IN LIEU OF FORM CMS-2552-96(04/2005)
PREPARED 5/28/2009 17:19
FORM APPROVED
OMB NO. 0938-0050

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).

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	PROVIDER NO: 15-0051	PERIOD FROM 1/ 1/2008 TO 12/31/2008	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS	DATE RECEIVED: / / INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2009 TIME 17:19

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 IMPRISIONMENT 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:
BLOOMINGTON HOSPITAL 15-0051
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 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)

Chief Financial Officer
TITLE

5/29/2009
DATE

ECR ENCRYPTION INFORMATION
DATE: 5/28/2009 TIME 17:19

YxGtEuAir6cMAO9mCAZUO.nVb9P5QO
PsbqjOSsxkjoDyxycMjeb36wMlRvhm
3qIK1bLkdBOHpKAX

PI ENCRYPTION INFORMATION
DATE: 5/28/2009 TIME 17:19

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wnNsAOghHGFaAqz3FOPWJOGdHJYqVs
N3QKb64E67OdN1II

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		TITLE XIX
		1	A 2	B 3	4
1	HOSPITAL	0	212,387	-51,490	0
2	SUBPROVIDER	0	-70,695	-1,109	0
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	141,692	-52,599	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 & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 601 WEST SECOND STREET P.O. BOX: 1149

2 CITY: BLOOMINGTON STATE: IN ZIP CODE: 47402- COUNTY: MONROE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

	COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N) V	XVIII	XIX
	0	1	2	2.01	3	4	5	6
02.00	HOSPITAL	BLOOMINGTON HOSPITAL	15-0051		7/ 1/1966	N	P	P
03.00	SUBPROVIDER	REHABILITATION UNIT	15-T051		10/ 1/2002	N	P	P
09.00	HOSPITAL-BASED HHA	BLOOMINGTON HOSP HOME HEALTH SERVICE	15-7011		7/ 1/1996	N	P	N
12.00	HOSP-BASED HOSPICE	BLOOMINGTON HOSPITAL HOSPICE	15-1509		3/13/1991			

17	COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008	1	2
18	TYPE OF CONTROL	2	

TYPE OF HOSPITAL/SUBPROVIDER

19	HOSPITAL	1
20	SUBPROVIDER	5

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.			
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?	Y		
21.02	HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).			
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1 N		N
21.04	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	1		
21.05	FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL	1		
21.06	DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO.	N		
22	ARE YOU CLASSIFIED AS A REFERRAL CENTER?	Y		
23	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.	N		
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /	/ /
23.02	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /	/ /
23.03	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /	/ /
23.04	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /	/ /
23.05	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.		/ /	/ /
23.06	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /	/ /
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.		/ /	/ /
24	IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) in column 3 (mm/dd/yyyy)			/ /
24.01	IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).			/ /
25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?	N		
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?			
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.			
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.	N		
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	N	N	

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N
	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH),ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0	
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	/ /	
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	/ /	
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/ /
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02		

		1	2	3	4
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0		

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

		%	Y/N
28.03	STAFFING	0.00%	
28.04	RECRUITMENT	0.00%	
28.05	RETENTION	0.00%	
28.06	TRAINING	0.00%	
28.07		0.00%	
28.08		0.00%	
28.09		0.00%	
28.10		0.00%	
28.11		0.00%	
28.12		0.00%	
28.13		0.00%	
28.14		0.00%	
28.15		0.00%	
28.16		0.00%	
28.17		0.00%	
28.18		0.00%	
28.19		0.00%	
28.20		0.00%	

29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N

MISCELLANEOUS COST REPORT INFORMATION

32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N

		V	XVIII	XIX
		1	2	3
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL				
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE			

	WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	Y	N
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?	N	N	N

TITLE XIX INPATIENT SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	Y
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	Y
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	N
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	N
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	N

40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE	Y	
40.01	NAME: FI/CONTRACTOR NAME		FI/CONTRACTOR #
40.02	STREET: P.O. BOX:		
40.03	CITY: STATE: ZIP CODE: -		
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	Y	
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	N	
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?	Y	
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.	N	00/00/0000
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		
45.03	WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		
46	IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).		

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

		PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
		1	2	3	4	5
47.00	HOSPITAL	N	N	N	N	N
48.00	SUBPROVIDER	N	N	N	N	N
50.00	HHA	N	N			

52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)	N	
5	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV	N	
53	IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0	
53.01	MDH PERIOD: BEGINNING: / / ENDING: / /		
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 0		
	PAID LOSSES: 0		
	AND/OR SELF INSURANCE: 0		
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.	N	
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.	N	

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

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

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) — N — N — 0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. — N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). — Y — 3/31/2009

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET S-3 I PART I

	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / O/P VISITS / TRIPS -------- TITLE V 3	TITLE XVIII 4	NOT LTCH N/A 4.01	TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	239	87,474			22,814		7,959
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	239	87,474			22,814		7,959
6	INTENSIVE CARE UNIT	16	5,856			2,445		660
11	NURSERY							2,452
12	TOTAL	255	93,330			25,259		11,071
13	RPCH VISITS							
14	SUBPROVIDER	21	7,686			4,083		159
18	HOME HEALTH AGENCY					10,177		4,163
21	HOSPICE		23,793			21,003		921
25	TOTAL	276						
26	OBSERVATION BED DAYS							641
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

	COMPONENT	---------- I/P DAYS / TITLE XIX OBSERVATION BEDS ADMITTED 5.01	NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS ---------- TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			49,307				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			49,307				
6	INTENSIVE CARE UNIT			4,233				
11	NURSERY			4,946				
12	TOTAL			58,486				
13	RPCH VISITS							
14	SUBPROVIDER			5,515				
18	HOME HEALTH AGENCY			23,769				
21	HOSPICE			23,793				
	TOTAL							
	OBSERVATION BED DAYS	78	563	4,826	820	4,006		
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

	COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	---------- DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					4,835	3,357	12,680
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL		2,072.69			4,835	3,357	12,680
13	RPCH VISITS							
14	SUBPROVIDER		26.60			327	17	456
18	HOME HEALTH AGENCY		66.86					
21	HOSPICE		35.11					
25	TOTAL		2,201.26					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET S-3 I 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	111,916,185	2,564,809	114,480,994	4,578,638.00	25.00	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A	42,970		42,970	412.00	104.30	
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B	947,380		947,380	8,819.00	107.42	
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	11,902,911	481,487	12,384,398	493,044.00	25.12	PAYROLL RECORDS
	OTHER WAGES & RELATED COSTS						
9	CONTRACT LABOR:	1,210,224		1,210,224	23,480.00	51.54	INTERNAL RECORDS
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONRACT						
10	CONTRACT LABOR: PHYS PART A	439,817		439,817	8,363.00	52.59	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
	WAGE RELATED COSTS						
13	WAGE-RELATED COSTS (CORE)	25,323,060		25,323,060			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
	EXCLUDED AREAS	3,101,795		3,101,795			CMS 339
	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A	10,762		10,762			CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B	237,281		237,281			CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
	OVERHEAD COSTS - DIRECT SALARIES						
21	EMPLOYEE BENEFITS	1,378,647	31,595	1,410,242	54,212.00	26.01	
22	ADMINISTRATIVE & GENERAL	18,648,550	305,955	18,954,505	718,945.00	26.36	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	2,594,735	59,464	2,654,199	119,454.00	22.22	
25	LAUNDRY & LINEN SERVICE	714,524	16,375	730,899	57,451.00	12.72	
26	HOUSEKEEPING	1,672,381	38,326	1,710,707	136,607.00	12.52	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	2,132,238	-735,440	1,396,798	96,355.00	14.50	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA	52,930	785,518	838,448	63,510.00	13.20	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	2,695,250	177,397	2,872,647	101,651.00	28.26	
31	CENTRAL SERVICE AND SUPPLY	861,556	19,744	881,300	56,322.00	15.65	
32	PHARMACY	3,965,978	-3,965,978				
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,267,996	51,976	2,319,972	133,512.00	17.38	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES	110,968,805	2,564,809	113,533,614	4,569,819.00	24.84
2	EXCLUDED AREA SALARIES	11,902,911	481,487	12,384,398	493,044.00	25.12
3	SUBTOTAL SALARIES	99,065,894	2,083,322	101,149,216	4,076,775.00	24.81
4	SUBTOTAL OTHER WAGES & RELATED COSTS	1,650,041		1,650,041	31,843.00	51.82
5	SUBTOTAL WAGE-RELATED COSTS	25,333,822		25,333,822		25.05
6	TOTAL	126,049,757	2,083,322	128,133,079	4,108,618.00	31.19
7	NET SALARIES					
	EXCLUDED AREA SALARIES					
	SUBTOTAL SALARIES					
10	SUBTOTAL OTHER WAGES & RELATED COSTS					
11	SUBTOTAL WAGE-RELATED COSTS					
12	TOTAL					
13	TOTAL OVERHEAD COSTS	36,984,785	-3,215,068	33,769,717	1,538,019.00	21.96

IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I HHA NO: 15-7011 I COUNTY: MONROE I PREPARED 5/28/2009 I WORKSHEET S-4

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

		TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1	HOME HEALTH AIDE HOURS	0	5,729	10,811	9,924
2	UNDUPLICATED CENSUS COUNT		586.00	93.00	755.00

		TOTAL 5
1	HOME HEALTH AIDE HOURS	26,464
2	UNDUPLICATED CENSUS COUNT	1,434.00

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)			
5	OTHER ADMINISTRATIVE PERSONEL	4.02		4.02
6	DIRECTING NURSING SERVICE	16.10		16.10
7	NURSING SUPERVISOR	1.00		1.00
8	PHYSICAL THERAPY SERVICE	4.52		4.52
9	PHYSICAL THERAPY SUPERVISOR	1.00		1.00
10	OCCUPATIONAL THERAPY SERVICE	1.51		1.51
11	OCCUPATIONAL THERAPY SUPERVISOR			
12	SPEECH PATHOLOGY SERVICE	.09		.09
13	SPEECH PATHOLOGY SUPERVISOR			
14	MEDICAL SOCIAL SERVICE	.72		.72
15	MEDICAL SOCIAL SERVICE SUPERVISOR			
17	HOME HEALTH AIDE	12.72		12.72
	HOME HEALTH AIDE SUPERVISOR			
18	NONREIMBURSEABLE	25.18		25.18
	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?	3	0	
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).	9915		
20.01		1020		
20.02		3480		

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

		FULL EPISODES WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21	SKILLED NURSING VISITS	3,697	748	51	68
22	SKILLED NURSING VISIT CHARGES	378,147	76,398	5,244	6,949
23	PHYSICAL THERAPY VISITS	2,748	9	27	60
24	PHYSICAL THERAPY VISIT CHARGES	306,814	1,005	3,015	6,699
25	OCCUPATIONAL THERAPY VISITS	860	15	5	18
26	OCCUPATIONAL THERAPY VISIT CHARGES	96,664	1,686	562	2,023
27	SPEECH PATHOLOGY VISITS	48	0	0	0
28	SPEECH PATHOLOGY VISIT CHARGES	5,823	0	0	0
29	MEDICAL SOCIAL SERVICE VISITS	56	0	0	4
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	9,166	0	0	655
31	HOME HEALTH AIDE VISITS	1,542	209	3	9
32	HOME HEALTH AIDE VISIT CHARGES	71,302	9,664	139	416
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	8,951	981	86	159
34	OTHER CHARGES	0	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	867,916	88,753	8,960	16,742
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	566	0	36	17
37	TOTAL NUMBER OF OUTLIER EPISODES	0	26	0	0
	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	15,971	3,677	22	116

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO:	PERIOD:		PREPARED 5/28/2009
15-0051	FROM 1/ 1/2008		WORKSHEET S-4
HHA NO:	TO 12/31/2008		
15-7011			
COUNTY:	MONROE		

HHA 1

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

		SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21	SKILLED NURSING VISITS	0	0	4,564
22	SKILLED NURSING VISIT CHARGES	0	0	466,738
23	PHYSICAL THERAPY VISITS	0	0	2,844
24	PHYSICAL THERAPY VISIT CHARGES	0	0	317,533
25	OCCUPATIONAL THERAPY VISITS	0	0	898
26	OCCUPATIONAL THERAPY VISIT CHARGES	0	0	100,935
27	SPEECH PATHOLOGY VISITS	0	0	48
28	SPEECH PATHOLOGY VISIT CHARGES	0	0	5,823
29	MEDICAL SOCIAL SERVICE VISITS	0	0	60
30	MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	9,821
31	HOME HEALTH AIDE VISITS	0	0	1,763
32	HOME HEALTH AIDE VISIT CHARGES	0	0	81,521
33	TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	10,177
34	OTHER CHARGES	0	0	0
35	TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	982,371
36	TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	619
37	TOTAL NUMBER OF OUTLIER EPISODES	0	0	26
38	TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	19,786

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET S-9
HOSPICE NO:	TO 12/31/2008	
15-1509		

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	20,704	890	3,357	229
3	INPATIENT RESPITE CARE	35			
4	GENERAL INPATIENT CARE	264	31	2	
5	TOTAL HOSPICE DAYS	21,003	921	3,359	229

PART I - ENROLLMENT DAYS (CONTINUED)

		OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1	CONTINUOUS HOME CARE	1	1
2	ROUTINE HOME CARE	1,845	23,439
3	INPATIENT RESPITE CARE		35
4	GENERAL INPATIENT CARE	23	318
5	TOTAL HOSPICE DAYS	1,869	23,793

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	392	26	78	9
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8	AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	53.58	35.42	43.06	25.44
9	UNDUPLICATED CENSUS COUNT	330	25	67	9

PART II - CENSUS DATA (CONTINUED)

		OTHER 5	TOTAL 6
6	NUMBER OF PATIENTS RECEIVING HOSPICE CARE	47	465
7	TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8	AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	39.77	51.17
9	UNDUPLICATED CENSUS COUNT	43	398

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0051	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	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	OTHER METHODS OF WRITE-OFFS (SPEC.)	
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	16,811,926
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	1,748,078
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	18,560,004
	UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	2,665,994
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.412845
	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	1,100,642
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	55,744,632

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET S-10
	TO 12/31/2008	

	DESCRIPTION	
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	23,013,893
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	15,272,197
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	6,305,050
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	24,114,535

