

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0082	I	FROM 10/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 9/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 2/28/2011 TIME 8:36

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:  
 DEACONESS HOSPITAL 15-0082

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

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	1,603,261	177,409	0	0
2	SUBPROVIDER	0	32,847	0	0	0
5	HOSPITAL-BASED SNF	0	5,663	6	0	0
7	HOSPITAL-BASED HHA	0	0	0	0	0
100	TOTAL	0	1,641,771	177,415	0	0

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

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











HOSPITAL AND HOSPITAL HEALTH CARE  
 COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 WORKSHEET S-3  
 PART I

COMPONENT	I & R FTES	---	FULL TIME	EQUIV	---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX			
28 01 EMP DISCOUNT DAYS -IRF	9	10	11	12	13	14	15		
29 LABOR & DELIVERY DAYS									

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	174,379,741	960,950	175,340,691	7,169,369.00	24.46	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	192,231		192,231	1,711.00	112.35	Payroll data
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	716,701		716,701	7,884.00	90.91	Payroll data
5 PHYSICIAN - PART B	17,496,367		17,496,367	119,197.00	146.79	Payroll data
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		916,554	916,554	35,552.00	25.78	Payroll data
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,177,247	21,981	1,199,228	53,057.00	22.60	Payroll data
8.01 EXCLUDED AREA SALARIES	19,932,727	1,265,875	21,198,602	881,087.00	24.06	Payroll data
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,394,515		1,394,515	13,210.00	105.57	Invoices
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,220,412		1,220,412	6,768.00	180.32	Invoices and contracts
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	8,709,790		8,709,790	290,387.00	29.99	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)		43,904,624	43,904,624			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS		14,427,210	14,427,210			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A		51,278	51,278			CMS 339
18.01 PART A TEACHING PHYSICIANS		118,688	118,688			CMS 339
19 PHYSICIAN PART B		2,607,752	2,607,752			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)		218,575	218,575			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,989,293	-44,804	1,944,489	133,620.00	14.55	
22 ADMINISTRATIVE & GENERAL	25,590,968	-2,497,822	23,093,146	1,028,217.00	22.46	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,721,135	47,159	2,768,294	118,736.00	23.31	
25 LAUNDRY & LINEN SERVICE	295,904	322,989	618,893	58,078.00	10.66	
26 HOUSEKEEPING	2,936,858	106,484	3,043,342	268,047.00	11.35	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,705,211	-1,283,915	1,421,296	116,744.00	12.17	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		733,545	733,545	62,319.00	11.77	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,983,838	33,321	2,017,159	84,428.00	23.89	
31 CENTRAL SERVICE AND SUPPLY	1,326,999	36,358	1,363,357	91,775.00	14.86	
32 PHARMACY	6,714,061	102,313	6,816,374	187,634.00	36.33	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,171,529	665,370	2,836,899	166,069.00	17.08	
34 SOCIAL SERVICE	2,154,113	36,990	2,191,103	94,255.00	23.25	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	156,166,673	44,396	156,211,069	7,006,736.00	22.29	
2 EXCLUDED AREA SALARIES	21,109,974	1,287,856	22,397,830	934,144.00	23.98	
3 SUBTOTAL SALARIES	135,056,699	-1,243,460	133,813,239	6,072,592.00	22.04	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	11,324,717		11,324,717	310,365.00	36.49	
5 SUBTOTAL WAGE-RELATED COSTS		43,955,902	43,955,902		32.85	
6 TOTAL	146,381,416	42,712,442	189,093,858	6,382,957.00	29.62	
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	50,589,909	-1,742,012	48,847,897	2,409,922.00	20.27	

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO: 15-0082  
HHA NO: 15-7132  
COUNTY:  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/28/2011  
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	4,386	140	102
2 UNDUPLICATED CENSUS COUNT		886.00	74.00	427.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	4,628
2 UNDUPLICATED CENSUS COUNT	1,387.00

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)	.35		.35
5 OTHER ADMINISTRATIVE PERSONEL	16.07		16.07
6 DIRECTING NURSING SERVICE	19.07		19.07
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE		4.25	4.25
9 PHYSICAL THERAPY SUPERVISOR		1.01	1.01
10 OCCUPATIONAL THERAPY SERVICE		2.53	2.53
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE		.35	.35
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.95		.95
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	2.23		2.23
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	2	
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).		21780	
20.01		99915	

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	7,084	528	296	118
22 SKILLED NURSING VISIT CHARGES	1,052,349	78,448	44,072	17,534
23 PHYSICAL THERAPY VISITS	3,759	11	108	57
24 PHYSICAL THERAPY VISIT CHARGES	603,247	1,771	17,388	9,161
25 OCCUPATIONAL THERAPY VISITS	1,710	5	8	34
26 OCCUPATIONAL THERAPY VISIT CHARGES	274,070	805	1,288	5,450
27 SPEECH PATHOLOGY VISITS	285	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	46,025	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	112	2	4	4
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	24,082	432	864	864
31 HOME HEALTH AIDE VISITS	1,781	19	12	24
32 HOME HEALTH AIDE VISIT CHARGES	150,942	1,615	1,020	2,040
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	14,731	565	428	237
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	2,150,715	83,071	64,632	35,049
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	875	0	163	19
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	12	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	76,644	4,266	4,749	630

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO: 15-0082  
HHA NO: 15-7132  
COUNTY:  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/28/2011  
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

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	8,026
22 SKILLED NURSING VISIT CHARGES	0	0	1,192,403
23 PHYSICAL THERAPY VISITS	0	0	3,935
24 PHYSICAL THERAPY VISIT CHARGES	0	0	631,567
25 OCCUPATIONAL THERAPY VISITS	0	0	1,757
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	281,613
27 SPEECH PATHOLOGY VISITS	0	0	285
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	46,025
29 MEDICAL SOCIAL SERVICE VISITS	0	0	122
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	26,242
31 HOME HEALTH AIDE VISITS	0	0	1,836
32 HOME HEALTH AIDE VISIT CHARGES	0	0	155,617
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	15,961
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	2,333,467
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	1,057
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	12
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	86,289

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 15-0082  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/28/2011  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB		1				
3	RUA		5				
3.01	RUX						
3.02	RUL		127				
4	RVC		14				
5	RVB		99				
6	RVA		145				
6.01	RVX		74				
6.02	RVL		544				
7	RHC		192				
8	RHB		74				
9	RHA		461				
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB		5				
12	RMA		150				
12.01	RMX		629				
12.02	RML		1,430				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		14				
16	SE2		52				
17	SE1						
18	SSC						
19	SSB						
20	SSA		70				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD2						
45.23	CD1						
46	TOTAL		4,086				

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

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 15-0082  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/28/2011  
WORKSHEET S-7

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

Worksheet S-2 reference data:

Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01): 0.8522  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 2440  
 SNF CBSA Code : 21780

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3.01	RUX			
3.02	RUL			
4	RVC			
5	RVB			
6	RVA			
6.01	RVX			
6.02	RVL			
7	RHC			
8	RHB			
9	RHA			
9.01	RHX			
9.02	RHL			
10	RMC			
11	RMB			
12	RMA			
12.01	RMX			
12.02	RML			
13	RLB			
14	RLA			
14.01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45.01	ES3			
45.02	ES2			
45.03	ES1			
45.04	HE2			
45.05	HE1			
45.06	HD2			
45.07	HD1			
45.08	HC2			
45.09	HC1			
45.10	HB2			
45.11	HB1			
45.12	LE2			
45.13	LE1			
45.14	LD2			
45.15	LD1			
45.16	LC2			
45.17	LC1			
45.18	LB2			

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
	TO 9/30/2010	WORKSHEET S-7

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

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.
- (4) Additional RUGs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.0000  
 Wage Index Factor (after 10/01) : 0.8522  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 2440  
 SNF CBSA Code : 21780

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET S-9
15-1512		

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	11,120	274		
3 INPATIENT RESPIRE CARE	104	13		
4 GENERAL INPATIENT CARE	1,159	46		
5 TOTAL HOSPICE DAYS	12,383	333		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	1,174	12,568
3 INPATIENT RESPIRE CARE		117
4 GENERAL INPATIENT CARE	187	1,392
5 TOTAL HOSPICE DAYS	1,361	14,077

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	345	17		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	35.89	19.59		
9 UNDUPLICATED CENSUS COUNT	345	17		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	77	439
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	17.68	32.07
9 UNDUPLICATED CENSUS COUNT	77	439

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
	TO 9/30/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	19,315,920
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	19,315,920
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)	.278769
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	107,324,950

HOSPITAL UNCOMPENSATED CARE DATA

	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
PROVIDER NO:	PERIOD:
15-0082	FROM 10/ 1/2009
	TO 9/30/2010

PREPARED 2/28/2011  
WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	29,918,869
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	83,931,365
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	23,397,463
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	29,918,869

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		20,551,550	20,551,550	-1,446,514	19,105,036
3.01	0301 NEW CAP REL COSTS- BLDG & FIXT				64,564	64,564
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		7,319,927	7,319,927	19,451,514	26,771,441
5	0500 EMPLOYEE BENEFITS	1,989,293	52,123,628	54,112,921	1,640,892	55,753,813
6	0600 ADMINISTRATIVE & GENERAL	25,590,968	29,938,029	55,528,997	-14,368,154	41,160,843
8	0800 OPERATION OF PLANT	2,721,135	7,767,589	10,488,724	-35,677	10,453,047
9	0900 LAUNDRY & LINEN SERVICE	295,904	21,917	317,821	566,181	884,002
10	1000 HOUSEKEEPING	2,936,858	734,347	3,671,205	-120,209	3,550,996
11	1100 DIETARY	2,705,211	2,220,432	4,925,643	-2,478,791	2,446,852
12	1200 CAFETERIA				1,315,628	1,315,628
14	1400 NURSING ADMINISTRATION	1,983,838	492,753	2,476,591	-153,337	2,323,254
15	1500 CENTRAL SERVICES & SUPPLY	1,326,999	3,547,479	4,874,478	-3,264,051	1,610,427
16	1600 PHARMACY	6,714,061	22,642,902	29,356,963	-15,096,787	14,260,176
17	1700 MEDICAL RECORDS & LIBRARY	2,171,529	21,847	2,193,376	18,122	2,211,498
18	1800 SOCIAL SERVICE	2,154,113	422,689	2,576,802	36,380	2,613,182
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				916,554	916,554
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				890,581	890,581
24	2400 PARAMED ED PRGM	201,173	9,075	210,248	2,459	212,707
24.01	2401 PARAMED ED PRGM-(CHAPLIN RESIDENCY)				194,003	194,003
24.03	2403 PARAMED ED PRGM-(NURSING)				236,213	236,213
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	27,933,195	2,119,675	30,052,870	-322,361	29,730,509
26	2600 INTENSIVE CARE UNIT	5,778,815	386,874	6,165,689	-12,167	6,153,522
27	2700 CORONARY CARE UNIT	4,268,326	357,867	4,626,193	-57,545	4,568,648
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	845,696	133,641	979,337	13,573	992,910
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY	1,177,247	98,172	1,275,419	-9,752	1,265,667
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	18,860,082	64,805,928	83,666,010	-30,883,136	52,782,874
41	4100 RADIOLOGY-DIAGNOSTIC	7,763,859	14,085,340	21,849,199	-4,159,114	17,690,085
44	4400 LABORATORY	10,167,676	14,678,001	24,845,677	-296,715	24,548,962
49	4900 RESPIRATORY THERAPY	3,316,053	729,705	4,045,758	-359,154	3,686,604
49.01	3950 WOUND CARE CENTER	217,022	134,221	351,243	-35,097	316,146
50	5000 PHYSICAL THERAPY		7,393,628	7,393,628	-87,058	7,306,570
53	5300 ELECTROCARDIOLOGY	412,182	773,784	1,185,966	-1,772	1,184,194
53.01	5301 CARDIAC CATH LAB	1,258,311	9,138,764	10,397,075	-8,629,841	1,767,234
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				21,566,372	21,566,372
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				21,032,351	21,032,351
56	5600 DRUGS CHARGED TO PATIENTS				15,043,526	15,043,526
57	5700 RENAL DIALYSIS	213,285	1,569,398	1,782,683	-26,390	1,756,293
59	3951 BEHAVIORAL HEALTH SERVICES	689,311	8,102	697,413	14,616	712,029
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	1,058,357	800,313	1,858,670	8,376	1,867,046
60.01	6001 CLINIC - FAMILY PRACTICE	2,426,673	472,476	2,899,149	-1,780,494	1,118,655
60.02	6002 OUTPATIENT PSYCHIATRIC SERVICES	509,001	21,112	530,113	7,389	537,502
60.03	6003 OUTPATIENT CHEMO	291,122	158,542	449,664	-6,270	443,394
60.04	6004 PRIMARY CARE SENIORS	1,666,460	447,382	2,113,842	-3,023	2,110,819
61	6100 EMERGENCY	14,088,261	4,362,936	18,451,197	-65,906	18,385,291
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
62.01	6201 OBSERVATION BEDS (DISTINCT PART) CVS	496,152	39,441	535,593	-5,462	530,131
	OTHER REIMBURS COST CNTRS					
66	6600 DURABLE MEDICAL EQUIP-RENTED	1,265,715	2,416,885	3,682,600	-274,700	3,407,900
71	7100 HOME HEALTH AGENCY	2,004,834	1,484,495	3,489,329	-161,018	3,328,311
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	1,354,930	863,241	2,218,171	111,304	2,329,475
95	SUBTOTALS	158,853,647	275,294,087	434,147,734	-1,009,897	433,137,837
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN				1,153,828	1,153,828
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 DEACONESS URGENT CARE	1,916,038	870,026	2,786,064	7,604	2,793,668
100.02	7952 OCCUPATIONAL HEALTH	1,148,700	1,067,568	2,216,268	-13,059	2,203,209
100.03	7979 OTHER NONREIMBURSABLE COST CENTERS	1,336,111	53,585	1,389,696	105,811	1,495,507
100.04	7953 OAKLAND CITY CLINIC	976,797	211,100	1,187,897	8,532	1,196,429
100.05	7954 THE HEART HOSPITAL	92,544		92,544		92,544
100.09	7957 USI HEALTH CENTER	348,538	75,750	424,288	4,334	428,622
100.20	7966 PHYSICIAN OFFICES	9,332,300	5,980,746	15,313,046	-200,058	15,112,988
100.27	7969 PUBLIC RELATIONS	269,370	1,186,990	1,456,360	-58,928	1,397,432
100.31	7980 WOMEN'S HOSPITAL/GATEWAY MOB	105,696	3,068,681	3,174,377	1,833	3,176,210
101	TOTAL	174,379,741	287,808,533	462,188,274	-0-	462,188,274

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0082  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/28/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-5,009,337	14,095,699
3.01	0301 NEW CAP REL COSTS- BLDG & FIXT		64,564
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	36,344	26,807,785
5	0500 EMPLOYEE BENEFITS	-8,664,601	47,089,212
6	0600 ADMINISTRATIVE & GENERAL	-2,445,728	38,715,115
8	0800 OPERATION OF PLANT		10,453,047
9	0900 LAUNDRY & LINEN SERVICE	82,728	966,730
10	1000 HOUSEKEEPING		3,550,996
11	1100 DIETARY	237,998	2,684,850
12	1200 CAFETERIA	-745,841	569,787
14	1400 NURSING ADMINISTRATION		2,323,254
15	1500 CENTRAL SERVICES & SUPPLY		1,610,427
16	1600 PHARMACY		14,260,176
17	1700 MEDICAL RECORDS & LIBRARY	414,008	2,625,506
18	1800 SOCIAL SERVICE	-490,272	2,122,910
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		916,554
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		890,581
24	2400 PARAMED ED PRGM		212,707
24.01	2401 PARAMED ED PRGM-(CHAPLIN RESIDENCY)		194,003
24.03	2403 PARAMED ED PRGM-(NURSING)		236,213
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-594,330	29,136,179
26	2600 INTENSIVE CARE UNIT		6,153,522
27	2700 CORONARY CARE UNIT		4,568,648
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER	-457	992,453
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		1,265,667
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-29,724,686	23,058,188
41	4100 RADIOLOGY-DIAGNOSTIC	-2,765,444	14,924,641
44	4400 LABORATORY	-386,656	24,162,306
49	4900 RESPIRATORY THERAPY	4,797	3,691,401
49.01	3950 WOUND CARE CENTER	-10,525	305,621
50	5000 PHYSICAL THERAPY	-2,021,871	5,284,699
53	5300 ELECTROCARDIOLOGY	-350,038	834,156
53.01	5301 CARDIAC CATH LAB	83,574	1,850,808
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	333,414	21,899,786
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		21,032,351
56	5600 DRUGS CHARGED TO PATIENTS	43,381	15,086,907
57	5700 RENAL DIALYSIS	-3,302	1,752,991
59	3951 BEHAVIORAL HEALTH SERVICES		712,029
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-499,424	1,367,622
60.01	6001 CLINIC - FAMILY PRACTICE	260,593	1,379,248
60.02	6002 OUTPATIENT PSYCHIATRIC SERVICES		537,502
60.03	6003 OUTPATIENT CHEMO		443,394
60.04	6004 PRIMARY CARE SENIORS	-1,167,560	943,259
61	6100 EMERGENCY	-9,139,778	9,245,513
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
62.01	6201 OBSERVATION BEDS (DISTINCT PART) CVS	10,633	540,764
	OTHER REIMBURS COST CNTRS		
66	6600 DURABLE MEDICAL EQUIP-RENTED		3,407,900
71	7100 HOME HEALTH AGENCY	-14,688	3,313,623
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE	189,954	2,519,429
95	SUBTOTALS	-62,337,114	370,800,723
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		1,153,828
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 DEACONESS URGENT CARE		2,793,668
100.02	7952 OCCUPATIONAL HEALTH		2,203,209
100.03	7979 OTHER NONREIMBURSABLE COST CENTERS		1,495,507
100.04	7953 OAKLAND CITY CLINIC		1,196,429
100.05	7954 THE HEART HOSPITAL		92,544
100.09	7957 USI HEALTH CENTER		428,622
100.20	7966 PHYSICIAN OFFICES		15,112,988
100.27	7969 PUBLIC RELATIONS		1,397,432
100.31	7980 WOMEN'S HOSPITAL/GATEWAY MOB		3,176,210
101	TOTAL	-62,337,114	399,851,160

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 NOT A CMS WORKSHEET

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS- BLDG & FIXT	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED PRGM	2400	
24.01	PARAMED PRGM-(CHAPLIN RESIDENCY)	2401	PARAMED PRGM
24.03	PARAMED PRGM-(NURSING)	2403	PARAMED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	WOUND CARE CENTER	3950	OTHER ANCILLARY SERVICE COST CENTERS
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC CATH LAB	5301	ELECTROCARDIOLOGY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	BEHAVIORAL HEALTH SERVICES	3951	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	CLINIC - FAMILY PRACTICE	6001	CLINIC
60.02	OUTPATIENT PSYCHIATRIC SERVICES	6002	CLINIC
60.03	OUTPATIENT CHEMO	6003	CLINIC
60.04	PRIMARY CARE SENIORS	6004	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
62.01	OBSERVATION BEDS (DISTINCT PART) CVS	6201	OBSERVATION BEDS (NON-DISTINCT PART)
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP-RENTED	6600	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	DEACONESS URGENT CARE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OCCUPATIONAL HEALTH	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	OTHER NONREIMBURSABLE COST CENTERS	7979	OTHER NONREIMBURSABLE COST CENTERS
100.04	OAKLAND CITY CLINIC	7953	OTHER NONREIMBURSABLE COST CENTERS
100.05	THE HEART HOSPITAL	7954	OTHER NONREIMBURSABLE COST CENTERS
100.09	USI HEALTH CENTER	7957	OTHER NONREIMBURSABLE COST CENTERS
100.20	PHYSICIAN OFFICES	7966	OTHER NONREIMBURSABLE COST CENTERS
100.27	PUBLIC RELATIONS	7969	OTHER NONREIMBURSABLE COST CENTERS
100.31	WOMEN'S HOSPITAL/GATEWAY MOB	7980	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
150082

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

PREPARED 2/28/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 BUILDING DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		151,333
2 EQUIPMENT DEPRECIATION	B	NEW CAP REL COSTS-MVBLE EQUIP	4		18,164,050
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1 EQUIPMENT DEPRECIATION	B				
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9					
10 HSB BUILDING DEPRECIATION	C	NEW CAP REL COSTS- BLDG & FIXT	3.01		54,946
11 INTEREST EXPENSE	D	NEW CAP REL COSTS-MVBLE EQUIP	4		444,564
12 CAFETERIA/GARDEN CAFE	E	CAFETERIA	12	709,168	
13		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96	621,952	
14		CAFETERIA	12		582,083
15		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96		510,497
16 QUALITY SHARE/ INCENTIVE COMP	F	EMPLOYEE BENEFITS	5	52,574	
17		OPERATION OF PLANT	8	47,159	
18		LAUNDRY & LINEN SERVICE	9	22,989	
19		HOUSEKEEPING	10	106,484	
20		DIETARY	11	47,205	
21		CAFETERIA	12	24,377	
22		NURSING ADMINISTRATION	14	33,321	
23		CENTRAL SERVICES & SUPPLY	15	36,358	
24		PHARMACY	16	74,963	
25		MEDICAL RECORDS & LIBRARY	17	65,370	
26		SOCIAL SERVICE	18	36,990	
27		I&R SERVICES-SALARY & FRINGES APPRVD	22	13,537	
28		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	3,002	
29		PARAMED PRGM-(CHAPLIN RESIDENCY)	24.01	4,949	
30		PARAMED PRGM-(NURSING)	24.03	5,958	
31		PARAMED PRGM	24	2,459	
32		ADULTS & PEDIATRICS	25	500,880	
33		INTENSIVE CARE UNIT	26	88,474	
34		CORONARY CARE UNIT	27	62,888	
35		SUBPROVIDER	31	13,855	

RECLASSIFICATIONS

PROVIDER NO:  
150082

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

PREPARED 2/28/2011  
WORKSHEET A-6  
CONTD

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 QUALITY SHARE/ INCENTIVE COMP	F	SKILLED NURSING FACILITY	34	21,981	
2		OPERATING ROOM	37	184,213	
3		RADIOLOGY-DIAGNOSTIC	41	125,096	
4		LABORATORY	44	211,781	
5		RESPIRATORY THERAPY	49	54,654	
6		WOUND CARE CENTER	49.01	4,229	
7		ELECTROCARDIOLOGY	53	7,242	
8		CARDIAC CATH LAB	53.01	17,005	
9		RENAL DIALYSIS	57	2,856	
10		BEHAVIORAL HEALTH SERVICES	59	14,616	
11		CLINIC	60	19,739	
12		CLINIC - FAMILY PRACTICE	60.01	19,264	
13		OUTPATIENT PSYCHIATRIC SERVICES	60.02	9,390	
14		OUTPATIENT CHEMO	60.03	1,295	
15		PRIMARY CARE SENIORS	60.04	17,901	
16		EMERGENCY	61	122,767	
17		OBSERVATION BEDS (DISTINCT PART) CVS	62.01	8,377	
18		DURABLE MEDICAL EQUIP-RENTED	66	28,794	
19		HOME HEALTH AGENCY	71	30,628	
20		HOSPICE	93	23,248	
21		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96	21,379	
22		DEACONESS URGENT CARE	100.01	25,363	
23		OCCUPATIONAL HEALTH	100.02	17,375	
24		OTHER NONREIMBURSABLE COST CENTERS	100.03	35,154	
25		OAKLAND CITY CLINIC	100.04	10,831	
26		USI HEALTH CENTER	100.09	5,581	
27		PHYSICIAN OFFICES	100.20	57,415	
28		PUBLIC RELATIONS	100.27	3,581	
29		WOMEN'S HOSPITAL/GATEWAY MOB	100.31	2,615	
30 EQUIPMENT LEASES	G	NEW CAP REL COSTS-MVBLE EQUIP	4		694,044
31 DRUGS AND IVS	H	DRUGS CHARGED TO PATIENTS	56		15,043,526
32 MEDICAL SUPPLIES CHARGED	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		3,022,355
33		IMPL. DEV. CHARGED TO PATIENT	55.30		33,891
34 INTERNS AND RESIDENT SALARIES	J	I&R SERVICES-SALARY & FRINGES APPRVD	22	903,017	
35 CHILD CARE CENTER	K	OTHER NONREIMBURSABLE COST CENTERS	100.03	97,378	
1 CHILD CARE CENTER	K	OTHER NONREIMBURSABLE COST CENTERS	100.03		19,832
2 TEACHING PHYSICIANS	L	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	713,699	
3		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		173,880
4 PASTORAL EDUCATION	M	PARAMED ED PRGM-(CHAPLIN RESIDENCY)	24.01	183,176	
5		PARAMED ED PRGM-(CHAPLIN RESIDENCY)	24.01		5,878
6 INSURANCE	N	NEW CAP REL COSTS-BLDG & FIXT	3		573,221
7		NEW CAP REL COSTS- BLDG & FIXT	3.01		9,618
8 HOME SERVICES	O	HOSPICE	93	52,870	
9		HOSPICE	93		37,900
10		DURABLE MEDICAL EQUIP-RENTED	66	87,776	
11		DURABLE MEDICAL EQUIP-RENTED	66		62,921
12 PUBLIC RELATIONS	P	ADMINISTRATIVE & GENERAL	6	14,916	
13		ADMINISTRATIVE & GENERAL	6		47,593
14 PARAMED ED PGRM - NURSING	Q	PARAMED ED PRGM-(NURSING)	24.03	230,255	
15					
16					
17					
18					
19 LAUNDRY	R	LAUNDRY & LINEN SERVICE	9	300,000	
20		LAUNDRY & LINEN SERVICE	9		438,346
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:  
150082

PERIOD:  
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PREPARED 2/28/2011  
WORKSHEET A-6  
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 LAUNDRY	R				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11 SALARIES	S	MEDICAL RECORDS & LIBRARY	17	600,000	
12		PHARMACY	16	27,350	
13		HOSPICE	93	15,000	
14 MEDICAL DIRECTOR - EXEMPT UNIT	T	SUBPROVIDER	31	2,600	
15 MEDICAL SUPPLIES CHARGED	U	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		18,544,017
16		IMPL. DEV. CHARGED TO PATIENT	55.30		20,998,460
17					
18					
19					
20					
21 BENEFITS	V	EMPLOYEE BENEFITS	5		1,785,909
22		ADMINISTRATIVE & GENERAL	6	18,600	
23					
24 PROPERTY TAXES	W	NEW CAP REL COSTS-MVBLE EQUIP	4		148,856
25 HOME VISITS DME	Y	HOME HEALTH AGENCY	71		88,960
26 PHYSICIAN PART A COSTS	Z	ADULTS & PEDIATRICS	25	30,488	
27		INTENSIVE CARE UNIT	26	11,697	
28		ADULTS & PEDIATRICS	25		50,394
36 TOTAL RECLASSIFICATIONS				6,968,104	81,687,074

