60 3	PHYSICIAN OFFICES	MORTON MEDPOINTE BLD	128,763	181,696	-52,933	
4.26	60 3	PHYSICIAN OFFICES	WASHINGTON	31,887	66,429	-34,542	
4.27	60 3	PHYSICIAN OFFICES	NORTHSIDE	375,657	455,961	-80,304	
4.28	60 3	PHYSICIAN OFFICES	NORTHSIDE	235,214	268,813	-33,599	
4.29	41 1	NORTHSIDE IMAGING	NORTHSIDE	52,556	71,316	-18,760	
4.30	41 2	NORTHSIDE MRI	NORTHSIDE	70,456	95,605	-25,149	
4.31	41 3	NORTHSIDE CT	NORTHSIDE	48,748	66,148	-17,400	
4.32	41 4	NORTHSIDE MAMMOGRAPHY	NORTHSIDE	46,844	63,564	-16,720	
4.33	41 5	NORTHSIDE ULTRASOUND	NORTHSIDE	48,367	65,631	-17,264	
4.34	41 6	NORTHSIDE CARDIO NONINVAS	NORTHSIDE	28,182	38,242	-10,060	
4.35	44 1	NORTHSIDE LABORATORY	NORTHSIDE	143,959	195,343	-51,384	
4.36	3	NEW CAP REL COSTS-BLDG &	EAST CAMPUS DEPR	76,049		76,049	9
4.37	3	NEW CAP REL COSTS-BLDG &	EAST CAMPUS DEPR	10,618		10,618	9
4.38	3	NEW CAP REL COSTS-BLDG &	EAST CAMPUS DEPR	15,703		15,703	9
4.39	3	NEW CAP REL COSTS-BLDG &	EAST CAMPUS DEPR	1,951		1,951	9
4.40	3	NEW CAP REL COSTS-BLDG &	EAST CAMPUS DEPR	7,443		7,443	9
4.41	3	NEW CAP REL COSTS-BLDG &	EAST CAMPUS DEPR	2,611		2,611	9
4.42	25	ADULTS & PEDIATRICS	HHC	352	381	-29	
4.43	25	ADULTS & PEDIATRICS	HHC	221	239	-18	
4.44	41 5	NORTHSIDE ULTRASOUND	HHC	70	75	-5	
4.45	41 1	NORTHSIDE IMAGING	HHC	149	161	-12	
4.46	15	CENTRAL SERVICES & SUPPLY	HHC	260	281	-21	
4.47	93	HOSPICE	HHC	177,284	191,466	-14,182	
4.48	60	CLINIC	HHC	2,263	2,444	-181	
4.49	60 3	PHYSICIAN OFFICES	HHC	23	25	-2	
4.50	6	ADMINISTRATIVE & GENERAL	HHC	15,020	16,221	-1,201	
4.51	5	EMPLOYEE BENEFITS	HHC	4,137	4,468	-331	
4.52	60 3	PHYSICIAN OFFICES	MMG ADMIN	10,556,430	10,486,377	70,053	
5		TOTALS		15,136,331	15,730,795	-594,464	

* 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 XVII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
	2	3	4	5	6
1	G	METHODIST SERVICES	0.00	0.00	NOT FOR PROFIT
2	G	HEARTLAND HOME	0.00	0.00	NOT FOR PROFIT
3			0.00	0.00	
4			0.00	0.00	
5			0.00	0.00	
5.01			0.00	0.00	

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 XVIIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS
			NAME	PERCENTAGE OF OWNERSHIP	
1	2	3	4	5	6
5.02		0.00			0.00
5.03		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: 14-0209
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/11/2011
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & Peds	204,126	179,976	24,150	171,400	215	17,717	886
2 26	ICU	345,593	345,593		171,400			
3 31	PSYCH	143,967	128,929	15,038	142,500	74	5,070	254
4 31 1	REHAB	202,351	142,351	60,000	171,400	934	76,965	3,848
5 37	OR	3,975,781	3,909,410	66,371	204,100	461	45,236	2,262
6 39	LABOR & DELIVERY	1,828,984	1,713,984	115,000	171,400	1,278	105,312	5,266
7 40	ANESTHESIOLOGY	5,372,581	5,372,206	375	200,300	3	289	14
8 40 1	PAIN CLINIC	555,541	547,441	8,100	200,300	78	7,511	376
9 41	RADIOLOGY	265,196	265,196		231,100			
10 42	RADIOLOGY-THERAPEUTIC	137,652	137,652		231,100			
11 44	LABORATORY	594,683	594,683		219,500			
12 49	RESPIRATORY THERAPY	9,450		9,450	171,400	40	3,296	165
13 54	EEG	26,250	16,800	9,450	171,400	39	3,214	161
14 59	PSYCH - PARTIAL HOSPITALI	191,864	183,920	7,944	171,400	48	3,955	198
15 59 97	CARDIO/PULMONARY REHAB	15,600		15,600	171,400	313	25,792	1,290
16 60	CLINIC	1,135,692	1,130,192	5,500	171,400	46	3,791	190
17 60 1	CHILICOTHE, PRINCEVILLE &	860,362	860,362		171,400			
18 60 3	PHYSICIANS	21,104,904	20,144,688	960,216	171,400	9,187	757,044	37,852
19 60 6	DIABETIC CARE CENTER	34,399	34,399		171,400			
20 60 7	WOUND CARE CENTER	380,348	368,973	11,375	171,400	150	12,361	618
21 61	ER	2,173,129	1,937,629	235,500	171,400	1,606	132,341	6,617
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	39,558,453	38,014,384	1,544,069		14,472	1,199,894	59,997

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & PEDI					17,717	6,433	186,409
2 26	ICU							345,593
3 31	PSYCH					5,070	9,968	138,897
4 31 1	REHAB					76,965		142,351
5 37	OR					45,236	21,135	3,930,545
6 39	LABOR & DELIVERY					105,312	9,688	1,723,672
7 40	ANESTHESIOLOGY					289	86	5,372,292
8 40 1	PAIN CLINIC					7,511	589	548,030
9 41	RADIOLOGY							265,196
10 42	RADIOLOGY-THERAPEUTIC							137,652
11 44	LABORATORY							594,683
12 49	RESPIRATORY THERAPY					3,296	6,154	6,154
13 54	EEG					3,214	6,236	23,036
14 59	PSYCH - PARTIAL HOSPITALI					3,955	3,989	187,909
15 59 97	CARDIO/PULMONARY REHAB					25,792		
16 60	CLINIC					3,791	1,709	1,131,901
17 60 1	CHILLICOTHE, PRINCEVILLE &							860,362
18 60 3	PHYSICIANS					757,044	203,172	20,347,860
19 60 6	DIABETIC CARE CENTER							34,399
20 60 7	WOUND CARE CENTER					12,361		368,973
21 61	ER					132,341	103,159	2,040,788
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					1,199,894	372,318	38,386,702

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0209
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/11/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
5.01	PARKING	1	SQUARE	FEET	ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM.	COST	NOT 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	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT		ENTERED
21	NURSING SCHOOL	17	TIME SPENT		ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	PARKING	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	3	4	5	5.01	5a.01	6
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	5,951,433	5,951,433					
005 NEW CAP REL COSTS-MVBLE E	11,926,757		11,926,757				
005 EMPLOYEE BENEFITS	24,713,566	109,368	85,036	24,907,970			
005 01 PARKING			4,730	6,865	11,595		
006 ADMINISTRATIVE & GENERAL	39,059,719	378,523	2,355,401	3,242,514	751	45,036,908	45,036,908
007 MAINTENANCE & REPAIRS	6,714,994	129,948	58,412	331,107	258	7,234,719	1,580,338
008 OPERATION OF PLANT	5,621,819	917,690	507,304	179,638	1,822	7,228,273	1,578,929
009 LAUNDRY & LINEN SERVICE	1,120,210	19,535	887	14,502	39	1,155,173	252,334
010 HOUSEKEEPING	2,744,334	68,795	9,621	361,932	137	3,184,819	695,685
011 DIETARY	2,126,932	113,345	42,226	244,635	225	2,527,363	552,072
012 CAFETERIA	502,076	73,779	2,525	151,123	146	729,649	159,383
014 NURSING ADMINISTRATION	1,819,560	17,008	6,785	321,816	34	2,165,203	472,963
015 CENTRAL SERVICES & SUPPLY	628,342	54,901	73,980	102,859	109	860,191	187,898
016 PHARMACY	3,237,940	38,176	37,310	578,007	76	3,891,509	850,053
017 MEDICAL RECORDS & LIBRARY	1,805,865	46,840	12,318	228,876	93	2,093,992	457,407
021 NURSING SCHOOL		638,496	122,917	556,300	1,267	1,318,980	288,115
022 I&R SERVICES-SALARY & FRI	972,354		19,605	209,425		1,201,384	262,428
023 I&R SERVICES-OTHER PRGM C	2,609,552			209,425		2,818,977	615,772
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	16,060,714	814,459	397,216	2,768,704	1,617	20,042,710	4,378,089
026 INTENSIVE CARE UNIT	2,274,963	73,512	53,997	394,566	146	2,797,184	611,011
029 SURGICAL INTENSIVE CARE U	1,926,683	53,054	77,547	316,206	105	2,373,595	518,483
031 SUBPROVIDER	3,557,723	188,010	11,802	643,794	373	4,401,702	961,499
031 01 SUBPROVIDER - REHAB	2,497,911	148,299	33,910	330,054	294	3,010,468	657,601
033 NURSERY	1,212,957	21,695	12,673	173,968	43	1,421,336	310,474
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	35,570,865	666,282	2,247,065	2,516,476	1,322	41,002,010	8,956,424
039 DELIVERY ROOM & LABOR ROO	2,192,773	118,719	46,407	349,296	236	2,707,431	591,406
040 ANESTHESIOLOGY	368,802	5,580	143,121	874,951	11	1,392,465	304,167
040 01 PAIN CLINIC	631,854		102,554	191,373		925,781	202,226
041 RADIOLOGY-DIAGNOSTIC	6,233,111	301,698	2,480,757	792,910	599	9,809,075	2,142,675
041 01 NORTHSIDE IMAGING	153,050		61,437	17,098		231,585	50,587
041 02 NORTHSIDE MRI	243,581		366,592	25,473		635,646	138,849
041 03 NORTHSIDE CT	365,484		56,986	17,018		439,488	96,001
041 04 NORTHSIDE MAMMOGRAPHY	142,192		54,759	15,712		212,663	46,454
041 05 NORTHSIDE ULTRASOUND	164,482		56,541	20,360		241,383	52,727
041 06 NORTHSIDE CARDIO NONI NVAS	89,543		36,346	9,757		135,646	29,630
041 07 NORTHSIDE ADMINISTRATION							
042 RADIOLOGY-THERAPEUTIC	1,277,718	108,917	599,312	132,055	216	2,118,218	462,699
043 RADIOISOTOPE	801,533	29,741	16,149	52,556	59	900,038	196,603
043 01 PET SCANNING	610,768	56,566	3,912	21,152	112	692,510	151,270
044 LABORATORY	12,435,015	171,490	207,451	792,459	340	13,606,755	2,972,232
044 01 NORTHSIDE LABORATORY	321,022		168,286	28,452		517,760	113,098
049 RESPIRATORY THERAPY	1,541,865	21,886	156,866	215,573	43	1,936,233	422,947
050 PHYSICAL THERAPY	2,636,944	58,184	1,175		115	2,696,418	589,000
054 ELECTROENCEPHALOGRAPHY	441,631		60,773	74,541		576,945	126,027
055 MEDICAL SUPPLIES CHARGED	552,462					552,462	120,679
056 DRUGS CHARGED TO PATIENTS	7,272,104					7,272,104	1,588,504
057 RENAL DIALYSIS	257,816	11,046	17,254	44,011	22	330,149	72,117
059 PSYCH - PARTIAL HOSPITALI	308,026	55,856	671	98,471	111	463,135	101,166
059 01 ENDOSCOPY	867,125	49,756	265,101	90,127	99	1,272,208	277,899
059 97 CARDIAC REHABILITATION	256,282		13,873	38,530		308,685	67,429
059 98 HYPERBARIC OXYGEN THERAPY	490,246		2,238	21,093		513,577	112,185
059 99 LITHOTRIPSY	118,445					118,445	25,873
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,314,518		32,861	423,213		1,770,592	386,765
060 01 CHI LLICOTHE, PRINCEVILLE	1,106,881		27,729	164,397		1,299,007	283,752
060 03 PHYSICIAN OFFICES	15,548,666	82,207	610,521	4,450,143	163	20,691,700	4,519,854
060 06 DIABETIC CARE CENTER	181,985			35,462		217,447	47,499
060 07 WOUND CARE CENTER	695,000		8,074	138,366		841,440	183,802
061 EMERGENCY	4,156,654	120,200	119,209	672,076	239	5,068,378	1,107,126
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	4,334,758	17,458	12,186	471,715	35	4,836,152	1,056,399
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	1,454,774	6,122	623	143,384	12	1,604,915	350,574
095 SUBTOTALS	244,224,379	5,787,141	11,903,031	24,304,516	11,269	243,432,581	43,337,179
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		43,512			86	43,598	9,523
097 RESEARCH	1,182,818			63,801		1,246,619	272,309
098 PHYSICIANS' PRIVATE OFFIC	1,524					1,524	333
099 NONPAID WORKERS	3,157,139		4,527	191,813		3,353,479	732,527
100 HEARTLAND PHARMACY	477	11,687			23	12,187	2,662
100 01 FOUNDATION	275		9,298			9,573	2,091
100 02 WELLNESS CENTER	565,046		8,351	49,573		622,970	136,080
100 05 OTHER NON-REIMBURSABLE	2,082,218	109,093	1,550	298,267	217	2,491,345	544,204
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	251,213,876	5,951,433	11,926,757	24,907,970	11,595	251,213,876	45,036,908