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
	0100	OLD CAP REL COSTS-BLDG & FIXT					
1.01	0101	OLD CAP REL COSTS-1947 BUILDING		11,950	11,950	17,595	29,545
1.02	0102	OLD CAP REL COSTS-1965 BUILDING		136,306	136,306	123,233	259,539
1.03	0103	OLD CAP REL COSTS-1983 BUILDING		239,477	239,477	381,108	620,585
1.04	0104	OLD CAP REL COSTS-MEDICAL ARTS		10,409	10,409		10,409
1.05	0105	OLD CAP REL COSTS-UTILITIES		33,075	33,075	44,262	77,337
1.06	0106	OLD CAP REL COSTS-WEGMILLER		12,614	12,614	35,258	47,872
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		250,383	250,383	271,032	521,415
3	0300	NEW CAP REL COSTS-BLDG & FIXT					
3.01	0301	NEW CAP REL COSTS-1947 BUILDING		21,956	21,956		21,956
3.02	0302	NEW CAP REL COSTS-1965 BUILDING		3,179,479	3,179,479	938,140	4,117,619
3.03	0303	NEW CAP REL COSTS-1983 BUILDING		23,912	23,912		23,912
3.04	0304	NEW CAP REL COSTS-MEDICAL ARTS		58,924	58,924		58,924
3.05	0305	NEW CAP REL COSTS-UTILITIES		5,625	5,625		5,625
3.06	0306	NEW CAP REL COSTS-CANCER		154,509	154,509	15,007	169,516
3.07	0307	NEW CAP REL COSTS-PHNA BUILDING		49,157	49,157		49,157
3.08	0308	NEW CAP REL COSTS-MITCHELL FACILITY		52,832	52,832		52,832
3.09	0309	NEW CAP REL COSTS-SPENCER BUILDING					
3.10	0310	NEW CAP REL COSTS-PAIN MANAGEMENT		35,310	35,310		35,310
3.11	0311	NEW CAP REL COSTS-WEST PROMPTCARE		46,388	46,388		46,388
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		12,859,056	12,859,056	3,868,689	16,727,745
5	0500	EMPLOYEE BENEFITS	1,378,647	31,242,219	32,620,866	-2,571,725	30,049,141
5.01	0501	CHILD CARE CENTER		699,062	699,062	-9,001	690,061
6	0600	ADMINISTRATIVE & GENERAL	18,648,550	21,734,195	40,382,745	-2,990,208	37,392,537
8	0800	OPERATION OF PLANT	2,594,735	7,502,786	10,097,521	-247,926	9,849,595
9	0900	LAUNDRY & LINEN SERVICE	714,524	636,945	1,351,469	-2,349	1,349,120
10	1000	HOUSEKEEPING	1,672,381	232,789	1,905,170	32,468	1,937,638
11	1100	DIETARY	2,132,238	2,004,972	4,137,210	-1,523,136	2,614,074
12	1200	CAFETERIA	52,930	30,402	83,332	1,542,564	1,625,896
14	1400	NURSING ADMINISTRATION	2,695,250	734,462	3,429,712	-132,231	3,297,481
15	1500	CENTRAL SERVICES & SUPPLY	492,095	1,252,400	1,744,495	-1,201,315	543,180
15.01	1501	CENTRAL STERILIZATION	369,461	240,079	609,540	-186,011	423,529
16	1600	PHARMACY	3,965,978	11,609,700	15,575,678	-15,575,678	
17	1700	MEDICAL RECORDS & LIBRARY	2,267,996	361,413	2,629,409	30,108	2,659,517
24	2400	PARAMED ED PRGM				88,314	88,314
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	21,446,619	2,049,701	23,496,320	-673,877	22,822,443
26	2600	INTENSIVE CARE UNIT	2,909,532	350,901	3,260,433	-173,209	3,087,224
	3100	SUBPROVIDER	1,317,361	564,095	1,881,456	-28,900	1,852,556
	3300	NURSERY	1,642,089	187,943	1,830,032	-75,162	1,754,870
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	4,975,898	14,217,975	19,193,873	-12,761,683	6,432,190
37.01	3701	CARDIOVASCULAR SURGERY	589,609	1,131,122	1,720,731	-946,109	774,622
37.02	3702	PARTIAL HOSPITALIZATION	1,194,276	183,948	1,378,224	-140,003	1,238,221
38	3800	RECOVERY ROOM	913,998	62,823	976,821	-19,687	957,134
39	3900	DELIVERY ROOM & LABOR ROOM	2,396,518	504,283	2,900,801	-351,626	2,549,175
40	4000	ANESTHESIOLOGY				63,638	63,638
41	4100	RADIOLOGY-DIAGNOSTIC	5,775,858	4,291,218	10,067,076	-1,450,596	8,616,480
41.01	4101	MRI	315,665	645,474	961,139	-336,407	624,732
44	4400	LABORATORY	4,352,474	9,013,167	13,365,641	-19,620	13,346,021
48	4800	INTRAVENOUS THERAPY				1,065,200	1,065,200
49	4900	RESPIRATORY THERAPY	2,215,797	975,419	3,191,216	-183,890	3,007,326
50	5000	PHYSICAL THERAPY	6,683,061	1,449,141	8,132,202	-811,636	7,320,566
53	5300	ELECTROCARDIOLOGY	2,115,786	7,571,470	9,687,256	-6,978,530	2,708,726
54	5400	ELECTROENCEPHALOGRAPHY	803,903	404,764	1,208,667	-19,112	1,189,555
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				26,359,383	26,359,383
56	5600	DRUGS CHARGED TO PATIENTS				15,394,375	15,394,375
57	5700	RENAL DIALYSIS		1,097,978	1,097,978	-31,774	1,066,204
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	640,315	86,791	727,106	-31,048	696,058
61	6100	EMERGENCY	4,057,091	782,686	4,839,777	-528,600	4,311,177
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
65	6500	AMBULANCE SERVICES	2,033,129	631,765	2,664,894	-117,401	2,547,493
71	7100	HOME HEALTH AGENCY	3,302,875	845,141	4,148,016	-113,056	4,034,960
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		3,917,530	3,917,530	-1,689,715	2,227,815
93	9300	HOSPICE	1,828,559	1,404,567	3,233,126	-157,282	3,075,844
95		SUBTOTALS	108,495,198	147,832,688	256,327,886	-1,808,129	254,519,757
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100	7950	FOUNDATION	386,916	131,440	518,356	-25,749	492,607
100.01	7951	RENTAL PROPERTIES		14,123	14,123	393,064	407,187
100.02	7952	UNUSED SPACE				55,049	55,049
100.03	7953	PHYSICIAN RECRUITING				631,829	631,829
100.04	7954	PROMPTCARE	2,899,239	1,065,038	3,964,277	-191,981	3,772,296
100.05	7955	MARKETING				971,543	971,543
100.06	7956	SELECT					
07	7957	OLCOTT	134,832	34,844	169,676	-25,626	144,050
		TOTAL	111,916,185	149,078,133	260,994,318	-0-	260,994,318

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
-	0100	OLD CAP REL COSTS-BLDG & FIXT		
1.01	0101	OLD CAP REL COSTS-1947 BUILDING	-11,573	17,972
1.02	0102	OLD CAP REL COSTS-1965 BUILDING	-75,821	183,718
1.03	0103	OLD CAP REL COSTS-1983 BUILDING	-255,030	365,555
1.04	0104	OLD CAP REL COSTS-MEDICAL ARTS		10,409
1.05	0105	OLD CAP REL COSTS-UTILITIES	-29,114	48,223
1.06	0106	OLD CAP REL COSTS-WEGMILLER	-23,567	24,305
2	0200	OLD CAP REL COSTS-MVBLE EQUIP	-52,017	469,398
3	0300	NEW CAP REL COSTS-BLDG & FIXT		
3.01	0301	NEW CAP REL COSTS-1947 BUILDING		21,956
3.02	0302	NEW CAP REL COSTS-1965 BUILDING	-736,167	3,381,452
3.03	0303	NEW CAP REL COSTS-1983 BUILDING		23,912
3.04	0304	NEW CAP REL COSTS-MEDICAL ARTS		58,924
3.05	0305	NEW CAP REL COSTS-UTILITIES		5,625
3.06	0306	NEW CAP REL COSTS-CANCER	-10,156	159,360
3.07	0307	NEW CAP REL COSTS-PHNA BUILDING	22,859	72,016
3.08	0308	NEW CAP REL COSTS-MITCHELL FACILITY		52,832
3.09	0309	NEW CAP REL COSTS-SPENCER BUILDING		
3.10	0310	NEW CAP REL COSTS-PAIN MANAGEMENT		35,310
3.11	0311	NEW CAP REL COSTS-WEST PROMPTCARE		46,388
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	-218,574	16,509,171
5	0500	EMPLOYEE BENEFITS	-31,211	30,017,930
5.01	0501	CHILD CARE CENTER	-462,992	227,069
6	0600	ADMINISTRATIVE & GENERAL	-5,313,446	32,079,091
8	0800	OPERATION OF PLANT	-51,058	9,798,537
9	0900	LAUNDRY & LINEN SERVICE	-109,791	1,239,329
10	1000	HOUSEKEEPING	-4,131	1,933,507
11	1100	DIETARY	-474,758	2,139,316
12	1200	CAFETERIA	-1,369,346	256,550
14	1400	NURSING ADMINISTRATION	-141,901	3,155,580
15	1500	CENTRAL SERVICES & SUPPLY	-9,409	533,771
15.01	1501	CENTRAL STERILIZATION		423,529
16	1600	PHARMACY		
17	1700	MEDICAL RECORDS & LIBRARY	-124,094	2,535,423
24	2400	PARAMED ED PRGM	-33,136	55,178
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-545,329	22,277,114
26	2600	INTENSIVE CARE UNIT	-12,000	3,075,224
	3100	SUBPROVIDER	-955	1,851,601
	3300	NURSERY	-3,612	1,751,258
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-730,972	5,701,218
37.01	3701	CARDIOVASCULAR SURGERY		774,622
37.02	3702	PARTIAL HOSPITALIZATION	-409,416	828,805
38	3800	RECOVERY ROOM		957,134
39	3900	DELIVERY ROOM & LABOR ROOM	-9,218	2,539,957
40	4000	ANESTHESIOLOGY		63,638
41	4100	RADIOLOGY-DIAGNOSTIC	-85,579	8,530,901
41.01	4101	MRI		624,732
44	4400	LABORATORY	-2,718,710	10,627,311
48	4800	INTRAVENOUS THERAPY		1,065,200
49	4900	RESPIRATORY THERAPY	-14,500	2,992,826
50	5000	PHYSICAL THERAPY	-66,804	7,253,762
53	5300	ELECTROCARDIOLOGY	-114,763	2,593,963
54	5400	ELECTROENCEPHALOGRAPHY	-87,830	1,101,725
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		26,359,383
56	5600	DRUGS CHARGED TO PATIENTS	-1,730	15,392,645
57	5700	RENAL DIALYSIS		1,066,204
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC	-10,966	685,092
61	6100	EMERGENCY	-15	4,311,162
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
65	6500	AMBULANCE SERVICES	-119,497	2,427,996
71	7100	HOME HEALTH AGENCY	-4,608	4,030,352
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE	-2,227,815	-0-
93	9300	HOSPICE	-62,107	3,013,737
95		SUBTOTALS	-16,740,859	237,778,898
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100	7950	FOUNDATION		492,607
100.01	7951	RENTAL PROPERTIES		407,187
100.02	7952	UNUSED SPACE		55,049
100.03	7953	PHYSICIAN RECRUITING		631,829
100.04	7954	PROMPTCARE		3,772,296
100.05	7955	MARKETING		971,543
100.06	7956	SELECT		
07	7957	OLCOTT		144,050
		TOTAL	-16,740,859	244,253,459

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 15-0051 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-1947 BUILDING	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-1965 BUILDING	0102	OLD CAP REL COSTS-BLDG & FIXT
1.03	OLD CAP REL COSTS-1983 BUILDING	0103	OLD CAP REL COSTS-BLDG & FIXT
1.04	OLD CAP REL COSTS-MEDICAL ARTS	0104	OLD CAP REL COSTS-BLDG & FIXT
1.05	OLD CAP REL COSTS-UTILITIES	0105	OLD CAP REL COSTS-BLDG & FIXT
1.06	OLD CAP REL COSTS-WEGMILLER	0106	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-1947 BUILDING	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-1965 BUILDING	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-1983 BUILDING	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-MEDICAL ARTS	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-UTILITIES	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CAP REL COSTS-CANCER	0306	NEW CAP REL COSTS-BLDG & FIXT
3.07	NEW CAP REL COSTS-PHNA BUILDING	0307	NEW CAP REL COSTS-BLDG & FIXT
3.08	NEW CAP REL COSTS-MITCHELL FACILITY	0308	NEW CAP REL COSTS-BLDG & FIXT
3.09	NEW CAP REL COSTS-SPENCER BUILDING	0309	NEW CAP REL COSTS-BLDG & FIXT
3.10	NEW CAP REL COSTS-PAIN MANAGEMENT	0310	NEW CAP REL COSTS-BLDG & FIXT
3.11	NEW CAP REL COSTS-WEST PROMPTCARE	0311	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
5.01	CHILD CARE CENTER	0501	EMPLOYEE BENEFITS
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	
15.01	CENTRAL STERILIZATION	1501	CENTRAL SERVICES & SUPPLY
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	CARDIOVASCULAR SURGERY	3701	OPERATING ROOM
37.02	PARTIAL HOSPITALIZATION	3702	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MRI	4101	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	FOUNDATION	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	RENTAL PROPERTIES	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	UNUSED SPACE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	PHYSICIAN RECRUITING	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	PROMPTCARE	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	MARKETING	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	SELECT	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	OLCOTT	7957	OTHER NONREIMBURSABLE COST CENTERS
	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	INCREASE SALARY	INCREASE OTHER
		1	2	3	4	5
1	PROPERTY TAX RECLASSIFICATION	A	NEW CAP REL COSTS-MVBLE EQUIP	4		51,514
8	INSURANCE RECLASSIFICATION	B	NEW CAP REL COSTS-MVBLE EQUIP	4		128,518
9	LICENSE FEE RECLASSIFICATION	C	NEW CAP REL COSTS-MVBLE EQUIP	4		1,443,289
13	INTEREST EXPENSE RECLASSIFICATION	D	OLD CAP REL COSTS-WEGMILLER	1.06		35,258
14			OLD CAP REL COSTS-1947 BUILDING	1.01		17,595
15			OLD CAP REL COSTS-1965 BUILDING	1.02		123,233
16			OLD CAP REL COSTS-1983 BUILDING	1.03		381,108
17			OLD CAP REL COSTS-UTILITIES	1.05		44,262
18			OLD CAP REL COSTS-MVBLE EQUIP	2		79,082
19			NEW CAP REL COSTS-1965 BUILDING	3.02		938,140
20			NEW CAP REL COSTS-CANCER	3.06		15,007
21			NEW CAP REL COSTS-MVBLE EQUIP	4		56,030
22	SURG TECH RECLASSIFICATION	E	NURSING ADMINISTRATION	14	113,039	
23			PARAMED ED PRGM	24	85,330	1,028
24	RENT RECLASSIFICATION	F	NEW CAP REL COSTS-MVBLE EQUIP	4		2,382,020
25			PHARMACY	16		1,081
26			NURSERY	33		473
	`ENT RECLASSIFICATION	F				
11	LEASEHOLD PAYMENT RECLASS	G	OLD CAP REL COSTS-MVBLE EQUIP	2		191,950
12	PHARMACY RECLASS	H	DRUGS CHARGED TO PATIENTS	56	3,965,978	11,610,781
13	CHARGEABLE SUPPLY RECLASS	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		26,359,383

	EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	LINE NO 3	INCREASE SALARY 4	INCREASE OTHER 5
1	CHARGEABLE SUPPLY RECLASS	I				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14	ANESTHESIOLOGY RECLASS	J	ANESTHESIOLOGY	40		63,638
15	IV RECLASS	K	INTRAVENOUS THERAPY	48		1,065,200
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
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35						

	TV RECLASS	K				
4						
5						
6						
7						
8	PHYSICIAN RECRUITING RECLASS	L	PHYSICIAN RECRUITING	100.03	118,698	510,424
9	CAFETERIA RECLASS	M	CAFETERIA	12	766,734	757,166
10	RENTAL PROPERTY DEPR RECLASS	N	RENTAL PROPERTIES	100.01		393,064
11						
12	UTILITIES RECLASS	O	OPERATION OF PLANT	8		273,315
13						
14						
15						
16						
17						
18						
19						
20	ADVERTISING RECLASS	P	MARKETING	100.05		971,543
21						
22						
23						
24						
25						
26						
27						
28						
29						
30	BCC DEPRECIATION RECLASS	Q	UNUSED SPACE	100.02		55,049
31	BONUS & PTO ACCRUAL RECLASSIFICATION	R	EMPLOYEE BENEFITS	5	31,595	
32			ADMINISTRATIVE & GENERAL	6	424,653	
33			OPERATION OF PLANT	8	59,464	
34			LAUNDRY & LINEN SERVICE	9	16,375	
35			HOUSEKEEPING	10	38,326	

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	INCREASE SALARY	INCREASE OTHER
		1	2	3	4	5
1	BONUS & PTO ACCRUAL RECLASSIFICATION	R	DIETARY	11	31,294	
2			CAFETERIA	12	18,784	
3			NURSING ADMINISTRATION	14	64,358	
4			CENTRAL SERVICES & SUPPLY	15	11,277	
5			CENTRAL STERILIZATION	15.01	8,467	
6			MEDICAL RECORDS & LIBRARY	17	51,976	
7			PARAMED ED PRGM	24	1,956	
8			ADULTS & PEDIATRICS	25	491,498	
9			INTENSIVE CARE UNIT	26	66,678	
10			SUBPROVIDER	31	30,190	
11			NURSERY	33	37,632	
12			OPERATING ROOM	37	109,488	
13			CARDIOVASCULAR SURGERY	37.01	13,512	
14			PARTIAL HOSPITALIZATION	37.02	27,369	
15			RECOVERY ROOM	38	20,946	
16			DELIVERY ROOM & LABOR ROOM	39	54,922	
17			RADIOLOGY-DIAGNOSTIC	41	132,367	
18			MRI	41.01	7,234	
19			LABORATORY	44	99,747	
20			RESPIRATORY THERAPY	49	50,780	
21			PHYSICAL THERAPY	50	153,157	
22			ELECTROCARDIOLOGY	53	48,488	
23			ELECTROENCEPHALOGRAPHY	54	18,423	
24			DRUGS CHARGED TO PATIENTS	56	90,889	
25			CLINIC	60	14,674	
26			EMERGENCY	61	92,977	
27			AMBULANCE SERVICES	65	46,594	
28			HOME HEALTH AGENCY	71	75,693	
29			HOSPICE	93	41,906	
30			FOUNDATION	100	8,867	
31			PHYSICIAN RECRUITING	100.03	2,720	
32			PROMPTCARE	100.04	66,443	
33			OLCOTT	100.07	3,090	
36	TOTAL RECLASSIFICATIONS				7,614,588	47,949,151

(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.