(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:  
150082

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

PREPARED 2/28/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF
			LINE NO	SALARY	OTHER	
1 QUALITY SHARE/ INCENTIVE COMP	F	6				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30 EQUIPMENT LEASES	G	RADIOLOGY-DIAGNOSTIC	41		694,044	10
31 DRUGS AND IVS	H	PHARMACY	16		15,043,526	
32 MEDICAL SUPPLIES CHARGED	I	CENTRAL SERVICES & SUPPLY	15		3,056,246	
33						
34 INTERNS AND RESIDENT SALARIES	J	CLINIC - FAMILY PRACTICE	60.01	903,017		
35 CHILD CARE CENTER	K	EMPLOYEE BENEFITS	5	97,378		
1 CHILD CARE CENTER	K	EMPLOYEE BENEFITS	5		19,832	
2 TEACHING PHYSICIANS	L	CLINIC - FAMILY PRACTICE	60.01	713,699		
3		CLINIC - FAMILY PRACTICE	60.01		173,880	
4 PASTORAL EDUCATION	M	ADMINISTRATIVE & GENERAL	6	183,176		
5		ADMINISTRATIVE & GENERAL	6		5,878	
6 INSURANCE	N	ADMINISTRATIVE & GENERAL	6		582,839	12
7						12
8 HOME SERVICES	O	HOME HEALTH AGENCY	71	140,646		
9		HOME HEALTH AGENCY	71		100,821	
10						
11						
12 PUBLIC RELATIONS	P	PUBLIC RELATIONS	100.27	14,916		
13		PUBLIC RELATIONS	100.27		47,593	
14 PARAMED ED PGRM - NURSING	Q	ADULTS & PEDIATRICS	25	169,709		
15		INTENSIVE CARE UNIT	26	15,818		
16		CORONARY CARE UNIT	27	26,308		
17		OPERATING ROOM	37	8,704		
18		EMERGENCY	61	9,716		
19 LAUNDRY	R	EMPLOYEE BENEFITS	5		26,066	
20		DIETARY	11		641	
21		CENTRAL SERVICES & SUPPLY	15		60,224	
22		PHARMACY	16		27	
23		ADULTS & PEDIATRICS	25		306,173	
24		INTENSIVE CARE UNIT	26		40,386	
25		CORONARY CARE UNIT	27		50,129	
26		SUBPROVIDER	31		1,757	
27		SKILLED NURSING FACILITY	34		23,830	
28		OPERATING ROOM	37		69,633	
29		RADIOLOGY-DIAGNOSTIC	41		63,375	
30		LABORATORY	44		2,555	
31		RESPIRATORY THERAPY	49		7,757	
32		WOUND CARE CENTER	49.01		2,876	
33		PHYSICAL THERAPY	50		20,560	
34		ELECTROCARDIOLOGY	53		466	
35		CARDIAC CATH LAB	53.01		3,181	

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CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10	
		COST CENTER 1	6	LINE NO 7	SALARY 8		OTHER 9
1 LAUNDRY	R			60.01		4,696	
2				60.03		3,234	
3				60.04		598	
4				61		32,197	
5				62.01		7,423	
6				93		365	
7				100.01		1,314	
8				100.02		8,421	
9				100.09		146	
10				100.20		316	
11 SALARIES	S			17		600,000	
12				16		27,350	
13				93		15,000	
14 MEDICAL DIRECTOR - EXEMPT UNIT	T			25	2,600		
15 MEDICAL SUPPLIES CHARGED	U			37		28,647,608	
16				41		1,948,447	
17				49		179,001	
18				49.01		24,068	
19				53.01		8,501,208	
20				66		242,145	
21 BENEFITS	V			6		1,756,053	
22				100.03		29,856	
23				6		18,600	
24 PROPERTY TAXES	W			6		148,856	13
25 HOME VISITS DME	Y			66		88,960	
26 PHYSICIAN PART A COSTS	Z			100.20	42,185		
27				100.20		50,394	
28							
36 TOTAL RECLASSIFICATIONS					6,007,154	82,648,024	

(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

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WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : BUILDING DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	151,333
TOTAL RECLASSIFICATIONS FOR CODE A			151,333

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICIAN OFFICES	100.20	151,333	
			151,333

RECLASS CODE: B  
EXPLANATION : EQUIPMENT DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	18,164,050
2.00			0
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
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0
38.00			0
39.00			0
40.00			0
42.00			0
43.00			0
44.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			18,164,050

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	1,671,558	
EMPLOYEE BENEFITS	5	54,315	
ADMINISTRATIVE & GENERAL	6	9,405,699	
OPERATION OF PLANT	8	82,836	
LAUNDRY & LINEN SERVICE	9	195,154	
HOUSEKEEPING	10	226,693	
DIETARY	11	101,655	
NURSING ADMINISTRATION	14	186,658	
CENTRAL SERVICES & SUPPLY	15	183,939	
PHARMACY	16	128,197	
MEDICAL RECORDS & LIBRARY	17	47,248	
SOCIAL SERVICE	18	610	
ADULTS & PEDIATRICS	25	425,641	
INTENSIVE CARE UNIT	26	56,134	
CORONARY CARE UNIT	27	43,996	
SUBPROVIDER	31	1,125	
SKILLED NURSING FACILITY	34	7,903	
OPERATING ROOM	37	2,341,404	
RADIOLOGY-DIAGNOSTIC	41	1,578,344	
LABORATORY	44	505,941	
RESPIRATORY THERAPY	49	227,050	
WOUND CARE CENTER	49.01	12,382	
PHYSICAL THERAPY	50	66,498	
ELECTROCARDIOLOGY	53	8,548	
CARDIAC CATH LAB	53.01	142,457	
RENAL DIALYSIS	57	29,246	
CLINIC	60	11,363	
CLINIC - FAMILY PRACTICE	60.01	4,466	
OUTPATIENT PSYCHIATRIC SERVICE	60.02	2,001	
OUTPATIENT CHEMO	60.03	4,331	
PRIMARY CARE SENIORS	60.04	20,326	
EMERGENCY	61	146,760	
OBSERVATION BEDS (DISTINCT PAR	62.01	6,416	
DURABLE MEDICAL EQUIP-RENTED	66	123,086	
HOME HEALTH AGENCY	71	39,139	
HOSPICE	93	2,349	
DEACONESS URGENT CARE	100.01	16,445	
OCCUPATIONAL HEALTH	100.02	22,013	
OTHER NONREIMBURSABLE COST CEN	100.03	16,697	
OAKLAND CITY CLINIC	100.04	2,299	
USI HEALTH CENTER	100.09	1,101	
PHYSICIAN OFFICES	100.20	13,245	
WOMEN'S HOSPITAL/GATEWAY MOB	100.31	782	
			18,164,050

RECLASS CODE: C  
EXPLANATION : HSB BUILDING DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS- BLDG & FIXT	3.01	54,946
TOTAL RECLASSIFICATIONS FOR CODE C			54,946

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	54,946	
			54,946

RECLASS CODE: D  
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	444,564
TOTAL RECLASSIFICATIONS FOR CODE D			444,564

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	444,564	
			444,564

RECLASS CODE: E  
EXPLANATION : CAFETERIA/GARDEN CAFE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	709,168

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,331,120	

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RECLASS CODE: E  
EXPLANATION : CAFETERIA/GARDEN CAFE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	GIFT, FLOWER, COFFEE SHOP & CA	96	621,952	DIETARY	11	1,092,580	
3.00	CAFETERIA	12	582,083			0	
4.00	GIFT, FLOWER, COFFEE SHOP & CA	96	510,497			0	
TOTAL RECLASSIFICATIONS FOR CODE E			2,423,700			2,423,700	

RECLASS CODE: F  
EXPLANATION : QUALITY SHARE/ INCENTIVE COMP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	52,574	ADMINISTRATIVE & GENERAL	6	2,348,162	
2.00	OPERATION OF PLANT	8	47,159			0	
3.00	LAUNDRY & LINEN SERVICE	9	22,989			0	
4.00	HOUSEKEEPING	10	106,484			0	
5.00	DIETARY	11	47,205			0	
6.00	CAFETERIA	12	24,377			0	
7.00	NURSING ADMINISTRATION	14	33,321			0	
8.00	CENTRAL SERVICES & SUPPLY	15	36,358			0	
9.00	PHARMACY	16	74,963			0	
10.00	MEDICAL RECORDS & LIBRARY	17	65,370			0	
11.00	SOCIAL SERVICE	18	36,990			0	
12.00	I&R SERVICES-SALARY & FRINGES	22	13,537			0	
13.00	I&R SERVICES-OTHER PRGM COSTS	23	3,002			0	
14.00	PARAMED PRGM-(CHAPLIN RESID	24.01	4,949			0	
15.00	PARAMED PRGM-(NURSING)	24.03	5,958			0	
16.00	PARAMED PRGM	24	2,459			0	
17.00	ADULTS & PEDIATRICS	25	500,880			0	
18.00	INTENSIVE CARE UNIT	26	88,474			0	
19.00	CORONARY CARE UNIT	27	62,888			0	
20.00	SUBPROVIDER	31	13,855			0	
21.00	SKILLED NURSING FACILITY	34	21,981			0	
22.00	OPERATING ROOM	37	184,213			0	
23.00	RADIOLOGY-DIAGNOSTIC	41	125,096			0	
24.00	LABORATORY	44	211,781			0	
25.00	RESPIRATORY THERAPY	49	54,654			0	
26.00	WOUND CARE CENTER	49.01	4,229			0	
27.00	ELECTROCARDIOLOGY	53	7,242			0	
28.00	CARDIAC CATH LAB	53.01	17,005			0	
29.00	RENAL DIALYSIS	57	2,856			0	
30.00	BEHAVIORAL HEALTH SERVICES	59	14,616			0	
31.00	CLINIC	60	19,739			0	
32.00	CLINIC - FAMILY PRACTICE	60.01	19,264			0	
33.00	OUTPATIENT PSYCHIATRIC SERVICE	60.02	9,390			0	
34.00	OUTPATIENT CHEMO	60.03	1,295			0	
35.00	PRIMARY CARE SENIORS	60.04	17,901			0	
36.00	EMERGENCY	61	122,767			0	
37.00	OBSERVATION BEDS (DISTINCT PAR	62.01	8,377			0	
38.00	DURABLE MEDICAL EQUIP-RENTED	66	28,794			0	
39.00	HOME HEALTH AGENCY	71	30,628			0	
40.00	HOSPICE	93	23,248			0	
41.00	GIFT, FLOWER, COFFEE SHOP & CA	96	21,379			0	
42.00	DEACONESS URGENT CARE	100.01	25,363			0	
43.00	OCCUPATIONAL HEALTH	100.02	17,375			0	
44.00	OTHER NONREIMBURSABLE COST CEN	100.03	35,154			0	
45.00	OAKLAND CITY CLINIC	100.04	10,831			0	
47.00	USI HEALTH CENTER	100.09	5,581			0	
48.00	PHYSICIAN OFFICES	100.20	57,415			0	
49.00	PUBLIC RELATIONS	100.27	3,581			0	
50.00	WOMEN'S HOSPITAL/GATEWAY MOB	100.31	2,615			0	
TOTAL RECLASSIFICATIONS FOR CODE F			2,348,162			2,348,162	

RECLASS CODE: G  
EXPLANATION : EQUIPMENT LEASES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	694,044	RADIOLOGY-DIAGNOSTIC	41	694,044	
TOTAL RECLASSIFICATIONS FOR CODE G			694,044			694,044	

RECLASS CODE: H  
EXPLANATION : DRUGS AND IVS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	15,043,526	PHARMACY	16	15,043,526	
TOTAL RECLASSIFICATIONS FOR CODE H			15,043,526			15,043,526	

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RECLASS CODE: I  
EXPLANATION : MEDICAL SUPPLIES CHARGED

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,022,355
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	33,891
TOTAL RECLASSIFICATIONS FOR CODE I			3,056,246

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	3,056,246	
			0
TOTAL RECLASSIFICATIONS FOR CODE I			3,056,246

RECLASS CODE: J  
EXPLANATION : INTERNS AND RESIDENT SALARIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	903,017
TOTAL RECLASSIFICATIONS FOR CODE J			903,017

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CLINIC - FAMILY PRACTICE	60.01	903,017	
TOTAL RECLASSIFICATIONS FOR CODE J			903,017

RECLASS CODE: K  
EXPLANATION : CHILD CARE CENTER

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER NONREIMBURSABLE COST CEN	100.03	97,378
2.00	OTHER NONREIMBURSABLE COST CEN	100.03	19,832
TOTAL RECLASSIFICATIONS FOR CODE K			117,210

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	97,378	
EMPLOYEE BENEFITS	5	19,832	
TOTAL RECLASSIFICATIONS FOR CODE K			117,210

RECLASS CODE: L  
EXPLANATION : TEACHING PHYSICIANS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	713,699
2.00	I&R SERVICES-OTHER PRGM COSTS	23	173,880
TOTAL RECLASSIFICATIONS FOR CODE L			887,579

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CLINIC - FAMILY PRACTICE	60.01	713,699	
CLINIC - FAMILY PRACTICE	60.01	173,880	
TOTAL RECLASSIFICATIONS FOR CODE L			887,579

RECLASS CODE: M  
EXPLANATION : PASTORAL EDUCATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED PRGM-(CHAPLIN RESID	24.01	183,176
2.00	PARAMED PRGM-(CHAPLIN RESID	24.01	5,878
TOTAL RECLASSIFICATIONS FOR CODE M			189,054

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	183,176	
ADMINISTRATIVE & GENERAL	6	5,878	
TOTAL RECLASSIFICATIONS FOR CODE M			189,054

RECLASS CODE: N  
EXPLANATION : INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	573,221
2.00	NEW CAP REL COSTS- BLDG & FIXT	3.01	9,618
TOTAL RECLASSIFICATIONS FOR CODE N			582,839

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	582,839	
			0
TOTAL RECLASSIFICATIONS FOR CODE N			582,839

RECLASS CODE: O  
EXPLANATION : HOME SERVICES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	HOSPICE	93	52,870
2.00	HOSPICE	93	37,900
3.00	DURABLE MEDICAL EQUIP-RENTED	66	87,776
4.00	DURABLE MEDICAL EQUIP-RENTED	66	62,921
TOTAL RECLASSIFICATIONS FOR CODE O			241,467

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOME HEALTH AGENCY	71	140,646	
HOME HEALTH AGENCY	71	100,821	
			0
			0
TOTAL RECLASSIFICATIONS FOR CODE O			241,467

RECLASS CODE: P  
EXPLANATION : PUBLIC RELATIONS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	14,916
2.00	ADMINISTRATIVE & GENERAL	6	47,593
TOTAL RECLASSIFICATIONS FOR CODE P			62,509

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PUBLIC RELATIONS	100.27	14,916	
PUBLIC RELATIONS	100.27	47,593	
TOTAL RECLASSIFICATIONS FOR CODE P			62,509

RECLASS CODE: Q  
EXPLANATION : PARAMED PRGM - NURSING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED PRGM-(NURSING)	24.03	230,255

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	169,709	

RECLASSIFICATIONS

PROVIDER NO:  
150082

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

PREPARED 2/28/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: Q  
EXPLANATION : PARAMED ED PGRM - NURSING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	INTENSIVE CARE UNIT	26	15,818	
3.00			0	CORONARY CARE UNIT	27	26,308	
4.00			0	OPERATING ROOM	37	8,704	
5.00			0	EMERGENCY	61	9,716	
TOTAL RECLASSIFICATIONS FOR CODE Q			230,255	230,255			

RECLASS CODE: R  
EXPLANATION : LAUNDRY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	300,000	EMPLOYEE BENEFITS	5	26,066	
2.00	LAUNDRY & LINEN SERVICE	9	438,346	DIETARY	11	641	
3.00			0	CENTRAL SERVICES & SUPPLY	15	60,224	
4.00			0	PHARMACY	16	27	
5.00			0	ADULTS & PEDIATRICS	25	306,173	
6.00			0	INTENSIVE CARE UNIT	26	40,386	
7.00			0	CORONARY CARE UNIT	27	50,129	
8.00			0	SUBPROVIDER	31	1,757	
9.00			0	SKILLED NURSING FACILITY	34	23,830	
10.00			0	OPERATING ROOM	37	69,633	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	63,375	
12.00			0	LABORATORY	44	2,555	
13.00			0	RESPIRATORY THERAPY	49	7,757	
14.00			0	WOUND CARE CENTER	49.01	2,876	
15.00			0	PHYSICAL THERAPY	50	20,560	
16.00			0	ELECTROCARDIOLOGY	53	466	
17.00			0	CARDIAC CATH LAB	53.01	3,181	
18.00			0	CLINIC - FAMILY PRACTICE	60.01	4,696	
19.00			0	OUTPATIENT CHEMO	60.03	3,234	
20.00			0	PRIMARY CARE SENIORS	60.04	598	
21.00			0	EMERGENCY	61	32,197	
22.00			0	OBSERVATION BEDS (DISTINCT PAR	62.01	7,423	
23.00			0	HOSPICE	93	365	
24.00			0	DEACONESS URGENT CARE	100.01	1,314	
25.00			0	OCCUPATIONAL HEALTH	100.02	8,421	
26.00			0	USI HEALTH CENTER	100.09	146	
27.00			0	PHYSICIAN OFFICES	100.20	316	
TOTAL RECLASSIFICATIONS FOR CODE R			738,346	738,346			

RECLASS CODE: S  
EXPLANATION : SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL RECORDS & LIBRARY	17	600,000	MEDICAL RECORDS & LIBRARY	17	600,000	
2.00	PHARMACY	16	27,350	PHARMACY	16	27,350	
3.00	HOSPICE	93	15,000	HOSPICE	93	15,000	
TOTAL RECLASSIFICATIONS FOR CODE S			642,350	642,350			

RECLASS CODE: T  
EXPLANATION : MEDICAL DIRECTOR - EXEMPT UNIT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SUBPROVIDER	31	2,600	ADULTS & PEDIATRICS	25	2,600	
TOTAL RECLASSIFICATIONS FOR CODE T			2,600	2,600			

RECLASS CODE: U  
EXPLANATION : MEDICAL SUPPLIES CHARGED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	18,544,017	OPERATING ROOM	37	28,647,608	
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	20,998,460	RADIOLOGY-DIAGNOSTIC	41	1,948,447	
3.00			0	RESPIRATORY THERAPY	49	179,001	
4.00			0	WOUND CARE CENTER	49.01	24,068	
5.00			0	CARDIAC CATH LAB	53.01	8,501,208	
6.00			0	DURABLE MEDICAL EQUIP-RENTED	66	242,145	
TOTAL RECLASSIFICATIONS FOR CODE U			39,542,477	39,542,477			

RECLASS CODE: V  
EXPLANATION : BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	1,785,909	ADMINISTRATIVE & GENERAL	6	1,756,053	

RECLASSIFICATIONS

PROVIDER NO:  
150082

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

PREPARED 2/28/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: V  
EXPLANATION : BENEFITS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
2.00	ADMINISTRATIVE & GENERAL	18,600
3.00		0
TOTAL RECLASSIFICATIONS FOR CODE V		1,804,509

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
OTHER NONREIMBURSABLE COST CEN	100.03	29,856
ADMINISTRATIVE & GENERAL	6	18,600
		1,804,509

RECLASS CODE: W  
EXPLANATION : PROPERTY TAXES

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	148,856
TOTAL RECLASSIFICATIONS FOR CODE W		148,856

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	148,856
		148,856

RECLASS CODE: Y  
EXPLANATION : HOME VISITS DME

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	HOME HEALTH AGENCY	88,960
TOTAL RECLASSIFICATIONS FOR CODE Y		88,960

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
DURABLE MEDICAL EQUIP-RENTED	66	88,960
		88,960

RECLASS CODE: Z  
EXPLANATION : PHYSICIAN PART A COSTS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	30,488
2.00	INTENSIVE CARE UNIT	11,697
3.00	ADULTS & PEDIATRICS	50,394
TOTAL RECLASSIFICATIONS FOR CODE Z		92,579

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
PHYSICIAN OFFICES	100.20	42,185
PHYSICIAN OFFICES	100.20	50,394
		0
		92,579

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 IMPROVEMENT							
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	14,431,808	74,922		74,922		14,506,730	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	346,381,693	7,960,667		7,960,667	50,795	354,291,565	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	176,335,490	17,769,893		17,769,893	5,974,736	188,130,647	
7 SUBTOTAL	537,148,991	25,805,482		25,805,482	6,025,531	556,928,942	
8 RECONCILING ITEMS							
9 TOTAL	537,148,991	25,805,482		25,805,482	6,025,531	556,928,942	

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								
3 01	NEW CAP REL COSTS- B								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	12,647,968		874,510	573,221			14,095,699
3 01	NEW CAP REL COSTS- B	54,946			9,618			64,564
4	NEW CAP REL COSTS-MV	18,200,394	8,013,971	444,564		148,856		26,807,785
5	TOTAL	30,903,308	8,013,971	1,319,074	582,839	148,856		40,968,048

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	14,181,050		6,370,500				20,551,550
3 01	NEW CAP REL COSTS- B							
4	NEW CAP REL COSTS-MV		7,319,927					7,319,927
5	TOTAL	14,181,050	7,319,927	6,370,500				27,871,477

\* 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	B	-5,051,426	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-32,389	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT	B	-27,695	NEW CAP REL COSTS-BLDG &	3	9
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-21,215,714			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-26,376,856			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-745,841	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					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP					
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	89	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	1	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	2	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-BLDG &	3	
33 NON-PHYSICIAN ANESTHETIST			NEW CAP REL COSTS-MVBLE E	4	
34 PHYSICIANS' ASSISTANT			**COST CENTER DELETED**	20	
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 COMMUNITY PATIENT SAFETY	B	-3,000	ADMINISTRATIVE & GENERAL	6	
37.01 MISCELLANEOUS (ATM RENT)	B	-475	ADMINISTRATIVE & GENERAL	6	
37.02 NSF AND LATE CHARGES	B	-4,500	ADMINISTRATIVE & GENERAL	6	
37.03 CALL CENTER	B	-192,677	ADMINISTRATIVE & GENERAL	6	
37.04 PRE-NATAL CONSULTS	B	-11	CLINIC - FAMILY PRACTICE	60.01	
37.05 PRIMARY CARE SENIORS - NON OP	B	-524	PRIMARY CARE SENIORS	60.04	
37.06 PROFESSIONAL BILLING FEES	B	-67,833	ADMINISTRATIVE & GENERAL	6	
37.07 WEIGHT LOSS PROGRAM	B	-159,206	OPERATING ROOM	37	
37.08 DIABETES EDUCATION MATERIAL	B	-670	CLINIC	60	
37.09 SELF INSURANCE	A	-7,756,271	EMPLOYEE BENEFITS	5	
37.10 MEDICAL EDUCATION GRANT	A	20,000	ADMINISTRATIVE & GENERAL	6	
37.11 PROPERTY TAX - RENTAL PROPERTY	A	-683,963	ADMINISTRATIVE & GENERAL	6	
37.12					
37.13 FAMILY PRACTICE GRANT	A	259,074	CLINIC - FAMILY PRACTICE	60.01	
37.14 CHILD CARE TUITION	B	-908,330	EMPLOYEE BENEFITS	5	
37.15 1990 CIP CARRYFORWARD	A	651	NEW CAP REL COSTS-BLDG &	3	9
37.16 1992 CAPITAL CARRYFORWARD	A	-22	NEW CAP REL COSTS-MVBLE E	4	9
37.17 AMORT PHASE II	A	20,350	NEW CAP REL COSTS-BLDG &	3	9
37.18 AMORT PHASE I	A	6,463	NEW CAP REL COSTS-BLDG &	3	9
37.19 1984 AMORT A&G	A	2,225	NEW CAP REL COSTS-BLDG &	3	9
37.20 AHA GENERATOR	A	8,039	NEW CAP REL COSTS-MVBLE E	4	9
38 1996 AHA LIFE ADJUSTMENT	A	40,095	NEW CAP REL COSTS-BLDG &	3	9
39 MEDICAL AFFAIRS	A	-61,439	ADMINISTRATIVE & GENERAL	6	
40 ADMINISTRATION	A	-300,567	ADMINISTRATIVE & GENERAL	6	
41 PATIENT RELATIONS	A	-21,427	ADMINISTRATIVE & GENERAL	6	
42 AHA/HA DUES	A	-19,587	ADMINISTRATIVE & GENERAL	6	
43 ADVERTISING	A	-8,536	ADMINISTRATIVE & GENERAL	6	
44 DIETARY EXPENSE RECOVERY	A	237,998	DIETARY	11	
45 GAIN ON DISPOSAL OF ASSETS	A	28,327	NEW CAP REL COSTS-MVBLE E	4	9
46 HOSPICE GRANT	A	190,000	HOSPICE	93	
47 LAUNDRY EXPENSE RECOVERY	B	82,728	LAUNDRY & LINEN SERVICE	9	
48 MEDICAL RECORDS EXPENSE RECOVERY	A	405,895	MEDICAL RECORDS & LIBRARY	17	
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-62,337,114			