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS PLANT		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	7	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 PARKING							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS	8,815,057						
008 OPERATION OF PLANT	1,516,703	10,323,905					
009 LAUNDRY & LINEN SERVICE	32,286	45,670	1,485,463				
010 HOUSEKEEPING	113,700	160,834		4,155,038			
011 DIETARY	187,330	264,988	1,344	65,426	3,598,523		
012 CAFETERIA	121,938	172,488		93,953		1,277,411	
014 NURSING ADMINISTRATION	28,110	39,762				28,945	2,734,983
015 CENTRAL SERVICES & SUPPLY	90,738	128,353	49,067	69,302		16,284	
016 PHARMACY	63,095	89,251	4,967	56,124		36,713	
017 MEDICAL RECORDS & LIBRARY	77,415	109,507				28,881	74,617
021 NURSING SCHOOL	1,055,269	1,492,734	1,634			67,930	
022 I&R SERVICES-SALARY & FRI						14,021	
023 I&R SERVICES-OTHER PRGM C						14,021	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,346,092	1,904,120	511,787	1,524,497	2,290,665	260,145	672,117
026 INTENSIVE CARE UNIT	121,497	171,864	37,989	107,597	163,940	28,863	74,570
029 SURGICAL INTENSIVE CARE U	87,685	124,035	34,282	159,380	148,704	26,069	67,353
031 SUBPROVIDER	310,732	439,546	48,318	155,039	629,097	65,393	168,950
031 01 SUBPROVIDER - REHAB	245,101	346,708	36,871	142,015	366,117	35,060	90,583
033 NURSERY	35,856	50,720	22,307	59,845		14,176	36,625
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,101,193	1,557,696	223,849	887,752		172,664	446,099
039 DELIVERY ROOM & LABOR ROO	196,212	277,552	85,702	184,806		30,770	79,499
040 ANESTHESIOLOGY	9,223	13,046				30,177	77,966
040 01 PAIN CLINIC			2,929			8,945	23,111
041 RADIOLOGY-DIAGNOSTIC	498,629	705,337	93,171	59,845		70,687	182,628
041 01 NORTHSIDE IMAGING							
041 02 NORTHSIDE MRI							
041 03 NORTHSIDE CT							
041 04 NORTHSIDE MAMMOGRAPHY							
041 05 NORTHSIDE ULTRASOUND							
041 06 NORTHSIDE CARDIO NONIVAS							
041 07 NORTHSIDE ADMINISTRATION							
042 RADIOLOGY-THERAPEUTIC	180,012	254,637	17,758	51,318		7,768	20,069
043 RADIOISOTOPE	49,154	69,531	7,757			4,108	10,612
043 01 PET SCANNING	93,488	132,244	2,036			1,972	5,094
044 LABORATORY	283,430	400,926	1,947	84,651		89,207	230,478
044 01 NORTHSIDE LABORATORY							
049 RESPIRATORY THERAPY	36,171	51,166				20,255	52,331
050 PHYSICAL THERAPY	96,163	136,028	6,758				
054 ELECTROENCEPHALOGRAPHY			10,715			7,512	19,409
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	18,256	25,824	3,824	17,674		2,638	6,816
059 PSYCH - PARTIAL HOSPITALI	92,315	130,584				6,070	15,683
059 01 ENDOSCOPY	82,234	116,325	12,008	51,318		7,467	19,291
059 97 CARDIAC REHABILITATION						3,514	9,080
059 98 HYPERBARIIC OXYGEN THERAPY			2,769			1,123	2,901
059 99 LIOTHOTRIPSY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			2,436				
060 01 CHI LLICOTHE, PRINCEVILLE							
060 03 PHYSICIAN OFFICES	135,867	192,191	10,257			56,666	
060 06 DIABETIC CARE CENTER						2,811	7,264
060 07 WOUND CARE CENTER			9,988			7,394	19,102
061 EMERGENCY	198,659	281,014	215,941	384,496		63,823	164,893
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	28,854	40,815				14,130	104,992
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	10,118	14,313				1,835	32,922
095 SUBTOTALS	8,543,525	9,939,809	1,458,411	4,155,038	3,598,523	1,248,037	2,715,055
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	71,914	101,726					
097 RESEARCH						5,039	
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS						16,622	
100 HEARTLAND PHARMACY	19,316	27,323					
100 01 FOUNDATION							
100 02 WELLNESS CENTER						7,713	19,928
100 05 OTHER NON-REIMBURSABLE	180,302	255,047	27,052				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	8,815,057	10,323,905	1,485,463	4,155,038	3,598,523	1,277,411	2,734,983

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL
	15	16	17	21	22	23	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 PARKING							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	1,401,833						
016 PHARMACY	3,048	4,994,760					
017 MEDICAL RECORDS & LIBRARY			2,841,819				
021 NURSING SCHOOL	877	425		4,225,964			
022 I&R SERVICES-SALARY & FRI					1,477,833		
023 I&R SERVICES-OTHER PRGM C		1,637				3,450,407	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	61,806	819	866,238	3,124,365	258,032	602,446	37,843,928
026 INTENSIVE CARE UNIT	16,153	79	61,630	192,760	110,387	257,729	4,753,253
029 SURGICAL INTENSIVE CARE U	13,186	326	55,894	167,596	1,906	4,451	3,782,945
031 SUBPROVIDER	1,582	8	236,423	107,501	43,106	100,644	7,669,540
031 01 SUBPROVIDER - REHAB	7,003	37	137,673	173,584			5,248,821
033 NURSERY	7,093	2	81,826	37,640	2,816	6,575	2,087,291
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	975,947	76,364	833,620	73,711	51,121	119,356	56,477,806
039 DELIVERY ROOM & LABOR ROO	24,086	36		115,485			4,292,985
040 ANESTHESIOLOGY	23,210	102,839					1,953,093
040 01 PAIN CLINIC	4,952	3,347			2,599	6,069	1,179,959
041 RADIOLOGY-DIAGNOSTIC	75,483	134,046	46,033	21,030	22,095	51,586	13,912,320
041 01 NORTHSIDE IMAGING	33						282,205
041 02 NORTHSIDE MRI	430	8,880					783,805
041 03 NORTHSIDE CT	534	6,695					542,718
041 04 NORTHSIDE MAMMOGRAPHY	76						259,193
041 05 NORTHSIDE ULTRASOUND	94						294,204
041 06 NORTHSIDE CARDIO NONI NVAS	37						165,313
041 07 NORTHSIDE ADMINISTRATION							
042 RADIOLOGY-THERAPEUTIC	4,910	433					3,117,822
043 RADIOISOTOPE	326	204,966					1,443,095
043 01 PET SCANNING	313	54,151					1,133,078
044 LABORATORY	24,094	379					17,694,099
044 01 NORTHSIDE LABORATORY	538						631,396
049 RESPIRATORY THERAPY	8,547	55,921					2,583,571
050 PHYSICAL THERAPY	207						3,524,574
054 ELECTROENCEPHALOGRAPHY	953						741,561
055 MEDICAL SUPPLIES CHARGED	31,228	69					704,438
056 DRUGS CHARGED TO PATIENTS		3,183,830					12,044,438
057 RENAL DIALYSIS	1,323	19					478,640
059 PSYCH - PARTIAL HOSPITALI	9						808,962
059 01 ENDOSCOPY	25,454	2,178		5,988	11,264	26,299	1,909,933
059 97 CARDIAC REHABILITATION	84						388,792
059 98 HYPERBARI C OXYGEN THERAPY	4,474						637,029
059 99 LI THOTRIPSY							144,318
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	5,297	19,829			404,853	945,241	3,535,013
060 01 CHI LLICOTHE, PRINCEVILLE	2,325	33,428					1,618,512
060 03 PHYSICIAN OFFICES	34,627	948,224			498,605	1,164,126	28,252,117
060 06 DIABETIC CARE CENTER	87	4					275,112
060 07 WOUND CARE CENTER	10,683	3,164		13,687			1,089,260
061 EMERGENCY	23,069	84	522,482	192,617	44,189	103,172	8,369,943
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	5,326	239					6,086,907
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE	1,545	142,872					2,159,094
095 SUBTOTALS	1,401,049	4,985,330	2,841,819	4,225,964	1,450,973	3,387,694	240,901,083
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							226,761
097 RESEARCH					26,860	62,713	1,613,540
098 PHYSICIANS' PRIVATE OFFIC							1,857
099 NONPAID WORKERS							4,102,628
100 HEARTLAND PHARMACY							61,488
100 FOUNDATION							11,664
100 02 WELLNESS CENTER	784	9,430					796,905
100 05 OTHER NON-REIMBURSABLE							3,497,950
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,401,833	4,994,760	2,841,819	4,225,964	1,477,833	3,450,407	251,213,876

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	I & R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
005 01 PARKING		
006 ADMINISTRATIVE & GENERAL		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
021 NURSING SCHOOL		
022 I&R SERVICES-SALARY & FRI		
023 I&R SERVICES-OTHER PRGM C		
025 INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS	-860,478	36,983,450
026 INTENSIVE CARE UNIT	-368,116	4,385,137
029 SURGICAL INTENSIVE CARE U	-6,357	3,776,588
031 SUBPROVIDER	-143,750	7,525,790
031 01 SUBPROVIDER - REHAB		5,248,821
033 NURSERY	-9,391	2,077,900
037 ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM	-170,477	56,307,329
039 DELIVERY ROOM & LABOR ROO		4,292,985
040 ANESTHESIOLOGY		1,953,093
040 01 PAIN CLINIC	-8,668	1,171,291
041 RADIOLOGY-DIAGNOSTIC	-73,681	13,838,639
041 01 NORTHSIDE IMAGING		282,205
041 02 NORTHSIDE MRI		783,805
041 03 NORTHSIDE CT		542,718
041 04 NORTHSIDE MAMMOGRAPHY		259,193
041 05 NORTHSIDE ULTRASOUND		294,204
041 06 NORTHSIDE CARDIO NONI NVAS		165,313
041 07 NORTHSIDE ADMINISTRATION		
042 RADIOLOGY-THERAPEUTIC		3,117,822
043 RADIOISOTOPE		1,443,095
043 01 PET SCANNING		1,133,078
044 LABORATORY		17,694,099
044 01 NORTHSIDE LABORATORY		631,396
049 RESPIRATORY THERAPY		2,583,571
050 PHYSICAL THERAPY		3,524,574
054 ELECTROENCEPHALOGRAPHY		741,561
055 MEDICAL SUPPLIES CHARGED		704,438
056 DRUGS CHARGED TO PATIENTS		12,044,438
057 RENAL DIALYSIS		478,640
059 PSYCH - PARTIAL HOSPITALI		808,962
059 01 ENDOSCOPY	-37,563	1,872,370
059 97 CARDIAC REHABILITATION		388,792
059 98 HYPERBARIC OXYGEN THERAPY		637,029
059 99 LIHOTRIpsy		144,318
060 OUTPAT SERVICE COST CNTRS		
060 CLINIC	-1,350,094	2,184,919
060 01 CHILLICOTHE, PRINCEVILLE		1,618,512
060 03 PHYSICIAN OFFICES	-1,662,731	26,589,386
060 06 DIABETIC CARE CENTER		275,112
060 07 WOUND CARE CENTER		1,089,260
061 EMERGENCY	-147,361	8,222,582
062 OBSERVATION BEDS (NON-DIS		
062 OTHER REIMBURS COST CNTRS		
065 AMBULANCE SERVICES		
071 HOME HEALTH AGENCY		6,086,907
071 SPEC PURPOSE COST CENTERS		
093 HOSPICE		2,159,094
095 SUBTOTALS	-4,838,667	236,062,416
096 NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		226,761
097 RESEARCH	-89,573	1,523,967
098 PHYSICIANS' PRIVATE OFFIC		1,857
099 NONPAID WORKERS		4,102,628
100 HEARTLAND PHARMACY		61,488
100 01 FOUNDATION		11,664
100 02 WELLNESS CENTER		796,905
100 05 OTHER NON-REIMBURSABLE		3,497,950
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL	-4,928,240	246,285,636

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	7	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 PARKING							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS	310,575						
008 OPERATION OF PLANT	53,438	1,600,006					
009 LAUNDRY & LINEN SERVICE	1,137	7,078	47,851				
010 HOUSEKEEPING	4,006	24,926		162,845			
011 DIETARY	6,600	41,068	43	2,564	249,603		
012 CAFETERIA	4,296	26,732		3,682		124,308	
014 NURSING ADMINISTRATION	990	6,162				2,817	72,059
015 CENTRAL SERVICES & SUPPLY	3,197	19,892	1,581	2,716		1,585	
016 PHARMACY	2,223	13,832	160	2,200		3,573	
017 MEDICAL RECORDS & LIBRARY	2,728	16,972				2,810	1,966
021 NURSING SCHOOL	37,180	231,345	53			6,610	
022 I&R SERVICES-SALARY & FRI						1,364	
023 I&R SERVICES-OTHER PRGM C						1,364	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	47,426	295,100	16,486	59,750	158,887	25,314	17,710
026 INTENSIVE CARE UNIT	4,281	26,636	1,224	4,217	11,371	2,809	1,965
029 SURGICAL INTENSIVE CARE U	3,089	19,223	1,104	6,246	10,314	2,537	1,775
031 SUBPROVIDER	10,948	68,121	1,556	6,076	43,636	6,364	4,451
031 01 SUBPROVIDER - REHAB	8,635	53,733	1,188	5,566	25,395	3,412	2,387
033 NURSERY	1,263	7,861	719	2,345		1,379	965
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	38,798	241,413	7,211	34,793		16,802	11,753
039 DELIVERY ROOM & LABOR ROO	6,913	43,015	2,761	7,243		2,994	2,095
040 ANESTHESIOLOGY	325	2,022				2,937	2,054
040 01 PAIN CLINIC			94			870	609
041 RADIOLOGY-DIAGNOSTIC	17,568	109,314	3,001	2,345		6,879	4,812
041 01 NORTHSIDE IMAGING							
041 02 NORTHSIDE MRI							
041 03 NORTHSIDE CT							
041 04 NORTHSIDE MAMMOGRAPHY							
041 05 NORTHSIDE ULTRASOUND							
041 06 NORTHSIDE CARDIO NONI NVAS							
041 07 NORTHSIDE ADMINISTRATION							
042 RADIOLOGY-THERAPEUTIC	6,342	39,464	572	2,011		756	529
043 RADIOISOTOPE	1,732	10,776	250			400	280
043 01 PET SCANNING	3,294	20,495	66			192	134
044 LABORATORY	9,986	62,136	63	3,318		8,681	6,072
044 01 NORTHSIDE LABORATORY							
049 RESPIRATORY THERAPY	1,274	7,930				1,971	1,379
050 PHYSICAL THERAPY	3,388	21,082	218				
054 ELECTROENCEPHALOGRAPHY			345			731	511
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	643	4,002	123	693		257	180
059 PSYCH - PARTIAL HOSPITALI	3,252	20,238				591	413
059 01 ENDOSCOPY	2,897	18,028	387	2,011		727	508
059 97 CARDIAC REHABILITATION						342	239
059 98 HYPERBARI C OXYGEN THERAPY			89			109	76
059 99 LI THOTRI PSY							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			78				
060 01 CHILLICOTHE, PRINCEVILLE							
060 03 PHYSICIAN OFFICES	4,787	29,786	330			5,514	
060 06 DIABETIC CARE CENTER						274	191
060 07 WOUND CARE CENTER			322			719	503
061 EMERGENCY	6,999	43,552	6,956	15,069		6,211	4,344
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	1,017	6,326				1,375	2,766
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	356	2,218				179	867
095 SUBTOTALS	301,008	1,540,478	46,980	162,845	249,603	121,449	71,534
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	2,534	15,766					
097 RESEARCH						490	
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS						1,618	
100 HEARTLAND PHARMACY	681	4,235					
100 01 FOUNDATION							
100 02 WELLNESS CENTER						751	525
100 05 OTHER NON-REIMBURSABLE	6,352	39,527	871				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	310,575	1,600,006	47,851	162,845	249,603	124,308	72,059