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	DECREASE SALARY	DECREASE OTHER	A-7 REF
		1	6	7	8	9	10
1	PROPERTY TAX RECLASSIFICATION	A	ADMINISTRATIVE & GENERAL	6		8,941	13
2			OPERATION OF PLANT	8		9,963	
3			RADIOLOGY-DIAGNOSTIC	41		9,084	
4			MRI	41.01		14,944	
5			LABORATORY	44		608	
6			RESPIRATORY THERAPY	49		604	
7			PHYSICAL THERAPY	50		7,370	
8	INSURANCE RECLASSIFICATION	B	ADMINISTRATIVE & GENERAL	6		128,518	12
9	LICENSE FEE RECLASSIFICATION	C	ADMINISTRATIVE & GENERAL	6		1,418,377	14
10			OPERATION OF PLANT	8		12,161	
11			MEDICAL RECORDS & LIBRARY	17		3,751	
12			RADIOLOGY-DIAGNOSTIC	41		9,000	
13	INTEREST EXPENSE RECLASSIFICATION	D	INTEREST EXPENSE	88		1,689,715	11
14							11
15							11
16							11
17							11
18							11
19							11
20							11
21							11
22	SURG TECH RECLASSIFICATION	E	OPERATING ROOM	37	198,369	1,028	
23							
24	RENT RECLASSIFICATION	F	EMPLOYEE BENEFITS	5		15,120	10
25			ADMINISTRATIVE & GENERAL	6		262,244	
26			OPERATION OF PLANT	8		103,567	
27			LAUNDRY & LINEN SERVICE	9		12,728	
28			CENTRAL SERVICES & SUPPLY	15		334,856	
29			CENTRAL STERILIZATION	15.01		120	
30			ADULTS & PEDIATRICS	25		11,384	
31			OPERATING ROOM	37		300	
32			PARTIAL HOSPITALIZATION	37.02		167,145	
33			RADIOLOGY-DIAGNOSTIC	41		59,193	
34			MRI	41.01		322,516	
35			LABORATORY	44		25,015	
	'ENT RECLASSIFICATION	F	RESPIRATORY THERAPY	49		23,147	
			PHYSICAL THERAPY	50		574,867	
			ELECTROCARDIOLOGY	53		48,077	
4			ELECTROENCEPHALOGRAPHY	54		18,119	
5			CLINIC	60		36,080	
6			AMBULANCE SERVICES	65		27,288	
7			HOME HEALTH AGENCY	71		30,679	
8			HOSPICE	93		133,890	
9			FOUNDATION	100		28,788	
10			PROMPTCARE	100.04		148,451	
11	LEASEHOLD PAYMENT RECLASS	G	OPERATION OF PLANT	8		191,950	10
12	PHARMACY RECLASS	H	PHARMACY	16	3,965,978	11,610,781	
13	CHARGEABLE SUPPLY RECLASS	I	EMPLOYEE BENEFITS	5		23,391	
14			CHILD CARE CENTER	5.01		9,001	
15			ADMINISTRATIVE & GENERAL	6		10,646	
16			OPERATION OF PLANT	8		7,613	
17			LAUNDRY & LINEN SERVICE	9		5,996	
18			HOUSEKEEPING	10		5,858	
19			DIETARY	11		30,530	
20			NURSING ADMINISTRATION	14		302,282	
21			CENTRAL SERVICES & SUPPLY	15		876,329	
22			CENTRAL STERILIZATION	15.01		193,927	
23			MEDICAL RECORDS & LIBRARY	17		342	
24			ADULTS & PEDIATRICS	25		921,198	
25			INTENSIVE CARE UNIT	26		205,645	
26			SUBPROVIDER	31		55,321	
27			NURSERY	33		110,188	
28			OPERATING ROOM	37		12,438,258	
29			CARDIOVASCULAR SURGERY	37.01		957,354	
30			PARTIAL HOSPITALIZATION	37.02		227	
31			RECOVERY ROOM	38		29,303	
32			DELIVERY ROOM & LABOR ROOM	39		369,594	
33			RADIOLOGY-DIAGNOSTIC	41		1,347,343	
34			MRI	41.01		4,111	
35			LABORATORY	44		93,419	

	EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	DECREASE SALARY	DECREASE OTHER	A-7 REF
		1	6	7	8	9	10
1	CHARGEABLE SUPPLY RECLASS	I	RESPIRATORY THERAPY	49		209,972	
2			PHYSICAL THERAPY	50		341,202	
3			ELECTROCARDIOLOGY	53		6,962,601	
4			ELECTROENCEPHALOGRAPHY	54		19,367	
5			DRUGS CHARGED TO PATIENTS	56		59,354	
6			RENAL DIALYSIS	57		28,435	
7			CLINIC	60		8,283	
8			EMERGENCY	61		396,323	
9			AMBULANCE SERVICES	65		97,830	
10			HOME HEALTH AGENCY	71		84,692	
11			HOSPICE	93		62,713	
12			PROMPTCARE	100.04		90,623	
13			OLCOTT	100.07		112	
14	ANESTHESIOLOGY RECLASS	J	OPERATING ROOM	37		63,638	
15	IV RECLASS	K	ADMINISTRATIVE & GENERAL	6		899	
16			OPERATION OF PLANT	8		20	
17			NURSING ADMINISTRATION	14		7,346	
18			CENTRAL SERVICES & SUPPLY	15		1,407	
19			CENTRAL STERILIZATION	15.01		431	
20			ADULTS & PEDIATRICS	25		227,515	
21			INTENSIVE CARE UNIT	26		34,242	
22			SUBPROVIDER	31		3,769	
23			NURSERY	33		3,079	
24			OPERATING ROOM	37		169,578	
25			CARDIOVASCULAR SURGERY	37.01		2,267	
26			RECOVERY ROOM	38		11,330	
27			DELIVERY ROOM & LABOR ROOM	39		36,954	
28			RADIOLOGY-DIAGNOSTIC	41		24,598	
29			MRI	41.01		2,070	
30			LABORATORY	44		305	
31			RESPIRATORY THERAPY	49		746	
32			PHYSICAL THERAPY	50		584	
33			ELECTROCARDIOLOGY	53		16,340	
34			ELECTROENCEPHALOGRAPHY	54		49	
35			DRUGS CHARGED TO PATIENTS	56		213,919	
	TV RECLASS	K	RENAL DIALYSIS	57		3,339	
			CLINIC	60		1,359	
			EMERGENCY	61		225,254	
4			AMBULANCE SERVICES	65		30,494	
5			HOME HEALTH AGENCY	71		43,761	
6			HOSPICE	93		2,585	
7			PROMPTCARE	100.04		960	
8	PHYSICIAN RECRUITING RECLASS	L	ADMINISTRATIVE & GENERAL	6	118,698	510,424	
9	CAFETERIA RECLASS	M	DIETARY	11	766,734	757,166	
10	RENTAL PROPERTY DEPR RECLASS	N	NEW CAP REL COSTS-MVBLE EQUIP	4		137,633	9
11			OPERATION OF PLANT	8		255,431	
12	UTILITIES RECLASS	O	ADMINISTRATIVE & GENERAL	6		28,525	
13			MEDICAL RECORDS & LIBRARY	17		17,775	
14			RADIOLOGY-DIAGNOSTIC	41		133,745	
15			PHYSICAL THERAPY	50		34,625	
16			AMBULANCE SERVICES	65		8,383	
17			HOME HEALTH AGENCY	71		26,702	
18			FOUNDATION	100		5,828	
19			PROMPTCARE	100.04		17,732	
20	ADVERTISING RECLASS	P	ADMINISTRATIVE & GENERAL	6		927,589	
21			CAFETERIA	12		120	
22			ADULTS & PEDIATRICS	25		5,278	
23			LABORATORY	44		20	
24			RESPIRATORY THERAPY	49		201	
25			PHYSICAL THERAPY	50		6,145	
26			HOME HEALTH AGENCY	71		2,915	
27			PHYSICIAN RECRUITING	100.03		13	
28			PROMPTCARE	100.04		658	
29			OLCOTT	100.07		28,604	
30	BCC DEPRECIATION RECLASS	Q	NEW CAP REL COSTS-MVBLE EQUIP	4		55,049	9
31	BONUS & PTO ACCRUAL RECLASSIFICATION	R	EMPLOYEE BENEFITS	5		2,564,809	
32							
33							
34							
35							

	EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER		LINE NO	DECREASE SALARY	DECREASE OTHER	A-7 REF
		1	6	7	8	9	10
1	BONUS & PTO ACCRUAL RECLASSIFICATION	R					
2							
3							
4							
5							
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33							
36	TOTAL RECLASSIFICATIONS				5,049,779	50,513,960	

(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.

RECLASS CODE: A
EXPLANATION : PROPERTY TAX RECLASSIFICATION

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	51,514	ADMINISTRATIVE & GENERAL	6	8,941
2.00			0	OPERATION OF PLANT	8	9,963
3.00			0	RADIOLOGY-DIAGNOSTIC	41	9,084
4.00			0	MRI	41.01	14,944
5.00			0	LABORATORY	44	608
6.00			0	RESPIRATORY THERAPY	49	604
7.00			0	PHYSICAL THERAPY	50	7,370
TOTAL RECLASSIFICATIONS FOR CODE A			51,514			51,514

RECLASS CODE: B
EXPLANATION : INSURANCE RECLASSIFICATION

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	128,518	ADMINISTRATIVE & GENERAL	6	128,518
TOTAL RECLASSIFICATIONS FOR CODE B			128,518			128,518

RECLASS CODE: C
EXPLANATION : LICENSE FEE RECLASSIFICATION

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,443,289	ADMINISTRATIVE & GENERAL	6	1,418,377
2.00			0	OPERATION OF PLANT	8	12,161
3.00			0	MEDICAL RECORDS & LIBRARY	17	3,751
4.00			0	RADIOLOGY-DIAGNOSTIC	41	9,000
TOTAL RECLASSIFICATIONS FOR CODE C			1,443,289			1,443,289

RECLASS CODE: D
EXPLANATION : INTEREST EXPENSE RECLASSIFICATION

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-WEGMILLER	1.06	35,258	INTEREST EXPENSE	88	1,689,715
2.00	OLD CAP REL COSTS-1947 BUILDIN	1.01	17,595			0
3.00	OLD CAP REL COSTS-1965 BUILDIN	1.02	123,233			0
4.00	OLD CAP REL COSTS-1983 BUILDIN	1.03	381,108			0
5.00	OLD CAP REL COSTS-UTILITIES	1.05	44,262			0
6.00	OLD CAP REL COSTS-MVBLE EQUIP	2	79,082			0
7.00	NEW CAP REL COSTS-1965 BUILDIN	3.02	938,140			0
8.00	NEW CAP REL COSTS-CANCER	3.06	15,007			0
9.00	NEW CAP REL COSTS-MVBLE EQUIP	4	56,030			0
TOTAL RECLASSIFICATIONS FOR CODE D			1,689,715			1,689,715

RECLASS CODE: E
EXPLANATION : SURG TECH RECLASSIFICATION

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	113,039	OPERATING ROOM	37	199,397
2.00	PARAMED ED PRGM	24	86,358			0
TOTAL RECLASSIFICATIONS FOR CODE E			199,397			199,397

RECLASS CODE: F
EXPLANATION : RENT RECLASSIFICATION

	INCREASE			DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,382,020	EMPLOYEE BENEFITS	5	15,120
2.00	PHARMACY	16	1,081	ADMINISTRATIVE & GENERAL	6	262,244
3.00	NURSERY	33	473	OPERATION OF PLANT	8	103,567
4.00			0	LAUNDRY & LINEN SERVICE	9	12,728
5.00			0	CENTRAL SERVICES & SUPPLY	15	334,856
6.00			0	CENTRAL STERILIZATION	15.01	120
7.00			0	ADULTS & PEDIATRICS	25	11,384
8.00			0	OPERATING ROOM	37	300
9.00			0	PARTIAL HOSPITALIZATION	37.02	167,145
10.00			0	RADIOLOGY-DIAGNOSTIC	41	59,193
11.00			0	MRI	41.01	322,516
12.00			0	LABORATORY	44	25,015

RECLASS CODE: F
EXPLANATION : RENT RECLASSIFICATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
13.00			0	RESPIRATORY THERAPY	49	23,147
14.00			0	PHYSICAL THERAPY	50	574,867
15.00			0	ELECTROCARDIOLOGY	53	48,077
16.00			0	ELECTROENCEPHALOGRAPHY	54	18,119
17.00			0	CLINIC	60	36,080
18.00			0	AMBULANCE SERVICES	65	27,288
19.00			0	HOME HEALTH AGENCY	71	30,679
20.00			0	HOSPICE	93	133,890
21.00			0	FOUNDATION	100	28,788
22.00			0	PROMPTCARE	100.04	148,451
TOTAL RECLASSIFICATIONS FOR CODE F			2,383,574			2,383,574

RECLASS CODE: G
EXPLANATION : LEASEHOLD PAYMENT RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	191,950	OPERATION OF PLANT	8	191,950
TOTAL RECLASSIFICATIONS FOR CODE G			191,950			191,950

RECLASS CODE: H
EXPLANATION : PHARMACY RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	15,576,759	PHARMACY	16	15,576,759
TOTAL RECLASSIFICATIONS FOR CODE H			15,576,759			15,576,759