(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	6	ADMINISTRATIVE & GENERAL	FACILITY RENT	119,028	160,908	-41,880	
2	17	MEDICAL RECORDS & LIBRARY	FACILITY RENT	8,113		8,113	
3	37	OPERATING ROOM	FACILITY RENT	53,178	147,348	-94,170	
4	41	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	149,009	533,921	-384,912	
4.01	44	LABORATORY	FACILITY RENT	42,282	73,082	-30,800	
4.02	49	1 WOUND CARE CENTER	FACILITY RENT	29,262	39,787	-10,525	
4.03	50	PHYSICAL THERAPY	FACILITY RENT	46,135	52,508	-6,373	
4.04	60	1 CLINIC - FAMILY PRACTICE	FACILITY RENT	1,530		1,530	
4.05	60	4 PRIMARY CARE SENIORS	FACILITY RENT	51,480	132,888	-81,408	
4.06	37	OPERATING ROOM	SERVICES UNDER ARRANGEMENT	8,958,395	30,174,741	-21,216,346	
4.07	50	PHYSICAL THERAPY	THERAPY CONTRACT SERVICES	4,830,638	6,848,158	-2,017,520	
4.08	71	HOME HEALTH AGENCY	THERAPY CONTRACT SERVICES	1,051,113	1,065,801	-14,688	
4.09	93	HOSPICE	THERAPY CONTRACT SERVICES	3,287	3,333	-46	
4.10	6	ADMINISTRATIVE & GENERAL	FACILITY RENT	45,000	45,000		
4.11	37	OPERATING ROOM	FACILITY RENT	199,384	199,384		
4.12	41	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	422,306	422,306		
4.13	44	LABORATORY	FACILITY RENT	89,691	89,691		
4.14	60	CLINIC	FACILITY RENT	28,760	28,760		
4.15	60	3 OUTPATIENT CHEMO	FACILITY RENT	37,987	37,987		
4.16	41	RADIOLOGY-DIAGNOSTIC	RADIATION THERAPY	1,431,916	3,828,727	-2,396,811	
4.17	6	ADMINISTRATIVE & GENERAL	CONTRACT SERVICES		1,022,524	-1,022,524	
4.18	25	ADULTS & PEDIATRICS	CONTRACT SERVICES	148,130		148,130	
4.19	37	OPERATING ROOM	CONTRACT SERVICES	46,858		46,858	
4.20	41	RADIOLOGY-DIAGNOSTIC	CONTRACT SERVICES	16,279		16,279	
4.21	44	LABORATORY	CONTRACT SERVICES	34,777		34,777	
4.22	49	RESPIRATORY THERAPY	CONTRACT SERVICES	8,887		8,887	
4.23	50	PHYSICAL THERAPY	CONTRACT SERVICES	2,022		2,022	
4.24	53	ELECTROCARDIOLOGY	CONTRACT SERVICES	202,638		202,638	
4.25	53	1 CARDIAC CATH LAB	CONTRACT SERVICES	83,574		83,574	
4.26	55	MEDICAL SUPPLIES CHARGED	CONTRACT SERVICES	333,414		333,414	
4.27	56	DRUGS CHARGED TO PATIENTS	CONTRACT SERVICES	44,292		44,292	
4.28	62	1 OBSERVATION BEDS (DISTINC	CONTRACT SERVICES	10,633		10,633	
5		TOTALS		18,529,998	44,906,854	-26,376,856	

\* 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) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM
2	B	100.00	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM
3	B	100.00	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM
4	B	100.00	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM
5	B	100.00	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM
5.01	B	100.00	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM
5.02	B	100.00	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM
5.03	B	100.00	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM
5.04	B	100.00	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM
5.05	C	0.00	EVANSVILLE SURGERY ASSOCI	50.00	SURGERY
5.06	C	0.00	PROGRESSIVE HEALTH OF IN	51.00	THERAPY SERVICES
5.07	C	0.00	PROGRESSIVE HEALTH OF IN	51.00	THERAPY SERVICES
5.08	C	0.00	PROGRESSIVE HEALTH OF IN	51.00	THERAPY SERVICES
5.09	A	100.00	DEACONESS CLINIC	100.00	CLINIC
5.10	A	100.00	DEACONESS CLINIC	100.00	CLINIC
5.11	A	100.00	DEACONESS CLINIC	100.00	CLINIC
5.12	A	100.00	DEACONESS CLINIC	100.00	CLINIC
5.13	A	100.00	DEACONESS CLINIC	100.00	CLINIC
5.14	A	100.00	DEACONESS CLINIC	100.00	CLINIC
5.15	C	0.00	TRI-STATE RADIATION ONCOL	51.00	RADIATION ONCOLOGY
5.16	C	0.00	HEART HOSPITAL	51.00	HOSPITAL
5.17	C	0.00	HEART HOSPITAL	51.00	HOSPITAL
5.18	C	0.00	HEART HOSPITAL	51.00	HOSPITAL
5.19	C	0.00	HEART HOSPITAL	51.00	HOSPITAL
5.20	C	0.00	HEART HOSPITAL	51.00	HOSPITAL
5.21	C	0.00	HEART HOSPITAL	51.00	HOSPITAL
5.22	C	0.00	HEART HOSPITAL	51.00	HOSPITAL
5.23	C	0.00	HEART HOSPITAL	51.00	HOSPITAL
5.24	C	0.00	HEART HOSPITAL	51.00	HOSPITAL
5.25	C	0.00	HEART HOSPITAL	51.00	HOSPITAL

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED: 2/28/2011  
 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 6	A&G	63,355		63,355	171,400	709	58,424	2,921
2 18	SOCIAL SERVICES	490,272	490,272					
3 25	ADULTS & Peds	888,150	691,077	197,073	171,400	1,768	145,690	7,285
4 31	PSYCHIATRIC SUB-PROVIDER	2,600		2,600	171,400	26	2,143	107
5 37	OPERATING ROOM	8,369,823	8,243,234	126,589	204,100	693	68,001	3,400
6 44	LAB	598,314	327,314	271,000	219,500	1,968	207,681	10,384
7 49	RESPIRATORY THERAPY	12,990		12,990	171,400	108	8,900	445
8 53	EKG	653,621	354,177	299,444	171,400	1,225	100,945	5,047
9 56	DRUGS	3,548		3,548	171,400	32	2,637	132
10 57	DIALYSIS	10,389		10,389	171,400	86	7,087	354
11 60	CLINIC	500,484	498,201	2,283	171,400	21	1,730	87
12 60 4	PRIMARY CARE FOR SENIORS	1,085,628	1,085,628		171,400			
13 61	EMERGENCY	9,291,648	8,870,873	420,775	171,400	1,843	151,870	7,594
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	21,970,822	20,560,776	1,410,046		8,479	755,108	37,756

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED: 2/28/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	A&G					58,424	4,931	4,931
2 18	SOCIAL SERVICES							490,272
3 25	ADULTS & PEDS					145,690	51,383	742,460
4 31	PSYCHIATRIC SUB-PROVIDER					2,143	457	457
5 37	OPERATING ROOM					68,001	58,588	8,301,822
6 44	LAB					207,681	63,319	390,633
7 49	RESPIRATORY THERAPY					8,900	4,090	4,090
8 53	EKG					100,945	198,499	552,676
9 56	DRUGS					2,637	911	911
10 57	DIALYSIS					7,087	3,302	3,302
11 60	CLINIC					1,730	553	498,754
12 60	4 PRIMARY CARE FOR SENIORS							1,085,628
13 61	EMERGENCY					151,870	268,905	9,139,778
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					755,108	654,938	21,215,714

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 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 FEE T - A	ENTERED
3.01	NEW CAP REL COSTS- BLDG & FIXT	2	SQUARE FEE T - B	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DEPRECIATI ON EXPENSE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE FEE T - A	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEE T - A	ENTERED
11	DIETARY	10	MEALS	ENTERED
12	CAFETERIA	11	FTES	ENTERED
14	NURSING ADMINISTRATION	13	FTE'S -NRSG	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	COSTED REQ UI S.	ENTERED
16	PHARMACY	17	COSTED REQ UI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	18	GROSS REVE NUE	ENTERED
18	SOCIAL SERVICE	19	HOURS - A	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	23	HOURS - B	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	HOURS - B	ENTERED
24	PARAMED ED PRGM	25	HOURS - C	ENTERED
24.01	PARAMED ED PRGM-(CHAPLIN RESIDENCY)	26	HOURS - D	ENTERED
24.03	PARAMED ED PRGM-(NURSING)	27	HOURS - F	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-BLDG & OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	3	3.01	4	5	5a.00	6
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & OSTS-BLDG & OSTS-MVBLE E	14,095,699	14,095,699					
004 NEW CAP REL COSTS-MVBLE E	64,564		64,564				
005 EMPLOYEE BENEFITS	26,807,785			26,807,785			
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT	47,089,212	313,405	9,300	87,699	47,499,616		
008 LAUNDRY & LINEN SERVICE	38,715,115	1,634,435	37,840	15,186,721	6,326,067	61,900,178	61,900,178
009 HOUSEKEEPING	10,453,047	1,946,962		133,749	758,338	13,292,096	2,434,620
010 DIETARY	966,730	319,001		315,102	169,538	1,770,371	324,266
011 CAFETERIA	3,550,996	141,365		366,025	833,684	4,892,070	896,046
012 NURSING ADMINISTRATION	2,684,850	339,086		164,135	389,346	3,577,417	655,250
014 CENTRAL SERVICES & SUPPLY	569,787	101,746			200,945	872,478	159,806
015 PHARMACY	2,323,254	34,451		301,384	552,574	3,211,663	588,258
016 MEDICAL RECORDS & LIBRARY	1,610,427	195,764		296,993	373,474	2,476,658	453,632
017 SOCIAL SERVICE	14,260,176	152,092		206,991	1,867,257	16,486,516	3,019,720
018 I&R SERVICES-SALARY & FRINGE	2,625,506	131,668		76,288	777,132	3,610,594	661,327
022 I&R SERVICES-OTHER PRGM C	2,122,910	58,852		985	600,224	2,782,971	509,737
023 PARAMED PRGM	916,554		8,272		251,078	1,167,632	213,867
024 01 PARAMED PRGM-(CHAPLIN)	890,581		637		196,331	1,095,184	200,597
024 03 PARAMED PRGM-(NURSING)	212,707	4,705			55,782	268,489	49,177
025 INPAT ROUTINE SRVC CNTRS	194,003				51,534	250,879	45,952
026 ADULTS & PEDIATRICS	236,213				64,707	300,920	55,117
026 INTENSIVE CARE UNIT	29,136,179	3,076,192		687,253	7,750,278	40,649,902	7,445,623
027 CORONARY CARE UNIT	6,153,522	326,980		90,636	1,606,139	8,177,277	1,497,775
028 BURN INTENSIVE CARE UNIT	4,568,648	219,601		71,037	1,179,273	6,038,559	1,106,041
029 SURGICAL INTENSIVE CARE UNIT							
031 SUBPROVIDER	992,453	112,360		1,816	236,175	1,342,804	245,952
033 NURSERY							
034 SKILLED NURSING FACILITY	1,265,667	179,191		12,760	328,513	1,786,131	327,153
037 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	23,058,188	1,239,520		3,780,501	5,214,553	33,292,762	6,098,002
044 RADIOLOGY-DIAGNOSTIC	14,924,641	826,827		2,548,442	2,161,077	20,460,987	3,747,696
049 LABORATORY	24,162,306	550,131		816,908	2,843,317	28,372,662	5,196,822
049 01 RESPIRATORY THERAPY	3,691,401	173,395		366,602	923,361	5,154,759	944,161
050 WOUND CARE CENTER	305,621	5,959		19,992	60,609	392,181	71,833
053 PHYSICAL THERAPY	5,284,699	106,413		107,370		5,498,482	1,007,118
053 01 ELECTROCARDIOLOGY	834,156	55,289		13,802	114,896	1,018,143	186,486
055 CARDIAC CATH LAB	1,850,808	96,878		230,015	349,356	2,527,057	462,863
055 30 MEDICAL SUPPLIES CHARGED TO PAT	21,899,786					21,899,786	4,011,231
056 DRUGS CHARGED TO PATIENTS	21,032,351					21,032,351	3,852,349
057 RENAL DIALYSIS	15,086,907					15,086,907	2,763,363
059 BEHAVIORAL HEALTH SERVICE	1,752,991	7,377		47,221	59,209	1,866,798	341,928
060 OUTPAT SERVICE COST CNTRS	712,029				192,832	904,861	165,737
060 01 CLINIC - FAMILY PRACTICE	1,367,622	71,021		18,347	295,330	1,752,320	320,960
060 02 CLINIC - PSYCHIATRIC SE	1,379,248	231,406		7,211	227,154	1,845,019	337,939
060 03 OUTPATIENT CHEMO	537,502	74,158		3,231	142,006	756,897	138,636
060 04 PRIMARY CARE SENIORS	443,394	48,502		6,993	80,104	578,993	106,050
061 EMERGENCY	943,259			32,819	461,409	1,437,487	263,294
062 OBSERVATION BEDS (NON-DIS)	9,245,513	419,304		236,963	3,890,265	13,792,045	2,526,192
062 01 OBSERVATION BEDS (DISTINC							
066 OTHER REIMBURS COST CNTRS	540,764			10,359	138,209	689,332	126,260
071 DURABLE MEDICAL EQUIP-REN	3,407,900	86,691		198,738	378,659	4,071,988	745,838
SPEC PURPOSE COST CENTERS	3,313,623	50,208		63,195	519,060	3,946,086	722,777
093 HOSPICE	2,519,429	66,041		3,793	396,126	2,985,389	546,813
095 SUBTOTALS	370,800,723	13,396,976	56,049	26,512,076	43,015,921	365,314,081	55,574,264
NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	1,153,828	106,099			176,232	1,436,159	263,051
100 01 DEACONESS URGENT CARE	2,793,668			26,553	531,822	3,352,043	613,970
100 02 OCCUPATIONAL HEALTH	2,203,209	136,473		35,543	319,431	2,694,656	493,561
100 03 OTHER NONREIMBURSABLE COS	1,495,507	154,325	8,515	26,959	402,316	2,087,622	382,375
100 04 OAKLAND CITY CLINIC	1,196,429			3,712	270,548	1,470,689	269,376
100 05 THE HEART HOSPITAL	92,544			178,515	25,351	296,410	54,291
100 09 USI HEALTH CENTER	428,622			1,778	97,006	527,406	96,601
100 20 PHYSICIAN OFFICES	15,112,988	286,018		21,386	2,560,634	17,981,026	3,293,459
100 27 PUBLIC RELATIONS	1,397,432	15,808			70,685	1,483,925	271,800
100 31 WOMEN'S HOSPITAL/GATEWAY	3,176,210			1,263	29,670	3,207,143	587,430
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	399,851,160	14,095,699	64,564	26,807,785	47,499,616	399,851,160	61,900,178

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT	15,726,716						
009 LAUNDRY & LINEN SERVICE	491,803	2,586,440					
010 HOUSEKEEPING	217,943		6,006,059				
011 DIETARY	522,769	2,499	209,082	4,967,017			
012 CAFETERIA	156,862		62,737		1,251,883		
014 NURSING ADMINISTRATION	53,113		21,242		19,553	3,893,829	
015 CENTRAL SERVICES & SUPPLY	301,809	207,974	120,709		21,318		3,582,100
016 PHARMACY	234,480	41	93,781		43,935		
017 MEDICAL RECORDS & LIBRARY	202,992		81,187		38,316		17
018 SOCIAL SERVICE	90,732		36,288		21,689		
022 I&R SERVICES-SALARY & FRI					7,942		
023 I&R SERVICES-OTHER PRGM C					1,765		
024 PARAMED PRGM					1,440		
024 01 PARAMED PRGM-(CHAPLIN	7,253		2,901		2,879		
024 03 PARAMED PRGM-(NURSING)					3,483	21,663	
025 ADULTS & PEDIATRICS	4,742,562	1,209,666	1,896,796	3,532,009	293,710	1,826,614	47,008
026 INTENSIVE CARE UNIT	504,105	172,941	201,617	341,408	51,877	322,632	12,123
027 CORONARY CARE UNIT	338,558	121,822	135,407	247,076	36,876	229,338	11,692
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	173,225	4,434	69,282	73,635	8,128	50,547	305
033 NURSERY							
034 SKILLED NURSING FACILITY	276,259	56,814	110,490	182,762	12,911	80,297	1,481
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,910,967	218,387	764,294	927	108,027	671,838	24,204
041 RADIOLOGY-DIAGNOSTIC	1,274,719	100,194	509,826		73,334		114,130
044 LABORATORY	848,137	8,104	339,213		124,190		544,989
049 RESPIRATORY THERAPY	267,323	18,906	106,916		32,046		8,834
049 01 WOUND CARE CENTER	9,187	6,890	3,674		2,462		2,029
050 PHYSICAL THERAPY	164,057	67,245	65,615				6,508
053 ELECTROCARDIOLOGY	85,239	1,114	34,092		4,226		1,401
053 01 CARDIAC CATH LAB	149,357	8,273	59,736	271	9,985	62,100	7,339
055 MEDICAL SUPPLIES CHARGED							1,301,279
055 30 IMPL. DEV. CHARGED TO PAT							1,287,589
056 DRUGS CHARGED TO PATIENTS							58,395
057 RENAL DIALYSIS	11,373		4,549		1,672	10,398	13,765
059 BEHAVIORAL HEALTH SERVICE					8,592		
OUTPAT SERVICE COST CNTRS							
060 CLINIC	109,494		43,792		11,564		12,634
060 01 CLINIC - FAMILY PRACTICE	356,759	11,812	142,686		11,286	70,188	2,610
060 02 OUTPATIENT PSYCHIATRIC SE	114,329		45,726		5,527		4
060 03 OUTPATIENT CHEMO	74,775		29,906		743	4,621	5,588
060 04 PRIMARY CARE SENIORS		1,401			10,496	65,277	398
061 EMERGENCY	646,441	108,246	258,545	8,359	71,987	447,699	21,457
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC		16,932		2,265	4,923	30,617	708
OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	133,652		53,454		16,905		60,149
071 HOME HEALTH AGENCY	77,406		30,959		17,974		4,505
SPEC PURPOSE COST CENTERS							
093 HOSPICE	101,815	994	40,721	40,949	13,654		2,602
095 SUBTOTALS	14,649,495	2,352,215	5,575,223	4,429,661	1,095,415	3,893,829	3,553,743
NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	163,573		65,421		12,540		
100 OTHER NONREIMBURSABLE COS							
100 01 DEACONESS URGENT CARE		3,042			14,862		8,628
100 02 OCCUPATIONAL HEALTH	210,400	20,982	84,150		10,171		3,702
100 03 OTHER NONREIMBURSABLE COS	237,923		95,158	346,960	20,621		5,525
100 04 OAKLAND CITY CLINIC					6,363		716
100 05 THE HEART HOSPITAL		112,979		190,396	51,366		8,086
100 09 USI HEALTH CENTER					3,251		507
100 20 PHYSICIAN OFFICES	440,954	97,222	176,360		33,671		1,147
100 27 PUBLIC RELATIONS	24,371		9,747		2,090		11
100 31 WOMEN'S HOSPITAL/GATEWAY					1,533		35
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	15,726,716	2,586,440	6,006,059	4,967,017	1,251,883	3,893,829	3,582,100

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	PARAMED ED PRGM 24	PARAMED ED PRGM-(CHAPLIN) 24.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	19,878,473						
017 MEDICAL RECORDS & LIBRARY	22	4,594,455					
018 SOCIAL SERVICE			3,441,417				
022 I&R SERVICES-SALARY & FRI				1,389,441			
023 I&R SERVICES-OTHER PRGM C					1,297,546		
024 PARAMED ED PRGM						319,106	
024 01 PARAMED ED PRGM-(CHAPLIN)							309,864
024 03 PARAMED ED PRGM-(NURSING)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,103	351,612	2,834,109	341,842	319,234		309,864
026 INTENSIVE CARE UNIT	711	79,693	218,008	29,664	27,702		
027 CORONARY CARE UNIT	1,238	59,890	140,148				
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	254	11,963					
033 NURSERY							
034 SKILLED NURSING FACILITY	100	10,345					
037 OPERATING ROOM	71,777	643,550		126,602	118,229		
041 RADIOLOGY-DIAGNOSTIC	12,888	704,466		10,418	9,729		
044 LABORATORY	1,538	527,381					
049 RESPIRATORY THERAPY	91	62,467					
049 01 WOUND CARE CENTER	6,182	4,683					
050 PHYSICAL THERAPY	3,392	88,582					
053 ELECTROCARDIOLOGY	274	62,933		21,542	20,117		
053 01 CARDIAC CATH LAB	47	131,397					
055 MEDICAL SUPPLIES CHARGED	3,354	259,598					
055 30 IMPL. DEV. CHARGED TO PAT		131,555					
056 DRUGS CHARGED TO PATIENTS	18,772,500	524,739				319,106	
057 RENAL DIALYSIS	875	13,964					
059 BEHAVIORAL HEALTH SERVICE		5,352					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,022	10,387		10,241	9,564		
060 01 CLINIC - FAMILY PRACTICE	13,219	4,302		698,339	652,152		
060 02 OUTPATIENT PSYCHIATRIC SE		11,054					
060 03 OUTPATIENT CHEMO	13	19,932					
060 04 PRIMARY CARE SENIORS	25,782	2,412		12,890	12,037		
061 EMERGENCY	2,963	339,190	249,152	40,082	37,431		
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	291	3,768					
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	445,599	42,132					
071 HOME HEALTH AGENCY	178	13,525					
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	265,713	15,105					
095 SUBTOTALS	19,634,126	4,135,977	3,441,417	1,291,620	1,206,195	319,106	309,864
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP							
100 OTHER NONREIMBURSABLE COS							
100 01 DEACONESS URGENT CARE	58,675	18,950					
100 02 OCCUPATIONAL HEALTH	120,880	10,077					
100 03 OTHER NONREIMBURSABLE COS	6,587						
100 04 OAKLAND CITY CLINIC	23,189						
100 05 THE HEART HOSPITAL	804	359,253					
100 09 USI HEALTH CENTER	16,504	3,636					
100 20 PHYSICIAN OFFICES	17,708	65,787					
100 27 PUBLIC RELATIONS							
100 31 WOMEN'S HOSPITAL/GATEWAY		775		97,821	91,351		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	19,878,473	4,594,455	3,441,417	1,389,441	1,297,546	319,106	309,864

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMED PR	SUBTOTAL	I&R COST	TOTAL
	GM-(NURSING)		POST STEP-DOWN ADJ	
	24.03	25	26	27
003 GENERAL SERVICE COST CNTR				
003 01 NEW CAP REL COSTS-BLDG &				
004 NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM C				
024 PARAMED ED PRGM				
024 01 PARAMED ED PRGM-(CHAPLIN				
024 03 PARAMED ED PRGM-(NURSING)	381,183			
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	289,715	66,093,369	-661,076	65,432,293
026 INTENSIVE CARE UNIT	26,791	11,664,324	-57,366	11,606,958
027 CORONARY CARE UNIT	28,947	8,495,592		8,495,592
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
031 SUBPROVIDER		1,980,529		1,980,529
033 NURSERY				
034 SKILLED NURSING FACILITY		2,844,743		2,844,743
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	16,884	44,066,450	-244,831	43,821,619
041 RADIOLOGY-DIAGNOSTIC		27,018,387	-20,147	26,998,240
044 LABORATORY		35,963,036		35,963,036
049 01 WOUND CARE CENTER		6,595,503		6,595,503
050 PHYSICAL THERAPY		499,121		499,121
053 ELECTROCARDIOLOGY		6,900,999		6,900,999
053 01 CARDIAC CATH LAB		1,435,567	-41,659	1,393,908
055 MEDICAL SUPPLIES CHARGED		3,418,425		3,418,425
055 30 IMPL. DEV. CHARGED TO PAT		27,475,248		27,475,248
056 DRUGS CHARGED TO PATIENTS		26,303,844		26,303,844
057 RENAL DIALYSIS		37,525,010		37,525,010
059 BEHAVIORAL HEALTH SERVICE		2,265,322		2,265,322
OUTPAT SERVICE COST CNTRS				
060 CLINIC		1,084,542		1,084,542
060 01 CLINIC - FAMILY PRACTICE		2,282,978	-19,805	2,263,173
060 02 OUTPATIENT PSYCHIATRIC SE		4,146,311	-1,350,491	2,795,820
060 03 OUTPATIENT CHEMO		1,072,173		1,072,173
060 04 PRIMARY CARE SENIORS		828,147		828,147
061 EMERGENCY	18,846	1,831,474	-24,927	1,806,547
062 01 OBSERVATION BEDS (NON-DIS		18,568,635	-77,513	18,491,122
OBSERVATION BEDS (DISTINC				
OTHER REIMBURS COST CNTRS		875,096		875,096
066 DURABLE MEDICAL EQUIP-REN		5,569,717		5,569,717
071 HOME HEALTH AGENCY		4,813,410		4,813,410
SPEC PURPOSE COST CENTERS				
093 HOSPICE		4,013,755		4,013,755
095 SUBTOTALS	381,183	355,631,707	-2,497,815	353,133,892
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		1,940,744		1,940,744
100 OTHER NONREIMBURSABLE COS				
100 01 DEACONESS URGENT CARE		4,070,170		4,070,170
100 02 OCCUPATIONAL HEALTH		3,648,579		3,648,579
100 03 OTHER NONREIMBURSABLE COS		3,182,771		3,182,771
100 04 OAKLAND CITY CLINIC		1,770,333		1,770,333
100 05 THE HEART HOSPITAL		1,073,585		1,073,585
100 09 USI HEALTH CENTER		647,905		647,905
100 20 PHYSICIAN OFFICES		22,107,334		22,107,334
100 27 PUBLIC RELATIONS		1,791,944		1,791,944
100 31 WOMEN'S HOSPITAL/GATEWAY		3,986,088	-189,172	3,796,916
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	381,183	399,851,160	-2,686,987	397,164,173