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	SUBTOTAL
	15	16	17	21	22	23	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 PARKING							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	172,911						
016 PHARMACY	376	166,684					
017 MEDICAL RECORDS & LIBRARY			120,053				
021 NURSING SCHOOL	108	14		1,197,315			
022 I&R SERVICES-SALARY & FRI					42,451		
023 I&R SERVICES-OTHER PRGM C		55				49,625	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,624	27	36,594				2,229,995
026 INTENSIVE CARE UNIT	1,992	3	2,604				233,962
029 SURGICAL INTENSIVE CARE U	1,627	11	2,361				220,613
031 SUBPROVIDER	195		9,988				429,047
031 01 SUBPROVIDER - REHAB	864	1	5,816				341,639
033 NURSERY	875		3,457				78,090
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	120,376	2,548	35,216				4,396,981
039 DELIVERY ROOM & LABOR ROO	2,971	1					280,671
040 ANESTHESIOLOGY	2,863	3,432					192,173
040 01 PAIN CLINIC	611	112					229,095
041 RADIOLOGY-DIAGNOSTIC	9,311	4,473	1,945				3,417,794
041 01 NORTHSIDE IMAGING	4						72,556
041 02 NORTHSIDE MRI	53	296					387,235
041 03 NORTHSIDE CT	66	223					267,944
041 04 NORTHSIDE MAMMOGRAPHY	9						64,782
041 05 NORTHSIDE ULTRASOUND	12						67,286
041 06 NORTHSIDE CARDIO NONI NVAS	5						42,505
041 07 NORTHSIDE ADMINISTRATION							
042 RADIOLOGY-THERAPEUTIC	606	14					930,354
043 RADIOISOTOPE	40	6,840					91,713
043 01 PET SCANNING	39	1,807					452,744
044 LABORATORY	2,972	13					1,009,688
044 01 NORTHSIDE LABORATORY	66						196,730
049 RESPIRATORY THERAPY	1,054	1,866					227,915
050 PHYSICAL THERAPY	25						212,403
054 ELECTROENCEPHALOGRAPHY	118						72,592
055 MEDICAL SUPPLIES CHARGED	3,852	2					12,981
056 DRUGS CHARGED TO PATIENTS		106,250					226,392
057 RENAL DIALYSIS	163	1					40,168
059 PSYCH - PARTIAL HOSPITALI	1						89,488
059 01 ENDOSCOPY	3,140	73					364,390
059 97 CARDIAC REHABILITATION	10						41,880
059 98 HYPERBARIC OXYGEN THERAPY	552						11,714
059 99 LIOTHOTRIpsy							1,957
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	653	662					137,967
060 01 CHI LLI COTHE, PRINCEVILLE	287	1,116					51,876
060 03 PHYSICIAN OFFICES	4,271	31,644					2,525,937
060 06 DIABETIC CARE CENTER	11						22,867
060 07 WOUND CARE CENTER	1,318	106					80,441
061 EMERGENCY	2,846	3	22,072				436,539
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	657	8					125,387
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE	191	4,768					42,963
095 SUBTOTALS	172,814	166,369	120,053				20,359,454
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							62,568
097 RESEARCH							34,392
098 PHYSICIANS' PRIVATE OFFIC							25
099 NONPAID WORKERS							63,045
100 HEARTLAND PHARMACY							16,814
100 01 FOUNDATION							9,456
100 02 WELLNESS CENTER	97	315					143,938
100 05 OTHER NON-REIMBURSABLE							200,970
101 CROSS FOOT ADJUSTMENTS				1,197,315	42,451	49,625	1,289,391
102 NEGATIVE COST CENTER							
103 TOTAL	172,911	166,684	120,053	1,197,315	42,451	49,625	22,180,053

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-MVBLE & OSTS	EMPLOYEE BENEFITS	PARKING	RECONCILIATION	ADMINISTRATIVE & GENERAL
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(SQUARE FEET)	()	(ACCUM. COST)
	3	4	5	5.01	6a.00	6
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	779,629					
004 NEW CAP REL COSTS-MVB		8,903,141				
005 EMPLOYEE BENEFITS	14,327	63,478	125,581,028			
005 01 PARKING		3,531	34,613	765,302		
006 ADMINISTRATIVE & GENE	49,586	1,758,271	16,348,098	49,586	-45,036,908	206,176,968
007 MAINTENANCE & REPAIRS	17,023	43,604	1,669,376	17,023		7,234,719
008 OPERATION OF PLANT	120,216	378,695	905,699	120,216		7,228,273
009 LAUNDRY & LINEN SERVI	2,559	662	73,117	2,559		1,155,173
010 HOUSEKEEPING	9,012	7,182	1,824,789	9,012		3,184,819
011 DIETARY	14,848	31,521	1,233,401	14,848		2,527,363
012 CAFETERIA	9,665	1,885	761,933	9,665		729,649
014 NURSING ADMINISTRATIO	2,228	5,065	1,622,532	2,228		2,165,203
015 CENTRAL SERVICES & SU	7,192	55,225	518,592	7,192		860,191
016 PHARMACY	5,001	27,851	2,914,194	5,001		3,891,509
017 MEDICAL RECORDS & LIB	6,136	9,195	1,153,948	6,136		2,093,992
021 NURSING SCHOOL	83,642	91,756	2,804,752	83,642		1,318,980
022 I&R SERVICES-SALARY &		14,635	1,055,876			1,201,384
023 I&R SERVICES-OTHER PR			1,055,876			2,818,977
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	106,693	296,516	13,959,241	106,693		20,042,710
026 INTENSIVE CARE UNIT	9,630	40,308	1,989,322	9,630		2,797,184
029 SURGICAL INTENSIVE CA	6,950	57,888	1,594,246	6,950		2,373,595
031 SUBPROVIDER	24,629	8,810	3,245,880	24,629		4,401,702
031 01 SUBPROVIDER - REHAB	19,427	25,313	1,664,067	19,427		3,010,468
033 NURSERY	2,842	9,460	877,113	2,842		1,421,336
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	87,282	1,677,400	12,687,558	87,282		41,002,010
039 DELIVERY ROOM & LABOR	15,552	34,642	1,761,081	15,552		2,707,431
040 ANESTHESIOLOGY	731	106,838	4,411,325	731		1,392,465
040 01 PAIN CLINIC		76,555	964,862			925,781
041 RADIOLOGY-DIAGNOSTIC	39,522	1,851,844	3,997,689	39,522		9,809,075
041 01 NORTHSIDE IMAGING		45,862	86,206			231,585
041 02 NORTHSIDE MRI		273,655	128,429			635,646
041 03 NORTHSIDE CT		42,539	85,799			439,488
041 04 NORTHSIDE MAMMOGRAPHY		40,877	79,219			212,663
041 05 NORTHSIDE ULTRASOUND		42,207	102,653			241,383
041 06 NORTHSIDE CARDIOPH		27,132	49,194			135,646
041 07 NORTHSIDE ADMINI STRAT						
042 RADIOLOGY-THERAPEUTIC	14,268	447,377	665,796	14,268		2,118,218
043 RADIOISOTOPE	3,896	12,055	264,977	3,896		900,038
043 01 PET SCANNING	7,410	2,920	106,645	7,410		692,510
044 LABORATORY	22,465	154,859	3,995,417	22,465		13,606,755
044 01 NORTHSIDE LABORATORY		125,623	143,447			517,760
049 RESPIRATORY THERAPY	2,867	117,098	1,086,873	2,867		1,936,233
050 PHYSICAL THERAPY	7,622	877	877	7,622		2,696,418
054 ELECTROENCEPHALOGRAPH		45,366	375,822			576,945
055 MEDICAL SUPPLIES CHAR						552,462
056 DRUGS CHARGED TO PATI						7,272,104
057 RENAL DIALYSIS	1,447	12,880	221,897	1,447		330,149
059 PSYCH - PARTIAL HOSPI	7,317	501	496,470	7,317		463,135
059 01 ENDOSCOPY	6,518	197,894	454,401	6,518		1,272,208
059 97 CARDIAC REHABILITATIO		10,356	194,259			308,685
059 98 HYPERBARI C OXYGEN THE		1,671	106,347			513,577
059 99 LI THOTRIPSY						118,445
060 OUTPAT SERVICE COST C						
060 CLINIC		24,530	2,133,755			1,770,592
060 01 CHILLCOTHE, PRINCEVI		20,699	828,855			1,299,007
060 03 PHYSICIAN OFFICES	10,769	455,745	22,436,818	10,769		20,691,700
060 06 DIABETIC CARE CENTER			178,791			217,447
060 07 WOUND CARE CENTER		6,027	697,611			841,440
061 EMERGENCY	15,746	88,988	3,388,471	15,746		5,068,378
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						
071 HOME HEALTH AGENCY	2,287	9,097	2,378,293	2,287		4,836,152
093 SPEC PURPOSE COST CEN						
093 HOSPICE	802	465	722,911	802		1,604,915
095 SUBTOTALS	758,107	8,885,430	122,538,536	743,780	-45,036,908	198,395,673
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	5,700			5,700		43,598
097 RESEARCH			321,670			1,246,619
098 PHYSICIANS' PRIVATE O						1,524
099 NONPAID WORKERS		3,379	967,083			3,353,479
100 HEARTLAND PHARMACY	1,531			1,531		12,187
100 01 FOUNDATION		6,941				9,573
100 02 WELLNESS CENTER		6,234	249,938			622,970
100 05 OTHER NON-REIMBURSABL	14,291	1,157	1,503,801	14,291		2,491,345
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	5,951,433	11,926,757	24,907,970	11,595		45,036,908
(WRKSHT B, PART I)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	PARKING	RECONCILI-	ADMINISTRATI V
		OSTS-BLDG &	OSTS-MVBLE E	FITS	(SQUARE FEET)	E & GENERAL
		(SQUARE FEET	(DOLLAR)VALUE	(GROSS)SALARIES	(SQUARE FEET)	(ACCUM. COST)
	NONREIMBURS COST CENT	3	4	5	5.01	6a.00	6
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	7.633673		.198342			
105	COST TO BE ALLOCATED (WRKSHT B, PART II)		1.339612		.015151		.218438
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III)			194,404	4,784		3,406,205
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)			.001548	.006251		.016521