RECLASS CODE: I
EXPLANATION : CHARGEABLE SUPPLY RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	26,359,383	EMPLOYEE BENEFITS	5	23,391
2.00			0	CHILD CARE CENTER	5.01	9,001
3.00			0	ADMINISTRATIVE & GENERAL	6	10,646
4.00			0	OPERATION OF PLANT	8	7,613
5.00			0	LAUNDRY & LINEN SERVICE	9	5,996
6.00			0	HOUSEKEEPING	10	5,858
7.00			0	DIETARY	11	30,530
8.00			0	NURSING ADMINISTRATION	14	302,282
9.00			0	CENTRAL SERVICES & SUPPLY	15	876,329
10.00			0	CENTRAL STERILIZATION	15.01	193,927
11.00			0	MEDICAL RECORDS & LIBRARY	17	342
12.00			0	ADULTS & PEDIATRICS	25	921,198
13.00			0	INTENSIVE CARE UNIT	26	205,645
14.00			0	SUBPROVIDER	31	55,321
15.00			0	NURSERY	33	110,188
16.00			0	OPERATING ROOM	37	12,438,258
17.00			0	CARDIOVASCULAR SURGERY	37.01	957,354
18.00			0	PARTIAL HOSPITALIZATION	37.02	227
19.00			0	RECOVERY ROOM	38	29,303
20.00			0	DELIVERY ROOM & LABOR ROOM	39	369,594
21.00			0	RADIOLOGY-DIAGNOSTIC	41	1,347,343
22.00			0	MRI	41.01	4,111
23.00			0	LABORATORY	44	93,419
24.00			0	RESPIRATORY THERAPY	49	209,972
25.00			0	PHYSICAL THERAPY	50	341,202
26.00			0	ELECTROCARDIOLOGY	53	6,962,601
27.00			0	ELECTROENCEPHALOGRAPHY	54	19,367
28.00			0	DRUGS CHARGED TO PATIENTS	56	59,354
29.00			0	RENAL DIALYSIS	57	28,435
30.00			0	CLINIC	60	8,283
31.00			0	EMERGENCY	61	396,323
32.00			0	AMBULANCE SERVICES	65	97,830
33.00			0	HOME HEALTH AGENCY	71	84,692
34.00			0	HOSPICE	93	62,713
35.00			0	PROMPTCARE	100.04	90,623
36.00			0	OLCOTT	100.07	112
TOTAL RECLASSIFICATIONS FOR CODE I			26,359,383			26,359,383

RECLASS CODE: J
EXPLANATION : ANESTHESIOLOGY RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ANESTHESIOLOGY	40	63,638	OPERATING ROOM	37	63,638
TOTAL RECLASSIFICATIONS FOR CODE J			63,638			63,638

RECLASS CODE: K
EXPLANATION : IV RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	INTRAVENOUS THERAPY	48	1,065,200	ADMINISTRATIVE & GENERAL	6	899
2.00			0	OPERATION OF PLANT	8	20
3.00			0	NURSING ADMINISTRATION	14	7,346
4.00			0	CENTRAL SERVICES & SUPPLY	15	1,407
5.00			0	CENTRAL STERILIZATION	15.01	431
6.00			0	ADULTS & PEDIATRICS	25	227,515
7.00			0	INTENSIVE CARE UNIT	26	34,242
8.00			0	SUBPROVIDER	31	3,769
9.00			0	NURSERY	33	3,079
10.00			0	OPERATING ROOM	37	169,578
11.00			0	CARDIOVASCULAR SURGERY	37.01	2,267
12.00			0	RECOVERY ROOM	38	11,330
13.00			0	DELIVERY ROOM & LABOR ROOM	39	36,954
14.00			0	RADIOLOGY-DIAGNOSTIC	41	24,598
15.00			0	MRI	41.01	2,070
16.00			0	LABORATORY	44	305
17.00			0	RESPIRATORY THERAPY	49	746
18.00			0	PHYSICAL THERAPY	50	584
19.00			0	ELECTROCARDIOLOGY	53	16,340
20.00			0	ELECTROENCEPHALOGRAPHY	54	49
21.00			0	DRUGS CHARGED TO PATIENTS	56	213,919
22.00			0	RENAL DIALYSIS	57	3,339
23.00			0	CLINIC	60	1,359
24.00			0	EMERGENCY	61	225,254
25.00			0	AMBULANCE SERVICES	65	30,494
26.00			0	HOME HEALTH AGENCY	71	43,761
27.00			0	HOSPICE	93	2,585
28.00			0	PROMPTCARE	100.04	960
TOTAL RECLASSIFICATIONS FOR CODE K			1,065,200			1,065,200

RECLASS CODE: L
EXPLANATION : PHYSICIAN RECRUITING RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PHYSICIAN RECRUITING	100.03	629,122	ADMINISTRATIVE & GENERAL	6	629,122
TOTAL RECLASSIFICATIONS FOR CODE L			629,122			629,122

RECLASS CODE: M
EXPLANATION : CAFETERIA RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,523,900	DIETARY	11	1,523,900
TOTAL RECLASSIFICATIONS FOR CODE M			1,523,900			1,523,900

RECLASS CODE: N
EXPLANATION : RENTAL PROPERTY DEPR RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	RENTAL PROPERTIES	100.01	393,064	NEW CAP REL COSTS-MVBLE EQUIP	4	137,633
2.00			0	OPERATION OF PLANT	8	255,431
TOTAL RECLASSIFICATIONS FOR CODE N			393,064			393,064

RECLASS CODE: O
EXPLANATION : UTILITIES RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	273,315	ADMINISTRATIVE & GENERAL	6	28,525
2.00			0	MEDICAL RECORDS & LIBRARY	17	17,775
3.00			0	RADIOLOGY-DIAGNOSTIC	41	133,745
4.00			0	PHYSICAL THERAPY	50	34,625
5.00			0	AMBULANCE SERVICES	65	8,383
6.00			0	HOME HEALTH AGENCY	71	26,702
7.00			0	FOUNDATION	100	5,828
8.00			0	PROMPTCARE	100.04	17,732
TOTAL RECLASSIFICATIONS FOR CODE O			273,315			273,315

RECLASS CODE: P
EXPLANATION : ADVERTISING RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MARKETING	100.05	971,543	ADMINISTRATIVE & GENERAL	6	927,589

RECLASS CODE: P
EXPLANATION : ADVERTISING RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00			0	CAFETERIA	12	120
3.00			0	ADULTS & PEDIATRICS	25	5,278
4.00			0	LABORATORY	44	20
5.00			0	RESPIRATORY THERAPY	49	201
6.00			0	PHYSICAL THERAPY	50	6,145
7.00			0	HOME HEALTH AGENCY	71	2,915
8.00			0	PHYSICIAN RECRUITING	100.03	13
9.00			0	PROMPTCARE	100.04	658
10.00			0	OLCOTT	100.07	28,604
TOTAL RECLASSIFICATIONS FOR CODE P			971,543			971,543

RECLASS CODE: Q
EXPLANATION : BCC DEPRECIATION RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	UNUSED SPACE	100.02	55,049	NEW CAP REL COSTS-MVBLE EQUIP	4	55,049
TOTAL RECLASSIFICATIONS FOR CODE Q			55,049			55,049

RECLASS CODE: R
EXPLANATION : BONUS & PTO ACCRUAL RECLASSIFICATION

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	31,595	EMPLOYEE BENEFITS	5	2,564,809
2.00	ADMINISTRATIVE & GENERAL	6	424,653			0
3.00	OPERATION OF PLANT	8	59,464			0
4.00	LAUNDRY & LINEN SERVICE	9	16,375			0
5.00	HOUSEKEEPING	10	38,326			0
6.00	DIETARY	11	31,294			0
7.00	CAFETERIA	12	18,784			0
8.00	NURSING ADMINISTRATION	14	64,358			0
9.00	CENTRAL SERVICES & SUPPLY	15	11,277			0
10.00	CENTRAL STERILIZATION	15.01	8,467			0
11.00	MEDICAL RECORDS & LIBRARY	17	51,976			0
12.00	PARAMED ED PRGM	24	1,956			0
13.00	ADULTS & PEDIATRICS	25	491,498			0
14.00	INTENSIVE CARE UNIT	26	66,678			0
15.00	SUBPROVIDER	31	30,190			0
16.00	NURSERY	33	37,632			0
17.00	OPERATING ROOM	37	109,488			0
18.00	CARDIOVASCULAR SURGERY	37.01	13,512			0
19.00	PARTIAL HOSPITALIZATION	37.02	27,369			0
20.00	RECOVERY ROOM	38	20,946			0
21.00	DELIVERY ROOM & LABOR ROOM	39	54,922			0
22.00	RADIOLOGY-DIAGNOSTIC	41	132,367			0
23.00	MRI	41.01	7,234			0
24.00	LABORATORY	44	99,747			0
25.00	RESPIRATORY THERAPY	49	50,780			0
26.00	PHYSICAL THERAPY	50	153,157			0
27.00	ELECTROCARDIOLOGY	53	48,488			0
28.00	ELECTROENCEPHALOGRAPHY	54	18,423			0
29.00	DRUGS CHARGED TO PATIENTS	56	90,889			0
30.00	CLINIC	60	14,674			0
31.00	EMERGENCY	61	92,977			0
32.00	AMBULANCE SERVICES	65	46,594			0
33.00	HOME HEALTH AGENCY	71	75,693			0
34.00	HOSPICE	93	41,906			0
35.00	FOUNDATION	100	8,867			0
36.00	PHYSICIAN RECRUITING	100.03	2,720			0
37.00	PROMPTCARE	100.04	66,443			0
38.00	OLCOTT	100.07	3,090			0
TOTAL RECLASSIFICATIONS FOR CODE R			2,564,809			2,564,809

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1996)

ANALYSIS OF CHANGES DURING COST REPORTING PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED TO PARTICIPATE IN HEALTH CARE PROGRAMS | PROVIDER NO: 15-0051 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 | WORKSHEET A-7 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	1,559,418					1,559,418	
2	LAND IMPROVEMENTS	653,153					653,153	
3	BUILDINGS & FIXTURE	58,648,393					58,648,393	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	7,216,079				4,349,860	2,866,219	
7	SUBTOTAL	68,077,043				4,349,860	63,727,183	
8	RECONCILING ITEMS							
9	TOTAL	68,077,043				4,349,860	63,727,183	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES	ACQUISITIONS PURCHASES	ACQUISITIONS DONATION	ACQUISITIONS TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	8,611,136	1,440,271		1,440,271	85,118	9,966,289	
2	LAND IMPROVEMENTS	1,353,747	12,683		12,683		1,366,430	
3	BUILDINGS & FIXTURE	161,401,682	5,252,572		5,252,572		166,654,254	
4	BUILDING IMPROVEMEN	1,339,091	108,285		108,285		1,447,376	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	83,147,731	6,278,771		6,278,771	877,817	88,548,685	
7	SUBTOTAL	255,853,387	13,092,582		13,092,582	962,935	267,983,034	
8	RECONCILING ITEMS							
9	TOTAL	255,853,387	13,092,582		13,092,582	962,935	267,983,034	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITLIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	ALLOCATION OF OTHER CAPITAL INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	TOTAL 8
1	OLD CAP REL COSTS-BL								
1 01	OLD CAP REL COSTS-19	2,090,723		2,090,723	.006530				
1 02	OLD CAP REL COSTS-19	8,253,075		8,253,075	.025776				
1 03	OLD CAP REL COSTS-19	25,894,347		25,894,347	.080873				
1 04	OLD CAP REL COSTS-ME	936,298		936,298	.002924				
1 05	OLD CAP REL COSTS-UT	1,371,400		1,371,400	.004283				
1 06	OLD CAP REL COSTS-WE	1,517,356		1,517,356	.004739				
2	OLD CAP REL COSTS-MV	22,104,566		22,104,566	.069037				
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-19	383,342		383,342	.001197				
3 02	NEW CAP REL COSTS-19	85,274,181		85,274,181	.266328				
3 03	NEW CAP REL COSTS-19	650,154		650,154	.002031				
3 04	NEW CAP REL COSTS-ME	1,467,628		1,467,628	.004584				
3 05	NEW CAP REL COSTS-UT	110,105		110,105	.000344				
3 06	NEW CAP REL COSTS-CA	4,074,004		4,074,004	.012724				
3 07	NEW CAP REL COSTS-PH	1,721,890		1,721,890	.005378				
3 08	NEW CAP REL COSTS-MI	1,056,644		1,056,644	.003300				
3 09	NEW CAP REL COSTS-SP								
3 10	NEW CAP REL COSTS-PA	723,795		723,795	.002261				
3 11	NEW CAP REL COSTS-WE	1,063,361		1,063,361	.003321				
4	NEW CAP REL COSTS-MV	161,491,641		161,491,641	.504370				
5	TOTAL	320,184,510		320,184,510	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-19	11,950		6,022				17,972
1 02	OLD CAP REL COSTS-19	141,544		42,174				183,718
1 03	OLD CAP REL COSTS-19	235,128		130,427				365,555
1 04	OLD CAP REL COSTS-ME	10,409						10,409
1 05	OLD CAP REL COSTS-UT	33,075		15,148				48,223
1 06	OLD CAP REL COSTS-WE	12,239		12,066				24,305
	OLD CAP REL COSTS-MV	250,383	191,950	27,065				469,398
	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-19	21,956						21,956
3 02	NEW CAP REL COSTS-19	3,063,561		317,891				3,381,452
3 03	NEW CAP REL COSTS-19	23,912						23,912
3 04	NEW CAP REL COSTS-ME	58,924						58,924
3 05	NEW CAP REL COSTS-UT	5,625						5,625
3 06	NEW CAP REL COSTS-CA	154,509		4,851				159,360
3 07	NEW CAP REL COSTS-PH	72,016						72,016
3 08	NEW CAP REL COSTS-MI	52,832						52,832
3 09	NEW CAP REL COSTS-SP							
3 10	NEW CAP REL COSTS-PA	35,310						35,310
3 11	NEW CAP REL COSTS-WE	46,388						46,388
4	NEW CAP REL COSTS-MV	12,568,697	2,382,020	-64,867	128,518	51,514	1,443,289	16,509,171
5	TOTAL	16,798,458	2,573,970	490,777	128,518	51,514	1,443,289	21,486,526

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-19	11,950						11,950
1 02	OLD CAP REL COSTS-19	136,306						136,306
1 03	OLD CAP REL COSTS-19	239,477						239,477
1 04	OLD CAP REL COSTS-ME	10,409						10,409
1 05	OLD CAP REL COSTS-UT	33,075						33,075
1 06	OLD CAP REL COSTS-WE	12,614						12,614
2	OLD CAP REL COSTS-MV	250,383						250,383
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-19	21,956						21,956
3 02	NEW CAP REL COSTS-19	3,179,479						3,179,479
3 03	NEW CAP REL COSTS-19	23,912						23,912
3 04	NEW CAP REL COSTS-ME	58,924						58,924
3 05	NEW CAP REL COSTS-UT	5,625						5,625
3 06	NEW CAP REL COSTS-CA	154,509						154,509
3 07	NEW CAP REL COSTS-PH	49,157						49,157
3 08	NEW CAP REL COSTS-MI	52,832						52,832
3 09	NEW CAP REL COSTS-SP							

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

		DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
			DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*			9	10	11	12	13	14	15
3	10	NEW CAP REL COSTS-PA	35,310						35,310
3	11	NEW CAP REL COSTS-WE	46,388						46,388
4		NEW CAP REL COSTS-MV	12,859,056						12,859,056
5		TOTAL	17,181,362						17,181,362

* All lines numbers except line 5 are to be consistent with Workhseet 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).