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS- BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL
	0	3	3.01	4	4a	5	6
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS- BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		313,405	9,300	87,699	410,404	410,404	
006 ADMINISTRATIVE & GENERAL		1,634,435	37,840	15,186,721	16,858,996	54,661	16,913,657
008 OPERATION OF PLANT		1,946,962		133,749	2,080,711	6,553	665,243
009 LAUNDRY & LINEN SERVICE		319,001		315,102	634,103	1,465	88,604
010 HOUSEKEEPING		141,365		366,025	507,390	7,204	244,838
011 DIETARY		339,086		164,135	503,221	3,364	179,043
012 CAFETERIA		101,746			101,746	1,736	43,666
014 NURSING ADMINISTRATION		34,451		301,384	335,835	4,775	160,737
015 CENTRAL SERVICES & SUPPLY		195,764		296,993	492,757	3,227	123,952
016 PHARMACY		152,092		206,991	359,083	16,134	825,117
017 MEDICAL RECORDS & LIBRARY		131,668		76,288	207,956	6,715	180,703
018 SOCIAL SERVICE		58,852		985	59,837	5,186	139,282
022 I&R SERVICES-SALARY & FRI						2,169	58,438
023 I&R SERVICES-OTHER PRGM C			8,272		8,272	1,696	54,812
024 PARAMED ED PRGM						482	13,437
024 01 PARAMED ED PRGM-(CHAPLIN		4,705	637		5,342	445	12,556
024 03 PARAMED ED PRGM-(NURSING)						559	15,060
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		3,076,192		687,253	3,763,445	66,943	2,034,334
026 INTENSIVE CARE UNIT		326,980		90,636	417,616	13,878	409,256
027 CORONARY CARE UNIT		219,601		71,037	290,638	10,190	302,218
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		112,360		1,816	114,176	2,041	67,205
033 NURSERY							
034 SKILLED NURSING FACILITY		179,191		12,760	191,951	2,839	89,392
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		1,239,520		3,780,501	5,020,021	45,057	1,666,236
041 RADIOLOGY-DIAGNOSTIC		826,827		2,548,442	3,375,269	18,673	1,024,031
044 LABORATORY		550,131		816,908	1,367,039	24,568	1,419,995
049 RESPIRATORY THERAPY		173,395		366,602	539,997	7,978	257,985
049 01 WOUND CARE CENTER		5,959		19,992	25,951	524	19,628
050 PHYSICAL THERAPY		106,413		107,370	213,783		275,188
053 ELECTROCARDIOLOGY		55,289		13,802	69,091	993	50,956
053 01 CARDIAC CATH LAB		96,878		230,015	326,893	3,019	126,474
055 MEDICAL SUPPLIES CHARGED							1,096,040
055 30 IMPL. DEV. CHARGED TO PAT							1,052,627
056 DRUGS CHARGED TO PATIENTS							755,070
057 RENAL DIALYSIS		7,377		47,221	54,598	512	93,430
059 BEHAVIORAL HEALTH SERVICE						1,666	45,286
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		71,021		18,347	89,368	2,552	87,700
060 01 CLINIC - FAMILY PRACTICE		231,406		7,211	238,617	1,963	92,340
060 02 OUTPATIENT PSYCHIATRIC SE		74,158		3,231	77,389	1,227	37,881
060 03 OUTPATIENT CHEMO		48,502		6,993	55,495	692	28,977
060 04 PRIMARY CARE SENIORS				32,819	32,819	3,987	71,943
061 EMERGENCY		419,304		236,963	656,267	33,615	690,264
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC				10,359	10,359	1,194	34,500
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN		86,691		198,738	285,429	3,272	203,795
071 HOME HEALTH AGENCY		50,208		63,195	113,403	4,485	197,494
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		66,041		3,793	69,834	3,423	149,413
095 SUBTOTALS		13,396,976	56,049	26,512,076	39,965,101	371,662	15,185,146
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		106,099			106,099	1,523	71,877
100 OTHER NONREIMBURSABLE COS							
100 01 DEACONESS URGENT CARE				26,553	26,553	4,595	167,763
100 02 OCCUPATIONAL HEALTH		136,473		35,543	172,016	2,760	134,862
100 03 OTHER NONREIMBURSABLE COS		154,325	8,515	26,959	189,799	3,476	104,481
100 04 OAKLAND CITY CLINIC				3,712	3,712	2,338	73,605
100 05 THE HEART HOSPITAL				178,515	178,515	219	14,835
100 09 USI HEALTH CENTER				1,778	1,778	838	26,396
100 20 PHYSICIAN OFFICES		286,018		21,386	307,404	22,126	899,914
100 27 PUBLIC RELATIONS		15,808			15,808	611	74,267
100 31 WOMEN'S HOSPITAL/GATEWAY				1,263	1,263	256	160,511
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		14,095,699	64,564	26,807,785	40,968,048	410,404	16,913,657

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT	2,752,507						
009 LAUNDRY & LINEN SERVICE	86,076	810,248					
010 HOUSEKEEPING	38,145		797,577				
011 DIETARY	91,496	783	27,765	805,672			
012 CAFETERIA	27,454		8,331		182,933		
014 NURSING ADMINISTRATION	9,296		2,821		2,857	516,321	
015 CENTRAL SERVICES & SUPPLY	52,823	65,152	16,030		3,115		757,056
016 PHARMACY	41,039	13	12,454		6,420		
017 MEDICAL RECORDS & LIBRARY	35,528		10,781		5,599		4
018 SOCIAL SERVICE	15,880		4,819		3,169		
022 I&R SERVICES-SALARY & FRI					1,161		
023 I&R SERVICES-OTHER PRGM C					258		
024 PARAMED ED PRGM					210		
024 01 PARAMED ED PRGM-(CHAPLIN	1,269		385		421		
024 03 PARAMED ED PRGM-(NURSING)					509	2,872	
025 ADULTS & PEDIATRICS	830,046	378,947	251,885	572,908	42,918	242,209	9,935
026 INTENSIVE CARE UNIT	88,229	54,177	26,774	55,378	7,581	42,781	2,562
027 CORONARY CARE UNIT	59,255	38,163	17,981	40,077	5,389	30,410	2,471
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	30,318	1,389	9,200	11,944	1,188	6,702	64
033 NURSERY							
034 SKILLED NURSING FACILITY	48,351	17,798	14,673	29,645	1,887	10,647	313
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	334,460	68,414	101,495	150	15,786	89,086	5,115
041 RADIOLOGY-DIAGNOSTIC	223,103	31,387	67,703		10,716		24,120
044 LABORATORY	148,442	2,539	45,046		18,147		115,178
049 RESPIRATORY THERAPY	46,787	5,923	14,198		4,683		1,867
049 01 WOUND CARE CENTER	1,608	2,158	488		360		429
050 PHYSICAL THERAPY	28,713	21,066	8,713				1,375
053 ELECTROCARDIOLOGY	14,919	349	4,527		618		296
053 01 CARDIAC CATH LAB	26,141	2,592	7,933	44	1,459	8,234	1,551
055 MEDICAL SUPPLIES CHARGED							275,027
055 30 IMPL. DEV. CHARGED TO PAT							272,120
056 DRUGS CHARGED TO PATIENTS							12,341
057 RENAL DIALYSIS	1,991		604		244	1,379	2,909
059 BEHAVIORAL HEALTH SERVICE					1,256		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	19,164		5,815		1,690		2,670
060 01 CLINIC - FAMILY PRACTICE	62,440	3,700	18,948		1,649	9,307	552
060 02 OUTPATIENT PSYCHIATRIC SE	20,010		6,072		808		1
060 03 OUTPATIENT CHEMO	13,087	2,358	3,971		109	613	1,181
060 04 PRIMARY CARE SENIORS		439			1,534	8,656	84
061 EMERGENCY	113,141	33,910	34,334	1,356	10,519	59,365	4,535
062 OBSERVATION BEDS (NON-DIS		5,304		367	719	4,060	150
062 01 OBSERVATION BEDS (DISTINC							
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	23,392		7,098		2,470		12,712
071 HOME HEALTH AGENCY	13,548		4,111		2,626		952
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	17,820	311	5,408	6,642	1,995		550
095 SUBTOTALS	2,563,971	736,872	740,363	718,511	160,070	516,321	751,064
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	28,629		8,688		1,832		
100 OTHER NONREIMBURSABLE COS							
100 01 DEACONESS URGENT CARE		953			2,172		1,824
100 02 OCCUPATIONAL HEALTH	36,824	6,573	11,175		1,486		782
100 03 OTHER NONREIMBURSABLE COS	41,642		12,637	56,278	3,013		1,168
100 04 OAKLAND CITY CLINIC					930		151
100 05 THE HEART HOSPITAL		35,393		30,883	7,506		1,709
100 09 USI HEALTH CENTER					475		107
100 20 PHYSICIAN OFFICES	77,176	30,457	23,420		4,920		242
100 27 PUBLIC RELATIONS	4,265		1,294		305		2
100 31 WOMEN'S HOSPITAL/GATEWAY					224		7
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,752,507	810,248	797,577	805,672	182,933	516,321	757,056

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	PARAMED ED PRGM-(CHAPLIN)
	16	17	18	22	23	24	24.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	1,260,260						
017 MEDICAL RECORDS & LIBRARY	1	447,287					
018 SOCIAL SERVICE			228,173				
022 I&R SERVICES-SALARY & FRI				61,768			
023 I&R SERVICES-OTHER PRGM C					65,038		
024 PARAMED ED PRGM						14,129	
024 01 PARAMED ED PRGM-(CHAPLIN)							20,418
024 03 PARAMED ED PRGM-(NURSING)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	197	34,262	187,908				
026 INTENSIVE CARE UNIT	45	7,766	14,454				
027 CORONARY CARE UNIT	79	5,836	9,292				
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	16	1,166					
033 NURSERY							
034 SKILLED NURSING FACILITY	6	1,008					
037 OPERATING ROOM	4,551	62,710					
041 RADIOLOGY-DIAGNOSTIC	817	68,234					
044 LABORATORY	98	51,390					
049 RESPIRATORY THERAPY	6	6,087					
049 01 WOUND CARE CENTER	392	456					
050 PHYSICAL THERAPY	215	8,632					
053 ELECTROCARDIOLOGY	17	6,132					
053 01 CARDIAC CATH LAB	3	12,804					
055 MEDICAL SUPPLIES CHARGED	213	25,296					
055 30 IMPL. DEV. CHARGED TO PAT		12,819					
056 DRUGS CHARGED TO PATIENTS	1,190,142	51,132					
057 RENAL DIALYSIS	55	1,361					
059 BEHAVIORAL HEALTH SERVICE		522					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	128	1,012					
060 01 CLINIC - FAMILY PRACTICE	838	419					
060 02 OUTPATIENT PSYCHIATRIC SE		1,077					
060 03 OUTPATIENT CHEMO	1	1,942					
060 04 PRIMARY CARE SENIORS	1,635	235					
061 EMERGENCY	188	33,052	16,519				
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	18	367					
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	28,250	4,105					
071 HOME HEALTH AGENCY	11	1,318					
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	16,846	1,472					
095 SUBTOTALS	1,244,768	402,612	228,173				
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP							
100 OTHER NONREIMBURSABLE COS							
100 01 DEACONESS URGENT CARE	3,720	1,847					
100 02 OCCUPATIONAL HEALTH	7,664	982					
100 03 OTHER NONREIMBURSABLE COS	418						
100 04 OAKLAND CITY CLINIC	1,470						
100 05 THE HEART HOSPITAL	51	35,007					
100 09 USI HEALTH CENTER	1,046	354					
100 20 PHYSICIAN OFFICES	1,123	6,410					
100 27 PUBLIC RELATIONS							
100 31 WOMEN'S HOSPITAL/GATEWAY		75					
101 CROSS FOOT ADJUSTMENTS				61,768	65,038	14,129	20,418
102 NEGATIVE COST CENTER							
103 TOTAL	1,260,260	447,287	228,173	61,768	65,038	14,129	20,418

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PARAMED PR GM-(NURSING)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.03	25	26	27
003 GENERAL SERVICE COST CNTR				
003 01 NEW CAP REL COSTS-BLDG &				
004 NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM C				
024 PARAMED PRGM				
024 01 PARAMED PRGM-(CHAPLIN				
024 03 PARAMED PRGM-(NURSING)	19,000			
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		8,415,937		8,415,937
026 INTENSIVE CARE UNIT		1,140,497		1,140,497
027 CORONARY CARE UNIT		811,999		811,999
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
031 SUBPROVIDER		245,409		245,409
033 NURSERY				
034 SKILLED NURSING FACILITY		408,510		408,510
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		7,413,081		7,413,081
041 RADIOLOGY-DIAGNOSTIC		4,844,053		4,844,053
044 LABORATORY		3,192,442		3,192,442
049 01 RESPIRATORY THERAPY		885,511		885,511
050 WOUND CARE CENTER		51,994		51,994
053 PHYSICAL THERAPY		557,685		557,685
053 01 ELECTROCARDIOLOGY		147,898		147,898
055 CARDIAC CATH LAB		517,147		517,147
055 MEDICAL SUPPLIES CHARGED		1,396,576		1,396,576
055 30 IMPL. DEV. CHARGED TO PAT		1,337,566		1,337,566
056 DRUGS CHARGED TO PATIENTS		2,008,685		2,008,685
057 RENAL DIALYSIS		157,083		157,083
059 BEHAVIORAL HEALTH SERVICE		48,730		48,730
060 OUTPAT SERVICE COST CNTRS				
060 01 CLINIC		210,099		210,099
060 02 CLINIC - FAMILY PRACTICE		430,773		430,773
060 03 OUTPATIENT PSYCHIATRIC SE		144,465		144,465
060 04 OUTPATIENT CHEMO		108,426		108,426
061 01 PRIMARY CARE SENIORS		121,332		121,332
061 EMERGENCY		1,687,065		1,687,065
062 OBSERVATION BEDS (NON-DIS				
062 01 OBSERVATION BEDS (DISTINC		57,038		57,038
066 OTHER REIMBURS COST CNTRS				
071 DURABLE MEDICAL EQUIP-REN		570,523		570,523
093 HOME HEALTH AGENCY		337,948		337,948
095 SPEC PURPOSE COST CENTERS				
095 HOSPICE		273,714		273,714
096 SUBTOTALS		37,522,186		37,522,186
100 NONREIMBURS COST CENTERS				
100 01 GIFT, FLOWER, COFFEE SHOP		218,648		218,648
100 02 OTHER NONREIMBURSABLE COS				
100 03 DEACONESS URGENT CARE		209,427		209,427
100 04 OCCUPATIONAL HEALTH		375,124		375,124
100 05 OTHER NONREIMBURSABLE COS		412,912		412,912
100 06 OAKLAND CITY CLINIC		82,206		82,206
100 07 THE HEART HOSPITAL		304,118		304,118
100 08 USI HEALTH CENTER		30,994		30,994
100 09 PHYSICIAN OFFICES		1,373,192		1,373,192
100 10 PUBLIC RELATIONS		96,552		96,552
100 11 WOMEN'S HOSPITAL/GATEWAY		162,336		162,336
101 CROSS FOOT ADJUSTMENTS	19,000	180,353		180,353
102 NEGATIVE COST CENTER				
103 TOTAL	19,000	40,968,048		40,968,048

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		NEW CAP REL COSTS-BLDG & (SQUARE FEET - A)	NEW CAP REL COSTS-BLDG & (SQUARE FEET - B)	NEW CAP REL COSTS-MVBLE (DEPRECIATION EXPENSE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCU. COST)
		3	3.01	4	5	6a.00	6
	GENERAL SERVICE COST						
003	NEW CAP REL COSTS-BLD	1,123,544					
003 01	NEW CAP REL COSTS- BL		53,207				
004	NEW CAP REL COSTS-MVB			16,603,053			
005	EMPLOYEE BENEFITS	24,981	7,664	54,315	173,396,202		
006	ADMINISTRATIVE & GENE	130,278	31,184	9,405,699	23,093,146	-61,900,178	337,950,982
008	OPERATION OF PLANT	155,189		82,836	2,768,294		13,292,096
009	LAUNDRY & LINEN SERVI	25,427		195,154	618,893		1,770,371
010	HOUSEKEEPING	11,268		226,693	3,043,342		4,892,070
011	DIETARY	27,028		101,655	1,421,296		3,577,417
012	CAFETERIA	8,110			733,545		872,478
014	NURSING ADMINISTRATION	2,746		186,658	2,017,159		3,211,663
015	CENTRAL SERVICES & SU	15,604		183,939	1,363,357		2,476,658
016	PHARMACY	12,123		128,197	6,816,374		16,486,516
017	MEDICAL RECORDS & LIB	10,495		47,248	2,836,899		3,610,594
018	SOCIAL SERVICE	4,691		610	2,191,103		2,782,971
022	I&R SERVICES-SALARY &				916,554		1,167,632
023	I&R SERVICES-OTHER PR		6,817		716,701		1,095,184
024	PARAMED PRGM				203,632		268,489
024 01	PARAMED PRGM-(CHAP	375	525		188,125		250,879
024 03	PARAMED PRGM-(NURS				236,213		300,920
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	245,198		425,641	28,292,254		40,649,902
026	INTENSIVE CARE UNIT	26,063		56,134	5,863,168		8,177,277
027	CORONARY CARE UNIT	17,504		43,996	4,304,906		6,038,559
028	BURN INTENSIVE CARE U						
029	SURGICAL INTENSIVE CA						
031	SUBPROVIDER	8,956		1,125	862,151		1,342,804
033	NURSERY						
034	SKILLED NURSING FACIL	14,283		7,903	1,199,228		1,786,131
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	98,800		2,341,404	19,035,591		33,292,762
041	RADIOLOGY-DIAGNOSTIC	65,905		1,578,344	7,888,955		20,460,987
044	LABORATORY	43,850		505,941	10,379,457		28,372,662
049	RESPIRATORY THERAPY	13,821		227,050	3,370,707		5,154,759
049 01	WOUND CARE CENTER	475		12,382	221,251		392,181
050	PHYSICAL THERAPY	8,482		66,498			5,498,482
053	ELECTROCARDIOLOGY	4,407		8,548	419,424		1,018,143
053 01	CARDIAC CATH LAB	7,722		142,457	1,275,316		2,527,057
055	MEDICAL SUPPLIES CHAR						21,899,786
055 30	IMPL. DEV. CHARGED TO						21,032,351
056	DRUGS CHARGED TO PATI						15,086,907
057	RENAL DIALYSIS	588		29,246	216,141		1,866,798
059	BEHAVIORAL HEALTH SER				703,927		904,861
	OUTPAT SERVICE COST C						
060	CLINIC	5,661		11,363	1,078,096		1,752,320
060 01	CLINIC - FAMILY PRACT	18,445		4,466	829,221		1,845,019
060 02	OUTPATIENT PSYCHIATRI	5,911		2,001	518,391		756,897
060 03	OUTPATIENT CHEMO	3,866		4,331	292,417		578,993
060 04	PRIMARY CARE SENIORS			20,326	1,684,361		1,437,487
061	EMERGENCY	33,422		146,760	14,201,312		13,792,045
062	OBSERVATION BEDS (NON						
062 01	OBSERVATION BEDS (DIS			6,416	504,529		689,332
	OTHER REIMBURS COST C						
066	DURABLE MEDICAL EQUIP	6,910		123,086	1,382,285		4,071,988
071	HOME HEALTH AGENCY	4,002		39,139	1,894,816		3,946,086
	SPEC PURPOSE COST CEN						
093	HOSPICE	5,264		2,349	1,446,048		2,985,389
095	SUBTOTALS	1,067,850	46,190	16,419,910	157,028,585	-61,900,178	303,413,903
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE	8,457			643,331		1,436,159
100	OTHER NONREIMBURSABLE						
100 01	DEACONESS URGENT CARE			16,445	1,941,401		3,352,043
100 02	OCCUPATIONAL HEALTH	10,878		22,013	1,166,075		2,694,656
100 03	OTHER NONREIMBURSABLE	12,301	7,017	16,697	1,468,643		2,087,622
100 04	OAKLAND CITY CLINIC			2,299	987,628		1,470,689
100 05	THE HEART HOSPITAL			110,561	92,544		296,410
100 09	USI HEALTH CENTER			1,101	354,119		527,406
100 20	PHYSICIAN OFFICES	22,798		13,245	9,347,530		17,981,026
100 27	PUBLIC RELATIONS	1,260			258,035		1,483,925
100 31	WOMEN'S HOSPITAL/GATE			782	108,311		3,207,143
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSH B, PART I)	14,095,699	64,564	26,807,785	47,499,616		61,900,178
104	UNIT COST MULTIPLIER (WRKSH B, PT I)	12.545747		1.614630			
			1.213449		.273937		.183163
105	COST TO BE ALLOCATED (WRKSH B, PART II)						
106	UNIT COST MULTIPLIER (WRKSH B, PT II)						

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL
	OSTS-BLDG & (SQUARE FEET - A)	OSTS-BLDG & (SQUARE FEET - B)	OSTS-MVBLE (DEPRECIATION EXPENSE)	FITS (GROSS SALARIES)		(ACCUM. COST)
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	3	3.01	4	5 410,404	6a.00	6 16,913,657
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)				.002367		.050048

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(SQUARE FEET - A)	(POUNDS OF LAUNDRY)	(SQUARE FEET - A)	(MEALS)	(FTES)	(FTE'S -NRSNG)	(COSTED REQ UI S.)
		8	9	10	11	12	14	15
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
003 01	NEW CAP REL COSTS- BL							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENE							
008	OPERATION OF PLANT	813,096						
009	LAUNDRY & LINEN SERVI	25,427	2,580,506					
010	HOUSEKEEPING	11,268		776,401				
011	DIETARY	27,028	2,493	27,028	568,037			
012	CAFETERIA	8,110		8,110		26,955		
014	NURSING ADMINSTRATIO	2,746		2,746		421	13,481	
015	CENTRAL SERVICES & SU	15,604	207,497	15,604		459		58,909,183
016	PHARMACY	12,123	41	12,123		946		
017	MEDICAL RECORDS & LIB	10,495		10,495		825		280
018	SOCIAL SERVICE	4,691		4,691		467		
022	I&R SERVICES-SALARY &					171		
023	I&R SERVICES-OTHER PR					38		
024	PARAMED PRGM					31		
024 01	PARAMED PRGM-(CHAP	375		375		62		
024 03	PARAMED PRGM-(NURS					75	75	
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	245,198	1,206,890	245,198	403,927	6,324	6,324	773,076
026	INTENSIVE CARE UNIT	26,063	172,544	26,063	39,044	1,117	1,117	199,362
027	CORONARY CARE UNIT	17,504	121,542	17,504	28,256	794	794	192,282
028	BURN INTENSIVE CARE U							
029	SURGICAL INTENSIVE CA							
031	SUBPROVIDER	8,956	4,424	8,956	8,421	175	175	5,009
033	NURSERY							
034	SKILLED NURSING FACIL	14,283	56,684	14,283	20,901	278	278	24,348
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	98,800	217,886	98,800	106	2,326	2,326	398,042
041	RADIOLOGY-DIAGNOSTIC	65,905	99,964	65,905		1,579		1,876,919
044	LABORATORY	43,850	8,085	43,850		2,674		8,962,603
049	RESPIRATORY THERAPY	13,821	18,863	13,821		690		145,287
049 01	WOUND CARE CENTER	475	6,874	475		53		33,363
050	PHYSICAL THERAPY	8,482	67,091	8,482				107,027
053	ELECTROCARDIOLOGY	4,407	1,111	4,407		91		23,046
053 01	CARDIAC CATH LAB	7,722	8,254	7,722	31	215	215	120,692
055	MEDICAL SUPPLIES CHAR							21,400,005
055 30	IMPL. DEV. CHARGED TO							21,175,015
056	DRUGS CHARGED TO PATI							960,327
057	RENAL DIALYSIS	588		588		36	36	226,366
059	BEHAVIORAL HEALTH SER					185		
	OUTPAT SERVICE COST C							
060	CLINIC	5,661		5,661		249		207,768
060 01	CLINIC - FAMILY PRACT	18,445	11,785	18,445		243	243	42,925
060 02	OUTPATIENT PSYCHIATRI	5,911		5,911		119		68
060 03	OUTPATIENT CHEMO	3,866	7,509	3,866		16	16	91,903
060 04	PRIMARY CARE SENIORS		1,398			226	226	6,544
061	EMERGENCY	33,422	107,998	33,422	956	1,550	1,550	352,868
062	OBSERVATION BEDS (NON							
062 01	OBSERVATION BEDS (DIS		16,893		259	106	106	11,648
	OTHER REIMBURS COST C							
066	DURABLE MEDICAL EQUIP	6,910		6,910		364		989,176
071	HOME HEALTH AGENCY	4,002		4,002		387		74,079
	SPEC PURPOSE COST CEN							
093	HOSPICE	5,264	992	5,264	4,683	294		42,787
095	SUBTOTALS	757,402	2,346,818	720,707	506,584	23,586	13,481	58,442,815
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	8,457		8,457		270		
100	OTHER NONREIMBURSABLE							
100 01	DEACONESS URGENT CARE		3,035			320		141,896
100 02	OCCUPATIONAL HEALTH	10,878	20,934	10,878		219		60,889
100 03	OTHER NONREIMBURSABLE	12,301		12,301	39,679	444		90,861
100 04	OAKLAND CITY CLINIC					137		11,774
100 05	THE HEART HOSPITAL		112,720		21,774	1,106		132,982
100 09	USI HEALTH CENTER					70		8,333
100 20	PHYSICIAN OFFICES	22,798	96,999	22,798		725		18,869
100 27	PUBLIC RELATIONS	1,260		1,260		45		189
100 31	WOMEN'S HOSPITAL/GATE					33		575
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	15,726,716	2,586,440	6,006,059	4,967,017	1,251,883	3,893,829	3,582,100
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		1.002300		8.744179		288.838291	
	(WRKSHT B, PT I)	19.341770		7.735769		46.443443		.060807
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							

COST ALLOCATION - STATISTICAL BASIS

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	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(SQUARE FEET - A)	(POUNDS OF LAUNDRY)	(SQUARE FEET - A)	(MEALS)	(FTES)	(FTE'S -NRSG)	(COSTED REQ)UIS.
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	2,752,507	810,248	797,577	805,672	182,933	516,321	757,056
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	3.385218	.313988	1.027275	1.418344	6.786607	38.299904	.012851

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (HOURS - A)	I&R SERVICES- SALARY & FRI (HOURS - B)	I&R SERVICES- OTHER PRGM (HOURS - B)	PARAMED PRGM (HOURS - C)	PARAMED PRGM-(CHAPLIN) (HOURS - D)
	16	17	18	22	23	24	24.01
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS- BL							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU							
016 PHARMACY	24,477,132						
017 MEDICAL RECORDS & LIB	27	1,381,594,139					
018 SOCIAL SERVICE			221				
022 I&R SERVICES-SALARY &				7,869			
023 I&R SERVICES-OTHER PR					7,869		
024 PARAMED PRGM						100	
024 01 PARAMED PRGM-(CHAP							100
024 03 PARAMED PRGM-(NURS							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	3,821	105,747,954	182	1,936	1,936		100
026 INTENSIVE CARE UNIT	875	23,967,914	14	168	168		
027 CORONARY CARE UNIT	1,525	18,011,937	9				
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER	313	3,598,000					
033 NURSERY							
034 SKILLED NURSING FACIL	123	3,111,215					
ANCILLARY SRVC COST C							
037 OPERATING ROOM	88,382	193,548,947		717	717		
041 RADIOLOGY-DIAGNOSTIC	15,869	211,673,354		59	59		
044 LABORATORY	1,894	158,610,883					
049 RESPIRATORY THERAPY	112	18,786,949					
049 01 WOUND CARE CENTER	7,612	1,408,563					
050 PHYSICAL THERAPY	4,177	26,641,120					
053 ELECTROCARDIOLOGY	338	18,927,075		122	122		
053 01 CARDIAC CATH LAB	58	39,517,812					
055 MEDICAL SUPPLIES CHAR	4,130	78,074,667					
055 30 IMPL. DEV. CHARGED TO		39,565,414					
056 DRUGS CHARGED TO PATI	23,115,305	157,816,197				100	
057 RENAL DIALYSIS	1,077	4,199,651					
059 BEHAVIORAL HEALTH SER		1,609,736					
OUTPAT SERVICE COST C							
060 CLINIC	2,490	3,124,012		58	58		
060 01 CLINIC - FAMILY PRACT	16,277	1,293,889		3,955	3,955		
060 02 OUTPATIENT PSYCHIATRI		3,324,630					
060 03 OUTPATIENT CHEMO	16	5,994,518					
060 04 PRIMARY CARE SENIORS	31,746	725,460		73	73		
061 EMERGENCY	3,649	102,012,013	16	227	227		
062 OBSERVATION BEDS (NON							
062 01 OBSERVATION BEDS (DIS	358	1,133,189					
OTHER REIMBURS COST C							
066 DURABLE MEDICAL EQUIP	548,683	12,671,133					
071 HOME HEALTH AGENCY	219	4,067,590					
SPEC PURPOSE COST CEN							
093 HOSPICE	327,183	4,542,724					
095 SUBTOTALS	24,176,259	1243,706,546	221	7,315	7,315	100	100
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
100 OTHER NONREIMBURSABLE							
100 01 DEACONESS URGENT CARE	72,249	5,699,109					
100 02 OCCUPATIONAL HEALTH	148,844	3,030,613					
100 03 OTHER NONREIMBURSABLE	8,111						
100 04 OAKLAND CITY CLINIC	28,553						
100 05 THE HEART HOSPITAL	990	108,046,043					
100 09 USI HEALTH CENTER	20,322	1,093,429					
100 20 PHYSICIAN OFFICES	21,804	19,785,464					
100 27 PUBLIC RELATIONS							
100 31 WOMEN'S HOSPITAL/GATE		232,935		554	554		
CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	19,878,473	4,594,455	3,441,417	1,389,441	1,297,546	319,106	309,864
(WRKSH B, PART I)							
104 UNIT COST MULTIPLIER		.003325		176.571483		3,191.060000	
(WRKSH B, PT I)	.812124		15,572.022624		164.893379		3,098.640000
105 COST TO BE ALLOCATED							
(WRKSH B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSH B, PT II)							