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)
	7	8	9	10	11	12	14
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
005 01 PARKING							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS	698,693						
008 OPERATION OF PLANT	120,216	578,477					
009 LAUNDRY & LINEN SERVICE	2,559	2,559	1,783,453				
010 HOUSEKEEPING	9,012	9,012		26,800			
011 DIETARY	14,848	14,848	1,614	422	223,892		
012 CAFETERIA	9,665	9,665		606		139,945	
014 NURSING ADMINISTRATION	2,228	2,228				3,171	115,972
015 CENTRAL SERVICES & SUPPLIES	7,192	7,192	58,910	447		1,784	
016 PHARMACY	5,001	5,001	5,963	362		4,022	
017 MEDICAL RECORDS & LIBRARY	6,136	6,136				3,164	3,164
021 NURSING SCHOOL	83,642	83,642	1,962			7,442	
022 I&R SERVICES-SALARY & BENEFITS						1,536	
023 I&R SERVICES-OTHER PERSONNEL						1,536	
025 ADULTS & PEDIATRICS	106,693	106,693	614,454	9,833	142,520	28,500	28,500
026 INTENSIVE CARE UNIT	9,630	9,630	45,610	694	10,200	3,162	3,162
029 SURGICAL INTENSIVE CARE	6,950	6,950	41,159	1,028	9,252	2,856	2,856
031 SUBPROVIDER	24,629	24,629	58,011	1,000	39,141	7,164	7,164
031 01 SUBPROVIDER - REHAB	19,427	19,427	44,267	916	22,779	3,841	3,841
033 NURSERY	2,842	2,842	26,782	386		1,553	1,553
037 ANCILLARY SERVICE COST CENTER							
039 OPERATING ROOM	87,282	87,282	268,754	5,726		18,916	18,916
040 DELIVERY ROOM & LABOR	15,552	15,552	102,894	1,192		3,371	3,371
040 ANESTHESIOLOGY	731	731				3,306	3,306
040 01 PAIN CLINIC			3,516			980	980
041 RADIOLOGY-DIAGNOSTIC	39,522	39,522	111,861	386		7,744	7,744
041 01 NORTHSIDE IMAGING							
041 02 NORTHSIDE MRI							
041 03 NORTHSIDE CT							
041 04 NORTHSIDE MAMMOGRAPHY							
041 05 NORTHSIDE ULTRASOUND							
041 06 NORTHSIDE CARDIOLOGY							
041 07 NORTHSIDE ADMINISTRATION							
042 RADIOLOGY-THERAPEUTIC	14,268	14,268	21,320	331		851	851
043 RADIOISOTOPE	3,896	3,896	9,313			450	450
043 01 PET SCANNING	7,410	7,410	2,444			216	216
044 LABORATORY	22,465	22,465	2,337	546		9,773	9,773
044 01 NORTHSIDE LABORATORY							
049 RESPIRATORY THERAPY	2,867	2,867				2,219	2,219
050 PHYSICAL THERAPY	7,622	7,622	8,114				
054 ELECTROENCEPHALOGRAPHY			12,865			823	823
055 MEDICAL SUPPLIES CHARGED TO PATIENTS							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	1,447	1,447	4,591	114		289	289
059 PSYCH - PARTIAL HOSPITALIZATION	7,317	7,317				665	665
059 01 ENDOSCOPY	6,518	6,518	14,417	331		818	818
059 97 CARDIAC REHABILITATION						385	385
059 98 HYPERBARIC OXYGEN THERAPY			3,325			123	123
059 99 LI THOTRIPSY							
060 OUTPAT SERVICE COST CENTER							
060 01 CHI LLICOTHE, PRINCEVILLE			2,925				
060 03 PHYSICIAN OFFICES	10,769	10,769	12,314			6,208	
060 06 DIABETIC CARE CENTER						308	308
060 07 WOUND CARE CENTER			11,992			810	810
061 EMERGENCY	15,746	15,746	259,260	2,480		6,992	6,992
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
065 OTHER REIMBURSABLE COST CENTER							
071 AMBULANCE SERVICES	2,287	2,287				1,548	4,452
093 HOME HEALTH AGENCY	802	802				201	1,396
095 SUBTOTALS	677,171	556,955	1,750,974	26,800	223,892	136,727	115,127
096 NONREIMBURSABLE COST CENTER							
097 GIFT, FLOWER, COFFEE	5,700	5,700					
097 RESEARCH						552	
098 PHYSICIANS' PRIVATE OFFICES							
099 NONPAID WORKERS						1,821	
100 HEARTLAND PHARMACY	1,531	1,531					
100 01 FOUNDATION							
100 02 WELLNESS CENTER						845	845
100 05 OTHER NON-REIMBURSABLE	14,291	14,291	32,479				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)	8,815,057	10,323,905	1,485,463	4,155,038	3,598,523	1,277,411	2,734,983

	COST CENTER DESCRIPTION	MAINTENANCE & OPERATIONS	REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTE'S)	(DIRECT NRSING HRS)	
		7	8	9	10	11	12	14	
104	NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT I)	12.616495	17.846699	.832914	155.038731	16.072584	9.127950	23.583132	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)								
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	310,575	1,600,006	47,851	162,845	249,603	124,308	72,059	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.444509	2.765894	.026831	6.076306	1.114837	.888263	.621348	

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	NURSING SCHOOL (TIME SPENT)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)
	15	16	17	21	22	23
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD						
005 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
005 01 PARKING						
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS						
007 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY	19,339,798					
016 PHARMACY	42,052	11,117,524				
017 MEDICAL RECORDS & LIBRARY			59,944			
021 NURSING SCHOOL	12,097	945		59,281		
022 I&R SERVICES-SALARY & FRI					34,112	
023 I&R SERVICES-OTHER PROGRAMS		3,644				34,112
025 INPATIENT ROUTINE SERVICE CENTER						
026 ADULTS & PEDIATRICS	852,683	1,823	18,272	43,828	5,956	5,956
026 INTENSIVE CARE UNIT	222,844	176	1,300	2,704	2,548	2,548
029 SURGICAL INTENSIVE CARE	181,918	726	1,179	2,351	44	44
031 SUBPROVIDER	21,823	17	4,987	1,508	995	995
031 01 SUBPROVIDER - REHAB	96,615	82	2,904	2,435		
033 NURSERY	97,851	5	1,726	528	65	65
037 ANCILLARY SERVICE COST CENTER						
037 OPERATING ROOM	13,464,188	169,974	17,584	1,034	1,180	1,180
039 DELIVERY ROOM & LABOR	332,291	81		1,620		
040 ANESTHESIOLOGY	320,213	228,904				
040 01 PAIN CLINIC	68,325	7,449			60	60
041 RADIOLOGY-DIAGNOSTIC	1,041,375	298,365	971	295	510	510
041 01 NORTHSIDE IMAGING	461					
041 02 NORTHSIDE MRI	5,930	19,766				
041 03 NORTHSIDE CT	7,373	14,902				
041 04 NORTHSIDE MAMMOGRAPHY	1,051					
041 05 NORTHSIDE ULTRASOUND	1,292					
041 06 NORTHSIDE CARDIOLOGY	514					
041 07 NORTHSIDE ADMINISTRATION						
042 RADIOLOGY-THERAPEUTIC	67,737	963				
043 RADIOISOTOPE	4,504	456,221				
043 01 PET SCANNING	4,315	120,532				
044 LABORATORY	332,406	843				
044 01 NORTHSIDE LABORATORY	7,429					
049 RESPIRATORY THERAPY	117,911	124,470				
050 PHYSICAL THERAPY	2,851					
054 ELECTROENCEPHALOGRAPHY	13,143					
055 MEDICAL SUPPLIES CHARGED TO PATIENT	430,824	153				
056 DRUGS CHARGED TO PATIENT		7,086,692				
057 RENAL DIALYSIS	18,258	42				
059 PSYCH - PARTIAL HOSPITAL	118					
059 01 ENDOSCOPY	351,169	4,847		84	260	260
059 97 CARDIAC REHABILITATION	1,160					
059 98 HYPERBARIC OXYGEN THERAPY	61,719					
059 99 LIOTHOTRIpsy						
060 OUTPAT SERVICE COST CENTER						
060 01 CHI LLICOTHE, PRINCEVILLE	73,083	44,136			9,345	9,345
060 03 PHYSICIAN OFFICES	32,082	74,406				
060 06 DIABETIC CARE CENTER	477,722	2,110,592			11,509	11,509
060 07 WOUND CARE CENTER	1,198	8				
061 EMERGENCY	147,389	7,042		192		
062 OBSERVATION BEDS (NON-REIMBURSABLE)	318,261	186	11,021	2,702	1,020	1,020
065 OTHER REIMBURSABLE COST CENTER						
071 AMBULANCE SERVICES						
071 HOME HEALTH AGENCY	73,483	532				
093 SPEC PURPOSE COST CENTER						
095 HOSPICE	21,312	318,010				
095 SUBTOTALS	19,328,970	11,096,534	59,944	59,281	33,492	33,492
096 NONREIMBURSABLE COST CENTER						
097 GIFT, FLOWER, COFFEE						
097 RESEARCH	5				620	620
098 PHYSICIANS' PRIVATE OFFICE						
099 NONPAID WORKERS						
100 HEARTLAND PHARMACY						
100 01 FOUNDATION						
100 02 WELLNESS CENTER	10,822	20,990				
100 05 OTHER NON-REIMBURSABLE	1					
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART)	1,401,833	4,994,760	2,841,819	4,225,964	1,477,833	3,450,407

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	NURSING SCHOOL (TIME SPENT)	I&R SERVICES- SALARY & FRI (ASSIGNED TIME)	I&R SERVICES- OTHER PRGM C (ASSIGNED TIME)
		15	16	17	21	22	23
104	NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT I)	.072484	.449269	47.407897	71.286989	43.322966	101.149361
105	COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT II))						
106	COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III))						
107	COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III))	172,911	166,684	120,053	1,197,315	42,451	49,625
108	COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III))	.008941	.014993	2.002753	20.197281	1.244459	1.454767

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	36,983,450		36,983,450	6,433	36,989,883
26	INTENSIVE CARE UNIT	4,385,137		4,385,137		4,385,137
29	SURGICAL INTENSIVE CARE U	3,776,588		3,776,588		3,776,588
31	SUBPROVIDER	7,525,790		7,525,790	9,968	7,535,758
31	01 SUBPROVIDER - REHAB	5,248,821		5,248,821		5,248,821
33	NURSERY	2,077,900		2,077,900		2,077,900
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	56,307,329		56,307,329	21,135	56,328,464
39	DELIVERY ROOM & LABOR ROO	4,292,985		4,292,985	9,688	4,302,673
40	ANESTHESIOLOGY	1,953,093		1,953,093	86	1,953,179
40	01 PAIN CLINIC	1,171,291		1,171,291	589	1,171,880
41	RADIOLOGY-DIAGNOSTIC	13,838,639		13,838,639		13,838,639
41	01 NORTHSIDE IMAGING	282,205		282,205		282,205
41	02 NORTHSIDE MRI	783,805		783,805		783,805
41	03 NORTHSIDE CT	542,718		542,718		542,718
41	04 NORTHSIDE MAMMOGRAPHY	259,193		259,193		259,193
41	05 NORTHSIDE ULTRASOUND	294,204		294,204		294,204
41	06 NORTHSIDE CARDIO NONINVAS	165,313		165,313		165,313
41	07 NORTHSIDE ADMINISTRATION					
42	RADIOLOGY-THERAPEUTIC	3,117,822		3,117,822		3,117,822
43	RADIOISOTOPE	1,443,095		1,443,095		1,443,095
43	01 PET SCANNING	1,133,078		1,133,078		1,133,078
44	LABORATORY	17,694,099		17,694,099		17,694,099
44	01 NORTHSIDE LABORATORY	631,396		631,396		631,396
49	RESPIRATORY THERAPY	2,583,571		2,583,571	6,154	2,589,725
50	PHYSICAL THERAPY	3,524,574		3,524,574		3,524,574
54	ELECTROENCEPHALOGRAPHY	741,561		741,561	6,236	747,797
55	MEDICAL SUPPLIES CHARGED	704,438		704,438		704,438
56	DRUGS CHARGED TO PATIENTS	12,044,438		12,044,438		12,044,438
57	RENAL DIALYSIS	478,640		478,640		478,640
59	PSYCH - PARTIAL HOSPITALI	808,962		808,962	3,989	812,951
59	01 ENDOSCOPY	1,872,370		1,872,370		1,872,370
59	97 CARDIAC REHABILITATION	388,792		388,792		388,792
59	98 HYPERBARIC OXYGEN THERAPY	637,029		637,029		637,029
59	99 LI THOTRI PSY	144,318		144,318		144,318
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,184,919		2,184,919	1,709	2,186,628
60	01 CHILICOTHE, PRINCEVILLE	1,618,512		1,618,512		1,618,512
60	03 PHYSICIAN OFFICES	26,589,386		26,589,386	203,172	26,792,558
60	06 DIABETIC CARE CENTER	275,112		275,112		275,112
60	07 WOUND CARE CENTER	1,089,260		1,089,260		1,089,260
61	EMERGENCY	8,222,582		8,222,582	103,159	8,325,741
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,084,940		3,084,940		3,084,940
65	AMBULANCE SERVICES					
101	SUBTOTAL	230,901,355		230,901,355	372,318	231,273,673
102	LESS OBSERVATION BEDS	3,084,940		3,084,940		3,084,940
103	TOTAL	227,816,415		227,816,415	372,318	228,188,733

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	73,531,946		73,531,946			
26	INTENSIVE CARE UNIT	12,486,453		12,486,453			
29	SURGICAL INTENSIVE CARE U	11,785,685		11,785,685			
31	SUBPROVIDER	18,546,093		18,546,093			
31	01 SUBPROVIDER - REHAB	5,305,302		5,305,302			
33	NURSERY	4,996,078		4,996,078			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	147,345,492	130,914,467	278,259,959	.202355	.202355	.202431
39	DELIVERY ROOM & LABOR ROO	9,322,324	1,315,214	10,637,538	.403569	.403569	.404480
40	ANESTHESIOLOGY	16,967,427	21,054,349	38,021,776	.051368	.051368	.051370
40	01 PAIN CLINIC	10,583	4,735,083	4,745,666	.246813	.246813	.246937
41	RADIOLOGY-DIAGNOSTIC	35,099,024	82,665,178	117,764,202	.117511	.117511	.117511
41	01 NORTHSIDE IMAGING	1,885	310,129	312,014	.904463	.904463	.904463
41	02 NORTHSIDE MRI	8,736	5,567,448	5,576,184	.140563	.140563	.140563
41	03 NORTHSIDE CT	67,088	3,614,762	3,681,850	.147404	.147404	.147404
41	04 NORTHSIDE MAMMOGRAPHY	404	586,787	587,191	.441412	.441412	.441412
41	05 NORTHSIDE ULTRASOUND	5,470	1,098,847	1,104,317	.266413	.266413	.266413
41	06 NORTHSIDE CARDIO NONINVAS	4,834	539,852	544,686	.303501	.303501	.303501
41	07 NORTHSIDE ADMINISTRATION						
42	RADIOLOGY-THERAPEUTIC	913,826	16,238,792	17,152,618	.181769	.181769	.181769
43	RADIOISOTOPE	1,547,732	5,621,554	7,169,286	.201289	.201289	.201289
43	01 PET SCANNING	293,434	5,176,576	5,470,010	.207144	.207144	.207144
44	LABORATORY	51,119,318	87,423,917	138,543,235	.127715	.127715	.127715
44	01 NORTHSIDE LABORATORY	147	72,917	73,064	8.641684	8.641684	8.641684
49	RESPIRATORY THERAPY	23,056,244	5,532,238	28,588,482	.090371	.090371	.090586
50	PHYSICAL THERAPY	13,485,261	1,418,689	14,903,950	.236486	.236486	.236486
54	ELECTROENCEPHALOGRAPHY	660,011	5,596,131	6,256,142	.118533	.118533	.119530
55	MEDICAL SUPPLIES CHARGED	6,397,295	1,850,280	8,247,575	.085412	.085412	.085412
56	DRUGS CHARGED TO PATIENTS	35,842,379	10,805,678	46,648,057	.258198	.258198	.258198
57	RENAL DIALYSIS	1,456,760	349,362	1,806,122	.265010	.265010	.265010
59	PSYCH - PARTIAL HOSPITALI		1,314,616	1,314,616	.615360	.615360	.618394
59	01 ENDOSCOPY	4,191,808	8,310,644	12,502,452	.149760	.149760	.149760
59	97 CARDIAC REHABILITATION	1,086	582,811	583,897	.665857	.665857	.665857
59	98 HYPERBARIC OXYGEN THERAPY		2,529,884	2,529,884	.251802	.251802	.251802
59	99 LI THOTRI PSY	50,760	812,160	862,920	.167244	.167244	.167244
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		5,817,500	5,817,500	.375577	.375577	.375871
60	01 CHILLICOTHE, PRINCEVILLE		3,684,549	3,684,549	.439270	.439270	.439270
60	03 PHYSICIAN OFFICES	159	61,479,468	61,479,627	.432491	.432491	.435796
60	06 DIABETIC CARE CENTER	549	325,684	326,233	.843299	.843299	.843299
60	07 WOUND CARE CENTER	108,206	5,877,668	5,985,874	.181972	.181972	.181972
61	EMERGENCY	11,952,380	43,302,659	55,255,039	.148811	.148811	.150678
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		2,902,707	2,902,707	1.062780	1.062780	1.062780
65	AMBULANCE SERVICES						
101	SUBTOTAL	486,562,179	529,428,600	1,015,990,779			
102	LESS OBSERVATION BEDS						
103	TOTAL	486,562,179	529,428,600	1,015,990,779			