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS	B	-194,130	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					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-5,359,535			
13	SALE OF SCRAP, WASTE, ETC.	B	-6,024	RADIOLOGY-DIAGNOSTIC	41	
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-603,333			
15	LAUNDRY AND LINEN SERVICE	A	-109,791	LAUNDRY & LINEN SERVICE	9	
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-521,041	CAFETERIA	12	
17	RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS					
20	SALE OF MEDICAL RECORDS & ABSTRACTS	A	-124,094	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22	VENDING MACHINES	A	-251,415	DIETARY	11	
23	INCOME FROM IMPOSITION OF INTEREST	B	-23,016	ADMINISTRATIVE & GENERAL	6	
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37	RISK MGMT INS. CLAIMS RECOVERY	B	-38,423	ADMINISTRATIVE & GENERAL	6	
01	OUTSIDE CATERING	B	-4,283	CAFETERIA	12	
02	COFFEE CART REVENUE	B	-84,497	CAFETERIA	12	
37.04	MEALS ON WHEELS	A	-174,636	DIETARY	11	
37.05	FOOD SERVICES - PATIENT MEALS	B	3,542	DIETARY	11	
37.06	FOOD SERVICES - CTR FOR BEH HEALTH	B	-33,485	CAFETERIA	12	
37.07	SENIOR HEALTH	B	-5,012	ADMINISTRATIVE & GENERAL	6	
37.08	SURG TECH TUITION REVENUE	B	-33,136	PARAMED ED PRGM	24	
37.09	PRENATAL TRAINING REVENUE	B	-10,925	NURSING ADMINISTRATION	14	
37.10	PRENATAL TRAINING REVENUE	B	-6,040	DELIVERY ROOM & LABOR ROO	39	
37.11	E&T REVENUE	B	-6,561	ADMINISTRATIVE & GENERAL	6	
37.12	E&T REVENUE	B	-6,465	CLINIC	60	
37.13	PARKING GARAGE REVENUE	B	-32,918	OPERATION OF PLANT	8	
37.14	CHILD CARE REVENUE	B	-462,992	CHILD CARE CENTER	5.01	
37.15	CAR SEAT RENTALS	B	-9,443	ADMINISTRATIVE & GENERAL	6	
37.16	DURABLE MEDICAL GOODS	B	-9,409	CENTRAL SERVICES & SUPPLY	15	
37.17	BABY PHOTOGRAPH REVENUE	B	-3,612	NURSERY	33	
37.18	AMBULANCE - EVENT SERVICES	B	-107,497	AMBULANCE SERVICES	65	
37.19	SUNDRY	B	-27,773	ADMINISTRATIVE & GENERAL	6	
37.20	REHAB SCHOOL CONTRACTS	B	-36,025	PHYSICAL THERAPY	50	
37.21	MORGUE FACILITY FEE	B	-9,050	LABORATORY	44	
37.22	MOBILE COACH	A	-181,316	ADMINISTRATIVE & GENERAL	6	
37.23	MISC SALES	B	-14,395	ADULTS & PEDIATRICS	25	
37.24	MISC SALES	B	-165	ELECTROCARDIOLOGY	53	
37.27	MISC SALES	B	-783	DRUGS CHARGED TO PATIENTS	56	
37.29	MISC SALES	B	-194	PHYSICAL THERAPY	50	
37.30	MISC SALES	B	-456	EMPLOYEE BENEFITS	5	
37.31	MISC SALES	B	-765	ADMINISTRATIVE & GENERAL	6	
37.32	PT ACCTS - COPY	B	-139	ADMINISTRATIVE & GENERAL	6	
37.33	CASH SHORT AND OVER	B	161	ADMINISTRATIVE & GENERAL	6	
37.35	CASH SHORT AND OVER	B	-947	DRUGS CHARGED TO PATIENTS	56	
37.36	CASH SHORT AND OVER	B	-115	DIETARY	11	
37.37	I.S. SERVICE AGREEMENT	B	-412,906	ADMINISTRATIVE & GENERAL	6	
37.38	OS SERVICE CONTRACTS	B	-478	PARTIAL HOSPITALIZATION	37.02	
37.39	OS SERVICE CONTRACTS	B	-25,880	PHYSICAL THERAPY	50	
37.40	OS SERVICE CONTRACTS	B	-18,140	OPERATION OF PLANT	8	
37.41	OS SERVICE CONTRACTS	B	-774	HOSPICE	93	
37.42	OS SERVICE CONTRACTS	B	-655	LABORATORY	44	
37.43	OS SERVICE CONTRACTS	B	-125,000	ADMINISTRATIVE & GENERAL	6	
37.45	ER FORMS COMPLETION FEES	B	-15	EMERGENCY	61	
37.46	OUTSIDE SALARY REVENUE	B	-4,608	HOME HEALTH AGENCY	71	
47	OTHER REVENUE - SALARIES	B	-3,175	NURSING ADMINISTRATION	14	
48	OTHER REVENUE - SALARIES	B	-20,904	ADMINISTRATIVE & GENERAL	6	
37.49	OTHER REVENUE - SALARIES	B	-955	SUBPROVIDER	31	
37.50	OTHER REVENUE - SALARIES	B	-3,175	ADULTS & PEDIATRICS	25	
37.51	OTHER REVENUE - SALARIES	B	-3,178	DELIVERY ROOM & LABOR ROO	39	
37.52	OTHER REVENUE - SALARIES	B	-2,222	OPERATING ROOM	37	
37.53	OTHER REVENUE - SALARIES	B	-7,886	PHYSICAL THERAPY	50	
37.54	OTHER REVENUE - SALARIES	B	-28,360	HOSPICE	93	

	DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
37.55	OTHER REVENUE - SALARIES	B	-4,131	HOUSEKEEPING	10	
37.56	OTHER REVENUE - SALARIES	B	-2,553	ELECTROENCEPHALOGRAPHY	54	
37.57	SALARY REVENUE - REIMBURSEMENT	B	-1,260	ELECTROCARDIOLOGY	53	
37.58	SALARY REVENUE - REIMBURSEMENT	B	3,181	PHYSICAL THERAPY	50	
37.59	SALARY REVENUE - REIMBURSEMENT	B	-102,305	NURSING ADMINISTRATION	14	
37.60	SALARY REVENUE - REIMBURSEMENT	B	-56,511	LABORATORY	44	
37.61	SALARY REVENUE - REIMBURSEMENT	B	-1,920	DIETARY	11	
37.62	SALARY REVENUE - REIMBURSEMENT	B	-66,675	ADMINISTRATIVE & GENERAL	6	
37.63	INTEREST EXP - UNNECESSARY BORROWING	A	-2,227,815	INTEREST EXPENSE	88	
37.64	DEPRECIATION OF MOBILE MEDICAL COACH	A	-2,126	NEW CAP REL COSTS-MVBLE E	4	9
37.65	GAIN/LOSS ON TRADE-INS	A	2,324	NEW CAP REL COSTS-MVBLE E	4	9
37.66	GUEST MEALS	A	-726,040	CAFETERIA	12	
37.67	PATIENTS TELEPHONES	A	-127,333	ADMINISTRATIVE & GENERAL	6	
37.68	LAB UBI TAX OFFSET	A	-2,652,494	LABORATORY	44	
37.78	HOSPICE RCE LIMIT OFFSET	A	-32,973	HOSPICE	93	
37.80	IHHA & AHA LOBBYING COSTS	A	-17,393	ADMINISTRATIVE & GENERAL	6	
37.86	WEGMILLER CAPITALIZED INTEREST	A	-375	OLD CAP REL COSTS-WEGMILL	1.06	9
37.87	1983 CAPITALIZED INTEREST	A	-4,349	OLD CAP REL COSTS-1983 BU	1.03	9
37.88	CAPITALIZED INTEREST - 1965 BUILDING	A	5,238	OLD CAP REL COSTS-1965 BU	1.02	9
37.89	GENERAL CONT. PLUMBING - 1993	A	-115,918	NEW CAP REL COSTS-1965 BU	3.02	9
37.90	HHA USEFUL LIFE	A	22,859	NEW CAP REL COSTS-PHNA BU	3.07	9
37.91	DIETARY REVENUE	B	-50,214	DIETARY	11	
37.92	DUNN SLEEP LAB	A	-17,802	ELECTROENCEPHALOGRAPHY	54	
37.93	UNALLOCATED REVENUE OFFSET	A	-205,934	ADMINISTRATIVE & GENERAL	6	
37.94	DONATIONS	A	-10,958	ADMINISTRATIVE & GENERAL	6	
37.95	RENTAL INVESTMENT INCOME	B	-83,105	NEW CAP REL COSTS-MVBLE E	4	11
37.96	INTEREST INCOME - TRUSTEES FEES	B	-21	OLD CAP REL COSTS-1947 BU	1.01	11
38	INTEREST INCOME - TRUSTEES FEES	B	-150	OLD CAP REL COSTS-1965 BU	1.02	11
39	INTEREST INCOME - TRUSTEES FEES	B	-464	OLD CAP REL COSTS-1983 BU	1.03	11
40	INTEREST INCOME - TRUSTEES FEES	B	-54	OLD CAP REL COSTS-UTILITI	1.05	11
41	INTEREST INCOME - TRUSTEES FEES	B	-43	OLD CAP REL COSTS-WEGMILL	1.06	11
42	INTEREST INCOME - TRUSTEES FEES	B	-96	OLD CAP REL COSTS-MVBLE E	2	11
43	INTEREST INCOME - TRUSTEES FEES	B	-4,312	NEW CAP REL COSTS-1965 BU	3.02	11
44	INTEREST INCOME - TRUSTEES FEES	B	-303	NEW CAP REL COSTS-CANCER	3.06	11
45	INTEREST INCOME - TRUSTEES FEES	B	-1,005	NEW CAP REL COSTS-MVBLE E	4	11
45.01	INTEREST INCOME	B	-23,149	OLD CAP REL COSTS-WEGMILL	1.06	11
45.02	INTEREST INCOME	B	-11,552	OLD CAP REL COSTS-1947 BU	1.01	11
03	INTEREST INCOME	B	-80,909	OLD CAP REL COSTS-1965 BU	1.02	11
04	INTEREST INCOME	B	-250,217	OLD CAP REL COSTS-1983 BU	1.03	11
45.05	INTEREST INCOME	B	-29,060	OLD CAP REL COSTS-UTILITI	1.05	11
45.06	INTEREST INCOME	B	-51,921	OLD CAP REL COSTS-MVBLE E	2	11
45.07	INTEREST INCOME	B	-615,937	NEW CAP REL COSTS-1965 BU	3.02	11
45.08	INTEREST INCOME	B	-9,853	NEW CAP REL COSTS-CANCER	3.06	11
45.09	INTEREST INCOME	B	-36,787	NEW CAP REL COSTS-MVBLE E	4	11
45.10						
46						
47						
48						
49						
50	TOTAL (SUM OF LINES 1 THRU 49)		-16,740,859			

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

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

LINE NO.		COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUST-MENTS	WKSHT A-7 COL. REF.
	1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS	MGMT SVC FEE EXPENSES		30,755	-30,755	
2	6	ADMINISTRATIVE & GENERAL	MGMT SVC FEE EXPENSES		474,703	-474,703	
3	4	NEW CAP REL COSTS-MVBLE E	MGMT SVC FEE EXPENSES		97,875	-97,875	9
4							
4.01							
5		TOTALS			603,333	-603,333	

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

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

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

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
	1	2	3	4	5	6
1	C		0.00	SO. IN. MEDICAL GROUP	100.00	PHYSICIAN GROUP
2	C		0.00	BH OF ORANGE COUNTY	100.00	HOSPITAL
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERELATIONSHIP 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.

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 15-0051 I FROM 1/ 1/2008 I WORKSHEET A-8-2
I I TO 12/31/2008 I GROUP 1

	WKSHT A LINE NO. 1		COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN-ERATION 3	PROFES-SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	26		INTENSIVE CARE	12,000	12,000		171,400			
2	25		A&P - NEURO HOSPITALIST -	100,219	100,219		171,400			
3	37		OR - BORMA	728,750	728,750		204,100			
4	37		OPERATING ROOM	12,000		12,000	204,100	241	23,648	1,182
5	6		CARDIO-VASCULAR SURGERY	638,617	638,617		204,100			
6	53		EKG - CARDIAC REHAB	28,000	28,000		171,400			
7	53		EKG - CARDIOLOGY	12,249		12,249	171,400	46	3,791	190
8	54		EEG - VASCULAR LAB	55,475	55,475		171,400			
9	54		EEG - SLEEP LAB	12,000	12,000		171,400			
10	49		RESPIRATORY THERAPY	14,500	14,500		171,400			
11	60		CLINIC - DIABETIC CLINIC	12,000		12,000	171,400	91	7,499	375
12	65		AMBULANCE SERVICES	12,000	12,000		171,400			
13	41		RADIOLOGY - RAD ONCOLOGY	12,000		12,000	231,100	348	38,665	1,933
14	61		EMERGENCY ROOM	31,000		31,000	171,400	1,512	124,595	6,230
15	6		A&G - MED STAFF	12,000	12,000		171,400			
16	6		A&G - MEDICAL EDUCATION	75,000	75,000		171,400			
17	6		A&G - VARIOUS ON-CALL AGR	907,725	907,725		171,400			
18	44		LAB - PATHOLOGY	308,568		308,568	219,500	4,925	519,729	25,986
19	41		RADIOLOGY	12,000		12,000	231,100	34	3,778	189
20	37	2	PARTIAL - EMPLOYEE	422,708	401,701	21,007	142,500	201	13,770	689
21	25		PSYCH - EMPLOYEE	441,927	419,964	21,963	142,500	210	14,387	719
22	6		A&G - PEDIATRICS (LAUGHLI	10,000		10,000	152,100	306	22,376	1,119
23	6		A&G - PEDS HOSPITALIST	45,833	45,833		152,100			
24	14		HOSPITALIST - EMPLOYEE	25,496	25,496		171,400			
25	6		A&G - COS	24,000		24,000	171,400	299	24,639	1,232
26	6		A&G - COS ELECT	12,000	12,000		171,400			
28	6		A&G - COS PAST	6,000		6,000	171,400	562	46,311	2,316
29	6		A&G - JOINT REPLACEMENT (	34,000	34,000		171,400			
30	6		A&G - HOSPITALIST	300,000	300,000		171,400			
31	6		A&G - NEUROSURGICAL CLINI	350,000	350,000		204,100			
32	6		A&G - BLOOMINGTON ANESTHE	17,600	17,600		200,300			
33	6		A&G - CATH LAB	443,281	443,281		171,400			
34	6		A&G - ORTHO OF SO. IN.	300,000	300,000		171,400			
35	6		A&G - A.P.C.	229,167	229,167		200,300			
36	41		RADIOLOGY - A/R WRITE-DOW	71,333	71,333		231,100			
37	53		EKG - A/R WRITE-DOWN	76,880	76,880		171,400			
			TOTAL	5,806,328	5,323,541	482,787		8,775	843,188	42,160

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1996)