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	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM-(CHAPLIN
		(COSTED REQ UIS. )	(GROSS REVENUE )	(HOURS - A )	(HOURS - B )	(HOURS - B )	(HOURS - C )	(HOURS - D )
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	1,260,260	447,287	228,173	61,768	65,038	14,129	20,418
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.051487	.000324	1,032.457014	7.849536	8.265091	141.290000	204.180000

COST ALLOCATION - STATISTICAL BASIS

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COST CENTER DESCRIPTION	PARAMED ED PR GM-(NURSING)	(HOURS - F )
		24.03
003 GENERAL SERVICE COST		
003 01 NEW CAP REL COSTS-BLD		
004 NEW CAP REL COSTS- BL		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENE		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVI		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SU		
017 PHARMACY		
018 MEDICAL RECORDS & LIB		
022 SOCIAL SERVICE		
023 I&R SERVICES-SALARY &		
024 I&R SERVICES-OTHER PR		
024 01 PARAMED ED PRGM		
024 03 PARAMED ED PRGM-(CHAP	15,736	
025 PARAMED ED PRGM-(NURS		
026 INPAT ROUTINE SRVC CN		
027 ADULTS & PEDIATRICS	11,960	
028 INTENSIVE CARE UNIT	1,106	
029 CORONARY CARE UNIT	1,195	
031 BURN INTENSIVE CARE U		
033 SURGICAL INTENSIVE CA		
034 SUBPROVIDER		
037 NURSERY		
041 SKILLED NURSING FACIL		
044 ANCILLARY SRVC COST C		
049 OPERATING ROOM	697	
049 01 RADIOLOGY-DIAGNOSTIC		
050 LABORATORY		
053 RESPIRATORY THERAPY		
053 01 WOUND CARE CENTER		
055 PHYSICAL THERAPY		
055 30 ELECTROCARDIOLOGY		
056 01 CARDIAC CATH LAB		
057 MEDICAL SUPPLIES CHAR		
059 30 IMPL. DEV. CHARGED TO		
060 DRUGS CHARGED TO PATI		
060 01 RENAL DIALYSIS		
060 02 BEHAVIORAL HEALTH SER		
060 03 OUTPAT SERVICE COST C		
060 04 CLINIC		
060 01 CLINIC - FAMILY PRACT		
060 02 OUTPATIENT PSYCHIATRI		
060 03 OUTPATIENT CHEMO		
060 04 PRIMARY CARE SENIORS		
061 EMERGENCY	778	
062 OBSERVATION BEDS (NON		
062 01 OBSERVATION BEDS (DIS		
066 OTHER REIMBURS COST C		
071 DURABLE MEDICAL EQUIP		
093 HOME HEALTH AGENCY		
095 SPEC PURPOSE COST CEN		
096 HOSPICE		
096 SUBTOTALS	15,736	
100 NONREIMBURS COST CENT		
100 GIFT, FLOWER, COFFEE		
100 01 OTHER NONREIMBURSABLE		
100 02 DEACONESS URGENT CARE		
100 03 OCCUPATIONAL HEALTH		
100 04 OTHER NONREIMBURSABLE		
100 05 OAKLAND CITY CLINIC		
100 06 THE HEART HOSPITAL		
100 07 USI HEALTH CENTER		
100 08 PHYSICIAN OFFICES		
100 09 PUBLIC RELATIONS		
100 10 WOMEN'S HOSPITAL/GATE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	381,183	
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		
(WRKSHT B, PT I)	24.223627	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
	TO 9/30/2010	WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED ED PR GM-(NURSING) (HOURS - F )
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	24.03 19,000
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.207422

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	65,432,293		65,432,293	51,383	65,483,676
26	INTENSIVE CARE UNIT	11,606,958		11,606,958		11,606,958
27	CORONARY CARE UNIT	8,495,592		8,495,592		8,495,592
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	1,980,529		1,980,529	457	1,980,986
33	NURSERY					
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,844,743		2,844,743		2,844,743
37	OPERATING ROOM	43,821,619		43,821,619	58,588	43,880,207
41	RADIOLOGY-DIAGNOSTIC	26,998,240		26,998,240		26,998,240
44	LABORATORY	35,963,036		35,963,036	63,319	36,026,355
49	RESPIRATORY THERAPY	6,595,503		6,595,503	4,090	6,599,593
49	01 WOUND CARE CENTER	499,121		499,121		499,121
50	PHYSICAL THERAPY	6,900,999		6,900,999		6,900,999
53	ELECTROCARDIOLOGY	1,393,908		1,393,908	198,499	1,592,407
53	01 CARDIAC CATH LAB	3,418,425		3,418,425		3,418,425
55	MEDICAL SUPPLIES CHARGED	27,475,248		27,475,248		27,475,248
55	30 IMPL. DEV. CHARGED TO PAT	26,303,844		26,303,844		26,303,844
56	DRUGS CHARGED TO PATIENTS	37,525,010		37,525,010	911	37,525,921
57	RENAL DIALYSIS	2,265,322		2,265,322	3,302	2,268,624
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS	1,084,542		1,084,542		1,084,542
60	CLINIC	2,263,173		2,263,173	553	2,263,726
60	01 CLINIC - FAMILY PRACTICE	2,795,820		2,795,820		2,795,820
60	02 OUTPATIENT PSYCHIATRIC SE	1,072,173		1,072,173		1,072,173
60	03 OUTPATIENT CHEMO	828,147		828,147		828,147
60	04 PRIMARY CARE SENIORS	1,806,547		1,806,547		1,806,547
61	EMERGENCY	18,491,122		18,491,122	268,905	18,760,027
62	OBSERVATION BEDS (NON-DIS	5,775,450		5,775,450		5,775,450
62	01 OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS	875,096		875,096		875,096
66	DURABLE MEDICAL EQUIP-REN	5,569,717		5,569,717		5,569,717
101	SUBTOTAL	350,082,177		350,082,177	650,007	350,732,184
102	LESS OBSERVATION BEDS	5,775,450		5,775,450		5,775,450
103	TOTAL	344,306,727		344,306,727	650,007	344,956,734

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	97,974,005		97,974,005			
26	INTENSIVE CARE UNIT	23,967,915		23,967,915			
27	CORONARY CARE UNIT	18,011,937		18,011,937			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	3,598,000		3,598,000			
33	NURSERY						
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,111,215		3,111,215			
37	OPERATING ROOM	66,148,317	127,400,630	193,548,947	.226411	.226411	.226714
41	RADIOLOGY-DIAGNOSTIC	56,217,724	156,090,873	212,308,597	.127165	.127165	.127165
44	LABORATORY	85,616,082	72,994,802	158,610,884	.226738	.226738	.227137
49	RESPIRATORY THERAPY	12,360,787	6,426,162	18,786,949	.351068	.351068	.351286
49	01 WOUND CARE CENTER	9,087	1,399,477	1,408,564	.354347	.354347	.354347
50	PHYSICAL THERAPY	19,432,335	7,208,785	26,641,120	.259036	.259036	.259036
53	ELECTROCARDIOLOGY	12,348,896	6,578,179	18,927,075	.073646	.073646	.084134
53	01 CARDIAC CATH LAB	22,549,305	16,968,507	39,517,812	.086503	.086503	.086503
55	MEDICAL SUPPLIES CHARGED	56,321,844	21,114,142	77,435,986	.354812	.354812	.354812
55	30 IMPL. DEV. CHARGED TO PAT	28,097,632	11,467,782	39,565,414	.664819	.664819	.664819
56	DRUGS CHARGED TO PATIENTS	108,406,887	49,409,310	157,816,197	.237777	.237777	.237782
57	RENAL DIALYSIS	3,896,111	303,540	4,199,651	.539407	.539407	.540193
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS	844,419	765,317	1,609,736	.673739	.673739	.673739
60	CLINIC	8,771	3,115,241	3,124,012	.724444	.724444	.724621
60	01 CLINIC - FAMILY PRACTICE	5,209	1,288,680	1,293,889	2.160788	2.160788	2.160788
60	02 OUTPATIENT PSYCHIATRIC SE	10,619	3,314,011	3,324,630	.322494	.322494	.322494
60	03 OUTPATIENT CHEMO	86,056	5,908,461	5,994,517	.138151	.138151	.138151
60	04 PRIMARY CARE SENIORS	4,155	721,305	725,460	2.490209	2.490209	2.490209
61	EMERGENCY	39,562,271	62,449,741	102,012,012	.181264	.181264	.183900
62	OBSERVATION BEDS (NON-DIS		7,773,947	7,773,947	.742924	.742924	.742924
62	01 OBSERVATION BEDS (DISTINC	197,321	935,868	1,133,189	.772242	.772242	.772242
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		12,674,572	12,674,572	.439440	.439440	.439440
101	SUBTOTAL	658,786,900	576,309,332	1235,096,232			
102	LESS OBSERVATION BEDS						
103	TOTAL	658,786,900	576,309,332	1235,096,232			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0082  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/28/2011  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	66,093,369		66,093,369	51,383	66,144,752
26	INTENSIVE CARE UNIT	11,664,324		11,664,324		11,664,324
27	CORONARY CARE UNIT	8,495,592		8,495,592		8,495,592
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	1,980,529		1,980,529	457	1,980,986
33	NURSERY					
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	2,844,743		2,844,743		2,844,743
37	OPERATING ROOM	44,066,450		44,066,450	58,588	44,125,038
41	RADIOLOGY-DIAGNOSTIC	27,018,387		27,018,387		27,018,387
44	LABORATORY	35,963,036		35,963,036	63,319	36,026,355
49	RESPIRATORY THERAPY	6,595,503		6,595,503	4,090	6,599,593
49	01 WOUND CARE CENTER	499,121		499,121		499,121
50	PHYSICAL THERAPY	6,900,999		6,900,999		6,900,999
53	ELECTROCARDIOLOGY	1,435,567		1,435,567	198,499	1,634,066
53	01 CARDIAC CATH LAB	3,418,425		3,418,425		3,418,425
55	MEDICAL SUPPLIES CHARGED	27,475,248		27,475,248		27,475,248
55	30 IMPL. DEV. CHARGED TO PAT	26,303,844		26,303,844		26,303,844
56	DRUGS CHARGED TO PATIENTS	37,525,010		37,525,010	911	37,525,921
57	RENAL DIALYSIS	2,265,322		2,265,322	3,302	2,268,624
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS	1,084,542		1,084,542		1,084,542
60	CLINIC	2,282,978		2,282,978	553	2,283,531
60	01 CLINIC - FAMILY PRACTICE	4,146,311		4,146,311		4,146,311
60	02 OUTPATIENT PSYCHIATRIC SE	1,072,173		1,072,173		1,072,173
60	03 OUTPATIENT CHEMO	828,147		828,147		828,147
60	04 PRIMARY CARE SENIORS	1,831,474		1,831,474		1,831,474
61	EMERGENCY	18,568,635		18,568,635	268,905	18,837,540
62	OBSERVATION BEDS (NON-DIS	5,775,450		5,775,450		5,775,450
62	01 OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS	875,096		875,096		875,096
66	DURABLE MEDICAL EQUIP-REN	5,569,717		5,569,717		5,569,717
101	SUBTOTAL	352,579,992		352,579,992	650,007	353,229,999
102	LESS OBSERVATION BEDS	5,775,450		5,775,450		5,775,450
103	TOTAL	346,804,542		346,804,542	650,007	347,454,549

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	97,974,005		97,974,005			
26	INTENSIVE CARE UNIT	23,967,915		23,967,915			
27	CORONARY CARE UNIT	18,011,937		18,011,937			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	3,598,000		3,598,000			
33	NURSERY						
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,111,215		3,111,215			
37	OPERATING ROOM	66,148,317	127,400,630	193,548,947	.227676	.227676	.227979
41	RADIOLOGY-DIAGNOSTIC	56,217,724	156,090,873	212,308,597	.127260	.127260	.127260
44	LABORATORY	85,616,082	72,994,802	158,610,884	.226738	.226738	.227137
49	RESPIRATORY THERAPY	12,360,787	6,426,162	18,786,949	.351068	.351068	.351286
49	01 WOUND CARE CENTER	9,087	1,399,477	1,408,564	.354347	.354347	.354347
50	PHYSICAL THERAPY	19,432,335	7,208,785	26,641,120	.259036	.259036	.259036
53	ELECTROCARDIOLOGY	12,348,896	6,578,179	18,927,075	.075847	.075847	.086335
53	01 CARDIAC CATH LAB	22,549,305	16,968,507	39,517,812	.086503	.086503	.086503
55	MEDICAL SUPPLIES CHARGED	56,321,844	21,114,142	77,435,986	.354812	.354812	.354812
55	30 IMPL. DEV. CHARGED TO PAT	28,097,632	11,467,782	39,565,414	.664819	.664819	.664819
56	DRUGS CHARGED TO PATIENTS	108,406,887	49,409,310	157,816,197	.237777	.237777	.237782
57	RENAL DIALYSIS	3,896,111	303,540	4,199,651	.539407	.539407	.540193
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS CLINIC	844,419	765,317	1,609,736	.673739	.673739	.673739
60	01 CLINIC - FAMILY PRACTICE	8,771	3,115,241	3,124,012	.730784	.730784	.730961
60	02 OUTPATIENT PSYCHIATRIC SE	5,209	1,288,680	1,293,889	3.204534	3.204534	3.204534
60	03 OUTPATIENT CHEMO	10,619	3,314,011	3,324,630	.322494	.322494	.322494
60	04 PRIMARY CARE SENIORS	86,056	5,908,461	5,994,517	.138151	.138151	.138151
61	EMERGENCY	4,155	721,305	725,460	2.524569	2.524569	2.524569
62	OBSERVATION BEDS (NON-DIS	39,562,271	62,449,741	102,012,012	.182024	.182024	.184660
62	01 OBSERVATION BEDS (DISTINC	197,321	7,773,947	7,773,947	.742924	.742924	.742924
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-REN		12,674,572	12,674,572	.439440	.439440	.439440
101	SUBTOTAL	658,786,900	576,309,332	1235,096,232			
102	LESS OBSERVATION BEDS						
103	TOTAL	658,786,900	576,309,332	1235,096,232			

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	43,821,619	7,413,081	36,408,538			43,821,619
41	OPERATING ROOM	26,998,240	4,844,053	22,154,187			26,998,240
44	RADIOLOGY-DIAGNOSTIC	35,963,036	3,192,442	32,770,594			35,963,036
49	LABORATORY	6,595,503	885,511	5,709,992			6,595,503
49	01 RESPIRATORY THERAPY	499,121	51,994	447,127			499,121
50	WOUND CARE CENTER	6,900,999	557,685	6,343,314			6,900,999
53	PHYSICAL THERAPY	1,393,908	147,898	1,246,010			1,393,908
53	01 ELECTROCARDIOLOGY	3,418,425	517,147	2,901,278			3,418,425
55	CARDIAC CATH LAB	27,475,248	1,396,576	26,078,672			27,475,248
55	30 MEDICAL SUPPLIES CHARGED	26,303,844	1,337,566	24,966,278			26,303,844
56	IMPL. DEV. CHARGED TO PAT	37,525,010	2,008,685	35,516,325			37,525,010
57	DRUGS CHARGED TO PATIENTS	2,265,322	157,083	2,108,239			2,265,322
59	RENAL DIALYSIS	1,084,542	48,730	1,035,812			1,084,542
	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,263,173	210,099	2,053,074			2,263,173
60	01 CLINIC - FAMILY PRACTICE	2,795,820	430,773	2,365,047			2,795,820
60	02 OUTPATIENT PSYCHIATRIC SE	1,072,173	144,465	927,708			1,072,173
60	03 OUTPATIENT CHEMO	828,147	108,426	719,721			828,147
60	04 PRIMARY CARE SENIORS	1,806,547	121,332	1,685,215			1,806,547
61	EMERGENCY	18,491,122	1,687,065	16,804,057			18,491,122
62	OBSERVATION BEDS (NON-DIS	5,775,450	742,261	5,033,189			5,775,450
62	01 OBSERVATION BEDS (DISTINC	875,096	57,038	818,058			875,096
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	5,569,717	570,523	4,999,194			5,569,717
101	SUBTOTAL	259,722,062	26,630,433	233,091,629			259,722,062
102	LESS OBSERVATION BEDS	5,775,450	742,261	5,033,189			5,775,450
103	TOTAL	253,946,612	25,888,172	228,058,440			253,946,612

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	193,548,947	.226411	.226411
41	RADIOLOGY-DIAGNOSTIC	212,308,597	.127165	.127165
44	LABORATORY	158,610,884	.226738	.226738
49	RESPIRATORY THERAPY	18,786,949	.351068	.351068
49 01	WOUND CARE CENTER	1,408,564	.354347	.354347
50	PHYSICAL THERAPY	26,641,120	.259036	.259036
53	ELECTROCARDIOLOGY	18,927,075	.073646	.073646
53 01	CARDIAC CATH LAB	39,517,812	.086503	.086503
55	MEDICAL SUPPLIES CHARGED	77,435,986	.354812	.354812
55 30	IMPL. DEV. CHARGED TO PAT	39,565,414	.664819	.664819
56	DRUGS CHARGED TO PATIENTS	157,816,197	.237777	.237777
57	RENAL DIALYSIS	4,199,651	.539407	.539407
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS	1,609,736	.673739	.673739
60	CLINIC	3,124,012	.724444	.724444
60 01	CLINIC - FAMILY PRACTICE	1,293,889	2.160788	2.160788
60 02	OUTPATIENT PSYCHIATRIC SE	3,324,630	.322494	.322494
60 03	OUTPATIENT CHEMO	5,994,517	.138151	.138151
60 04	PRIMARY CARE SENIORS	725,460	2.490209	2.490209
61	EMERGENCY	102,012,012	.181264	.181264
62	OBSERVATION BEDS (NON-DIS	7,773,947	.742924	.742924
62 01	OBSERVATION BEDS (DISTINC	1,133,189	.772242	.772242
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	12,674,572	.439440	.439440
101	SUBTOTAL	1088,433,160		
102	LESS OBSERVATION BEDS	7,773,947		
103	TOTAL	1080,659,213		

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	44,066,450	7,413,081	36,653,369	741,308	2,125,895	41,199,247
41	RADIOLOGY-DIAGNOSTIC	27,018,387	4,844,053	22,174,334	484,405	1,286,111	25,247,871
44	LABORATORY	35,963,036	3,192,442	32,770,594	319,244	1,900,694	33,743,098
49	RESPIRATORY THERAPY	6,595,503	885,511	5,709,992	88,551	331,180	6,175,772
49	01 WOUND CARE CENTER	499,121	51,994	447,127	5,199	25,933	467,989
50	PHYSICAL THERAPY	6,900,999	557,685	6,343,314	55,769	367,912	6,477,318
53	ELECTROCARDIOLOGY	1,435,567	147,898	1,287,669	14,790	74,685	1,346,092
53	01 CARDIAC CATH LAB	3,418,425	517,147	2,901,278	51,715	168,274	3,198,436
55	MEDICAL SUPPLIES CHARGED	27,475,248	1,396,576	26,078,672	139,658	1,512,563	25,823,027
55	30 IMPL. DEV. CHARGED TO PAT	26,303,844	1,337,566	24,966,278	133,757	1,448,044	24,722,043
56	DRUGS CHARGED TO PATIENTS	37,525,010	2,008,685	35,516,325	200,869	2,059,947	35,264,194
57	RENAL DIALYSIS	2,265,322	157,083	2,108,239	15,708	122,278	2,127,336
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS	1,084,542	48,730	1,035,812	4,873	60,077	1,019,592
60	CLINIC	2,282,978	210,099	2,072,879	21,010	120,227	2,141,741
60	01 CLINIC - FAMILY PRACTICE	4,146,311	430,773	3,715,538	43,077	215,501	3,887,733
60	02 OUTPATIENT PSYCHIATRIC SE	1,072,173	144,465	927,708	14,447	53,807	1,003,919
60	03 OUTPATIENT CHEMO	828,147	108,426	719,721	10,843	41,744	775,560
60	04 PRIMARY CARE SENIORS	1,831,474	121,332	1,710,142	12,133	99,188	1,720,153
61	EMERGENCY	18,568,635	1,687,065	16,881,570	168,707	979,131	17,420,797
62	OBSERVATION BEDS (NON-DIS	5,775,450	742,261	5,033,189	74,226	291,925	5,409,299
62	01 OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS	875,096	57,038	818,058	5,704	47,447	821,945
66	DURABLE MEDICAL EQUIP-REN	5,569,717	570,523	4,999,194	57,052	289,953	5,222,712
101	SUBTOTAL	261,501,435	26,630,433	234,871,002	2,663,045	13,622,516	245,215,874
102	LESS OBSERVATION BEDS	5,775,450	742,261	5,033,189	74,226	291,925	5,409,299
103	TOTAL	255,725,985	25,888,172	229,837,813	2,588,819	13,330,591	239,806,575

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	193,548,947	.212862	.223846
41	RADIOLOGY-DIAGNOSTIC	212,308,597	.118921	.124978
44	LABORATORY	158,610,884	.212741	.224725
49	RESPIRATORY THERAPY	18,786,949	.328727	.346355
49 01	WOUND CARE CENTER	1,408,564	.332245	.350656
50	PHYSICAL THERAPY	26,641,120	.243132	.256942
53	ELECTROCARDIOLOGY	18,927,075	.071120	.075066
53 01	CARDIAC CATH LAB	39,517,812	.080937	.085195
55	MEDICAL SUPPLIES CHARGED	77,435,986	.333476	.353009
55 30	IMPL. DEV. CHARGED TO PAT	39,565,414	.624840	.661438
56	DRUGS CHARGED TO PATIENTS	157,816,197	.223451	.236504
57	RENAL DIALYSIS	4,199,651	.506551	.535667
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS	1,609,736	.633391	.670712
60	CLINIC	3,124,012	.685574	.724059
60 01	CLINIC - FAMILY PRACTICE	1,293,889	3.004688	3.171241
60 02	OUTPATIENT PSYCHIATRIC SE	3,324,630	.301964	.318148
60 03	OUTPATIENT CHEMO	5,994,517	.129378	.136342
60 04	PRIMARY CARE SENIORS	725,460	2.371120	2.507845
61	EMERGENCY	102,012,012	.170772	.180370
62	OBSERVATION BEDS (NON-DIS	7,773,947	.695824	.733376
62 01	OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS	1,133,189	.725338	.767208
66	DURABLE MEDICAL EQUIP-REN	12,674,572	.412062	.434939
101	SUBTOTAL	1088,433,160		
102	LESS OBSERVATION BEDS	7,773,947		
103	TOTAL	1080,659,213		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082 PERIOD: FROM 10/1/2009 TO 9/30/2010 PREPARED 2/28/2011 WORKSHEET D PART I  
PPS

TITLE XVIII, PART A

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				8,415,937		8,415,937
26	INTENSIVE CARE UNIT				1,140,497		1,140,497
27	CORONARY CARE UNIT				811,999		811,999
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER				245,409		245,409
33	NURSERY						
101	TOTAL				10,613,842		10,613,842

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082      PERIOD: FROM 10/1/2009 TO 9/30/2010      PREPARED 2/28/2011 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	102,453	44,661			82.14	3,668,455
26	INTENSIVE CARE UNIT	9,938	4,578			114.76	525,371
27	CORONARY CARE UNIT	7,190	3,992			112.93	450,817
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,149	1,031			114.20	117,740
33	NURSERY						
101	TOTAL	121,730	54,262				4,762,383