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	56,307,329	4,396,981	51,910,348			56,307,329
39	DELIVERY ROOM & LABOR ROO	4,292,985	280,671	4,012,314			4,292,985
40	ANESTHESIOLOGY	1,953,093	192,173	1,760,920			1,953,093
40 01	PAIN CLINIC	1,171,291	229,095	942,196			1,171,291
41	RADIOLOGY-DIAGNOSTIC	13,838,639	3,417,794	10,420,845			13,838,639
41 01	NORTHSIDE IMAGING	282,205	72,556	209,649			282,205
41 02	NORTHSIDE MRI	783,805	387,235	396,570			783,805
41 03	NORTHSIDE CT	542,718	267,944	274,774			542,718
41 04	NORTHSIDE MAMMOGRAPHY	259,193	64,782	194,411			259,193
41 05	NORTHSIDE ULTRASOUND	294,204	67,286	226,918			294,204
41 06	NORTHSIDE CARDIO NONINVAS	165,313	42,505	122,808			165,313
41 07	NORTHSIDE ADMINISTRATION						
42	RADIOLOGY-THERAPEUTIC	3,117,822	930,354	2,187,468			3,117,822
43	RADIOISOTOPE	1,443,095	91,713	1,351,382			1,443,095
43 01	PET SCANNING	1,133,078	452,744	680,334			1,133,078
44	LABORATORY	17,694,099	1,009,688	16,684,411			17,694,099
44 01	NORTHSIDE LABORATORY	631,396	196,730	434,666			631,396
49	RESPIRATORY THERAPY	2,583,571	227,915	2,355,656			2,583,571
50	PHYSICAL THERAPY	3,524,574	212,403	3,312,171			3,524,574
54	ELECTROENCEPHALOGRAPHY	741,561	72,592	668,969			741,561
55	MEDICAL SUPPLIES CHARGED	704,438	12,981	691,457			704,438
56	DRUGS CHARGED TO PATIENTS	12,044,438	226,392	11,818,046			12,044,438
57	RENAL DIALYSIS	478,640	40,168	438,472			478,640
59	PSYCH - PARTIAL HOSPITALI	808,962	89,488	719,474			808,962
59 01	ENDOSCOPY	1,872,370	364,390	1,507,980			1,872,370
59 97	CARDIAC REHABILITATION	388,792	41,880	346,912			388,792
59 98	HYPERBARIC OXYGEN THERAPY	637,029	11,714	625,315			637,029
59 99	LITHOTRIPSY	144,318	1,957	142,361			144,318
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	2,184,919	137,967	2,046,952			2,184,919
60 01	CHILLICOTHE, PRINCEVILLE	1,618,512	51,876	1,566,636			1,618,512
60 03	PHYSICIAN OFFICES	26,589,386	2,525,937	24,063,449			26,589,386
60 06	DIABETIC CARE CENTER	275,112	22,867	252,245			275,112
60 07	WOUND CARE CENTER	1,089,260	80,441	1,008,819			1,089,260
61	EMERGENCY	8,222,582	436,539	7,786,043			8,222,582
62	OBSERVATION BEDS (NON-DIS	3,084,940	185,982	2,898,958			3,084,940
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	170,903,669	16,843,740	154,059,929			170,903,669
102	LESS OBSERVATION BEDS	3,084,940	185,982	2,898,958			3,084,940
103	TOTAL	167,818,729	16,657,758	151,160,971			167,818,729

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	278,259,959	.202355	.202355
39	DELIVERY ROOM & LABOR ROO	10,637,538	.403569	.403569
40	ANESTHESIOLOGY	38,021,776	.051368	.051368
40 01	PAIN CLINIC	4,745,666	.246813	.246813
41	RADIOLOGY-DIAGNOSTIC	117,764,202	.117511	.117511
41 01	NORTHSIDE IMAGING	312,014	.904463	.904463
41 02	NORTHSIDE MRI	5,576,184	.140563	.140563
41 03	NORTHSIDE CT	3,681,850	.147404	.147404
41 04	NORTHSIDE MAMMOGRAPHY	587,191	.441412	.441412
41 05	NORTHSIDE ULTRASOUND	1,104,317	.266413	.266413
41 06	NORTHSIDE CARDIO NONINVAS	544,686	.303501	.303501
41 07	NORTHSIDE ADMINISTRATION			
42	RADIOLOGY-THERAPEUTIC	17,152,618	.181769	.181769
43	RADIOISOTOPE	7,169,286	.201289	.201289
43 01	PET SCANNING	5,470,010	.207144	.207144
44	LABORATORY	138,543,235	.127715	.127715
44 01	NORTHSIDE LABORATORY	73,064	8.641684	8.641684
49	RESPIRATORY THERAPY	28,588,482	.090371	.090371
50	PHYSICAL THERAPY	14,903,950	.236486	.236486
54	ELECTROENCEPHALOGRAPHY	6,256,142	.118533	.118533
55	MEDICAL SUPPLIES CHARGED	8,247,575	.085412	.085412
56	DRUGS CHARGED TO PATIENTS	46,648,057	.258198	.258198
57	RENAL DIALYSIS	1,806,122	.265010	.265010
59	PSYCH - PARTIAL HOSPITALI	1,314,616	.615360	.615360
59 01	ENDOSCOPY	12,502,452	.149760	.149760
59 97	CARDIAC REHABILITATION	583,897	.665857	.665857
59 98	HYPERBARIC OXYGEN THERAPY	2,529,884	.251802	.251802
59 99	LITHOTRIPSY	862,920	.167244	.167244
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	5,817,500	.375577	.375577
60 01	CHILLCOTHE, PRINCEVILLE	3,684,549	.439270	.439270
60 03	PHYSICIAN OFFICES	61,479,627	.432491	.432491
60 06	DIABETIC CARE CENTER	326,233	.843299	.843299
60 07	WOUND CARE CENTER	5,985,874	.181972	.181972
61	EMERGENCY	55,255,039	.148811	.148811
62	OBSERVATION BEDS (NON-DIS	2,902,707	1.062780	1.062780
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	889,339,222		
102	LESS OBSERVATION BEDS	2,902,707		
103	TOTAL	886,436,515		

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	56,477,806	4,396,981	52,080,825	439,698	3,020,688	53,017,420
39	DELIVERY ROOM & LABOR ROO	4,292,985	280,671	4,012,314	28,067	232,714	4,032,204
40	ANESTHESIOLOGY	1,953,093	192,173	1,760,920	19,217	102,133	1,831,743
40 01	PAIN CLINIC	1,179,959	229,095	950,864	22,910	55,150	1,101,899
41	RADIOLOGY-DIAGNOSTIC	13,912,320	3,417,794	10,494,526	341,779	608,683	12,961,858
41 01	NORTHSIDE IMAGING	282,205	72,556	209,649	7,256	12,160	262,789
41 02	NORTHSIDE MRI	783,805	387,235	396,570	38,724	23,001	722,080
41 03	NORTHSIDE CT	542,718	267,944	274,774	26,794	15,937	499,987
41 04	NORTHSIDE MAMMOGRAPHY	259,193	64,782	194,411	6,478	11,276	241,439
41 05	NORTHSIDE ULTRASOUND	294,204	67,286	226,918	6,729	13,161	274,314
41 06	NORTHSIDE CARDIO NONINVAS	165,313	42,505	122,808	4,251	7,123	153,939
41 07	NORTHSIDE ADMINISTRATION						
42	RADIOLOGY-THERAPEUTIC	3,117,822	930,354	2,187,468	93,035	126,873	2,897,914
43	RADIOISOTOPE	1,443,095	91,713	1,351,382	9,171	78,380	1,355,544
43 01	PET SCANNING	1,133,078	452,744	680,334	45,274	39,459	1,048,345
44	LABORATORY	17,694,099	1,009,688	16,684,411	100,969	967,696	16,625,434
44 01	NORTHSIDE LABORATORY	631,396	196,730	434,666	19,673	25,211	586,512
49	RESPIRATORY THERAPY	2,583,571	227,915	2,355,656	22,792	136,628	2,424,151
50	PHYSICAL THERAPY	3,524,574	212,403	3,312,171	21,240	192,106	3,311,228
54	ELECTROENCEPHALOGRAPHY	741,561	72,592	668,969	7,259	38,800	695,502
55	MEDICAL SUPPLIES CHARGED	704,438	12,981	691,457	1,298	40,105	663,035
56	DRUGS CHARGED TO PATIENTS	12,044,438	226,392	11,818,046	22,639	685,447	11,336,352
57	RENAL DIALYSIS	478,640	40,168	438,472	4,017	25,431	449,192
59	PSYCH - PARTIAL HOSPITALI	808,962	89,488	719,474	8,949	41,729	758,284
59 01	ENDOSCOPY	1,909,933	364,390	1,545,543	36,439	89,641	1,783,853
59 97	CARDIAC REHABILITATION	388,792	41,880	346,912	4,188	20,121	364,483
59 98	HYPERBARIC OXYGEN THERAPY	637,029	11,714	625,315	1,171	36,268	599,590
59 99	LITHOTRIpsy	144,318	1,957	142,361	196	8,257	135,865
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,535,013	137,967	3,397,046	13,797	197,029	3,324,187
60 01	CHILLICOTHE, PRINCEVILLE	1,618,512	51,876	1,566,636	5,188	90,865	1,522,459
60 03	PHYSICIAN OFFICES	28,252,117	2,525,937	25,726,180	252,594	1,492,118	26,507,405
60 06	DIABETIC CARE CENTER	275,112	22,867	252,245	2,287	14,630	258,195
60 07	WOUND CARE CENTER	1,089,260	80,441	1,008,819	8,044	58,512	1,022,704
61	EMERGENCY	8,369,943	436,539	7,933,404	43,654	460,137	7,866,152
62	OBSERVATION BEDS (NON-DIS	3,084,940	185,982	2,898,958	18,598	168,140	2,898,202
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	174,354,244	16,843,740	157,510,504	1,684,375	9,135,609	163,534,260
102	LESS OBSERVATION BEDS	3,084,940	185,982	2,898,958	18,598	168,140	2,898,202
103	TOTAL	171,269,304	16,657,758	154,611,546	1,665,777	8,967,469	160,636,058

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	278,259,959	.190532	.201388
39	DELIVERY ROOM & LABOR ROO	10,637,538	.379054	.400931
40	ANESTHESIOLOGY	38,021,776	.048176	.050862
40 01	PAIN CLINIC	4,745,666	.232191	.243812
41	RADIOLOGY-DIAGNOSTIC	117,764,202	.110066	.115235
41 01	NORTHSIDE IMAGING	312,014	.842235	.881207
41 02	NORTHSIDE MRI	5,576,184	.129494	.133618
41 03	NORTHSIDE CT	3,681,850	.135798	.140126
41 04	NORTHSIDE MAMMOGRAPHY	587,191	.411176	.430380
41 05	NORTHSIDE ULTRASOUND	1,104,317	.248402	.260319
41 06	NORTHSIDE CARDIO NONINVAS	544,686	.282620	.295697
41 07	NORTHSIDE ADMINISTRATION			
42	RADIOLOGY-THERAPEUTIC	17,152,618	.168949	.176346
43	RADIOISOTOPE	7,169,286	.189077	.200009
43 01	PET SCANNING	5,470,010	.191653	.198867
44	LABORATORY	138,543,235	.120002	.126987
44 01	NORTHSIDE LABORATORY	73,064	8.027373	8.372427
49	RESPIRATORY THERAPY	28,588,482	.084795	.089574
50	PHYSICAL THERAPY	14,903,950	.222171	.235061
54	ELECTROENCEPHALOGRAPHY	6,256,142	.111171	.117373
55	MEDICAL SUPPLIES CHARGED	8,247,575	.080392	.085254
56	DRUGS CHARGED TO PATIENTS	46,648,057	.243019	.257713
57	RENAL DIALYSIS	1,806,122	.248705	.262786
59	PSYCH - PARTIAL HOSPITALI	1,314,616	.576810	.608553
59 01	ENDOSCOPY	12,502,452	.142680	.149850
59 97	CARDIAC REHABILITATION	583,897	.624225	.658685
59 98	HYPERBARI C OXYGEN THERAPY	2,529,884	.237003	.251339
59 99	LITHOTRIPSY	862,920	.157448	.167017
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	5,817,500	.571412	.605280
60 01	CHILLICOTHE, PRINCEVILLE	3,684,549	.413201	.437862
60 03	PHYSICIAN OFFICES	61,479,627	.431158	.455428
60 06	DIABETIC CARE CENTER	326,233	.791444	.836289
60 07	WOUND CARE CENTER	5,985,874	.170853	.180628
61	EMERGENCY	55,255,039	.142361	.150688
62	OBSERVATION BEDS (NON-DIS	2,902,707	.998448	1.056373
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	889,339,222		
102	LESS OBSERVATION BEDS	2,902,707		
103	TOTAL	886,436,515		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,229,995		2,229,995
26	INTENSIVE CARE UNIT				233,962		233,962
29	SURGICAL INTENSIVE CARE U				220,613		220,613
31	SUBPROVIDER				429,047		429,047
31 01	SUBPROVIDER - REHAB				341,639		341,639
33	NURSERY				78,090		78,090
101	TOTAL				3,533,346		3,533,346