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET A-8-2 I GROUP 1

	WKSHT A LINE NO. 10		COST CENTER/ PHYSICIAN IDENTIFIER 11	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS-ALLOWANCE 17	ADJUSTMENT 18
1	26		INTENSIVE CARE							12,000
2	25		A&P - NEURO HOSPITALIST -							100,219
3	37		OR - BORMA							728,750
4	37		OPERATING ROOM					23,648		
5	6		CARDIO-VASCULAR SURGERY							638,617
6	53		EKG - CARDIAC REHAB							28,000
7	53		EKG - CARDIOLOGY					3,791	8,458	8,458
8	54		EEG - VASCULAR LAB							55,475
9	54		EEG - SLEEP LAB							12,000
10	49		RESPIRATORY THERAPY							14,500
11	60		CLINIC - DIABETIC CLINIC					7,499	4,501	4,501
12	65		AMBULANCE SERVICES							12,000
13	41		RADIOLOGY - RAD ONCOLOGY					38,665		
14	61		EMERGENCY ROOM					124,595		
15	6		A&G - MED STAFF							12,000
16	6		A&G - MEDICAL EDUCATION							75,000
17	6		A&G - VARIOUS ON-CALL AGR							907,725
18	44		LAB - PATHOLOGY					519,729		
19	41		RADIOLOGY					3,778	8,222	8,222
20	37	2	PARTIAL - EMPLOYEE					13,770	7,237	408,938
21	25		PSYCH - EMPLOYEE					14,387	7,576	427,540
22	6		A&G - PEDIATRICS (LAUGHLI					22,376		
23	6		A&G - PEDS HOSPITALIST							45,833
24	14		HOSPITALIST - EMPLOYEE							25,496
25	6		A&G - COS					24,639		
26	6		A&G - COS ELECT							12,000
28	6		A&G - COS PAST					46,311		
29	6		A&G - JOINT REPLACEMENT (							34,000
30	6		A&G - HOSPITALIST							300,000
31	6		A&G - NEUROSURGICAL CLINI							350,000
32	6		A&G - BLOOMINGTON ANESTHE							17,600
33	6		A&G - CATH LAB							443,281
34	6		A&G - ORTHO OF SO. IN.							300,000
35	6		A&G - A.P.C.							229,167
36	41		RADIOLOGY - A/R WRITE-DOW							71,333
37	53		EKG - A/R WRITE-DOWN							76,880
			TOTAL					843,188	35,994	5,359,535

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1997)

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 15-0051 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
-	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
01	OLD CAP REL COSTS-1947 BUILDING	16	SQUARE FEET	ENTERED
.02	OLD CAP REL COSTS-1965 BUILDING	17	SQUARE FEET	ENTERED
1.03	OLD CAP REL COSTS-1983 BUILDING	18	SQUARE FEET	ENTERED
1.04	OLD CAP REL COSTS-MEDICAL ARTS	19	SQUARE FEET	ENTERED
1.05	OLD CAP REL COSTS-UTILITIES	20	SQUARE FEET	ENTERED
1.06	OLD CAP REL COSTS-WEGMILLER	21	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
3.01	NEW CAP REL COSTS-1947 BUILDING	16	SQUARE FEET	ENTERED
3.02	NEW CAP REL COSTS-1965 BUILDING	17	SQUARE FEET	ENTERED
3.03	NEW CAP REL COSTS-1983 BUILDING	18	SQUARE FEET	ENTERED
3.04	NEW CAP REL COSTS-MEDICAL ARTS	19	SQUARE FEET	ENTERED
3.05	NEW CAP REL COSTS-UTILITIES	20	SQUARE FEET	ENTERED
3.06	NEW CAP REL COSTS-CANCER	22	SQUARE FEET	ENTERED
3.07	NEW CAP REL COSTS-PHNA BUILDING	23	SQUARE FEET	ENTERED
3.08	NEW CAP REL COSTS-MITCHELL FACILITY	24	SQUARE FEET	ENTERED
3.09	NEW CAP REL COSTS-SPENCER BUILDING	25	SQUARE FEET	ENTERED
3.10	NEW CAP REL COSTS-PAIN MANAGEMENT	26	SQUARE FEET	ENTERED
3.11	NEW CAP REL COSTS-WEST PROMPTCARE	27	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
5.01	CHILD CARE CENTER	30	NUMBER OF CHILDREN	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF SERVICE	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	MANHOURS	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
15.01	CENTRAL STERILIZATION	31	TIME SPENT	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	35	TIME SPENT	ENTERED
24	PARAMED ED PRGM	40	TIME SPENT	ENTERED

		COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-1947 BU	OLD CAP REL COSTS-1965 BU	OLD CAP REL COSTS-1983 BU	OLD CAP REL COSTS-MEDICAL	OLD CAP REL COSTS-UTILITI
			0	1	1.01	1.02	1.03	1.04	1.05
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	OLD CAP REL COSTS-1947 BU	17,972		17,972				
001	02	OLD CAP REL COSTS-1965 BU	183,718			183,718			
001	03	OLD CAP REL COSTS-1983 BU	365,555				365,555		
001	04	OLD CAP REL COSTS-MEDICAL	10,409					10,409	
001	05	OLD CAP REL COSTS-UTILITI	48,223						48,223
001	06	OLD CAP REL COSTS-WEGMILL	24,305						
002		OLD CAP REL COSTS-MVBLE E	469,398						
003		NEW CAP REL COSTS-BLDG &							
003	01	NEW CAP REL COSTS-1947 BU	21,956						
003	02	NEW CAP REL COSTS-1965 BU	3,381,452						
003	03	NEW CAP REL COSTS-1983 BU	23,912						
003	04	NEW CAP REL COSTS-MEDICAL	58,924						
003	05	NEW CAP REL COSTS-UTILITI	5,625						
003	06	NEW CAP REL COSTS-CANCER	159,360						
003	07	NEW CAP REL COSTS-PHNA BU	72,016						
003	08	NEW CAP REL COSTS-MITCHEL	52,832						
003	09	NEW CAP REL COSTS-SPENCER							
003	10	NEW CAP REL COSTS-PAIN MA	35,310						
003	11	NEW CAP REL COSTS-WEST PR	46,388						
004		NEW CAP REL COSTS-MVBLE E	16,509,171						
005		EMPLOYEE BENEFITS	30,017,930					470	
005	01	CHILD CARE CENTER	227,069						
006		ADMINISTRATIVE & GENERAL	32,079,091		15,101	20,475	79,219	2,580	22,375
008		OPERATION OF PLANT	9,798,537		254	27,654	80,009		2,716
009		LAUNDRY & LINEN SERVICE	1,239,329						23,132
010		HOUSEKEEPING	1,933,507		411	1,006	325		
011		DIETARY	2,139,316			3,903			
012		CAFETERIA	256,550			2,450	511		
014		NURSING ADMINISTRATION	3,155,580		206	2,660	2,483	936	
015		CENTRAL SERVICES & SUPPLY	533,771				11,252		
015	01	CENTRAL STERILIZATION	423,529				9,627		
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY	2,535,423			264	14,632	150	
024		PARAMED ED PRGM	55,178			271	77		
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	22,277,114			47,793	19,155		
		INTENSIVE CARE UNIT	3,075,224				31,809		
		SUBPROVIDER	1,851,601			5,090			
033		NURSERY	1,751,258			2,491			
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	5,701,218			10,598	54,523		
037	01	CARDIOVASCULAR SURGERY	774,622			2,100			
037	02	PARTIAL HOSPITALIZATION	828,805						
038		RECOVERY ROOM	957,134				10,726		
039		DELIVERY ROOM & LABOR ROO	2,539,957			14,482			
040		ANESTHESIOLOGY	63,638				464		
041		RADIOLOGY-DIAGNOSTIC	8,530,901			12,408	10,388	802	
041	01	MRI	624,732			768	6,008	56	
044		LABORATORY	10,627,311		124	6,298	1,269		
048		INTRAVENOUS THERAPY	1,065,200						
049		RESPIRATORY THERAPY	2,992,826			466	641	470	
050		PHYSICAL THERAPY	7,253,762				18,238		
053		ELECTROCARDIOLOGY	2,593,963			5,312		56	
054		ELECTROENCEPHALOGRAPHY	1,101,725			1,337	771		
055		MEDICAL SUPPLIES CHARGED	26,359,383						
056		DRUGS CHARGED TO PATIENTS	15,392,645			2,009			
057		RENAL DIALYSIS	1,066,204				2,439		
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	685,092						
061		EMERGENCY	4,311,162			11,049			
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES	2,427,996			1,612	10,989		
071		HOME HEALTH AGENCY	4,030,352						
		SPEC PURPOSE COST CENTERS							
093		HOSPICE	3,013,737					1,799	
095		SUBTOTALS	237,778,898		16,096	182,496	365,555	7,319	48,223
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP				395			
100		FOUNDATION	492,607						
100	01	RENTAL PROPERTIES	407,187			827		1,876	
100	02	UNUSED SPACE	55,049		1,876			380	
100	03	PHYSICIAN RECRUITING	631,829						
100	04	PROMPTCARE	3,772,296						
100	05	MARKETING	971,543						
100	06	SELECT							
	07	OLCOTT	144,050					834	
		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	244,253,459		17,972	183,718	365,555	10,409	48,223

		COST CENTER DESCRIPTION	OLD CAP REL COSTS-WEGMILL	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-1947 BU	NEW CAP REL COSTS-1965 BU	NEW CAP REL COSTS-1983 BU	NEW CAP REL COSTS-MEDICAL
			1.06	2	3	3.01	3.02	3.03	3.04
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	OLD CAP REL COSTS-1947 BU							
001	02	OLD CAP REL COSTS-1965 BU							
001	03	OLD CAP REL COSTS-1983 BU							
001	04	OLD CAP REL COSTS-MEDICAL							
001	05	OLD CAP REL COSTS-UTILITI							
001	06	OLD CAP REL COSTS-WEGMILL	24,305						
002		OLD CAP REL COSTS-MVBLE E		469,398					
003		NEW CAP REL COSTS-BLDG &							
003	01	NEW CAP REL COSTS-1947 BU				21,956			
003	02	NEW CAP REL COSTS-1965 BU					3,381,452		
003	03	NEW CAP REL COSTS-1983 BU						23,912	
003	04	NEW CAP REL COSTS-MEDICAL							58,924
003	05	NEW CAP REL COSTS-UTILITI							
003	06	NEW CAP REL COSTS-CANCER							
003	07	NEW CAP REL COSTS-PHNA BU							
003	08	NEW CAP REL COSTS-MITCHEL							
003	09	NEW CAP REL COSTS-SPENCER							
003	10	NEW CAP REL COSTS-PAIN MA							
003	11	NEW CAP REL COSTS-WEST PR							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS		6,123					2,659
005	01	CHILD CARE CENTER		7,162					
006		ADMINISTRATIVE & GENERAL	21,555	109,605		18,448	376,855	5,182	14,601
008		OPERATION OF PLANT	423	59,860		310	508,998	5,233	
009		LAUNDRY & LINEN SERVICE		6,997					
010		HOUSEKEEPING		1,630		503	18,521	21	
011		DIETARY		5,054			71,835		
012		CAFETERIA		3,261			45,085	33	
014		NURSING ADMINISTRATION		5,367		252	48,953	162	5,301
015		CENTRAL SERVICES & SUPPLY		3,434				736	
015	01	CENTRAL STERILIZATION		1,686				630	
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY		8,811			4,854	957	850
024		PARAMED ED PRGM		365			4,992	5	
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS		65,239			879,666	1,253	
		INTENSIVE CARE UNIT		5,570				2,081	
		SUBPROVIDER		6,591			93,692		
030		NURSERY		3,225			45,848		
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	2,327	23,606			195,057	3,567	
037	01	CARDIOVASCULAR SURGERY		2,720			38,660		
037	02	PARTIAL HOSPITALIZATION		4,141					
038		RECOVERY ROOM		1,878				702	
039		DELIVERY ROOM & LABOR ROO		18,752			266,552		
040		ANESTHESIOLOGY		81				30	
041		RADIOLOGY-DIAGNOSTIC		25,736			228,370	680	4,541
041	01	MRI		2,127			14,130	393	319
044		LABORATORY		8,898		151	115,926	83	
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY		1,394			8,575	42	2,659
050		PHYSICAL THERAPY		20,954				1,193	
053		ELECTROCARDIOLOGY		7,343			97,767		319
054		ELECTROENCEPHALOGRAPHY		1,867			24,615	50	
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS		2,602			36,981		
057		RENAL DIALYSIS		427				160	
		OUTPAT SERVICE COST CNTRS							
060		CLINIC		2,763					
061		EMERGENCY		14,307			203,362		
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES		6,179			29,669	719	
071		HOME HEALTH AGENCY		8,141					
		SPEC PURPOSE COST CENTERS							
093		HOSPICE		3,201					10,186
095		SUBTOTALS	24,305	457,097		19,664	3,358,963	23,912	41,435
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP		511			7,265		
100		FOUNDATION		3,494					
100	01	RENTAL PROPERTIES					15,224		10,619
100	02	UNUSED SPACE		2,194		2,292			2,151
100	03	PHYSICIAN RECRUITING							
100	04	PROMPTCARE		4,898					
100	05	MARKETING							
100	06	SELECT							
	07	OLCOTT		1,204					4,719
		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	24,305	469,398		21,956	3,381,452	23,912	58,924

		COST CENTER DESCRIPTION	NEW CAP REL COSTS-UTILITI	NEW CAP REL COSTS-CANCER	NEW CAP REL COSTS-PHNA BU	NEW CAP REL COSTS-MITCHEL	NEW CAP REL COSTS-SPENCER	NEW CAP REL COSTS-PAIN MA	NEW CAP REL COSTS-WEST PR
			3.05	3.06	3.07	3.08	3.09	3.10	3.11
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	OLD CAP REL COSTS-1947 BU							
001	02	OLD CAP REL COSTS-1965 BU							
001	03	OLD CAP REL COSTS-1983 BU							
001	04	OLD CAP REL COSTS-MEDICAL							
001	05	OLD CAP REL COSTS-UTILITI							
001	06	OLD CAP REL COSTS-WEGMILL							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	NEW CAP REL COSTS-1947 BU							
003	02	NEW CAP REL COSTS-1965 BU							
003	03	NEW CAP REL COSTS-1983 BU							
003	04	NEW CAP REL COSTS-MEDICAL							
003	05	NEW CAP REL COSTS-UTILITI	5,625						
003	06	NEW CAP REL COSTS-CANCER		159,360					
003	07	NEW CAP REL COSTS-PHNA BU			72,016				
003	08	NEW CAP REL COSTS-MITCHEL				52,832			
003	09	NEW CAP REL COSTS-SPENCER							
003	10	NEW CAP REL COSTS-PAIN MA						35,310	
003	11	NEW CAP REL COSTS-WEST PR							46,388
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
005	01	CHILD CARE CENTER							
006		ADMINISTRATIVE & GENERAL	2,610			18,751			11,543
008		OPERATION OF PLANT	317	31,468					
009		LAUNDRY & LINEN SERVICE	2,698						
010		HOUSEKEEPING							
011		DIETARY							
012		CAFETERIA							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY							
015	01	CENTRAL STERILIZATION							
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY							
024		PARAMED ED PRGM							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS							
		INTENSIVE CARE UNIT							
		SUBPROVIDER							
033		NURSERY							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM							
037	01	CARDIOVASCULAR SURGERY							
037	02	PARTIAL HOSPITALIZATION							
038		RECOVERY ROOM							
039		DELIVERY ROOM & LABOR ROO							
040		ANESTHESIOLOGY							
041		RADIOLOGY-DIAGNOSTIC		127,892					
041	01	MRI							
044		LABORATORY							
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY							
050		PHYSICAL THERAPY				22,117		35,310	
053		ELECTROCARDIOLOGY				3,516			
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS							
057		RENAL DIALYSIS							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
061		EMERGENCY							
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES							
071		HOME HEALTH AGENCY			72,016				
		SPEC PURPOSE COST CENTERS							
093		HOSPICE							
095		SUBTOTALS	5,625	159,360	72,016	44,384		35,310	11,543
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP							
100		FOUNDATION							
100	01	RENTAL PROPERTIES							
100	02	UNUSED SPACE				8,448			
100	03	PHYSICIAN RECRUITING							
100	04	PROMPTCARE							34,845
100	05	MARKETING							
100	06	SELECT							
	07	OLCOTT							
		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	5,625	159,360	72,016	52,832		35,310	46,388

		COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	CHILD CARE CENTER	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
			4	5	5.01	5a.01	6	8	9
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	OLD CAP REL COSTS-1947 BU							
001	02	OLD CAP REL COSTS-1965 BU							
001	03	OLD CAP REL COSTS-1983 BU							
001	04	OLD CAP REL COSTS-MEDICAL							
001	05	OLD CAP REL COSTS-UTILITI							
001	06	OLD CAP REL COSTS-WEGMILL							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	NEW CAP REL COSTS-1947 BU							
003	02	NEW CAP REL COSTS-1965 BU							
003	03	NEW CAP REL COSTS-1983 BU							
003	04	NEW CAP REL COSTS-MEDICAL							
003	05	NEW CAP REL COSTS-UTILITI							
003	06	NEW CAP REL COSTS-CANCER							
003	07	NEW CAP REL COSTS-PHNA BU							
003	08	NEW CAP REL COSTS-MITCHEL							
003	09	NEW CAP REL COSTS-SPENCER							
003	10	NEW CAP REL COSTS-PAIN MA							
003	11	NEW CAP REL COSTS-WEST PR							
004		NEW CAP REL COSTS-MVBLE E	16,509,171						
005		EMPLOYEE BENEFITS	215,352	30,242,534					
005	01	CHILD CARE CENTER	251,895		486,126				
006		ADMINISTRATIVE & GENERAL	3,854,820	5,069,686	64,530	41,787,027	41,787,027		
008		OPERATION OF PLANT	2,105,349	709,908	8,604	13,339,640	2,753,168	16,092,808	
009		LAUNDRY & LINEN SERVICE	246,100	195,491		1,713,747	353,700	395,863	2,463,310
010		HOUSEKEEPING	57,341	457,556		2,470,821	509,953	92,235	
011		DIETARY	177,741	373,596	4,302	2,775,747	572,886	285,904	16,184
012		CAFETERIA	114,701	224,256		646,847	133,503	184,501	11,903
014		NURSING ADMINISTRATION	188,759	768,335	8,604	4,187,598	864,278	303,627	
015		CENTRAL SERVICES & SUPPLY	120,763	134,635		804,591	166,060	194,252	
015	01	CENTRAL STERILIZATION	59,285	101,083		595,840	122,975	95,363	
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY	309,903	620,514		3,496,358	721,613	498,492	
024		PARAMED ED PRGM	12,829	23,346		97,063	20,033	20,636	290
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	2,294,527	5,867,652	133,362	31,585,761	6,518,964	3,690,842	836,922
		INTENSIVE CARE UNIT	195,889	796,035	4,302	4,110,910	848,451	315,096	171,893
		SUBPROVIDER	231,822	360,424		2,549,220	526,134	372,896	81,590
035		NURSERY	113,442	449,269	12,906	2,378,439	490,886	182,477	26,773
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	830,259	1,307,111	30,114	8,158,380	1,683,808	1,335,507	419,163
037	01	CARDIOVASCULAR SURGERY	95,657	161,314	4,302	1,079,375	222,772	153,868	
037	02	PARTIAL HOSPITALIZATION	145,639	326,749		1,305,334	269,408	234,267	
038		RECOVERY ROOM	66,052	250,066	12,906	1,299,464	268,196	106,248	
039		DELIVERY ROOM & LABOR ROO	659,533	655,677	8,604	4,163,557	859,317	1,060,887	106,425
040		ANESTHESIOLOGY	2,859			67,072	13,843	4,599	
041		RADIOLOGY-DIAGNOSTIC	905,157	1,580,249	38,718	11,465,842	2,366,435	1,455,983	160,565
041	01	MRI	74,821	86,365		809,719	167,118	120,353	
044		LABORATORY	312,953	1,190,818	8,604	12,272,435	2,532,908	503,399	
048		INTRAVENOUS THERAPY				1,065,200	219,847		
049		RESPIRATORY THERAPY	49,029	606,232		3,662,334	755,869	78,866	
050		PHYSICAL THERAPY	736,985	1,828,456	68,832	9,985,847	2,060,979	1,185,472	77,574
053		ELECTROCARDIOLOGY	258,262	578,870	17,208	3,562,616	735,288	415,426	117,052
054		ELECTROENCEPHALOGRAPHY	65,652	219,944		1,415,961	292,240	105,604	
055		MEDICAL SUPPLIES CHARGED				26,359,383	5,440,313		
056		DRUGS CHARGED TO PATIENTS	91,501	1,085,074	34,416	16,645,228	3,435,409	147,184	
057		RENAL DIALYSIS	15,021			1,084,251	223,779	24,163	
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	97,182	175,187		960,224	198,181	156,321	
061		EMERGENCY	503,181	1,110,002	12,906	6,165,969	1,272,594	809,387	286,103
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES	217,335	556,255		3,250,754	670,923	349,592	111,748
071		HOME HEALTH AGENCY	286,323	903,652		5,300,484	1,093,967	460,562	
		SPEC PURPOSE COST CENTERS							
093		HOSPICE	112,585	500,286		3,641,794	751,630	181,097	
095		SUBTOTALS	16,076,504	29,274,093	473,220	236,260,832	40,137,428	15,520,969	2,424,185
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	17,976			26,147	5,396	28,915	
100		FOUNDATION	122,898	105,858		724,857	149,603	197,686	
100	01	RENTAL PROPERTIES				435,733	89,931		
100	02	UNUSED SPACE	77,166			149,556	30,867		
100	03	PHYSICIAN RECRUITING		32,475		664,304	137,106		
100	04	PROMPTCARE	172,270	793,219	8,604	4,786,132	987,810	277,104	39,125
100	05	MARKETING				971,543	200,517		
100	06	SELECT							
	07	OLCOTT	42,357	36,889	4,302	234,355	48,369	68,134	
		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	16,509,171	30,242,534	486,126	244,253,459	41,787,027	16,092,808	2,463,310

		COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	CENTRAL STERILIZATION 15.01	PHARMACY 16
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	OLD CAP REL COSTS-1947 BU							
001	02	OLD CAP REL COSTS-1965 BU							
001	03	OLD CAP REL COSTS-1983 BU							
001	04	OLD CAP REL COSTS-MEDICAL							
001	05	OLD CAP REL COSTS-UTILITI							
001	06	OLD CAP REL COSTS-WEGMILL							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	NEW CAP REL COSTS-1947 BU							
003	02	NEW CAP REL COSTS-1965 BU							
003	03	NEW CAP REL COSTS-1983 BU							
003	04	NEW CAP REL COSTS-MEDICAL							
003	05	NEW CAP REL COSTS-UTILITI							
003	06	NEW CAP REL COSTS-CANCER							
003	07	NEW CAP REL COSTS-PHNA BU							
003	08	NEW CAP REL COSTS-MITCHEL							
003	09	NEW CAP REL COSTS-SPENCER							
003	10	NEW CAP REL COSTS-PAIN MA							
003	11	NEW CAP REL COSTS-WEST PR							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
005	01	CHILD CARE CENTER							
006		ADMINISTRATIVE & GENERAL							
008		OPERATION OF PLANT							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING	3,073,009						
011		DIETARY	19,014	3,669,735					
012		CAFETERIA	12,259		989,013				
014		NURSING ADMINISTRATION			31,064	5,386,567			
015		CENTRAL SERVICES & SUPPLY	18,013		9,837		1,192,753		
015	01	CENTRAL STERILIZATION	9,007		7,374			830,559	
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY	7,506		40,801				
024		PARAMED ED PRGM	3,503		898	8,793			
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	1,516,361	3,066,771	257,294	2,518,930		24,667	
		INTENSIVE CARE UNIT	131,096	261,834	30,263	296,274		2,111	
		SUBPROVIDER	119,588	341,130	16,914	165,585		2,744	
035		NURSERY	35,026		15,160	148,412		2,454	
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	232,921		59,692	584,381		781,936	
037	01	CARDIOVASCULAR SURGERY	26,770		5,095	49,882		6,490	
037	02	PARTIAL HOSPITALIZATION			11,599	113,558			
038		RECOVERY ROOM	18,514		9,963	97,537			
039		DELIVERY ROOM & LABOR ROO	193,642		24,786	242,653			
040		ANESTHESIOLOGY	751						
041		RADIOLOGY-DIAGNOSTIC	128,845		66,374			1,583	
041	01	MRI	10,758		3,984				
044		LABORATORY	64,297		65,462				
048		INTRAVENOUS THERAPY					46,328		
049		RESPIRATORY THERAPY	10,258		22,883				
050		PHYSICAL THERAPY	31,523		74,794			923	
053		ELECTROCARDIOLOGY	66,049		24,223				
054		ELECTROENCEPHALOGRAPHY	2,252		9,274				
055		MEDICAL SUPPLIES CHARGED					1,146,425		
056		DRUGS CHARGED TO PATIENTS	37,027		37,141			923	
057		RENAL DIALYSIS	10,258						
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	17,013		6,813				
061		EMERGENCY	339,500		53,725	525,964		5,804	
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES			32,614				
071		HOME HEALTH AGENCY			42,500	416,074		264	
		SPEC PURPOSE COST CENTERS							
093		HOSPICE	8,006		22,321	218,524			
095		SUBTOTALS	3,069,757	3,669,735	982,848	5,386,567	1,192,753	829,899	
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	3,252						
100		FOUNDATION			3,802				
100	01	RENTAL PROPERTIES							
100	02	UNUSED SPACE							
100	03	PHYSICIAN RECRUITING			639				
100	04	PROMPTCARE						660	
100	05	MARKETING							
100	06	SELECT							
	07	OLCOTT			1,724				
		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		TOTAL	3,073,009	3,669,735	989,013	5,386,567	1,192,753	830,559	

		COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	PARAMED ED PRGM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
			17	24	25	26	27
		GENERAL SERVICE COST CNTR					
001		OLD CAP REL COSTS-BLDG &					
001	01	OLD CAP REL COSTS-1947 BU					
001	02	OLD CAP REL COSTS-1965 BU					
001	03	OLD CAP REL COSTS-1983 BU					
001	04	OLD CAP REL COSTS-MEDICAL					
001	05	OLD CAP REL COSTS-UTILITI					
001	06	OLD CAP REL COSTS-WEGMILL					
002		OLD CAP REL COSTS-MVBLE E					
003		NEW CAP REL COSTS-BLDG &					
003	01	NEW CAP REL COSTS-1947 BU					
003	02	NEW CAP REL COSTS-1965 BU					
003	03	NEW CAP REL COSTS-1983 BU					
003	04	NEW CAP REL COSTS-MEDICAL					
003	05	NEW CAP REL COSTS-UTILITI					
003	06	NEW CAP REL COSTS-CANCER					
003	07	NEW CAP REL COSTS-PHNA BU					
003	08	NEW CAP REL COSTS-MITCHEL					
003	09	NEW CAP REL COSTS-SPENCER					
003	10	NEW CAP REL COSTS-PAIN MA					
003	11	NEW CAP REL COSTS-WEST PR					
004		NEW CAP REL COSTS-MVBLE E					
005		EMPLOYEE BENEFITS					
005	01	CHILD CARE CENTER					
006		ADMINISTRATIVE & GENERAL					
008		OPERATION OF PLANT					
009		LAUNDRY & LINEN SERVICE					
010		HOUSEKEEPING					
011		DIETARY					
012		CAFETERIA					
014		NURSING ADMINISTRATION					
015		CENTRAL SERVICES & SUPPLY					
015	01	CENTRAL STERILIZATION					
016		PHARMACY					
017		MEDICAL RECORDS & LIBRARY	4,764,770				
024		PARAMED ED PRGM		151,216			
		INPAT ROUTINE SRVC CNTRS					
025		ADULTS & PEDIATRICS	1,745,423		51,761,935		51,761,935
		INTENSIVE CARE UNIT	497,424		6,665,352		6,665,352
		SUBPROVIDER	217,329		4,393,130		4,393,130
035		NURSERY	341,292		3,620,919		3,620,919
		ANCILLARY SRVC COST CNTRS					
037		OPERATING ROOM	1,569,063	151,216	14,976,067		14,976,067
037	01	CARDIOVASCULAR SURGERY			1,544,252		1,544,252
037	02	PARTIAL HOSPITALIZATION			1,934,166		1,934,166
038		RECOVERY ROOM			1,799,922		1,799,922
039		DELIVERY ROOM & LABOR ROO			6,651,267		6,651,267
040		ANESTHESIOLOGY			86,265		86,265
041		RADIOLOGY-DIAGNOSTIC			15,645,627		15,645,627
041	01	MRI			1,111,932		1,111,932
044		LABORATORY			15,438,501		15,438,501
048		INTRAVENOUS THERAPY			1,331,375		1,331,375
049		RESPIRATORY THERAPY			4,530,210		4,530,210
050		PHYSICAL THERAPY			13,417,112		13,417,112
053		ELECTROCARDIOLOGY			4,920,654		4,920,654
054		ELECTROENCEPHALOGRAPHY			1,825,331		1,825,331
055		MEDICAL SUPPLIES CHARGED			32,946,121		32,946,121
056		DRUGS CHARGED TO PATIENTS			20,302,912		20,302,912
057		RENAL DIALYSIS			1,342,451		1,342,451
		OUTPAT SERVICE COST CNTRS					
060		CLINIC			1,338,552		1,338,552
061		EMERGENCY	394,239		9,853,285		9,853,285
062		OBSERVATION BEDS (NON-DIS					
		OTHER REIMBURS COST CNTRS					
065		AMBULANCE SERVICES			4,415,631		4,415,631
071		HOME HEALTH AGENCY			7,313,851		7,313,851
		SPEC PURPOSE COST CENTERS					
093		HOSPICE			4,823,372		4,823,372
095		SUBTOTALS	4,764,770	151,216	233,990,192		233,990,192
		NONREIMBURS COST CENTERS					
096		GIFT, FLOWER, COFFEE SHOP			63,710		63,710
100		FOUNDATION			1,075,948		1,075,948
100	01	RENTAL PROPERTIES			525,664		525,664
100	02	UNUSED SPACE			180,423		180,423
100	03	PHYSICIAN RECRUITING			802,049		802,049
100	04	PROMPTCARE			6,090,831		6,090,831
100	05	MARKETING			1,172,060		1,172,060
100	06	SELECT					
	07	OLCOTT			352,582		352,582
		CROSS FOOT ADJUSTMENT					
102		NEGATIVE COST CENTER					
103		TOTAL	4,764,770	151,216	244,253,459		244,253,459