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-0082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		7,413,081	193,548,947	25,217,341		
41	RADIOLOGY-DIAGNOSTIC		4,844,053	212,308,597	27,583,767		
44	LABORATORY		3,192,442	158,610,884	42,836,460		
49	RESPIRATORY THERAPY		885,511	18,786,949	5,795,327		
49 01	WOUND CARE CENTER		51,994	1,408,564	2,213		
50	PHYSICAL THERAPY		557,685	26,641,120	9,673,628		
53	ELECTROCARDIOLOGY		147,898	18,927,075	6,898,297		
53 01	CARDIAC CATH LAB		517,147	39,517,812	9,974,543		
55	MEDICAL SUPPLIES CHARGED		1,396,576	77,435,986	26,352,748		
55 30	IMPL. DEV. CHARGED TO PAT		1,337,566	39,565,414	13,479,627		
56	DRUGS CHARGED TO PATIENTS		2,008,685	157,816,197	49,023,239		
57	RENAL DIALYSIS		157,083	4,199,651	3,048,231		
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS		48,730	1,609,736	96,928		
60	CLINIC		210,099	3,124,012	4,519		
60 01	CLINIC - FAMILY PRACTICE		430,773	1,293,889			
60 02	OUTPATIENT PSYCHIATRIC SE		144,465	3,324,630	1,605		
60 03	OUTPATIENT CHEMO		108,426	5,994,517	34,544		
60 04	PRIMARY CARE SENIORS		121,332	725,460	2,571		
61	EMERGENCY		1,687,065	102,012,012	17,364,681		
62	OBSERVATION BEDS (NON-DIS		742,261	7,773,947			
62 01	OBSERVATION BEDS (DISTINC		57,038	1,133,189	9,164		
66	OTHER REIMBURS COST CNTRS		570,523	12,674,572			
101	DURABLE MEDICAL EQUIP-REN TOTAL		26,630,433	1088,433,160	237,399,433		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 COMPONENT NO: 15-0082  
 PREPARED 2/28/2011  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.038301	965,849
41	RADIOLOGY-DIAGNOSTIC	.022816	629,351
44	LABORATORY	.020128	862,212
49	RESPIRATORY THERAPY	.047134	273,157
49 01	WOUND CARE CENTER	.036913	82
50	PHYSICAL THERAPY	.020933	202,498
53	ELECTROCARDIOLOGY	.007814	53,903
53 01	CARDIAC CATH LAB	.013086	130,527
55	MEDICAL SUPPLIES CHARGED	.018035	475,272
55 30	IMPL. DEV. CHARGED TO PAT	.033806	455,692
56	DRUGS CHARGED TO PATIENTS	.012728	623,968
57	RENAL DIALYSIS	.037404	114,016
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS	.030272	2,934
60	CLINIC	.067253	304
60 01	CLINIC - FAMILY PRACTICE	.332929	
60 02	OUTPATIENT PSYCHIATRIC SE	.043453	70
60 03	OUTPATIENT CHEMO	.018088	625
60 04	PRIMARY CARE SENIORS	.167248	430
61	EMERGENCY	.016538	287,177
62	OBSERVATION BEDS (NON-DIS	.095481	
62 01	OBSERVATION BEDS (DISTINC	.050334	461
66	OTHER REIMBURS COST CNTRS		
	DURABLE MEDICAL EQUIP-REN	.045013	
101	TOTAL		5,078,528

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 WORKSHEET D  
 PART III

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

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			599,579			599,579
26	INTENSIVE CARE UNIT			26,791			26,791
27	CORONARY CARE UNIT			28,947			28,947
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL			655,317			655,317

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

PROVIDER NO: 15-0082  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/28/2011  
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	102,453	5.85	44,661	261,267
26	INTENSIVE CARE UNIT	9,938	2.70	4,578	12,361
27	CORONARY CARE UNIT	7,190	4.03	3,992	16,088
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	2,149		1,031	
33	NURSERY				
34	SKILLED NURSING FACILITY	5,314		4,086	
101	TOTAL	127,044		58,348	289,716



TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
41	OPERATING ROOM	16,884	16,884	193,548,947	.000087	.000087	25,217,341	2,194
44	RADIOLOGY-DIAGNOSTIC			212,308,597			27,583,767	
49	LABORATORY			158,610,884			42,836,460	
49	RESPIRATORY THERAPY			18,786,949			5,795,327	
49	01 WOUND CARE CENTER			1,408,564			2,213	
50	PHYSICAL THERAPY			26,641,120			9,673,628	
53	ELECTROCARDIOLOGY			18,927,075			6,898,297	
53	01 CARDIAC CATH LAB			39,517,812			9,974,543	
55	MEDICAL SUPPLIES CHARGED			77,435,986			26,352,748	
55	30 IMPL. DEV. CHARGED TO PAT			39,565,414			13,479,627	
56	DRUGS CHARGED TO PATIENTS	319,106	319,106	157,816,197	.002022	.002022	49,023,239	99,125
57	RENAL DIALYSIS			4,199,651			3,048,231	
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS			1,609,736			96,928	
60	CLINIC			3,124,012			4,519	
60	01 CLINIC - FAMILY PRACTICE			1,293,889				
60	02 OUTPATIENT PSYCHIATRIC SE			3,324,630			1,605	
60	03 OUTPATIENT CHEMO			5,994,517			34,544	
60	04 PRIMARY CARE SENIORS			725,460			2,571	
61	EMERGENCY	18,846	18,846	102,012,012	.000185	.000185	17,364,681	3,212
62	OBSERVATION BEDS (NON-DIS	52,880	52,880	7,773,947	.006802	.006802		
62	01 OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS			1,133,189			9,164	
66	DURABLE MEDICAL EQUIP-REN			12,674,572				
101	TOTAL	407,716	407,716	1088,433,160			237,399,433	104,531

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	21,341,832					
41	RADIOLOGY-DIAGNOSTIC	37,872,848					
44	LABORATORY	2,338,952					
49	RESPIRATORY THERAPY	1,440,378					
49 01	WOUND CARE CENTER	709,194					
50	PHYSICAL THERAPY	17,463					
53	ELECTROCARDIOLOGY	1,760,585					
53 01	CARDIAC CATH LAB	7,304,487					
55	MEDICAL SUPPLIES CHARGED	7,655,988					
55 30	IMPL. DEV. CHARGED TO PAT	3,962,203					
56	DRUGS CHARGED TO PATIENTS	19,907,690				40,253	
57	RENAL DIALYSIS	256,316					
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS	90,427					
60	CLINIC	1,170,258					
60 01	CLINIC - FAMILY PRACTICE	86,818					
60 02	OUTPATIENT PSYCHIATRIC SE	271,485					
60 03	OUTPATIENT CHEMO	2,466,556					
60 04	PRIMARY CARE SENIORS	436,094					
61	EMERGENCY	11,285,233				2,088	
62	OBSERVATION BEDS (NON-DIS	2,047,612				13,928	
62 01	OBSERVATION BEDS (DISTINC	86,221					
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-REN						
101	TOTAL	122,508,640				58,126	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/28/2011  
 | 15-0082 | FROM 10/ 1/2009 | WORKSHEET D  
 | COMPONENT NO: | TO 9/30/2010 | PART V  
 | 15-0082 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.226411	.226411			
41 RADIOLOGY-DIAGNOSTIC	.127165	.127165			
44 LABORATORY	.226738	.226738			
49 RESPIRATORY THERAPY	.351068	.351068			
49 01 WOUND CARE CENTER	.354347	.354347			
50 PHYSICAL THERAPY	.259036	.259036			
53 ELECTROCARDIOLOGY	.073646	.073646			
53 01 CARDIAC CATH LAB	.086503	.086503			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.354812	.354812			
55 30 IMPL. DEV. CHARGED TO PATIENT	.664819	.664819			
56 DRUGS CHARGED TO PATIENTS	.237777	.237777			
57 RENAL DIALYSIS	.539407	.539407			
59 BEHAVIORAL HEALTH SERVICES	.673739	.673739			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.724444	.724444			
60 01 CLINIC - FAMILY PRACTICE	2.160788	2.160788			
60 02 OUTPATIENT PSYCHIATRIC SERVICES	.322494	.322494			
60 03 OUTPATIENT CHEMO	.138151	.138151			
60 04 PRIMARY CARE SENIORS	2.490209	2.490209			
61 EMERGENCY	.181264	.181264			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.742924	.742924			
62 01 OBSERVATION BEDS (DISTINCT PART) CVS	.772242	.772242			
66 OTHER REIMBURS COST CNTRS					
101 DURABLE MEDICAL EQUIP-RENTED	.439440	.439440			
102 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					







APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D
15-0082		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.23777
3	PROGRAM COSTS	98,001
		23,302

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-S082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		7,413,081	193,548,947	61,759		
41	RADIOLOGY-DIAGNOSTIC		4,844,053	212,308,597	25,355		
44	LABORATORY		3,192,442	158,610,884	119,246		
49	RESPIRATORY THERAPY		885,511	18,786,949	186		
49 01	WOUND CARE CENTER		51,994	1,408,564			
50	PHYSICAL THERAPY		557,685	26,641,120	3,825		
53	ELECTROCARDIOLOGY		147,898	18,927,075	7,551		
53 01	CARDIAC CATH LAB		517,147	39,517,812			
55	MEDICAL SUPPLIES CHARGED		1,396,576	77,435,986	9,632		
55 30	IMPL. DEV. CHARGED TO PAT		1,337,566	39,565,414			
56	DRUGS CHARGED TO PATIENTS		2,008,685	157,816,197	225,167		
57	RENAL DIALYSIS		157,083	4,199,651			
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS		48,730	1,609,736	23,209		
60	CLINIC		210,099	3,124,012			
60 01	CLINIC - FAMILY PRACTICE		430,773	1,293,889			
60 02	OUTPATIENT PSYCHIATRIC SE		144,465	3,324,630			
60 03	OUTPATIENT CHEMO		108,426	5,994,517			
60 04	PRIMARY CARE SENIORS		121,332	725,460			
61	EMERGENCY		1,687,065	102,012,012	89,363		
62	OBSERVATION BEDS (NON-DIS		742,261	7,773,947			
62 01	OBSERVATION BEDS (DISTINC		57,038	1,133,189			
66	OTHER REIMBURS COST CNTRS		570,523	12,674,572			
101	DURABLE MEDICAL EQUIP-REN TOTAL		26,630,433	1088,433,160	565,293		

I PROVIDER NO:      I PERIOD:      I PREPARED 2/28/2011  
 I 15-0082      I FROM 10/ 1/2009      I WORKSHEET D  
 I COMPONENT NO:      I TO 9/30/2010      I PART II  
 I 15-S082      I  
 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A      SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.038301	2,365
41	RADIOLOGY-DIAGNOSTIC	.022816	578
44	LABORATORY	.020128	2,400
49	RESPIRATORY THERAPY	.047134	9
49 01	WOUND CARE CENTER	.036913	
50	PHYSICAL THERAPY	.020933	80
53	ELECTROCARDIOLOGY	.007814	59
53 01	CARDIAC CATH LAB	.013086	
55	MEDICAL SUPPLIES CHARGED	.018035	174
55 30	IMPL. DEV. CHARGED TO PAT	.033806	
56	DRUGS CHARGED TO PATIENTS	.012728	2,866
57	RENAL DIALYSIS	.037404	
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS	.030272	703
60	CLINIC	.067253	
60 01	CLINIC - FAMILY PRACTICE	.332929	
60 02	OUTPATIENT PSYCHIATRIC SE	.043453	
60 03	OUTPATIENT CHEMO	.018088	
60 04	PRIMARY CARE SENIORS	.167248	
61	EMERGENCY	.016538	1,478
62	OBSERVATION BEDS (NON-DIS	.095481	
62 01	OBSERVATION BEDS (DISTINC	.050334	
66	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN	.045013	
101	TOTAL		10,712



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							
41	OPERATING ROOM	16,884	16,884	193,548,947	.000087	.000087	61,759	5
44	RADIOLOGY-DIAGNOSTIC			212,308,597			25,355	
49	LABORATORY			158,610,884			119,246	
49	RESPIRATORY THERAPY			18,786,949			186	
49	01 WOUND CARE CENTER			1,408,564				
50	PHYSICAL THERAPY			26,641,120			3,825	
53	ELECTROCARDIOLOGY			18,927,075			7,551	
53	01 CARDIAC CATH LAB			39,517,812				
55	MEDICAL SUPPLIES CHARGED			77,435,986			9,632	
55	30 IMPL. DEV. CHARGED TO PAT			39,565,414				
56	DRUGS CHARGED TO PATIENTS	319,106	319,106	157,816,197	.002022	.002022	225,167	455
57	RENAL DIALYSIS			4,199,651				
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS			1,609,736			23,209	
60	CLINIC			3,124,012				
60	01 CLINIC - FAMILY PRACTICE			1,293,889				
60	02 OUTPATIENT PSYCHIATRIC SE			3,324,630				
60	03 OUTPATIENT CHEMO			5,994,517				
60	04 PRIMARY CARE SENIORS			725,460				
61	EMERGENCY	18,846	18,846	102,012,012	.000185	.000185	89,363	17
62	OBSERVATION BEDS (NON-DIS	52,880	52,880	7,773,947	.006802	.006802		
62	01 OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS			1,133,189				
66	DURABLE MEDICAL EQUIP-REN			12,674,572				
101	TOTAL	407,716	407,716	1088,433,160			565,293	477

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						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	WOUND CARE CENTER						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATH LAB						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	BEHAVIORAL HEALTH SERVICE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CLINIC - FAMILY PRACTICE						
60 02	OUTPATIENT PSYCHIATRIC SE						
60 03	OUTPATIENT CHEMO						
60 04	PRIMARY CARE SENIORS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62 01	OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D
15-5544		PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	WOUND CARE CENTER						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATH LAB						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	BEHAVIORAL HEALTH SERVICE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CLINIC - FAMILY PRACTICE						
60 02	OUTPATIENT PSYCHIATRIC SE						
60 03	OUTPATIENT CHEMO						
60 04	PRIMARY CARE SENIORS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62 01	OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D
15-5544		PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
49 01	WOUND CARE CENTER		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
53 01	CARDIAC CATH LAB		
55	MEDICAL SUPPLIES CHARGED		
55 30	IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
59	BEHAVIORAL HEALTH SERVICE		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	CLINIC - FAMILY PRACTICE		
60 02	OUTPATIENT PSYCHIATRIC SE		
60 03	OUTPATIENT CHEMO		
60 04	PRIMARY CARE SENIORS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
62 01	OBSERVATION BEDS (DISTINC		
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY 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							16,884				
41	RADIOLOGY-DIAGNOSTIC											
44	LABORATORY											
49	RESPIRATORY THERAPY											
49 01	WOUND CARE CENTER											
50	PHYSICAL THERAPY											
53	ELECTROCARDIOLOGY											
53 01	CARDIAC CATH LAB											
55	MEDICAL SUPPLIES CHARGED											
55 30	IMPL. DEV. CHARGED TO PAT											
56	DRUGS CHARGED TO PATIENTS							319,106				
57	RENAL DIALYSIS											
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60 01	CLINIC - FAMILY PRACTICE											
60 02	OUTPATIENT PSYCHIATRIC SE											
60 03	OUTPATIENT CHEMO											
60 04	PRIMARY CARE SENIORS											
61	EMERGENCY							18,846				
62	OBSERVATION BEDS (NON-DIS											
62 01	OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS											
66	DURABLE MEDICAL EQUIP-REN											
101	TOTAL							354,836				

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	16,884	16,884	193,548,947	.000087	.000087	304	
41	RADIOLOGY-DIAGNOSTIC			212,308,597			53,494	
44	LABORATORY			158,610,884			588,313	
49	RESPIRATORY THERAPY			18,786,949			132,666	
49 01	WOUND CARE CENTER			1,408,564				
50	PHYSICAL THERAPY			26,641,120			1,519,860	
53	ELECTROCARDIOLOGY			18,927,075			13,693	
53 01	CARDIAC CATH LAB			39,517,812				
55	MEDICAL SUPPLIES CHARGED			77,435,986			318,449	
55 30	IMPL. DEV. CHARGED TO PAT			39,565,414				
56	DRUGS CHARGED TO PATIENTS	319,106	319,106	157,816,197	.002022	.002022	1,641,261	3,319
57	RENAL DIALYSIS			4,199,651				
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS			1,609,736			256	
60	CLINIC			3,124,012			1,100	
60 01	CLINIC - FAMILY PRACTICE			1,293,889				
60 02	OUTPATIENT PSYCHIATRIC SE			3,324,630				
60 03	OUTPATIENT CHEMO			5,994,517				
60 04	PRIMARY CARE SENIORS			725,460				
61	EMERGENCY	18,846	18,846	102,012,012	.000185	.000185		
62	OBSERVATION BEDS (NON-DIS			7,773,947				
62 01	OBSERVATION BEDS (DISTINC			1,133,189				
	OTHER REIMBURS COST CNTRS			12,674,572				
66	DURABLE MEDICAL EQUIP-REN							
101	TOTAL	354,836	354,836	1088,433,160			4,269,396	3,319

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49 01	WOUND CARE CENTER						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATH LAB						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	BEHAVIORAL HEALTH SERVICE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	CLINIC - FAMILY PRACTICE						
60 02	OUTPATIENT PSYCHIATRIC SE						
60 03	OUTPATIENT CHEMO						
60 04	PRIMARY CARE SENIORS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62 01	OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/28/2011  
 | 15-0082 | FROM 10/ 1/2009 | WORKSHEET D  
 | COMPONENT NO: | TO 9/30/2010 | PART V  
 | 15-5544 | |

TITLE XVIII, PART B

SKILLED NURSING FACILITY

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.226411	.226411			
41 RADIOLOGY-DIAGNOSTIC	.127165	.127165			
44 LABORATORY	.226738	.226738			
49 RESPIRATORY THERAPY	.351068	.351068			
49 01 WOUND CARE CENTER	.354347	.354347			
50 PHYSICAL THERAPY	.259036	.259036			
53 ELECTROCARDIOLOGY	.073646	.073646			
53 01 CARDIAC CATH LAB	.086503	.086503			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.354812	.354812			
55 30 IMPL. DEV. CHARGED TO PATIENT	.664819	.664819			
56 DRUGS CHARGED TO PATIENTS	.237777	.237777			
57 RENAL DIALYSIS	.539407	.539407			
59 BEHAVIORAL HEALTH SERVICES	.673739	.673739			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.724444	.724444			
60 01 CLINIC - FAMILY PRACTICE	2.160788	2.160788			
60 02 OUTPATIENT PSYCHIATRIC SERVICES	.322494	.322494			
60 03 OUTPATIENT CHEMO	.138151	.138151			
60 04 PRIMARY CARE SENIORS	2.490209	2.490209			
61 EMERGENCY	.181264	.181264			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.742924	.742924			
62 01 OBSERVATION BEDS (DISTINCT PART) CVS	.772242	.772242			
66 OTHER REIMBURS COST CNTRS					
101 DURABLE MEDICAL EQUIP-RENTED	.439440	.439440			
102 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					





APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 WORKSHEET D  
 PART I

TITLE XIX

PPS

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				8,415,937		8,415,937
26	INTENSIVE CARE UNIT				1,140,497		1,140,497
27	CORONARY CARE UNIT				811,999		811,999
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER				245,409		245,409
33	NURSERY						
101	TOTAL				10,613,842		10,613,842

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082      PERIOD: FROM 10/1/2009 TO 9/30/2010      PREPARED 2/28/2011 WORKSHEET D PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	102,453	9,925			82.14	815,240
26	INTENSIVE CARE UNIT	9,938	1,054			114.76	120,957
27	CORONARY CARE UNIT	7,190	840			112.93	94,861
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,149	427			114.20	48,763
33	NURSERY						
101	TOTAL	121,730	12,246				1,079,821

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-0082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 WORKSHEET D  
 PART II

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		7,413,081	193,548,947	3,655,987		
41	RADIOLOGY-DIAGNOSTIC		4,844,053	212,308,597	4,241,444		
44	LABORATORY		3,192,442	158,610,884	8,342,709		
49	RESPIRATORY THERAPY		885,511	18,786,949	1,506,558		
49 01	WOUND CARE CENTER		51,994	1,408,564	1,387		
50	PHYSICAL THERAPY		557,685	26,641,120	1,195,465		
53	ELECTROCARDIOLOGY		147,898	18,927,075	830,320		
53 01	CARDIAC CATH LAB		517,147	39,517,812	1,484,994		
55	MEDICAL SUPPLIES CHARGED		1,396,576	77,435,986	3,859,790		
55 30	IMPL. DEV. CHARGED TO PAT		1,337,566	39,565,414	955,526		
56	DRUGS CHARGED TO PATIENTS		2,008,685	157,816,197	10,918,582		
57	RENAL DIALYSIS		157,083	4,199,651	261,624		
59	BEHAVIORAL HEALTH SERVICE		48,730	1,609,736	259,823		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		210,099	3,124,012	399		
60 01	CLINIC - FAMILY PRACTICE		430,773	1,293,889	1,592		
60 02	OUTPATIENT PSYCHIATRIC SE		144,465	3,324,630	8,418		
60 03	OUTPATIENT CHEMO		108,426	5,994,517	7,814		
60 04	PRIMARY CARE SENIORS		121,332	725,460			
61	EMERGENCY		1,687,065	102,012,012	3,497,515		
62	OBSERVATION BEDS (NON-DIS		742,261	7,773,947			
62 01	OBSERVATION BEDS (DISTINC		57,038	1,133,189	8,096		
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		570,523	12,674,572			
101	TOTAL		26,630,433	1088,433,160	41,038,043		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 COMPONENT NO: 15-0082  
 PREPARED 2/28/2011  
 WORKSHEET D  
 PART II  
 PPS

TITLE XIX HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.038301	140,028
41	RADIOLOGY-DIAGNOSTIC	.022816	96,773
44	LABORATORY	.020128	167,922
49	RESPIRATORY THERAPY	.047134	71,010
49 01	WOUND CARE CENTER	.036913	51
50	PHYSICAL THERAPY	.020933	25,025
53	ELECTROCARDIOLOGY	.007814	6,488
53 01	CARDIAC CATH LAB	.013086	19,433
55	MEDICAL SUPPLIES CHARGED	.018035	69,611
55 30	IMPL. DEV. CHARGED TO PAT	.033806	32,303
56	DRUGS CHARGED TO PATIENTS	.012728	138,972
57	RENAL DIALYSIS	.037404	9,786
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS	.030272	7,865
60	CLINIC	.067253	27
60 01	CLINIC - FAMILY PRACTICE	.332929	530
60 02	OUTPATIENT PSYCHIATRIC SE	.043453	366
60 03	OUTPATIENT CHEMO	.018088	141
60 04	PRIMARY CARE SENIORS	.167248	
61	EMERGENCY	.016538	57,842
62	OBSERVATION BEDS (NON-DIS	.095481	
62 01	OBSERVATION BEDS (DISTINC	.050334	408
66	OTHER REIMBURS COST CNTRS		
	DURABLE MEDICAL EQUIP-REN	.045013	
101	TOTAL		844,581

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 WORKSHEET D  
 PART III

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XIX

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			599,579			599,579
26	INTENSIVE CARE UNIT			26,791			26,791
27	CORONARY CARE UNIT			28,947			28,947
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL			655,317			655,317

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPAT PROG DAYS 7	INPAT PROG PASS THRU COST 8
25	ADULTS & PEDIATRICS	102,453	5.85	9,925	58,061
26	INTENSIVE CARE UNIT	9,938	2.70	1,054	2,846
27	CORONARY CARE UNIT	7,190	4.03	840	3,385
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	2,149		427	
33	NURSERY				
34	SKILLED NURSING FACILITY	5,314			
101	TOTAL	127,044		12,246	64,292

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM			244,831		16,884					
41	RADIOLOGY-DIAGNOSTIC			20,147							
44	LABORATORY										
49	RESPIRATORY THERAPY										
49 01	WOUND CARE CENTER										
50	PHYSICAL THERAPY										
53	ELECTROCARDIOLOGY			41,659							
53 01	CARDIAC CATH LAB										
55	MEDICAL SUPPLIES CHARGED										
55 30	IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS					319,106					
57	RENAL DIALYSIS										
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS										
60	CLINIC			19,805							
60 01	CLINIC - FAMILY PRACTICE			1,350,491							
60 02	OUTPATIENT PSYCHIATRIC SE										
60 03	OUTPATIENT CHEMO										
60 04	PRIMARY CARE SENIORS			24,927							
61	EMERGENCY			77,513		18,846					
62	OBSERVATION BEDS (NON-DIS					52,880					
62 01	OBSERVATION BEDS (DISTINC										
	OTHER REIMBURS COST CNTRS										
66	DURABLE MEDICAL EQUIP-REN										
101	TOTAL			1,779,373		407,716					

TITLE XIX

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	261,715	261,715	193,548,947	.001352	.001352	3,655,987	4,943
41	RADIOLOGY-DIAGNOSTIC	20,147	20,147	212,308,597	.000095	.000095	4,241,444	403
44	LABORATORY			158,610,884			8,342,709	
49	RESPIRATORY THERAPY			18,786,949			1,506,558	
49 01	WOUND CARE CENTER			1,408,564			1,387	
50	PHYSICAL THERAPY			26,641,120			1,195,465	
53	ELECTROCARDIOLOGY	41,659	41,659	18,927,075	.002201	.002201	830,320	1,828
53 01	CARDIAC CATH LAB			39,517,812			1,484,994	
55	MEDICAL SUPPLIES CHARGED			77,435,986			3,859,790	
55 30	IMPL. DEV. CHARGED TO PAT			39,565,414			955,526	
56	DRUGS CHARGED TO PATIENTS	319,106	319,106	157,816,197	.002022	.002022	10,918,582	22,077
57	RENAL DIALYSIS			4,199,651			261,624	
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS			1,609,736			259,823	
60	CLINIC	19,805	19,805	3,124,012	.006340	.006340	399	3
60 01	CLINIC - FAMILY PRACTICE	1,350,491	1,350,491	1,293,889	1.043746	1.043746	1,592	1,662
60 02	OUTPATIENT PSYCHIATRIC SE			3,324,630			8,418	
60 03	OUTPATIENT CHEMO			5,994,517			7,814	
60 04	PRIMARY CARE SENIORS	24,927	24,927	725,460	.034360	.034360		
61	EMERGENCY	96,359	96,359	102,012,012	.000945	.000945	3,497,515	3,305
62	OBSERVATION BEDS (NON-DIS	52,880	52,880	7,773,947	.006802	.006802		
62 01	OBSERVATION BEDS (DISTINC OTHER REIMBURS COST CNTRS			1,133,189			8,096	
66	DURABLE MEDICAL EQUIP-REN			12,674,572				
101	TOTAL	2,187,089	2,187,089	1088,433,160			41,038,043	34,221

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,951,921				5,343	
41	RADIOLOGY-DIAGNOSTIC	12,024,762				1,142	
44	LABORATORY	8,154,281					
49	RESPIRATORY THERAPY	560,709					
49 01	WOUND CARE CENTER	79,664					
50	PHYSICAL THERAPY	47,516					
53	ELECTROCARDIOLOGY	448,220				987	
53 01	CARDIAC CATH LAB	775,479					
55	MEDICAL SUPPLIES CHARGED	1,874,737					
55 30	IMPL. DEV. CHARGED TO PAT	549,703					
56	DRUGS CHARGED TO PATIENTS	3,538,043				7,154	
57	RENAL DIALYSIS	7,668					
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS	186,535					
60	CLINIC	102,311				649	
60 01	CLINIC - FAMILY PRACTICE	969,386				1,011,793	
60 02	OUTPATIENT PSYCHIATRIC SE	6,693					
60 03	OUTPATIENT CHEMO	375,712					
60 04	PRIMARY CARE SENIORS	132				5	
61	EMERGENCY	11,050,549				10,443	
62	OBSERVATION BEDS (NON-DIS	1,090,934				7,421	
62 01	OBSERVATION BEDS (DISTINC	32,863					
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-REN						
101	TOTAL	45,827,818				1,044,937	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/28/2011  
 | 15-0082 | FROM 10/ 1/2009 | WORKSHEET D  
 | COMPONENT NO: | TO 9/30/2010 | PART V  
 | 15-0082 | |