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	46,655	21,386			47.80	1,022,251
26	INTENSIVE CARE UNIT	3,400	1,966			68.81	135,280
29	SURGICAL INTENSIVE CARE U	3,084	1,843			71.53	131,830
31	SUBPROVIDER	13,047	4,473			32.88	147,072
31 01	SUBPROVIDER - REHAB	7,593	5,751			44.99	258,737
33	NURSERY	4,516				17.29	
101	TOTAL	78,295	35,419				1,695,170

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

PROVIDER NO: 14-0209
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/11/2011
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		3,124,365				3,124,365
26	INTENSIVE CARE UNIT		192,760				192,760
29	SURGICAL INTENSIVE CARE U		167,596				167,596
31	SUBPROVIDER		107,501				107,501
31 01	SUBPROVIDER - REHAB		173,584				173,584
33	NURSERY		37,640				37,640
101	TOTAL		3,803,446				3,803,446

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

PROVIDER NO: 14-0209
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/11/2011
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	46,655	66.97	21,386	1,432,220
26	INTENSIVE CARE UNIT	3,400	56.69	1,966	111,453
29	SURGICAL INTENSIVE CARE U	3,084	54.34	1,843	100,149
31	SUBPROVIDER	13,047	8.24	4,473	36,858
31 01	SUBPROVIDER - REHAB	7,593	22.86	5,751	131,468
33	NURSERY	4,516	8.33		
101	TOTAL	78,295		35,419	1,812,148

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM						73,711					
39	DELIVERY ROOM & LABOR ROO						115,485					
40	ANESTHESIOLOGY											
40	01 PAIN CLINIC											
41	RADIOLOGY-DIAGNOSTIC						21,030					
41	01 NORTHSIDE IMAGING											
41	02 NORTHSIDE MRI											
41	03 NORTHSIDE CT											
41	04 NORTHSIDE MAMMOGRAPHY											
41	05 NORTHSIDE ULTRASOUND											
41	06 NORTHSIDE CARDIO NONINVAS											
41	07 NORTHSIDE ADMINISTRATION											
42	RADIOLOGY-THERAPEUTIC											
43	RADIOISOTOPE											
43	01 PET SCANNING											
44	LABORATORY											
44	01 NORTHSIDE LABORATORY											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
59	PSYCH - PARTIAL HOSPITALI											
59	01 ENDOSCOPY						5,988					
59	97 CARDIAC REHABILITATION											
59	98 HYPERBARIC OXYGEN THERAPY											
59	99 LI THOTRI PSY											
60	OUTPAT SERVICE COST CNTRS											
	CLINIC											
60	01 CHILLICOTHE, PRINCEVILLE											
60	03 PHYSICIAN OFFICES											
60	06 DIABETIC CARE CENTER											
60	07 WOUND CARE CENTER						13,687					
61	EMERGENCY						192,617					
62	OBSERVATION BEDS (NON-DIS						260,569					
	OTHER REIMBURS COST CNTRS											
65	AMBULANCE SERVICES											
101	TOTAL						683,087					

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	73,711	73,711	278,259,959	.000265	.000265	79,200,412	20,988
39	DELIVERY ROOM & LABOR ROO	115,485	115,485	10,637,538	.010856	.010856	183,687	1,994
40	ANESTHESIOLOGY			38,021,776			6,268,249	
40 01	PAIN CLINIC			4,745,666			5,268	
41	RADIOLOGY-DIAGNOSTIC	21,030	21,030	117,764,202	.000179	.000179	20,040,151	3,587
41 01	NORTHSIDE IMAGING			312,014				
41 02	NORTHSIDE MRI			5,576,184				
41 03	NORTHSIDE CT			3,681,850				
41 04	NORTHSIDE MAMMOGRAPHY			587,191				
41 05	NORTHSIDE ULTRASOUND			1,104,317				
41 06	NORTHSIDE CARDIO NONINVAS			544,686				
41 07	NORTHSIDE ADMINISTRATION							
42	RADIOLOGY-THERAPEUTIC			17,152,618			522,767	
43	RADIOISOTOPE			7,169,286				
43 01	PET SCANNING			5,470,010				
44	LABORATORY			138,543,235			25,919,915	
44 01	NORTHSIDE LABORATORY			73,064				
49	RESPIRATORY THERAPY			28,588,482			14,460,658	
50	PHYSICAL THERAPY			14,903,950			3,552,203	
54	ELECTROENCEPHALOGRAPHY			6,256,142			226,387	
55	MEDICAL SUPPLIES CHARGED			8,247,575			5,768,288	
56	DRUGS CHARGED TO PATIENTS			46,648,057			17,080,261	
57	RENAL DIALYSIS			1,806,122			971,383	
59	PSYCH - PARTIAL HOSPITALI			1,314,616				
59 01	ENDOSCOPY	5,988	5,988	12,502,452	.000479	.000479	2,457,682	1,177
59 97	CARDIAC REHABILITATION			583,897			1,086	
59 98	HYPERBARIC OXYGEN THERAPY			2,529,884				
59 99	LITHOTRIPSY			862,920			38,070	
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			5,817,500				
60 01	CHILLICOTHE, PRINCEVILLE			3,684,549				
60 03	PHYSICIAN OFFICES			61,479,627				
60 06	DIABETIC CARE CENTER			326,233			549	
60 07	WOUND CARE CENTER	13,687	13,687	5,985,874	.002287	.002287	79,851	183
61	EMERGENCY	192,617	192,617	55,255,039	.003486	.003486	5,882,995	20,508
62	OBSERVATION BEDS (NON-DIS	260,569	260,569	2,902,707	.089768	.089768		
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	683,087	683,087	889,339,222			182,659,862	48,437

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	40,450,267				10,719	
39	DELIVERY ROOM & LABOR ROO	3,910				42	
40	ANESTHESIOLOGY	5,282,637					
40 01	PAIN CLINIC	1,486,425					
41	RADIOLOGY-DIAGNOSTIC	25,265,657				4,523	
41 01	NORTHSIDE IMAGING	183,888					
41 02	NORTHSIDE MRI	1,130,226					
41 03	NORTHSIDE CT	1,048,178					
41 04	NORTHSIDE MAMMOGRAPHY	157,317					
41 05	NORTHSIDE ULTRASOUND	275,568					
41 06	NORTHSIDE CARDIO NONINVAS						
41 07	NORTHSIDE ADMINISTRATION						
42	RADIOLOGY-THERAPEUTIC	5,196,570					
43	RADIOISOTOPE	1,782,238					
43 01	PET SCANNING	1,914,488					
44	LABORATORY	2,235,959					
44 01	NORTHSIDE LABORATORY						
49	RESPIRATORY THERAPY	1,960,327					
50	PHYSICAL THERAPY	3,671					
54	ELECTROENCEPHALOGRAPHY	1,106,253					
55	MEDICAL SUPPLIES CHARGED	1,280,297					
56	DRUGS CHARGED TO PATIENTS	5,139,850					
57	RENAL DIALYSIS						
59	PSYCH - PARTIAL HOSPITALI	55,461					
59 01	ENDOSCOPY	2,076,160				994	
59 97	CARDIAC REHABILITATION	311,239					
59 98	HYPERBARIC OXYGEN THERAPY	295,975					
59 99	LITHOTRIpsy	114,210					
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	CHILLICOTHE, PRINCEVILLE						
60 03	PHYSICIAN OFFICES						
60 06	DIABETIC CARE CENTER						
60 07	WOUND CARE CENTER	694,157				1,588	
61	EMERGENCY	6,578,332				22,932	
62	OBSERVATION BEDS (NON-DIS	909,885				81,679	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	106,939,145				122,477	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM					73,711						
39	DELIVERY ROOM & LABOR ROO					115,485						
40	ANESTHESIOLOGY											
40	01 PAIN CLINIC											
41	RADIOLOGY-DIAGNOSTIC					21,030						
41	01 NORTHSIDE IMAGING											
41	02 NORTHSIDE MRI											
41	03 NORTHSIDE CT											
41	04 NORTHSIDE MAMMOGRAPHY											
41	05 NORTHSIDE ULTRASOUND											
41	06 NORTHSIDE CARDIO NONINVAS											
41	07 NORTHSIDE ADMINISTRATION											
42	RADIOLOGY-THERAPEUTIC											
43	RADIOISOTOPE											
43	01 PET SCANNING											
44	LABORATORY											
44	01 NORTHSIDE LABORATORY											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
59	PSYCH - PARTIAL HOSPITALI											
59	01 ENDOSCOPY					5,988						
59	97 CARDIAC REHABILITATION											
59	98 HYPERBARIC OXYGEN THERAPY											
59	99 LI THOTRI PSY											
60	OUTPAT SERVICE COST CNTRS											
	CLINIC											
60	01 CHILLICOTHE, PRINCEVILLE											
60	03 PHYSICIAN OFFICES											
60	06 DIABETIC CARE CENTER											
60	07 WOUND CARE CENTER					13,687						
61	EMERGENCY					192,617						
62	OBSERVATION BEDS (NON-DIS					260,569						
	OTHER REIMBURS COST CNTRS											
65	AMBULANCE SERVICES											
101	TOTAL					683,087						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	73,711	73,711	278,259,959	.000265	.000265	108,273	29
39	DELIVERY ROOM & LABOR ROO	115,485	115,485	10,637,538	.010856	.010856		
40	ANESTHESIOLOGY			38,021,776			17,141	
40 01	PAIN CLINIC			4,745,666				
41	RADIOLOGY-DIAGNOSTIC	21,030	21,030	117,764,202	.000179	.000179	261,876	47
41 01	NORTHSIDE IMAGING			312,014				
41 02	NORTHSIDE MRI			5,576,184				
41 03	NORTHSIDE CT			3,681,850				
41 04	NORTHSIDE MAMMOGRAPHY			587,191				
41 05	NORTHSIDE ULTRASOUND			1,104,317				
41 06	NORTHSIDE CARDIO NONINVAS			544,686				
41 07	NORTHSIDE ADMINISTRATION							
42	RADIOLOGY-THERAPEUTIC			17,152,618				
43	RADIOISOTOPE			7,169,286			7,704	
43 01	PET SCANNING			5,470,010				
44	LABORATORY			138,543,235			619,843	
44 01	NORTHSIDE LABORATORY			73,064				
49	RESPIRATORY THERAPY			28,588,482			143,901	
50	PHYSICAL THERAPY			14,903,950			51,007	
54	ELECTROENCEPHALOGRAPHY			6,256,142			6,741	
55	MEDICAL SUPPLIES CHARGED			8,247,575			22,065	
56	DRUGS CHARGED TO PATIENTS			46,648,057			590,524	
57	RENAL DIALYSIS			1,806,122			915	
59	PSYCH - PARTIAL HOSPITALI			1,314,616				
59 01	ENDOSCOPY	5,988	5,988	12,502,452	.000479	.000479	4,905	2
59 97	CARDIAC REHABILITATION			583,897				
59 98	HYPERBARIC OXYGEN THERAPY			2,529,884				
59 99	LITHOTRIPSY			862,920				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			5,817,500				
60 01	CHILLICOTHE, PRINCEVILLE			3,684,549				
60 03	PHYSICIAN OFFICES			61,479,627				
60 06	DIABETIC CARE CENTER			326,233				
60 07	WOUND CARE CENTER	13,687	13,687	5,985,874	.002287	.002287		
61	EMERGENCY	192,617	192,617	55,255,039	.003486	.003486	446,818	1,558
62	OBSERVATION BEDS (NON-DIS	260,569	260,569	2,902,707	.089768	.089768		
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	683,087	683,087	889,339,222			2,281,713	1,636

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
40	01 PAIN CLINIC						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NORTHSIDE IMAGING						
41	02 NORTHSIDE MRI						
41	03 NORTHSIDE CT						
41	04 NORTHSIDE MAMMOGRAPHY						
41	05 NORTHSIDE ULTRASOUND						
41	06 NORTHSIDE CARDIO NONINVAS						
41	07 NORTHSIDE ADMINISTRATION						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 PET SCANNING						
44	LABORATORY						
44	01 NORTHSIDE LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	PSYCH - PARTIAL HOSPITALI						
59	01 ENDOSCOPY						
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRI PSY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 CHILLICOTHE, PRINCEVILLE						
60	03 PHYSICIAN OFFICES						
60	06 DIABETIC CARE CENTER						
60	07 WOUND CARE CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM				73,711							
39	DELIVERY ROOM & LABOR ROO				115,485							
40	ANESTHESIOLOGY											
40	01 PAIN CLINIC											
41	RADIOLOGY-DIAGNOSTIC				21,030							
41	01 NORTHSIDE IMAGING											
41	02 NORTHSIDE MRI											
41	03 NORTHSIDE CT											
41	04 NORTHSIDE MAMMOGRAPHY											
41	05 NORTHSIDE ULTRASOUND											
41	06 NORTHSIDE CARDIO NONINVAS											
41	07 NORTHSIDE ADMINISTRATION											
42	RADIOLOGY-THERAPEUTIC											
43	RADIOISOTOPE											
43	01 PET SCANNING											
44	LABORATORY											
44	01 NORTHSIDE LABORATORY											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
59	PSYCH - PARTIAL HOSPITALI											
59	01 ENDOSCOPY				5,988							
59	97 CARDIAC REHABILITATION											
59	98 HYPERBARIC OXYGEN THERAPY											
59	99 LI THOTRI PSY											
60	OUTPAT SERVICE COST CNTRS											
	CLINIC											
60	01 CHILLICOTHE, PRINCEVILLE											
60	03 PHYSICIAN OFFICES											
60	06 DIABETIC CARE CENTER											
60	07 WOUND CARE CENTER				13,687							
61	EMERGENCY				192,617							
62	OBSERVATION BEDS (NON-DIS				260,569							
	OTHER REIMBURS COST CNTRS											
65	AMBULANCE SERVICES											
101	TOTAL				683,087							

TITLE XVIII, PART A

SUBPROVIDER 2

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	73,711	73,711	278,259,959	.000265	.000265	446,994	118
39	DELIVERY ROOM & LABOR ROO	115,485	115,485	10,637,538	.010856	.010856		
40	ANESTHESIOLOGY			38,021,776			22,934	
40 01	PAIN CLINIC			4,745,666			938	
41	RADIOLOGY-DIAGNOSTIC	21,030	21,030	117,764,202	.000179	.000179	758,977	136
41 01	NORTHSIDE IMAGING			312,014				
41 02	NORTHSIDE MRI			5,576,184				
41 03	NORTHSIDE CT			3,681,850				
41 04	NORTHSIDE MAMMOGRAPHY			587,191				
41 05	NORTHSIDE ULTRASOUND			1,104,317				
41 06	NORTHSIDE CARDIO NONINVAS			544,686				
41 07	NORTHSIDE ADMINISTRATION							
42	RADIOLOGY-THERAPEUTIC			17,152,618			56,637	
43	RADIOISOTOPE			7,169,286				
43 01	PET SCANNING			5,470,010				
44	LABORATORY			138,543,235			1,831,455	
44 01	NORTHSIDE LABORATORY			73,064				
49	RESPIRATORY THERAPY			28,588,482			876,529	
50	PHYSICAL THERAPY			14,903,950			5,853,399	
54	ELECTROENCEPHALOGRAPHY			6,256,142			8,667	
55	MEDICAL SUPPLIES CHARGED			8,247,575			594,517	
56	DRUGS CHARGED TO PATIENTS			46,648,057			1,087,307	
57	RENAL DIALYSIS			1,806,122			73,200	
59	PSYCH - PARTIAL HOSPITALI			1,314,616				
59 01	ENDOSCOPY	5,988	5,988	12,502,452	.000479	.000479	87,832	42
59 97	CARDIAC REHABILITATION			583,897				
59 98	HYPERBARIC OXYGEN THERAPY			2,529,884				
59 99	LITHOTRIPSY			862,920				
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			5,817,500				
60 01	CHILLICOTHE, PRINCEVILLE			3,684,549				
60 03	PHYSICIAN OFFICES			61,479,627				
60 06	DIABETIC CARE CENTER			326,233				
60 07	WOUND CARE CENTER	13,687	13,687	5,985,874	.002287	.002287	819	2
61	EMERGENCY	192,617	192,617	55,255,039	.003486	.003486	18,344	64
62	OBSERVATION BEDS (NON-DIS	260,569	260,569	2,902,707	.089768	.089768		
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	683,087	683,087	889,339,222			11,718,549	362

TITLE XVIII, PART A

SUBPROVIDER 2

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						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
40	01 PAIN CLINIC						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NORTHSIDE IMAGING						
41	02 NORTHSIDE MRI						
41	03 NORTHSIDE CT						
41	04 NORTHSIDE MAMMOGRAPHY						
41	05 NORTHSIDE ULTRASOUND						
41	06 NORTHSIDE CARDIO NONINVAS						
41	07 NORTHSIDE ADMINISTRATION						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 PET SCANNING						
44	LABORATORY						
44	01 NORTHSIDE LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	PSYCH - PARTIAL HOSPITALI						
59	01 ENDOSCOPY						
59	97 CARDIAC REHABILITATION						
59	98 HYPERBARIC OXYGEN THERAPY						
59	99 LI THOTRI PSY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 CHILLICOTHE, PRINCEVILLE						
60	03 PHYSICIAN OFFICES						
60	06 DIABETIC CARE CENTER						
60	07 WOUND CARE CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,885,113		
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	12/23/2010	12,150		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50	7/30/2010	11,280		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		870		NONE
4 TOTAL INTERIM PAYMENTS		2,885,983		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		30,667		
7 TOTAL MEDICARE PROGRAM LIABILITY		2,916,650		

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.

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
INPATIENT PSYCHIATRIC FACILITY (IPF)			
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		3,070,133
1.09	NET IPF PPS OUTLIER PAYMENTS		8,748
1.10	NET IPF PPS ECT PAYMENTS		9,950
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		.45
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		35.745205
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15 / 1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		3,088,831
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		3,088,831
INPATIENT REHABILITATION FACILITY (IRF)			
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		3,088,831
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		3,088,831
7	DEDUCTIBLES		340,840
8	SUBTOTAL		2,747,991
9	COINSURANCE		15,675
10	SUBTOTAL		2,732,316
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		208,343
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		145,840
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		208,343
12	SUBTOTAL		2,878,156
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		38,494
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		

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

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,916,650
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,885,983
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	30,667
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----		
50	ORIGINAL PPS AMOUNT OR 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).	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	6,941,869
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	6,914,203
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	27,666
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----		
50	ORIGINAL PPS AMOUNT OR 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).	

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		25.05
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		25.05
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		31.40
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		25.05
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		29.26
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		2.13
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		31.39
3.10	SEE INSTRUCTIONS		25.04
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		1.70
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		1.97
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	1.22
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		1.22
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		112,793.61
3.18	SEE INSTRUCTIONS		137,608
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		28.48
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		28.92
3.21	SEE INSTRUCTIONS	RES INIT YEARS	26.91
3.22	SEE INSTRUCTIONS		26.91
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		119,117.32
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,205,447
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,343,055

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		35,419
5	TOTAL INPATIENT DAYS		69,888
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.506797
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	1,694,250	1,694,250
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		2,771
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		69,888
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		113,820
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		1,806,122
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	61,751,422
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	13,868
16	TOTAL PART A REASONABLE COST	61,737,554

PART B REASONABLE COST

17	REASONABLE COST	18,876,893
18	PRIMARY PAYER PAYMENTS	4,265
19	TOTAL PART B REASONABLE COST	18,872,628
20	TOTAL REASONABLE COST	80,610,182
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.765878
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.234122

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	1,808,070
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,384,761
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	423,309

TITLE XVII I I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

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

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	5.18	
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6.35	
7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	5.18	
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		
9 MULTIPLY LINE 7 TIMES LINE 8		
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.506797	
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)		
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])		

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	8.00	
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	11.47	
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	8.00	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.037969	
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.010037	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	41,268,756	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	4,617,992	
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	460,565	

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		160,982,452		
2	NET INCOME (LOSS)		10,879,108		
3	TOTAL		171,861,560		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	CHANGE IN TEMP & PERM RES	536,153			
6					
7					
8					
9					
10	TOTAL ADDITIONS		536,153		
11	SUBTOTAL		172,397,713		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	CHANGE IN UNRESTRICTED NE	2,473,907			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		2,473,907		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		169,923,806		

		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	CHANGE IN TEMP & PERM RES				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	CHANGE IN UNRESTRICTED NE				
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	91,654,138		91,654,138
2 00 SUBPROVIDER	9,215,898		9,215,898
2 01 SUBPROVIDER - REHAB	5,319,376		5,319,376
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	106,189,412		106,189,412
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	12,675,601		12,675,601
13 00 SURGICAL INTENSIVE CARE UNIT	11,818,905		11,818,905
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	24,494,506		24,494,506
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	130,683,918		130,683,918
17 00 ANCILLARY SERVICES	353,428,412	392,938,409	746,366,821
18 00 OUTPATIENT SERVICES	12,204,839	123,773,514	135,978,353
19 00 HOME HEALTH AGENCY		7,656,635	7,656,635
20 00 AMBULANCE SERVICES			
23 00 HOSPICE		2,685,505	2,685,505
24 00 OTHER REVENUE		311,506	311,506
25 00 TOTAL PATIENT REVENUES	496,317,169	527,365,569	1023,682,738

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		331,926,704	
ADD (SPECIFY)			
27 00 BAD DEBTS	22,287,526		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		22,287,526	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		354,214,230	

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						
	687,773	51,229	6,989	25,696	100,309	871,996
HHA REIMBURSABLE SERVICES						
6	1,643,426	120,634	151,081	182	18,560	1,933,883
7				1,055,495		1,055,495
8				238,554		238,554
9				103,864		103,864
10	57,067	4,322	10,781			72,170
11	102,267	7,417	40,537			150,221
12					73,484	73,484
13					532	532
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,490,533	183,602	209,388	1,423,791	192,885	4,500,199

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5				
	-142,770	729,226	-22,671	706,555
HHA REIMBURSABLE SERVICES				
6		1,933,883		1,933,883
7		1,055,495		1,055,495
8		238,554		238,554
9		103,864		103,864
10		72,170		72,170
11		150,221		150,221
12		73,484		73,484
13		532		532
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-142,770	4,357,429	-22,671	4,334,758

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							
5		706,555				706,555	706,555
HHA REIMBURSABLE SERVICES							
6		1,933,883				1,933,883	376,604
7		1,055,495				1,055,495	205,547
8		238,554				238,554	46,456
9		103,864				103,864	20,226
10		72,170				72,170	14,054
11		150,221				150,221	29,254
12		73,484				73,484	14,310
13		532				532	104
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		4,334,758				4,334,758	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		2,310,487					
7		1,261,042					
8		285,010					
9		124,090					
10		86,224					
11		179,475					
12		87,794					
13		636					
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		4,334,758					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATION (MILEAGE)	RECONCILIATION (5A)	ADMINISTRATIVE & 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				-706,555	3,628,203
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					1,933,883
7	PHYSICAL THERAPY					1,055,495
8	OCCUPATIONAL THERAPY					238,554
9	SPEECH PATHOLOGY					103,864
10	MEDICAL SOCIAL SERVICES					72,170
11	HOME HEALTH AIDE					150,221
12	SUPPLIES					73,484
13	DRUGS					532
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)				-706,555	3,628,203
25	COST TO BE ALLOCATED					706,555
26	UNIT COST MULTIPLIER					.194740

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	PARKING 5.01	SUBTOTAL 5A.01
1 ADMIN & GENERAL		17,458	12,186	114,153	35	143,832
2 SKILLED NURSING CARE	2,310,487			325,959		2,636,446
3 PHYSICAL THERAPY	1,261,042					1,261,042
4 OCCUPATIONAL THERAPY	285,010					285,010
5 SPEECH PATHOLOGY	124,090					124,090
6 MEDICAL SOCIAL SERVICES	86,224			11,319		97,543
7 HOME HEALTH AIDE	179,475			20,284		199,759
8 SUPPLIES	87,794					87,794
9 DRUGS	636					636
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)	4,334,758	17,458	12,186	471,715	35	4,836,152
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	31,418	28,854	40,815			
2 SKILLED NURSING CARE	575,900					
3 PHYSICAL THERAPY	275,459					
4 OCCUPATIONAL THERAPY	62,257					
5 SPEECH PATHOLOGY	27,106					
6 MEDICAL SOCIAL SERVICES	21,307					
7 HOME HEALTH AIDE	43,635					
8 SUPPLIES	19,178					
9 DRUGS	139					
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,056,399	28,854	40,815			
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	NURSING SCHOOL 21
1 ADMIN & GENERAL	14,130	104,992	5,326	239		
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)	14,130	104,992	5,326	239		
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL			369,606		369,606	
2 SKILLED NURSING CARE			3,212,346		3,212,346	207,669
3 PHYSICAL THERAPY			1,536,501		1,536,501	99,330
4 OCCUPATIONAL THERAPY			347,267		347,267	22,450
5 SPEECH PATHOLOGY			151,196		151,196	9,774
6 MEDICAL SOCIAL SERVICES			118,850		118,850	7,683
7 HOME HEALTH AIDE			243,394		243,394	15,735
8 SUPPLIES			106,972		106,972	6,915
9 DRUGS			775		775	50
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)			6,086,907		6,086,907	369,606
21 UNIT COST MULTIPLIER						0.064647

- (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	TOTAL HHA COSTS
	29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	3,420,015
3 PHYSICAL THERAPY	1,635,831
4 OCCUPATIONAL THERAPY	369,717
5 SPEECH PATHOLOGY	160,970
6 MEDICAL SOCIAL SERVICES	126,533
7 HOME HEALTH AIDE	259,129
8 SUPPLIES	113,887
9 DRUGS	825
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)	6,086,907
21 UNIT COST MULTIPLIER	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	PARKING (SQUARE FEET)	RECONCILIATION ()	ADMINISTRATIVE & GENERAL (ACCUM. COST)
	3	4	5	5.01	6A	6
1 ADMIN & GENERAL	2,287	9,097	575,534	2,287		143,832
2 SKILLED NURSING CARE			1,643,426			2,636,446
3 PHYSICAL THERAPY						1,261,042
4 OCCUPATIONAL THERAPY						285,010
5 SPEECH PATHOLOGY						124,090
6 MEDICAL SOCIAL SERVICES			57,067			97,543
7 HOME HEALTH AIDE			102,266			199,759
8 SUPPLIES						87,794
9 DRUGS						636
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)	2,287	9,097	2,378,293	2,287		4,836,152
21 COST TO BE ALLOCATED	17,458	12,186	471,715	35		1,056,399
22 UNIT COST MULTIPLIER	7.633581	1.339562	0.198342	0.015304		0.218438

HHA COST CENTER	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)
	7	8	9	10	11	12
1 ADMIN & GENERAL	2,287	2,287				1,548
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)	2,287	2,287				1,548
21 COST TO BE ALLOCATED	28,854	40,815				14,130
22 UNIT COST MULTIPLIER	12.616528	17.846524				9.127907

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 14	CENTRAL SERVICES & SUPPL (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRAR (TIME SPENT) 17	NURSING SCHOOL (TIME SPENT) 21	I&R SERVICES -SALARY & FR (ASSIGNED TIME) 22
1 ADMIN & GENERAL	4,452	73,483	532			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4,452	73,483	532			
21 COST TO BE ALLOCATED	104,992	5,326	239			
22 UNIT COST MULTIPLIER	23.583109	0.072479	0.449248			