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.212862				3,951,921
41 RADIOLOGY-DIAGNOSTIC	.118921				12,024,762
44 LABORATORY	.212741				8,154,281
49 RESPIRATORY THERAPY	.328727				560,709
49 01 WOUND CARE CENTER	.332245				79,664
50 PHYSICAL THERAPY	.243132				47,516
53 ELECTROCARDIOLOGY	.071120				448,220
53 01 CARDIAC CATH LAB	.080937				775,479
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.333476				1,874,737
55 30 IMPL. DEV. CHARGED TO PATIENT	.624840				549,703
56 DRUGS CHARGED TO PATIENTS	.223451				3,538,043
57 RENAL DIALYSIS	.506551				7,668
59 BEHAVIORAL HEALTH SERVICES	.633391				186,535
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.685574				102,311
60 01 CLINIC - FAMILY PRACTICE	3.004688				969,386
60 02 OUTPATIENT PSYCHIATRIC SERVICES	.301964				6,693
60 03 OUTPATIENT CHEMO	.129378				375,712
60 04 PRIMARY CARE SENIORS	2.371120				132
61 EMERGENCY	.170772				11,050,549
62 OBSERVATION BEDS (NON-DISTINCT PART)	.695824				1,090,934
62 01 OBSERVATION BEDS (DISTINCT PART) CVS	.725338				32,863
66 OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED	.412062				
101 SUBTOTAL					45,827,818
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					45,827,818



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 2/28/2011  
 | 15-0082 | FROM 10/ 1/2009 | WORKSHEET D  
 | COMPONENT NO: | TO 9/30/2010 | PART V  
 | 15-0082 | |

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		841,214			
41 RADIOLOGY-DIAGNOSTIC		1,429,997			
44 LABORATORY		1,734,750			
49 RESPIRATORY THERAPY		184,320			
49 01 WOUND CARE CENTER		26,468			
50 PHYSICAL THERAPY		11,553			
53 ELECTROCARDIOLOGY		31,877			
53 01 CARDIAC CATH LAB		62,765			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		625,180			
55 30 IMPL. DEV. CHARGED TO PATIENT		343,476			
56 DRUGS CHARGED TO PATIENTS		790,579			
57 RENAL DIALYSIS		3,884			
59 BEHAVIORAL HEALTH SERVICES		118,150			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		70,142			
60 01 CLINIC - FAMILY PRACTICE		2,912,702			
60 02 OUTPATIENT PSYCHIATRIC SERVICES		2,021			
60 03 OUTPATIENT CHEMO		48,609			
60 04 PRIMARY CARE SENIORS		313			
61 EMERGENCY		1,887,124			
62 OBSERVATION BEDS (NON-DISTINCT PART)		759,098			
62 01 OBSERVATION BEDS (DISTINCT PART) CVS		23,837			
66 OTHER REIMBURS COST CNTRS					
101 DURABLE MEDICAL EQUIP-RENTED					
102 SUBTOTAL		11,908,059			
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
NET CHARGES		11,908,059			

(A) WORKSHEET A LINE NUMBERS

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





COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D-1
15-0082		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	9,036
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	639.16
85	OBSERVATION BED COST	5,775,450

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	65,483,676		5,775,450	
87	NEW CAPITAL-RELATED COST	8,415,937	.128520	5,775,450	742,261
88	NON PHYSICIAN ANESTHETIST	65,483,676		5,775,450	
89	MEDICAL EDUCATION	65,483,676		5,775,450	
89.01	MEDICAL EDUCATION - ALLIED HEA	599,579	.009156	5,775,450	52,880
89.02	MEDICAL EDUCATION - ALL OTHER	65,483,676		5,775,450	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D-1
15-S082		PART I

TITLE XVIII PART A

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,149
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,149
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,149
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,031
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,980,986
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,980,986

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,598,000
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,598,000
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.550580
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,674.27
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,980,986



COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
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15-S082		PART III

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	921.82
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	1,980,986			
87	NEW CAPITAL-RELATED COST	245,409	.123882		
88	NON PHYSICIAN ANESTHETIST	1,980,986			
89	MEDICAL EDUCATION	1,980,986			
89.01	MEDICAL EDUCATION - ALLIED HEA	1,980,986			
89.02	MEDICAL EDUCATION - ALL OTHER	1,980,986			

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D-1
15-5544		PART I

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,314
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,314
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,314
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,086
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,844,743
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,844,743

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,111,215
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,111,215
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.914351
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	585.48
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,844,743

COMPUTATION OF INPATIENT OPERATING COST

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15-5544		PART III

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,844,743
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	535.33
68	PROGRAM ROUTINE SERVICE COST	2,187,358
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,187,358
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	408,510
72	PER DIEM CAPITAL-RELATED COSTS	76.87
73	PROGRAM CAPITAL-RELATED COSTS	314,091
74	INPATIENT ROUTINE SERVICE COST	1,873,267
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,873,267
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,187,358
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,085,759
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	3,273,117

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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





COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
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15-0082		PART III

TITLE XIX - I/P HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	9,036
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	645.61
85	OBSERVATION BED COST	5,833,732

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	66,144,752		5,833,732	
87	NEW CAPITAL-RELATED COST	8,415,937	.127235	5,833,732	742,255
88	NON PHYSICIAN ANESTHETIST	66,144,752		5,833,732	
89	MEDICAL EDUCATION	66,144,752		5,833,732	
89.01	MEDICAL EDUCATION - ALLIED HEA	599,579	.009065	5,833,732	52,883
89.02	MEDICAL EDUCATION - ALL OTHER	66,144,752		5,833,732	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D-1
15-S082		PART I

TITLE XIX - I/P

SUBPROVIDER I

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,149
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,149
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,149
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	427
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,980,986
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,980,986

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,598,000
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,598,000
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.550580
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,674.27
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,980,986



COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D-1
15-S082		PART III

TITLE XIX - I/P

SUBPROVIDER I

PPS

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

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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

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

921.82

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		1,980,986			
87 NEW CAPITAL-RELATED COST	245,409	1,980,986	.123882		
88 NON PHYSICIAN ANESTHETIST		1,980,986			
89 MEDICAL EDUCATION		1,980,986			
89.01 MEDICAL EDUCATION - ALLIED HEA		1,980,986			
89.02 MEDICAL EDUCATION - ALL OTHER		1,980,986			

TITLE XIX - I/P      SNF      PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,314
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,314
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,314
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

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

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,111,215
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,111,215
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	585.48
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D-1
15-5544		PART III

TITLE XIX - I/P

SNF

PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	408,510
72	PER DIEM CAPITAL-RELATED COSTS	76.87
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		44,757,504	
26	INTENSIVE CARE UNIT		8,270,241	
27	CORONARY CARE UNIT		7,494,430	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.226714	25,217,341	5,717,124
41	RADIOLOGY-DIAGNOSTIC	.127165	27,583,767	3,507,690
44	LABORATORY	.227137	42,836,460	9,729,745
49	RESPIRATORY THERAPY	.351286	5,795,327	2,035,817
49 01	WOUND CARE CENTER	.354347	2,213	784
50	PHYSICAL THERAPY	.259036	9,673,628	2,505,818
53	ELECTROCARDIOLOGY	.084134	6,898,297	580,381
53 01	CARDIAC CATH LAB	.086503	9,974,543	862,828
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.354812	26,352,748	9,350,271
55 30	IMPL. DEV. CHARGED TO PATIENT	.664819	13,479,627	8,961,512
56	DRUGS CHARGED TO PATIENTS	.237782	49,023,239	11,656,844
57	RENAL DIALYSIS	.540193	3,048,231	1,646,633
59	BEHAVIORAL HEALTH SERVICES	.673739	96,928	65,304
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.724621	4,519	3,275
60 01	CLINIC - FAMILY PRACTICE	2.160788		
60 02	OUTPATIENT PSYCHIATRIC SERVICES	.322494	1,605	518
60 03	OUTPATIENT CHEMO	.138151	34,544	4,772
60 04	PRIMARY CARE SENIORS	2.490209	2,571	6,402
61	EMERGENCY	.183900	17,364,681	3,193,365
62	OBSERVATION BEDS (NON-DISTINCT PART)	.742924		
62 01	OBSERVATION BEDS (DISTINCT PART) CVS	.772242	9,164	7,077
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED	.439440		
101	TOTAL		237,399,433	59,836,160
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		237,399,433	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D-4
15-S082		

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,721,837	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.226714	61,759	14,002
41	RADIOLOGY-DIAGNOSTIC	.127165	25,355	3,224
44	LABORATORY	.227137	119,246	27,085
49	RESPIRATORY THERAPY	.351286	186	65
49 01	WOUND CARE CENTER	.354347		
50	PHYSICAL THERAPY	.259036	3,825	991
53	ELECTROCARDIOLOGY	.084134	7,551	635
53 01	CARDIAC CATH LAB	.086503		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.354812	9,632	3,418
55 30	IMPL. DEV. CHARGED TO PATIENT	.664819		
56	DRUGS CHARGED TO PATIENTS	.237782	225,167	53,541
57	RENAL DIALYSIS	.540193		
59	BEHAVIORAL HEALTH SERVICES OUTPAT SERVICE COST CNTRS	.673739	23,209	15,637
60	CLINIC	.724621		
60 01	CLINIC - FAMILY PRACTICE	2.160788		
60 02	OUTPATIENT PSYCHIATRIC SERVICES	.322494		
60 03	OUTPATIENT CHEMO	.138151		
60 04	PRIMARY CARE SENIORS	2.490209		
61	EMERGENCY	.183900	89,363	16,434
62	OBSERVATION BEDS (NON-DISTINCT PART)	.742924		
62 01	OBSERVATION BEDS (DISTINCT PART) CVS OTHER REIMBURS COST CNTRS	.772242		
66	DURABLE MEDICAL EQUIP-RENTED	.439440		
101	TOTAL		565,293	135,032
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		565,293	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-5544  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 WORKSHEET D-4

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.226411	304	69
41	RADIOLOGY-DIAGNOSTIC	.127165	53,494	6,803
44	LABORATORY	.226738	588,313	133,393
49	RESPIRATORY THERAPY	.351068	132,666	46,575
49 01	WOUND CARE CENTER	.354347		
50	PHYSICAL THERAPY	.259036	1,519,860	393,698
53	ELECTROCARDIOLOGY	.073646	13,693	1,008
53 01	CARDIAC CATH LAB	.086503		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.354812	318,449	112,990
55 30	IMPL. DEV. CHARGED TO PATIENT	.664819		
56	DRUGS CHARGED TO PATIENTS	.237777	1,641,261	390,254
57	RENAL DIALYSIS	.539407		
59	BEHAVIORAL HEALTH SERVICES OUTPAT SERVICE COST CNTRS	.673739	256	172
60	CLINIC	.724444	1,100	797
60 01	CLINIC - FAMILY PRACTICE	2.160788		
60 02	OUTPATIENT PSYCHIATRIC SERVICES	.322494		
60 03	OUTPATIENT CHEMO	.138151		
60 04	PRIMARY CARE SENIORS	2.490209		
61	EMERGENCY	.181264		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.742924		
62 01	OBSERVATION BEDS (DISTINCT PART) CVS OTHER REIMBURS COST CNTRS	.772242		
66	DURABLE MEDICAL EQUIP-RENTED	.439440		
101	TOTAL		4,269,396	1,085,759
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,269,396	

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-0082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
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INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		15,095,809	
26	INTENSIVE CARE UNIT		2,311,468	
27	CORONARY CARE UNIT		1,854,122	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.227979	3,655,987	833,488
41	RADIOLOGY-DIAGNOSTIC	.127260	4,241,444	539,766
44	LABORATORY	.227137	8,342,709	1,894,938
49	RESPIRATORY THERAPY	.351286	1,506,558	529,233
49 01	WOUND CARE CENTER	.354347	1,387	491
50	PHYSICAL THERAPY	.259036	1,195,465	309,668
53	ELECTROCARDIOLOGY	.086335	830,320	71,686
53 01	CARDIAC CATH LAB	.086503	1,484,994	128,456
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.354812	3,859,790	1,369,500
55 30	IMPL. DEV. CHARGED TO PATIENT	.664819	955,526	635,252
56	DRUGS CHARGED TO PATIENTS	.237782	10,918,582	2,596,242
57	RENAL DIALYSIS	.540193	261,624	141,327
59	BEHAVIORAL HEALTH SERVICES	.673739	259,823	175,053
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.730961	399	292
60 01	CLINIC - FAMILY PRACTICE	3.204534	1,592	5,102
60 02	OUTPATIENT PSYCHIATRIC SERVICES	.322494	8,418	2,715
60 03	OUTPATIENT CHEMO	.138151	7,814	1,080
60 04	PRIMARY CARE SENIORS	2.524569		
61	EMERGENCY	.184660	3,497,515	645,851
62	OBSERVATION BEDS (NON-DISTINCT PART)	.742924		
62 01	OBSERVATION BEDS (DISTINCT PART) CVS	.772242	8,096	6,252
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED	.439440		
101	TOTAL		41,038,043	9,886,392
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		41,038,043	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	18,242,976	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	52,553,489	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	3,259,367	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	11,242,684	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,596,914	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	431.24	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	15.30	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	2.22	
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	17.52	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	16.14	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	16.14	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	15.89	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	16.95	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	16.33	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.037868	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.034388	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)	.034388	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	400,202	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	1,187,374	
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	1,587,576	1,587,576
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	5.58	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	14.79	
4.02 SUM OF LINES 4 AND 4.01	20.37	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	6.02	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,261,947	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E
15-0082		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	78,242,902	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	78,242,902	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	6,346,130	
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		813,373
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		289,716
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		104,531
16 TOTAL		85,796,652
17 PRIMARY PAYER PAYMENTS		68,358
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		85,728,294
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		7,436,244
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		448,908
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		1,116,165
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		781,316
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		961,494
22 SUBTOTAL	78,624,458	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	78,624,458	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	77,021,197	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		1,603,261
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		865,469
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E
15-0082		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	23,563
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	28,109,768
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	28,252,478
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	58,126
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	23,563
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	100,056
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	100,056
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	100,056
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	76,493
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	23,563
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	28,310,604
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	250
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	6,254,822
19	SUBTOTAL (SEE INSTRUCTIONS)	22,079,095
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	225,501
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	22,304,596
24	PRIMARY PAYER PAYMENTS	9,831
25	SUBTOTAL	22,294,765
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	753,054
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	527,138
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	690,230
28	SUBTOTAL	22,821,903
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	22,821,903
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	22,644,494
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	177,409
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E
15-5544		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	46
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	46
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	192
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	192
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	192
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	146
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	46
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	46
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	46
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	46
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	46
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	46
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	40
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	6
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-0082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		76,861,261		22,605,527
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01			4/ 8/2010	43,397
ADJUSTMENTS TO PROVIDER .02	9/16/2010	184,748		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	4/ 8/2010	24,812		
ADJUSTMENTS TO PROGRAM .51			9/16/2010	4,430
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		159,936		38,967
4 TOTAL INTERIM PAYMENTS		77,021,197		22,644,494
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)		1,603,261		177,409
7 TOTAL MEDICARE PROGRAM LIABILITY		78,624,458		22,821,903

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-S082  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		705,286		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			705,286	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01	32,847	
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			738,133	

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-5544  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 WORKSHEET E-1

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,367,241		40
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .59				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,367,241		40
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .59				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		5,663		6
7 TOTAL MEDICARE PROGRAM LIABILITY		1,372,904		46

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-3
15-S082		PART I

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)	661,152
1.09	NET IPF PPS OUTLIER PAYMENTS	118,902
1.10	NET IPF PPS ECT PAYMENTS	12,157
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	5.887671
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	792,211
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)	792,211
	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 FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	792,211
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	792,211
7	DEDUCTIBLES	60,992
8	SUBTOTAL	731,219
9	COINSURANCE	25,933
10	SUBTOTAL	705,286
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	46,243
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	32,370
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	46,243
12	SUBTOTAL	737,656
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	477
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	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-3
15-S082		PART I

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	738,133
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	705,286
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	32,847
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-5544  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 WORKSHEET E-3  
 PART III

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
COMPUTATION OF NET COST OF COVERED SERVICE				
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
COMPUTATION OF LESSER OF COST OR CHARGES				
REASONABLE CHARGES				
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
CUSTOMARY CHARGES				
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
PROSPECTIVE PAYMENT AMOUNT				
24	OTHER THAN OUTLIER PAYMENTS			1,479,724
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			3,319
30	SUBTOTAL			1,483,043
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			1,483,043
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			1,483,043
36	COINSURANCE			112,483
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			3,348
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			2,344
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			1,372,904
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			1,372,904
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			1,372,904
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			1,367,241
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			5,663
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-3
15-5544		PART III

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

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		18.00
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)	16.60	16.60
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		16.16
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		16.16
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.		15.79
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		15.79
3.10	SEE INSTRUCTIONS		15.79
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		15.68
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		16.96
3.21	SEE INSTRUCTIONS		RES INIT YEARS
3.22	SEE INSTRUCTIONS		16.14
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		113,871.47
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,837,886
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,837,886

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		54,262
5	TOTAL INPATIENT DAYS		112,694
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.481499
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	884,940	884,940
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		10,992
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		112,694
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.		153,934
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		4,199,651
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)	101,718,167
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	68,358
16	TOTAL PART A REASONABLE COST	101,649,809

PART B REASONABLE COST

17	REASONABLE COST	28,191,503
18	PRIMARY PAYER PAYMENTS	9,831
19	TOTAL PART B REASONABLE COST	28,181,672
20	TOTAL REASONABLE COST	129,831,481
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.782937
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.217063

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)	1,038,874
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	813,373
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	225,501

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	16.60	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	18.00	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	16.60	

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)		
5.01 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)		
7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	87,893.42	
9 MULTIPLY LINE 7 TIMES LINE 8		
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.		
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).	2.22
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	-1.38
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)	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	45,404,178			
2 TEMPORARY INVESTMENTS	32,280,782			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	100,255,565			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	5,359,268			
8 PREPAID EXPENSES	4,844,935			
9 OTHER CURRENT ASSETS	2,880,645			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	191,025,373			
FIXED ASSETS				
12 LAND	10,266,158			
12.01 LAND IMPROVEMENTS	4,240,572			
13.01 LESS ACCUMULATED DEPRECIATION	-3,254,771			
14 BUILDINGS	354,291,565			
14.01 LESS ACCUMULATED DEPRECIATION	-179,210,153			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	188,130,647			
18.01 LESS ACCUMULATED DEPRECIATION	-138,960,126			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	235,503,892			
OTHER ASSETS				
22 INVESTMENTS	210,350,390	8,130,489		
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	89,608,105			
26 TOTAL OTHER ASSETS	299,958,495	8,130,489		
27 TOTAL ASSETS	726,487,760	8,130,489		

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	31,639,461			
29 SALARIES, WAGES & FEES PAYABLE	20,133,685			
30 PAYROLL TAXES PAYABLE	2,730,313			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	6,155,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	7,025,273			
36 TOTAL CURRENT LIABILITIES	67,683,732			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	293,514,494			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	293,514,494			
43 TOTAL LIABILITIES	361,198,226			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	365,289,534			
45 SPECIFIC PURPOSE FUND		8,130,489		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	365,289,534	8,130,489		
52 TOTAL LIABILITIES AND FUND BALANCES	726,487,760	8,130,489		

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		325,414,596		
2	NET INCOME (LOSS)		42,918,155		
3	TOTAL		368,332,751		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	NET UNREALIZED GAIN ON IN	7,507,505			
7	PENSION RELATED CHANGES	7,620,595			
8	ADD RESTRICTED ASSETS			8,130,489	
9					
10	TOTAL ADDITIONS		15,128,100		8,130,489
11	SUBTOTAL		383,460,851		8,130,489
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	TRANSFER FROM DHS	18,171,317			
15					
16					
17					
18	TOTAL DEDUCTIONS		18,171,317		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		365,289,534		8,130,489

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	NET UNREALIZED GAIN ON IN				
7	PENSION RELATED CHANGES				
8	ADD RESTRICTED ASSETS				
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	TRANSFER FROM DHS				
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	101,246,558		101,246,558
2 00 SUBPROVIDER	3,598,000		3,598,000
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	3,129,538		3,129,538
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	107,974,096		107,974,096
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	24,033,158		24,033,158
11 00 CORONARY CARE UNIT	18,064,183		18,064,183
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	42,097,341		42,097,341
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	150,071,437		150,071,437
17 00 ANCILLARY SERVICES	489,709,589	487,865,618	977,575,207
18 00 OUTPATIENT SERVICES	55,590,129	146,910,509	202,500,638
19 00 HOME HEALTH AGENCY		4,107,936	4,107,936
23 00 HOSPICE	6,055	4,553,169	4,559,224
24 00			
25 00 TOTAL PATIENT REVENUES	695,377,210	643,437,232	1338,814,442

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		462,188,274	
ADD (SPECIFY)			
27 00 BAD DEBT	23,754,974		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		23,754,974	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		485,943,248	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 2/28/2011
15-0082	FROM 10/ 1/2009	WORKSHEET G-3
	TO 9/30/2010	

DESCRIPTION

1	TOTAL PATIENT REVENUES	1338,814,442
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	841,374,741
3	NET PATIENT REVENUES	497,439,701
4	LESS: TOTAL OPERATING EXPENSES	485,943,248
5	NET INCOME FROM SERVICE TO PATIENTS	11,496,453
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	4,551,682
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	26,870,020
25	TOTAL OTHER INCOME	31,421,702
26	TOTAL	42,918,155
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	42,918,155

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	719,197				171,181	890,378
HHA REIMBURSABLE SERVICES						
6	1,053,451		61,693			1,115,144
7			28,815	747,282		776,097
8			12,244	255,902		268,146
9			1,641	47,928		49,569
10	43,137		898			44,035
11	79,032		16,889			95,921
12					72,652	72,652
13					1,681	1,681
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	1,894,817		122,180	1,051,112	245,514	3,313,623

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		890,378		890,378
HHA REIMBURSABLE SERVICES				
6		1,115,144		1,115,144
7		776,097		776,097
8		268,146		268,146
9		49,569		49,569
10		44,035		44,035
11		95,921		95,921
12		72,652		72,652
13		1,681		1,681
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		3,313,623		3,313,623

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						890,378	890,378
HHA REIMBURSABLE SERVICES							
6	890,378						
7							
8							
9							
10							
11							
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	3,313,623					3,313,623	

TOTAL

6

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6							
7							
8							
9							
10							
11							
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	3,313,623						

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N (	ADMINISTRATIV E & GENERAL ( ACCUM. COST )	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-890,378	2,423,245
6	SKILLED NURSING CARE					1,115,144	
7	PHYSICAL THERAPY					776,097	
8	OCCUPATIONAL THERAPY					268,146	
9	SPEECH PATHOLOGY					49,569	
10	MEDICAL SOCIAL SERVICES					44,035	
11	HOME HEALTH AIDE					95,921	
12	SUPPLIES					72,652	
13	DRUGS					1,681	
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)						
						-890,378	2,423,245
25	COST TO BE ALLOCATED					890,378	
26	UNIT COST MULTIPLIER					.367432	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS- BLDG 3.01	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A
1 ADMIN & GENERAL		50,208		63,195	197,015	310,418
2 SKILLED NURSING CARE	1,524,884				288,578	1,813,462
3 PHYSICAL THERAPY	1,061,260					1,061,260
4 OCCUPATIONAL THERAPY	366,671					366,671
5 SPEECH PATHOLOGY	67,782					67,782
6 MEDICAL SOCIAL SERVICES	60,215				11,817	72,032
7 HOME HEALTH AIDE	131,165				21,650	152,815
8 SUPPLIES	99,347					99,347
9 DRUGS	2,299					2,299
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,313,623	50,208		63,195	519,060	3,946,086
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	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	56,857	77,406		30,959		7,617
2 SKILLED NURSING CARE	332,158					8,871
3 PHYSICAL THERAPY	194,384					
4 OCCUPATIONAL THERAPY	67,161					
5 SPEECH PATHOLOGY	12,415					
6 MEDICAL SOCIAL SERVICES	13,194					464
7 HOME HEALTH AIDE	27,990					1,022
8 SUPPLIES	18,197					
9 DRUGS	421					
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)	722,777	77,406		30,959		17,974
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	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I & R SERVICES - SALARY & FR 22
1 ADMIN & GENERAL				13,525		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES		4,505				
9 DRUGS			178			
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)		4,505	178	13,525		
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 - OTHER PRGM 23	PARAMED P RGM 24	PARAMED P RGM - (CHAPLIN) 24.01	PARAMED P RGM - (NURSING) 24.03	SUBTOTAL 25	POST STEP DOWN ADJUST 26
1 ADMIN & GENERAL					496,782	
2 SKILLED NURSING CARE					2,154,491	
3 PHYSICAL THERAPY					1,255,644	
4 OCCUPATIONAL THERAPY					433,832	
5 SPEECH PATHOLOGY					80,197	
6 MEDICAL SOCIAL SERVICES					85,690	
7 HOME HEALTH AIDE					181,827	
8 SUPPLIES					122,049	
9 DRUGS					2,898	
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)					4,813,410	
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	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	496,782		
2 SKILLED NURSING CARE	2,154,491	247,949	2,402,440
3 PHYSICAL THERAPY	1,255,644	144,507	1,400,151
4 OCCUPATIONAL THERAPY	433,832	49,928	483,760
5 SPEECH PATHOLOGY	80,197	9,230	89,427
6 MEDICAL SOCIAL SERVICES	85,690	9,862	95,552
7 HOME HEALTH AIDE	181,827	20,926	202,753
8 SUPPLIES	122,049	14,046	136,095
9 DRUGS	2,898	334	3,232
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)	4,813,410	496,782	4,813,410
21 UNIT COST MULTIPLIER		0.115086	

(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 - A) 3	NEW CAP REL COSTS- BLDG (SQUARE FEET - B) 3.01	NEW CAP REL COSTS-MVBLE (DEPRECIATION EXPENSE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 ADMIN & GENERAL	4,002		39,139	719,197		310,418
2 SKILLED NURSING CARE				1,053,450		1,813,462
3 PHYSICAL THERAPY						1,061,260
4 OCCUPATIONAL THERAPY						366,671
5 SPEECH PATHOLOGY						67,782
6 MEDICAL SOCIAL SERVICES				43,137		72,032
7 HOME HEALTH AIDE				79,032		152,815
8 SUPPLIES						99,347
9 DRUGS						2,299
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)	4,002		39,139	1,894,816		3,946,086
21 COST TO BE ALLOCATED	50,208		63,195	519,060		722,777
22 UNIT COST MULTIPLIER	12.545727		1.614630	0.273937		0.183163

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET - A) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (SQUARE FEET - A) 10	DIETARY (MEALS) 11	CAFETERIA (FTES) 12	NURSING ADMINISTRATION (FTE'S -NRSNG) 14
1 ADMIN & GENERAL	4,002		4,002		164	
2 SKILLED NURSING CARE					191	
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES					10	
7 HOME HEALTH AIDE					22	
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)	4,002		4,002		387	
21 COST TO BE ALLOCATED	77,406		30,959		17,974	
22 UNIT COST MULTIPLIER	19.341829		7.735882		46.444444	

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL (COSTED REQ UIS. 15 )	PHARMACY (COSTED REQ UIS. 16 )	MEDICAL RECORDS & LIBRARY (GROSS REVENUE 17 )	SOCIAL SERVICE (HOURS - A 18 )	I&R SERVICES - SALARY & FR (HOURS - B 22 )	I&R SERVICES - OTHER PRGM (HOURS - B 23 )
1 ADMIN & GENERAL			4,067,590			
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES	74,079					
9 DRUGS		219				
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)	74,079	219	4,067,590			
21 COST TO BE ALLOCATED	4,505	178	13,525			
22 UNIT COST MULTIPLIER	0.060813	0.812785	0.003325			

HHA COST CENTER	PARAMED P RGM (HOURS - C 24 )	PARAMED P RGM - (CHAPLIN) (HOURS - D 24.01 )	PARAMED P RGM - (NURSING) (HOURS - F 24.03 )
1 ADMIN & GENERAL			
2 SKILLED NURSING CARE			
3 PHYSICAL THERAPY			
4 OCCUPATIONAL THERAPY			
5 SPEECH PATHOLOGY			
6 MEDICAL SOCIAL SERVICES			
7 HOME HEALTH AIDE			
8 SUPPLIES			
9 DRUGS			
9.20 COST ADMINISTERING DRUGS			
10 DME			
11 HOME DIALYSIS AIDE SVCS			
12 RESPIRATORY THERAPY			
13 PRIVATE DUTY NURSING			
14 CLINIC			
15 HEALTH PROM ACTIVITIES			
16 DAY CARE PROGRAM			
17 HOME DEL MEALS PROGRAM			
18 HOMEMAKER SERVICE			
19 ALL OTHER			
19.50 TELEMEDICINE			
20 TOTAL (SUM OF 1-19)			
21 COST TO BE ALLOCATED			
22 UNIT COST MULTIPLIER			

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							6
1 SKILLED NURSING	2	2,402,440	2	2,402,440	15,835	151.72	4,590
2 PHYSICAL THERAPY	3	1,400,151		1,400,151	6,961	201.14	2,652
3 OCCUPATIONAL THERAPY	4	483,760		483,760	2,991	161.74	1,240
4 SPEECH PATHOLOGY	5	89,427		89,427	404	221.35	215
5 MEDICAL SOCIAL SERVICES	6	95,552		95,552	217	440.33	84
6 HOME HEALTH AIDE SERVICE	7	202,753		202,753	2,439	83.13	837
7 TOTAL		4,674,083		4,674,083	28,847		9,618

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
1 SKILLED NURSING	3,436		696,395	521,310	1,217,705
2 PHYSICAL THERAPY	1,283		533,423	258,063	791,486
3 OCCUPATIONAL THERAPY	517		200,558	83,620	284,178
4 SPEECH PATHOLOGY	70		47,590	15,495	63,085
5 MEDICAL SOCIAL SERVICES	38		36,988	16,733	53,721
6 HOME HEALTH AIDE SERVICES	999		69,580	83,047	152,627
7 TOTAL	6,343		1,584,534	978,268	2,562,802

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

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
8 SKILLED NURSING					
8.01 SKILLED NURSING					
9 PHYSICAL THERAPY					
9.01 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
10.01 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
11.01 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
12.01 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
13.01 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 II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	136,095	49,064	185,159	138,282	1.338996	36,024
16 COST OF DRUGS	9.00	3,232		3,232			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		50,265	48,236	67,305
16 COST OF DRUGS				
16.20 COST OF DRUGS				

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.259036			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	.354812	138,282	49,064	COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.664819			
5 DRUGS CHARGED TO PATIENTS	56	.237777			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 5
			PRIOR 1/1/1998 TO 12/31/1998 3	1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY		201.14	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY		161.74					
3 SPEECH PATHOLOGY		221.35					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII HHA 1

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	1,497,739	893,812
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	12,587	10,938
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	30,121	21,397
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	10,440	10,099
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	7,544	4,608
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	1,558,431	940,854
13 EXCESS REASONABLE COST		
14 SUBTOTAL	1,558,431	940,854
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	1,558,431	940,854
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,558,431	940,854
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	1,558,431	940,854
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	1,558,431	940,854
25 INTERIM PAYMENTS	1,558,431	940,854
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

PROVIDER NO:	15-0082	PERIOD:	FROM 10/ 1/2009	PREPARED	2/28/2011
HHA NO:	15-7132	TO	9/30/2010	WORKSHEET	H-8

TITLE XVII I 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		1, 558, 431		940, 854
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		1, 558, 431		940, 854
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		1, 558, 431		940, 854

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.

PROVIDER NO: 15-0082 HHA NO: 15-7132  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011 WORKSHEET H-6 PARTS I II & III HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							6
1 SKILLED NURSING	2	2,402,440	2	2,402,440	15,835	151.72	1,876
2 PHYSICAL THERAPY	3	1,400,151		1,400,151	6,961	201.14	244
3 OCCUPATIONAL THERAPY	4	483,760		483,760	2,991	161.74	124
4 SPEECH PATHOLOGY	5	89,427		89,427	404	221.35	10
5 MEDICAL SOCIAL SERVICES	6	95,552		95,552	217	440.33	15
6 HOME HEALTH AIDE SERVICE	7	202,753		202,753	2,439	83.13	74
7 TOTAL		4,674,083		4,674,083	28,847		2,343

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----			TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	8	9	10	11	12
2 PHYSICAL THERAPY			284,627			284,627
3 OCCUPATIONAL THERAPY			49,078			49,078
4 SPEECH PATHOLOGY			20,056			20,056
5 MEDICAL SOCIAL SERVICES			2,214			2,214
6 HOME HEALTH AIDE SERVICES			6,605			6,605
7 TOTAL			6,152			6,152
			368,732			368,732

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

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

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	136,095		136,095			
16 COST OF DRUGS	9.00	3,232		3,232			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES				
16 COST OF DRUGS				
16.20 COST OF DRUGS				

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.259036			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	.354812			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.664819			
5 DRUGS CHARGED TO PATIENTS	56	.237777			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 5
			PRIOR 1/1/1998 TO 12/31/1998 3	1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY	2	201.14	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	161.74					
3 SPEECH PATHOLOGY	4	221.35					
4 TOTAL (SUM OF LINES 1-3)							

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K
15-1512		

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			53,501	
5 VOLUNTEER SERVICE COORDINATION	43,895			
6 ADMINISTRATIVE AND GENERAL	406,048			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	408,070			
8 INPATIENT - RESPIRE CARE	39,845			
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	320,561			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				3,480
12 OCCUPATIONAL THERAPY				695
13 SPEECH/LANGUAGE PATHOLOGY				246
14 MEDICAL SOCIAL SERVICES	45,533			
15 SPIRITUAL COUNSELING	36,529			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	145,566			
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			57	
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,446,047		53,558	4,421

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0082  
HOSPICE NO: 15-1512  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/28/2011  
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		53,501		53,501
5 VOLUNTEER SERVICE COORDINATION		43,895		43,895
6 ADMINISTRATIVE AND GENERAL	645,434	1,051,482		1,051,482
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		408,070		408,070
8 INPATIENT - RESPIRE CARE		39,845		39,845
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		320,561		320,561
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		3,480		3,480
12 OCCUPATIONAL THERAPY		695		695
13 SPEECH/LANGUAGE PATHOLOGY		246		246
14 MEDICAL SOCIAL SERVICES		45,533		45,533
15 SPIRITUAL COUNSELING		36,529		36,529
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		145,566		145,566
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	331,561	331,561		331,561
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN	6,919	6,919		6,919
22 PATIENT TRANSPORTATION		57		57
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS	71	71		71
25 MEDICAL SUPPLIES	31,418	31,418		31,418
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,015,403	2,519,429		2,519,429

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K
15-1512		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		53,501
5 VOLUNTEER SERVICE COORDINATION		43,895
6 ADMINISTRATIVE AND GENERAL		1,051,482
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		408,070
8 INPATIENT - RESPIRE CARE		39,845
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		320,561
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		3,480
12 OCCUPATIONAL THERAPY		695
13 SPEECH/LANGUAGE PATHOLOGY		246
14 MEDICAL SOCIAL SERVICES		45,533
15 SPIRITUAL COUNSELING		36,529
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		145,566
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		331,561
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		6,919
22 PATIENT TRANSPORTATION		57
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		71
25 MEDICAL SUPPLIES		31,418
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)		2,519,429

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
15-1512		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 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		52,870		74,961
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			45,533	
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)		52,870	45,533	74,961

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO	WORKSHEET K-1
15-1512	9/30/2010	

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				43,895
6 ADMINISTRATIVE AND GENERAL				278,217
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	263,949		144,121	
8 INPATIENT - RESPIRE CARE	25,773		14,072	
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	320,561			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				36,529
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			145,566	
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)	610,283		303,759	358,641

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
15-1512		

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	43,895
7	ADMINISTRATIVE AND GENERAL	406,048
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	408,070
10	INPATIENT - RESPIRE CARE	39,845
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	320,561
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	45,533
19	SPIRITUAL COUNSELING	36,529
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	145,566
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)	1,446,047

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-3
15-1512		

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
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-3
15-1512		

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				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		3,480		
12 OCCUPATIONAL THERAPY		695		
13 SPEECH/LANGUAGE PATHOLOGY		246		
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)		4,421		

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-3
15-1512		

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	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	3,480
16	OCCUPATIONAL THERAPY	695
17	SPEECH/LANGUAGE PATHOLOGY	246
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)	4,421

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
15-1512		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUI LDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF	53,501			
5 VOLUNTEER SERVICE COORDINATION	43,895			
6 ADMINISTRATIVE AND GENERAL	1,051,482			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	408,070			
8 INPATIENT - RESPI TE CARE	39,845			
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	320,561			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	3,480			
12 OCCUPATIONAL THERAPY	695			
13 SPEECH/LANGUAGE PATHOLOGY	246			
14 MEDICAL SOCIAL SERVICES	45,533			
15 SPIRITUAL COUNSELING	36,529			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	145,566			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	331,561			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN	6,919			
22 PATIENT TRANSPORTATION	57			
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS	71			
25 MEDICAL SUPPLIES	31,418			
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)	2,519,429			

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
15-1512		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	53,501			
6 VOLUNTEER SERVICE COORDINATION		43,895		
7 ADMINISTRATIVE AND GENERAL	53,501	43,895	1,148,878	1,148,878
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			408,070	342,070
10 INPATIENT - RESPIRE CARE			39,845	33,400
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			320,561	268,713
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			3,480	2,917
16 OCCUPATIONAL THERAPY			695	583
17 SPEECH/LANGUAGE PATHOLOGY			246	206
18 MEDICAL SOCIAL SERVICES			45,533	38,168
19 SPIRITUAL COUNSELING			36,529	30,621
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			145,566	122,022
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			331,561	277,934
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			6,919	5,800
31 PATIENT TRANSPORTATION			57	48
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS			71	60
34 MEDICAL SUPPLIES			31,418	26,336
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)	53,501	43,895	1,370,551	1,148,878

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
15-1512		PART I

HOSPICE 1

TOTAL  
(COL. 5A  
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	750,140
10	INPATIENT - RESPIRE CARE	73,245
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	589,274
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	6,397
16	OCCUPATIONAL THERAPY	1,278
17	SPEECH/LANGUAGE PATHOLOGY	452
18	MEDICAL SOCIAL SERVICES	83,701
19	SPIRITUAL COUNSELING	67,150
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	267,588
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	609,495
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	12,719
31	PATIENT TRANSPORTATION	105
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	131
34	MEDICAL SUPPLIES	57,754
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)	2,519,429

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
15-1512		PART 11

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				100
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				100
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30				
31				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 COST TO BE ALLOCATED (PER WKST K-4, PART I)				53,501
35 UNIT COST MULTIPLIER	.000000	.000000	.000000	535.010000

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
15-1512		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	100		
7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE	100	-1,148,878	1,370,551
8 INPATIENT - GENERAL CARE			408,070
9 INPATIENT - RESPIRE CARE			39,845
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			
12 NURSING CARE			320,561
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			3,480
15 OCCUPATIONAL THERAPY			695
16 SPEECH/LANGUAGE PATHOLOGY			246
17 MEDICAL SOCIAL SERVICES			45,533
18 SPIRITUAL COUNSELING			36,529
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOMEMAKER			145,566
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			331,561
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			6,919
30 PATIENT TRANSPORTATION			57
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			71
33 MEDICAL SUPPLIES			31,418
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)	43,895		1,148,878
45 UNIT COST MULTIPLIER	438.950000		.838260

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0082  
 HOSPICE NO: 15-1512  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 WORKSHEET K-5  
 PART I

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- BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP
		0	3	3.01	4
1.00 ADMINISTRATIVE AND GENERAL	6		66,041		3,793
2.00 INPATIENT - GENERAL CARE	7	750,140			
3.00 INPATIENT - RESPIRE CARE	8	73,245			
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	589,274			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	6,397			
7.00 OCCUPATIONAL THERAPY	12	1,278			
8.00 SPEECH/LANGUAGE PATHOLOGY	13	452			
9.00 MEDICAL SOCIAL SERVICES	14	83,701			
10.00 SPIRITUAL COUNSELING	15	67,150			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	267,588			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	609,495			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21	12,719			
17.00 PATIENT TRANSPORTATION	22	105			
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24	131			
20.00 MEDICAL SUPPLIES	25	57,754			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		2,519,429	66,041		3,793
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	5	5A	6	8
1.00 ADMINISTRATIVE AND GENERAL	123,256	193,090	35,367	101,815
2.00 INPATIENT - GENERAL CARE	111,785	861,925	157,873	
3.00 INPATIENT - RESPIRE CARE	10,915	84,160	15,415	
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	87,814	677,088	124,017	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		6,397	1,172	
7.00 OCCUPATIONAL THERAPY		1,278	234	
8.00 SPEECH/LANGUAGE PATHOLOGY		452	83	
9.00 MEDICAL SOCIAL SERVICES	12,473	96,174	17,616	
10.00 SPIRITUAL COUNSELING	10,007	77,157	14,132	
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	39,876	307,464	56,316	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		609,495	111,637	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		12,719	2,330	
17.00 PATIENT TRANSPORTATION		105	19	
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS		131	24	
20.00 MEDICAL SUPPLIES		57,754	10,578	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	396,126	2,985,389	546,813	101,815
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0082  
 HOSPICE NO: 15-1512  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 WORKSHEET K-5  
 PART I

HOSPICE 1

LAUNDRY & LINEN SERVICE      HOUSEKEEPING      DIETARY      CAFETERIA

HOSPICE COST CENTER	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL		40,721		3,994
2.00 INPATIENT - GENERAL CARE	906		37,303	4,134
3.00 INPATIENT - RESPIRE CARE	88		3,646	418
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				2,276
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				464
10.00 SPIRITUAL COUNSELING				464
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				1,904
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	994	40,721	40,949	13,654
30.00 UNIT COST MULTIPLIER				

NURSING ADMINISTRATION      CENTRAL SERVICES & SUPPLY      PHARMACY      MEDICAL RECORDS & LIBRARY

HOSPICE COST CENTER	14	15	16	17
1.00 ADMINISTRATIVE AND GENERAL				15,105
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			265,713	
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		2,602		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		2,602	265,713	15,105
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPI CE  
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPI CE NO:	TO 9/30/2010	WORKSHEET K-5
15-1512		PART I

HOSPI CE 1

SOCI AL SERVI CE

I & R  
SERVI CES-SALARY  
& FRINGES  
APPRVD  
22

I & R  
SERVI CES-OTHER  
PRGM COSTS  
APPRVD  
23

PARAMED ED PRGM

HOSPI CE COST CENTER

18

24

- 1.00 ADMINI STRATIVE AND GENERAL
- 2.00 INPATI ENT - GENERAL CARE
- 3.00 INPATI ENT - RESPI TE CARE
- 4.00 PHYSI CI AN SERVI CES
- 5.00 NURSI NG CARE
- 5.20 NURSI NG CARE-CONTI NUOUS HOME CARE
- 6.00 PHYSI CAL THERAPY
- 7.00 OCCUPATI ONAL THERAPY
- 8.00 SPEECH/LANGU AGE PATHOLOGY
- 9.00 MEDI CAL SOCI AL SERVI CES
- 10.00 SPI RI TUAL COUNSEL I NG
- 11.00 DI ETARY COUNSEL I NG
- 12.00 COUNSEL I NG - OTHER
- 13.00 HOME HEALTH AI DE AND HOME MAKER
- 13.20 HH AI DE&HOME MAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY
- 15.30 ANALGESI CS
- 15.31 SEDATI VES / HYPNOTI CS
- 15.32 OTHER
- 16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN
- 17.00 PATI ENT TRANSPORTATI ON
- 18.00 I MAGI NG SERVI CES
- 19.00 LABS AND DI AGNOSTI CS
- 20.00 MEDI CAL SUPPL I ES
- 21.00 OUTPATI ENT SERVI CES (INCL. E/R DEPT.)
- 22.00 RADI ATI ON THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAI SI NG
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)
- 30.00 UNI T COST MULI PLI ER

PARAMED ED  
PRGM- (CHAPLI N  
RESI DENCY)

PARAMED ED  
PRGM- (NURSI NG)

SUBTOTAL

I NTRN & RSDNT  
COST & POST  
STEPDWN AD

HOSPI CE COST CENTER

24.01

24.03

25

26

- 1.00 ADMINI STRATIVE AND GENERAL
- 2.00 INPATI ENT - GENERAL CARE
- 3.00 INPATI ENT - RESPI TE CARE
- 4.00 PHYSI CI AN SERVI CES
- 5.00 NURSI NG CARE
- 5.20 NURSI NG CARE-CONTI NUOUS HOME CARE
- 6.00 PHYSI CAL THERAPY
- 7.00 OCCUPATI ONAL THERAPY
- 8.00 SPEECH/LANGU AGE PATHOLOGY
- 9.00 MEDI CAL SOCI AL SERVI CES
- 10.00 SPI RI TUAL COUNSEL I NG
- 11.00 DI ETARY COUNSEL I NG
- 12.00 COUNSEL I NG - OTHER
- 13.00 HOME HEALTH AI DE AND HOME MAKER
- 13.20 HH AI DE&HOME MAKER- CONT. HOME CARE
- 14.00
- 15.00 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY
- 15.30 ANALGESI CS
- 15.31 SEDATI VES / HYPNOTI CS
- 15.32 OTHER
- 16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN
- 17.00 PATI ENT TRANSPORTATI ON
- 18.00 I MAGI NG SERVI CES
- 19.00 LABS AND DI AGNOSTI CS
- 20.00 MEDI CAL SUPPL I ES
- 21.00 OUTPATI ENT SERVI CES (INCL. E/R DEPT.)
- 22.00 RADI ATI ON THERAPY
- 23.00 CHEMOTHERAPY
- 24.00
- 25.00 BEREAVEMENT PROGRAM COSTS
- 26.00 VOLUNTEER PROGRAM COSTS
- 27.00 FUNDRAI SI NG
- 28.00 OTHER PROGRAM COSTS
- 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)
- 30.00 UNI T COST MULI PLI ER

390,092  
1,062,141  
103,727  
803,381  
7,569  
1,512  
535  
114,254  
91,753  
365,684  
986,845  
15,049  
124  
155  
70,934  
4,013,755

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-5
15-1512		PART I

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	27	28	29
1.00 ADMINISTRATIVE AND GENERAL	390,092		
2.00 INPATIENT - GENERAL CARE	1,062,141	114,341	1,176,482
3.00 INPATIENT - RESPIRE CARE	103,727	11,166	114,893
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE	803,381	86,485	889,866
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY	7,569	815	8,384
7.00 OCCUPATIONAL THERAPY	1,512	163	1,675
8.00 SPEECH/LANGUAGE PATHOLOGY	535	58	593
9.00 MEDICAL SOCIAL SERVICES	114,254	12,300	126,554
10.00 SPIRITUAL COUNSELING	91,753	9,877	101,630
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER	365,684	39,366	405,050
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	986,845	106,235	1,093,080
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	15,049	1,620	16,669
17.00 PATIENT TRANSPORTATION	124	13	137
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS	155	17	172
20.00 MEDICAL SUPPLIES	70,934	7,636	78,570
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	4,013,755		4,013,755
30.00 UNIT COST MULTIPLIER		.107651	

(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.

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

PROVIDER NO: 15-0082  
HOSPICE NO: 15-1512  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/28/2011  
WORKSHEET K-5  
PART 11

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET - A) 3	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET - B) 3.01	NEW CAP REL COSTS-MVBLE EQUIP (DEPRECIATION EXPENSE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5
1.00 ADMINISTRATIVE AND GENERAL	5,264		2,349	449,944
2.00 INPATIENT - GENERAL CARE				408,070
3.00 INPATIENT - RESPIRE CARE				39,845
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				320,561
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				45,533
10.00 SPIRITUAL COUNSELING				36,529
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				145,566
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)	5,264		2,349	1,446,048
30.00 TOTAL COST TO BE ALLOCATED	66,041		3,793	396,126
31.00 UNIT COST MULTIPLIER	12.545783	.000000	1.614730	.273937

HOSPICE COST CENTER	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET - A) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9
1.00 ADMINISTRATIVE AND GENERAL		193,090	5,264	
2.00 INPATIENT - GENERAL CARE		861,925		904
3.00 INPATIENT - RESPIRE CARE		84,160		88
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		677,088		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		6,397		
7.00 OCCUPATIONAL THERAPY		1,278		
8.00 SPEECH/LANGUAGE PATHOLOGY		452		
9.00 MEDICAL SOCIAL SERVICES		96,174		
10.00 SPIRITUAL COUNSELING		77,157		
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		307,464		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		609,495		
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		12,719		
17.00 PATIENT TRANSPORTATION		105		
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS		131		
20.00 MEDICAL SUPPLIES		57,754		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

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

PROVIDER NO: 15-0082  
 HOSPICE NO: 15-1512  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/28/2011  
 WORKSHEET K-5  
 PART II

HOSPICE 1

RECONCILIATION ADMINISTRATIVE & GENERAL OPERATION OF PLANT LAUNDRY & LINEN SERVICE

HOSPICE COST CENTER	6A	6	8	9
29.00 TOTAL (SUM OF LINE 1 THRU 28)		2,985,389	5,264	992
30.00 TOTAL COST TO BE ALLOCATED		546,813	101,815	994
31.00 UNIT COST MULTIPLIER		.183163	19.341755	1.002016

HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATIVE

HOSPICE COST CENTER	(SQUARE FEET - A) 10	(MEALS) 11	(FTES) 12	(FTE'S -NRSG) 14
1.00 ADMINISTRATIVE AND GENERAL	5,264			86
2.00 INPATIENT - GENERAL CARE		4,266		89
3.00 INPATIENT - RESPIRE CARE		417		9
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				49
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
10.00 SPIRITUAL COUNSELING				10
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				41
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)	5,264	4,683	294	
30.00 TOTAL COST TO BE ALLOCATED	40,721	40,949	13,654	
31.00 UNIT COST MULTIPLIER	7.735752	8.744181	46.442177	.000000

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

PROVIDER NO: 15-0082  
HOSPICE NO: 15-1512  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/28/2011  
WORKSHEET K-5  
PART 11

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(COSTED REQ U.S.)	(COSTED REQ U.S.)	(GROSS REVENUE)	(HOURS - A)
	15	16	17	18
1.00 ADMINISTRATIVE AND GENERAL			4,542,724	
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		327,183		
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	42,787			
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)	42,787	327,183	4,542,724	
30.00 TOTAL COST TO BE ALLOCATED	2,602	265,713	15,105	
31.00 UNIT COST MULTIPLIER	.060813	.812123	.003325	.000000

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

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

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-5
15-1512		PART II

HOSPICE 1

	I & R SERVICES-SALARY & FRINGES APPRVD	I & R SERVICES-OTHER PRGM COSTS APPRVD	PARAMED PRGM	PARAMED PRGM-(CHAPLIN RESIDENCY)
HOSPICE COST CENTER	22	23	24	24.01

29.00 TOTAL (SUM OF LINE 1 THRU 28)

30.00 TOTAL COST TO BE ALLOCATED

31.00 UNIT COST MULTIPLIER .000000 .000000 .000000 .000000

PARAMED  
PRGM-(NURSING)

HOSPICE COST CENTER

(HOURS - F)

24.03

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

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

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-5
15-1512		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1 PHYSICAL THERAPY	50	.259036	2,997	776
2 OCCUPATIONAL THERAPY	51			
3 SPEECH PATHOLOGY	52			
4 DRUGS CHARGED TO PATIENTS	56	.237777	272,760	64,856
5 DURABLE MEDICAL EQUIP-SOLD	67			
6 LABORATORY	44	.226738	13,531	3,068
7 MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.354812	38,434	13,637
7.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.664819		
8 EMERGENCY	61	.181264	4,349	788
9 RADIOLOGY-DIAGNOSTIC	41	.127165	24,772	3,150
10 BEHAVIORAL HEALTH SERVICES	59	.673739		
11 TOTAL (SUM OF LINES 1-10)				86,275

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2009	2/28/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-6
15-1512		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				4,100,030
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				14,077
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				291.26
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	12,383			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	3,606,673			
6 UNDUPLICATED MEDICAID DAYS		333		
7 AGGREGATE MEDICAID COST		96,990		
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)			1,361	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			396,405	

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

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	5,745,892
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	270,998
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	304.72
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	16.33
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.52
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	87,338
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	5.58
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	14.79
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	20.37
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.21
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	241,902
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	6,346,130
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)	

CALCULATION OF CAPITAL PAYMENT

TITLE XIX

HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
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)	