I&R SERVICES
 -OTHER PRGM
 (ASSIGNED TIME)
 23

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES							PART A
1 SKILLED NURSING	2	3,420,015	2	3,420,015	25,969	131.70	8,794
2 PHYSICAL THERAPY	3	1,635,831		1,635,831	12,624	129.58	4,541
3 OCCUPATIONAL THERAPY	4	369,717		369,717	4,047	91.36	1,574
4 SPEECH PATHOLOGY	5	160,970		160,970	1,403	114.73	564
5 MEDICAL SOCIAL SERVICES	6	126,533		126,533	785	161.19	221
6 HOME HEALTH AIDE SERVICE	7	259,129		259,129	4,477	57.88	1,402
7 TOTAL		5,972,195		5,972,195	49,305		17,096

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	PART A 9	PART B 10	11	12
1 SKILLED NURSING	7,583		1,158,170		998,681	2,156,851
2 PHYSICAL THERAPY	3,652		588,423		473,226	1,061,649
3 OCCUPATIONAL THERAPY	1,013		143,801		92,548	236,349
4 SPEECH PATHOLOGY	219		64,708		25,126	89,834
5 MEDICAL SOCIAL SERVICES	215		35,623		34,656	70,279
6 HOME HEALTH AIDE SERVICES	1,924		81,148		111,361	192,509
7 TOTAL	14,606		2,071,873		1,735,598	3,807,471

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

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	PART A 9	PART B 10	11	12
8 SKILLED NURSING						
8.01 SKILLED NURSING						
8.02 SKILLED NURSING						
9 PHYSICAL THERAPY						
9.01 PHYSICAL THERAPY						
9.02 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
10.01 OCCUPATIONAL THERAPY						
10.02 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
11.01 SPEECH PATHOLOGY						
11.02 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
12.01 MEDICAL SOCIAL SERVICES						
12.02 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
13.01 HOME HEALTH AIDE SERVICE						
13.02 HOME HEALTH AIDE SERVICE						
14 TOTAL						

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART I) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	113,887		113,887	69,309	1.643178	25,978
16 COST OF DRUGS	9.00	825		825			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	43,331		42,686	71,201
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.01 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.02 PROGRAM UN DUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM F1)		
17.01 PER BENE COST LIMITATION (FRM F1)		
17.02 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 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.236486			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	.085412			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.258198			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROGRAM COSTS 4	PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS 1/1/1998 TO 12/31/1998 3		
1 PHYSICAL THERAPY		129.58	2.01	3	3.01	
2 OCCUPATIONAL THERAPY		91.36				
3 SPEECH PATHOLOGY		114.73				
4 TOTAL (SUM OF LINES 1-3)						

TITLE XVII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,689,594		2,256,945
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		2,689,594		2,256,945
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER SETTLEMENT TO PROGRAM	.01 .02		
7 TOTAL MEDICARE PROGRAM LIABILITY		2,689,594		2,256,945

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
14-1537		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	99,649	7,385		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	413,769	30,661		
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE			69,387	244,737
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	67,920	5,033		
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	43,044	3,190		
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	98,529	7,301		
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	722,911	53,570	69,387	244,737

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 14-0209
HOSPICE NO: 14-1537
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/11/2011
WORKSHEET K

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	27,863	134,897		134,897
7 INPATIENT - GENERAL CARE		444,430		444,430
8 INPATIENT - RESPIRE CARE VISITING SERVICES				
9 PHYSICIAN SERVICES	8,900	8,900		8,900
10 NURSING CARE		314,124		314,124
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	2,264	2,264		2,264
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		72,953		72,953
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		46,234		46,234
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	318,012	318,012		318,012
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN	267,082	267,082	-267,082	
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	21,312	21,312		21,312
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS		105,830		105,830
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	645,433	1,736,038	-267,082	1,468,956

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
14-1537		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL	-14,182	120,715
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		444,430
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		8,900
10 NURSING CARE		314,124
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		2,264
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		72,953
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		46,234
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		318,012
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		21,312
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		105,830
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)	-14,182	1,454,774

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
14-1537		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES	67,920	
19	SPIRITUAL COUNSELING		
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOMEMAKER		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE		
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY		
27	ANALGESICS		
28	SEDATIVES / HYPNOTICS		
29	OTHER - SPECIFY		
30	DURABLE MEDICAL EQUIPMENT/OXYGEN		
31	PATIENT TRANSPORTATION		
32	IMAGING SERVICES		
33	LABS AND DIAGNOSTICS		
34	MEDICAL SUPPLIES		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36	RADIATION THERAPY		
37	CHEMOTHERAPY		
38	OTHER		
39	BEREAVEMENT PROGRAM COSTS		
40	VOLUNTEER PROGRAM COSTS		
41	FUNDRAISING		
42	OTHER PROGRAM COSTS		
43	TOTAL (SUM OF LINES 1 THRU 33)	67,920	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
14-1537		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE				99,649
7 INPATIENT - GENERAL CARE	413,769			
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			43,044	
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				98,529
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	413,769		43,044	198,178

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
14-1537		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	99,649
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	413,769
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	67,920
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	43,044
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	98,529
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	722,911

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
14-1537		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
7	ADMINISTRATIVE AND GENERAL		
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		
14	NURSING CARE-CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES	5,033	
19	SPIRITUAL COUNSELING		
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOMEMAKER		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE		
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY		
27	ANALGESICS		
28	SEDATIVES / HYPNOTICS		
29	OTHER - SPECIFY		
30	DURABLE MEDICAL EQUIPMENT/OXYGEN		
31	PATIENT TRANSPORTATION		
32	IMAGING SERVICES		
33	LABS AND DIAGNOSTICS		
34	MEDICAL SUPPLIES		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36	RADIATION THERAPY		
37	CHEMOTHERAPY		
38	OTHER		
39	BEREAVEMENT PROGRAM COSTS		
40	VOLUNTEER PROGRAM COSTS		
41	FUNDRAISING		
42	OTHER PROGRAM COSTS		
43	TOTAL (SUM OF LINES 1 THRU 33)	5,033	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
14-1537		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE				7,385
7 INPATIENT - GENERAL CARE	30,661			
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			3,190	
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				7,301
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	30,661		3,190	14,686

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-2
14-1537		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	7,385
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	30,661
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	5,033
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOME MAKER	3,190
23	HH AIDE & HOME MAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	7,301
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	53,570

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
14-1537		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
14-1537		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	244,737			
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)	244,737			

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	244,737
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	244,737

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1537		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	120,715			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	444,430			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	8,900			
10 NURSING CARE	314,124			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	2,264			
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	72,953			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	46,234			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	318,012			
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	21,312			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	105,830			
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,454,774			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1537		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			120,715	120,715
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			444,430	40,216
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			8,900	805
13 NURSING CARE			314,124	28,424
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			2,264	205
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			72,953	6,601
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			46,234	4,184
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			318,012	28,776
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			21,312	1,928
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS			105,830	9,576
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			1,334,059	120,715

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	484,646
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	9,705
13	NURSING CARE	342,548
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	2,469
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	79,554
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	50,418
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	346,788
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	23,240
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	115,406
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	1,454,774

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1537		PART II

HOSPICE 1

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

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
14-0209	FROM 1/ 1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
14-1537		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE		-120,715	1,334,059
8 INPATIENT - GENERAL CARE			444,430
9 INPATIENT - RESPIRE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			8,900
12 NURSING CARE			314,124
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			2,264
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			72,953
18 SPIRITUAL COUNSELING			
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOMEMAKER			46,234
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			318,012
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			
30 PATIENT TRANSPORTATION			
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			
33 MEDICAL SUPPLIES			21,312
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			105,830
39			
40 FUNDRAISING			
41 OTHER PROGRAM COSTS			
42 COST TO BE ALLOCATED (PER WKST K-4, PART I)			120,715
43 UNIT COST MULTIPLIER	.000000		.090487

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6		6,122	623	19,765
2.00 INPATIENT - GENERAL CARE	7	484,646			82,068
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9	9,705			
5.00 NURSING CARE	10	342,548			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	2,469			
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	79,554			13,471
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	50,418			8,537
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	346,788			
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	23,240			
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	115,406			19,543
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)		1,454,774	6,122	623	143,384
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	PARKING	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	
	5.01	5A.01	6	7	
1.00 ADMINISTRATIVE AND GENERAL		12	26,522	5,793	10,118
2.00 INPATIENT - GENERAL CARE			566,714	123,792	
3.00 INPATIENT - RESPIRE CARE					
4.00 PHYSICIAN SERVICES			9,705	2,120	
5.00 NURSING CARE			342,548	74,826	
5.20 NURSING CARE-CONTINUOUS HOME CARE					
6.00 PHYSICAL THERAPY			2,469	539	
7.00 OCCUPATIONAL THERAPY					
8.00 SPEECH/LANGUAGE PATHOLOGY					
9.00 MEDICAL SOCIAL SERVICES			93,025	20,320	
10.00 SPIRITUAL COUNSELING					
11.00 DIETARY COUNSELING					
12.00 COUNSELING - OTHER					
13.00 HOME HEALTH AIDE AND HOMEMAKER			58,955	12,878	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE					
14.00					
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			346,788	75,752	
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			23,240	5,076	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)					
22.00 RADIATION THERAPY					
23.00 CHEMOTHERAPY					
24.00					
25.00 BEREAVEMENT PROGRAM COSTS			134,949	29,478	
26.00 VOLUNTEER PROGRAM COSTS					
27.00 FUNDRAISING					
28.00 OTHER PROGRAM COSTS					
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	12	1,604,915	350,574		10,118
30.00 UNIT COST MULTIPLIER					

HOSPICE 1

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	775,211
3.00 INPATIENT - RESPIRE CARE	
4.00 PHYSICIAN SERVICES	13,276
5.00 NURSING CARE	468,574
5.20 NURSING CARE-CONTINUOUS HOME CARE	
6.00 PHYSICAL THERAPY	3,377
7.00 OCCUPATIONAL THERAPY	
8.00 SPEECH/LANGUAGE PATHOLOGY	
9.00 MEDICAL SOCIAL SERVICES	127,249
10.00 SPIRITUAL COUNSELING	
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	80,645
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	474,374
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	31,790
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00	
25.00 BEREAVEMENT PROGRAM COSTS	184,598
26.00 VOLUNTEER PROGRAM COSTS	
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	2,159,094
30.00 UNIT COST MULTIPLIER	

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	PARKING (SQUARE FEET) 5.01
1.00 ADMINISTRATIVE AND GENERAL	802	465	99,649	802
2.00 INPATIENT - GENERAL CARE			413,769	
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			67,920	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			43,044	
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			98,529	
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	802	465	722,911	802
30.00 TOTAL COST TO BE ALLOCATED	6,122	623	143,384	12
31.00 UNIT COST MULTIPLIER	7.633416	1.339785	198343	.014963

HOSPICE COST CENTER	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	MAINTENANCE & REPAIRS (SQUARE FEET) 7	OPERATION OF PLANT (SQUARE FEET) 8
1.00 ADMINISTRATIVE AND GENERAL		26,522	802	802
2.00 INPATIENT - GENERAL CARE		566,714		
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES		9,705		
5.00 NURSING CARE		342,548		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		2,469		
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		93,025		
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		58,955		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		346,788		
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		23,240		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS		134,949		
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8
29.00 TOTAL (SUM OF LINE 1 THRU 28)		1,604,915	802	802
30.00 TOTAL COST TO BE ALLOCATED		350,574	10,118	14,313
31.00 UNIT COST MULTIPLIER		.218438	12.615960	17.846633

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (FTE'S) 12
1.00 ADMINISTRATIVE AND GENERAL				201
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)				201
30.00 TOTAL COST TO BE ALLOCATED				1,835
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	9.129353

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRARY (TIME SPENT) 17
1.00 ADMINISTRATIVE AND GENERAL	1,396	21,312	318,010	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	1,396	21,312	318,010	
30.00 TOTAL COST TO BE ALLOCATED	32,922	1,545	142,872	
31.00 UNIT COST MULTIPLIER	23.583095	.072494	.449269	.000000

HOSPICE COST CENTER	NURSING SCHOOL (TIME SPENT) 21	I & R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME) 22	I & R SERVICES-OTHER PRGM COSTS APPRVD (ASSIGNED TIME) 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			

HOSPICE 1

NURSING SCHOOL

I & R
SERVICES-SALARY
& FRINGES
APPRVD
22

I & R
SERVICES-OTHER
PRGM COSTS
APPRVD
23

HOSPICE COST CENTER

21

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 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	.236486		
2 OCCUPATIONAL THERAPY	51			
3 SPEECH PATHOLOGY	52			
4 DRUGS CHARGED TO PATIENTS	56	.258198		
5 DURABLE MEDICAL EQUIP-SOLD	67			
6 LABORATORY	44	.127715		
6.01 NORTHSIDE LABORATORY	44.01	8.641684		
7 MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.085412		
8 EMERGENCY	61	.148811		
9 RADIOLOGY-DIAGNOSTIC	41	.117511		
9.01 NORTHSIDE IMAGING	41.01	.904463		
9.02 NORTHSIDE MRI	41.02	.140563		
9.03 NORTHSIDE CT	41.03	.147404		
9.04 NORTHSIDE MAMMOGRAPHY	41.04	.441412		
9.05 NORTHSIDE ULTRASOUND	41.05	.266413		
9.06 NORTHSIDE CARDIO NONINVASIVE	41.06	.303501		
9.07 NORTHSIDE ADMINISTRATION	41.07			
10 PSYCH - PARTIAL HOSPITALIZATION	59	.615360		
10.01 ENDOSCOPY	59.01	.149760		
10.97 CARDIAC REHABILITATION	59.97	.665857		
10.98 HYPERBARIC OXYGEN THERAPY	59.98	.251802		
10.99 LITHOTRIPSY	59.99	.167244		
11 TOTAL (SUM OF LINES 1-10)				

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				2,159,094
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				9,200
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				234.68
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	9,200			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	2,159,056			
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.

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,366,856
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	130,560
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	135.72
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	27.48
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	5.88
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	197,971
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	4.42
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	25.83
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	30.25
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.32
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	212,785
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,908,172

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)	