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET B PART II

		COST CENTER DESCRIPTION	DIR ASSGNED OLD CAPITAL REL COSTS	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-1947 BU	OLD CAP REL COSTS-1965 BU	OLD CAP REL COSTS-1983 BU	OLD CAP REL COSTS-MEDICAL	OLD CAP REL COSTS-UTILITI
			0	1	1.01	1.02	1.03	1.04	1.05
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	OLD CAP REL COSTS-1947 BU							
001	02	OLD CAP REL COSTS-1965 BU							
001	03	OLD CAP REL COSTS-1983 BU							
001	04	OLD CAP REL COSTS-MEDICAL							
001	05	OLD CAP REL COSTS-UTILITI							
001	06	OLD CAP REL COSTS-WEGMILL							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	NEW CAP REL COSTS-1947 BU							
003	02	NEW CAP REL COSTS-1965 BU							
003	03	NEW CAP REL COSTS-1983 BU							
003	04	NEW CAP REL COSTS-MEDICAL							
003	05	NEW CAP REL COSTS-UTILITI							
003	06	NEW CAP REL COSTS-CANCER							
003	07	NEW CAP REL COSTS-PHNA BU							
003	08	NEW CAP REL COSTS-MITCHEL							
003	09	NEW CAP REL COSTS-SPENCER							
003	10	NEW CAP REL COSTS-PAIN MA							
003	11	NEW CAP REL COSTS-WEST PR							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS						470	
005	01	CHILD CARE CENTER							
006		ADMINISTRATIVE & GENERAL			15,101	20,475	79,219	2,580	22,375
008		OPERATION OF PLANT			254	27,654	80,009		2,716
009		LAUNDRY & LINEN SERVICE							23,132
010		HOUSEKEEPING			411	1,006	325		
011		DIETARY				3,903			
012		CAFETERIA				2,450	511		
014		NURSING ADMINISTRATION			206	2,660	2,483	936	
015		CENTRAL SERVICES & SUPPLY					11,252		
015	01	CENTRAL STERILIZATION					9,627		
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY				264	14,632	150	
024		PARAMED ED PRGM				271	77		
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS				47,793	19,155		
		INTENSIVE CARE UNIT					31,809		
		SUBPROVIDER				5,090			
033		NURSERY				2,491			
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM				10,598	54,523		
037	01	CARDIOVASCULAR SURGERY				2,100			
037	02	PARTIAL HOSPITALIZATION							
038		RECOVERY ROOM					10,726		
039		DELIVERY ROOM & LABOR ROO				14,482			
040		ANESTHESIOLOGY					464		
041		RADIOLOGY-DIAGNOSTIC				12,408	10,388	802	
041	01	MRI				768	6,008	56	
044		LABORATORY			124	6,298	1,269		
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY				466	641	470	
050		PHYSICAL THERAPY					18,238		
053		ELECTROCARDIOLOGY				5,312		56	
054		ELECTROENCEPHALOGRAPHY				1,337	771		
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS				2,009			
057		RENAL DIALYSIS					2,439		
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
061		EMERGENCY				11,049			
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES				1,612	10,989		
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
093		HOSPICE						1,799	
095		SUBTOTALS			16,096	182,496	365,555	7,319	48,223
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP				395			
100		FOUNDATION							
100	01	RENTAL PROPERTIES				827		1,876	
100	02	UNUSED SPACE			1,876			380	
100	03	PHYSICIAN RECRUITING							
100	04	PROMPTCARE							
100	05	MARKETING							
100	06	SELECT							
	07	OLCOTT						834	
		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL			17,972	183,718	365,555	10,409	48,223

		COST CENTER DESCRIPTION	OLD CAP REL COSTS-WEGMILL	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-1947 BU	NEW CAP REL COSTS-1965 BU	NEW CAP REL COSTS-1983 BU	NEW CAP REL COSTS-MEDICAL
			1.06	2	3	3.01	3.02	3.03	3.04
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	OLD CAP REL COSTS-1947 BU							
001	02	OLD CAP REL COSTS-1965 BU							
001	03	OLD CAP REL COSTS-1983 BU							
001	04	OLD CAP REL COSTS-MEDICAL							
001	05	OLD CAP REL COSTS-UTILITI							
001	06	OLD CAP REL COSTS-WEGMILL							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	NEW CAP REL COSTS-1947 BU							
003	02	NEW CAP REL COSTS-1965 BU							
003	03	NEW CAP REL COSTS-1983 BU							
003	04	NEW CAP REL COSTS-MEDICAL							
003	05	NEW CAP REL COSTS-UTILITI							
003	06	NEW CAP REL COSTS-CANCER							
003	07	NEW CAP REL COSTS-PHNA BU							
003	08	NEW CAP REL COSTS-MITCHEL							
003	09	NEW CAP REL COSTS-SPENCER							
003	10	NEW CAP REL COSTS-PAIN MA							
003	11	NEW CAP REL COSTS-WEST PR							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS		6,123					
005	01	CHILD CARE CENTER		7,162					
006		ADMINISTRATIVE & GENERAL	21,555	109,605					
008		OPERATION OF PLANT	423	59,860					
009		LAUNDRY & LINEN SERVICE		6,997					
010		HOUSEKEEPING		1,630					
011		DIETARY		5,054					
012		CAFETERIA		3,261					
014		NURSING ADMINISTRATION		5,367					
015		CENTRAL SERVICES & SUPPLY		3,434					
015	01	CENTRAL STERILIZATION		1,686					
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY		8,811					
024		PARAMED ED PRGM		365					
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS		65,239					
		INTENSIVE CARE UNIT		5,570					
		SUBPROVIDER		6,591					
035		NURSERY		3,225					
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	2,327	23,606					
037	01	CARDIOVASCULAR SURGERY		2,720					
037	02	PARTIAL HOSPITALIZATION		4,141					
038		RECOVERY ROOM		1,878					
039		DELIVERY ROOM & LABOR ROO		18,752					
040		ANESTHESIOLOGY		81					
041		RADIOLOGY-DIAGNOSTIC		25,736					
041	01	MRI		2,127					
044		LABORATORY		8,898					
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY		1,394					
050		PHYSICAL THERAPY		20,954					
053		ELECTROCARDIOLOGY		7,343					
054		ELECTROENCEPHALOGRAPHY		1,867					
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS		2,602					
057		RENAL DIALYSIS		427					
		OUTPAT SERVICE COST CNTRS							
060		CLINIC		2,763					
061		EMERGENCY		14,307					
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES		6,179					
071		HOME HEALTH AGENCY		8,141					
		SPEC PURPOSE COST CENTERS							
093		HOSPICE		3,201					
095		SUBTOTALS	24,305	457,097					
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP		511					
100		FOUNDATION		3,494					
100	01	RENTAL PROPERTIES							
100	02	UNUSED SPACE		2,194					
100	03	PHYSICIAN RECRUITING							
100	04	PROMPTCARE		4,898					
100	05	MARKETING							
100	06	SELECT							
	07	OLCOTT		1,204					
		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	24,305	469,398					

		COST CENTER DESCRIPTION	NEW CAP REL COSTS-UTILITI	NEW CAP REL COSTS-CANCER	NEW CAP REL COSTS-PHNA BU	NEW CAP REL COSTS-MITCHEL	NEW CAP REL COSTS-SPENCER	NEW CAP REL COSTS-PAIN MA	NEW CAP REL COSTS-WEST PR
			3.05	3.06	3.07	3.08	3.09	3.10	3.11
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	OLD CAP REL COSTS-1947 BU							
001	02	OLD CAP REL COSTS-1965 BU							
001	03	OLD CAP REL COSTS-1983 BU							
001	04	OLD CAP REL COSTS-MEDICAL							
001	05	OLD CAP REL COSTS-UTILITI							
001	06	OLD CAP REL COSTS-WEGMILL							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	NEW CAP REL COSTS-1947 BU							
003	02	NEW CAP REL COSTS-1965 BU							
003	03	NEW CAP REL COSTS-1983 BU							
003	04	NEW CAP REL COSTS-MEDICAL							
003	05	NEW CAP REL COSTS-UTILITI							
003	06	NEW CAP REL COSTS-CANCER							
003	07	NEW CAP REL COSTS-PHNA BU							
003	08	NEW CAP REL COSTS-MITCHEL							
003	09	NEW CAP REL COSTS-SPENCER							
003	10	NEW CAP REL COSTS-PAIN MA							
003	11	NEW CAP REL COSTS-WEST PR							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
005	01	CHILD CARE CENTER							
006		ADMINISTRATIVE & GENERAL							
008		OPERATION OF PLANT							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
011		DIETARY							
012		CAFETERIA							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY							
015	01	CENTRAL STERILIZATION							
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY							
024		PARAMED ED PRGM							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS							
		INTENSIVE CARE UNIT							
		SUBPROVIDER							
[illegible]		NURSERY							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM							
037	01	CARDIOVASCULAR SURGERY							
037	02	PARTIAL HOSPITALIZATION							
038		RECOVERY ROOM							
039		DELIVERY ROOM & LABOR ROO							
040		ANESTHESIOLOGY							
041		RADIOLOGY-DIAGNOSTIC							
041	01	MRI							
044		LABORATORY							
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY							
050		PHYSICAL THERAPY							
053		ELECTROCARDIOLOGY							
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS							
057		RENAL DIALYSIS							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
061		EMERGENCY							
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
093		HOSPICE							
095		SUBTOTALS							
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP							
100		FOUNDATION							
100	01	RENTAL PROPERTIES							
100	02	UNUSED SPACE							
100	03	PHYSICIAN RECRUITING							
100	04	PROMPTCARE							
100	05	MARKETING							
100	06	SELECT							
	07	OLCOTT							
		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL							

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET B PART II

		COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	CHILD CARE CENTER	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
			4	4a	5	5.01	6	8	9
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	OLD CAP REL COSTS-1947 BU							
001	02	OLD CAP REL COSTS-1965 BU							
001	03	OLD CAP REL COSTS-1983 BU							
001	04	OLD CAP REL COSTS-MEDICAL							
001	05	OLD CAP REL COSTS-UTILITI							
001	06	OLD CAP REL COSTS-WEGMILL							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	NEW CAP REL COSTS-1947 BU							
003	02	NEW CAP REL COSTS-1965 BU							
003	03	NEW CAP REL COSTS-1983 BU							
003	04	NEW CAP REL COSTS-MEDICAL							
003	05	NEW CAP REL COSTS-UTILITI							
003	06	NEW CAP REL COSTS-CANCER							
003	07	NEW CAP REL COSTS-PHNA BU							
003	08	NEW CAP REL COSTS-MITCHEL							
003	09	NEW CAP REL COSTS-SPENCER							
003	10	NEW CAP REL COSTS-PAIN MA							
003	11	NEW CAP REL COSTS-WEST PR							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS		6,593	6,593				
005	01	CHILD CARE CENTER		7,162		7,162			
006		ADMINISTRATIVE & GENERAL		270,910	1,099	951	272,960		
008		OPERATION OF PLANT		170,916	154	127	17,982	189,179	
009		LAUNDRY & LINEN SERVICE		30,129	42		2,310	4,654	37,135
010		HOUSEKEEPING		3,372	99		3,331	1,084	
011		DIETARY		8,957	81	63	3,742	3,361	244
012		CAFETERIA		6,222	49		872	2,169	179
014		NURSING ADMINISTRATION		11,652	167	127	5,645	3,569	
015		CENTRAL SERVICES & SUPPLY		14,686	29		1,085	2,284	
015	01	CENTRAL STERILIZATION		11,313	22		803	1,121	
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY		23,857	135		4,713	5,860	
024		PARAMED ED PRGM		713	5		131	243	4
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS		132,187	1,307	1,965	42,612	43,385	12,617
		INTENSIVE CARE UNIT		37,379	173	63	5,542	3,704	2,591
		SUBPROVIDER		11,681	78		3,436	4,384	1,230
033		NURSERY		5,716	97	190	3,206	2,145	404
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM		91,054	283	444	10,997	15,700	6,319
037	01	CARDIOVASCULAR SURGERY		4,820	35	63	1,455	1,809	
037	02	PARTIAL HOSPITALIZATION		4,141	71		1,760	2,754	
038		RECOVERY ROOM		12,604	54	190	1,752	1,249	
039		DELIVERY ROOM & LABOR ROO		33,234	142	127	5,612	12,471	1,604
040		ANESTHESIOLOGY		545			90	54	
041		RADIOLOGY-DIAGNOSTIC		49,334	343	570	15,456	17,116	2,421
041	01	MRI		8,959	19		1,092	1,415	
044		LABORATORY		16,589	258	127	16,543	5,918	
048		INTRAVENOUS THERAPY					1,436		
049		RESPIRATORY THERAPY		2,971	131		4,937	927	
050		PHYSICAL THERAPY		39,192	397	1,014	13,461	13,936	1,169
053		ELECTROCARDIOLOGY		12,711	126	254	4,802	4,884	1,765
054		ELECTROENCEPHALOGRAPHY		3,975	48		1,909	1,241	
055		MEDICAL SUPPLIES CHARGED					35,532		
056		DRUGS CHARGED TO PATIENTS		4,611	235	507	22,438	1,730	
057		RENAL DIALYSIS		2,866			1,462	284	
		OUTPAT SERVICE COST CNTRS							
060		CLINIC		2,763	38		1,294	1,838	
061		EMERGENCY		25,356	241	190	8,312	9,515	4,313
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES		18,780	121		4,382	4,110	1,685
071		HOME HEALTH AGENCY		8,141	196		7,145	5,414	
		SPEC PURPOSE COST CENTERS							
093		HOSPICE		5,000	108		4,909	2,129	
095		SUBTOTALS		1,101,091	6,383	6,972	262,186	182,457	36,545
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP		906			35	340	
100		FOUNDATION		3,494	23		977	2,324	
100	01	RENTAL PROPERTIES		2,703			587		
100	02	UNUSED SPACE		4,450			202		
100	03	PHYSICIAN RECRUITING			7		895		
100	04	PROMPTCARE		4,898	172	127	6,452	3,257	590
100	05	MARKETING					1,310		
100	06	SELECT							
	07	OLCOTT		2,038	8	63	316	801	
		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL		1,119,580	6,593	7,162	272,960	189,179	37,135

ALLOCATION OF OLD CAPITAL RELATED COSTS

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			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL STERILIZATION	PHARMACY
			10	11	12	14	15	15.01	16
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	OLD CAP REL COSTS-1947 BU							
001	02	OLD CAP REL COSTS-1965 BU							
001	03	OLD CAP REL COSTS-1983 BU							
001	04	OLD CAP REL COSTS-MEDICAL							
001	05	OLD CAP REL COSTS-UTILITI							
001	06	OLD CAP REL COSTS-WEGMILL							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	NEW CAP REL COSTS-1947 BU							
003	02	NEW CAP REL COSTS-1965 BU							
003	03	NEW CAP REL COSTS-1983 BU							
003	04	NEW CAP REL COSTS-MEDICAL							
003	05	NEW CAP REL COSTS-UTILITI							
003	06	NEW CAP REL COSTS-CANCER							
003	07	NEW CAP REL COSTS-PHNA BU							
003	08	NEW CAP REL COSTS-MITCHEL							
003	09	NEW CAP REL COSTS-SPENCER							
003	10	NEW CAP REL COSTS-PAIN MA							
003	11	NEW CAP REL COSTS-WEST PR							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
005	01	CHILD CARE CENTER							
006		ADMINISTRATIVE & GENERAL							
008		OPERATION OF PLANT							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING	7,886						
011		DIETARY	49	16,497					
012		CAFETERIA	31		9,522				
014		NURSING ADMINISTRATION			299	21,459			
015		CENTRAL SERVICES & SUPPLY	46		95		18,225		
015	01	CENTRAL STERILIZATION	23		71			13,353	
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY	19		393				
024		PARAMED ED PRGM	9		9	35			
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	3,891	13,786	2,476	10,034		397	
		INTENSIVE CARE UNIT	336	1,177	291	1,180		34	
		SUBPROVIDER	307	1,534	163	660		44	
033		NURSERY	90		146	591		39	
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	598		575	2,328		12,572	
037	01	CARDIOVASCULAR SURGERY	69		49	199		104	
037	02	PARTIAL HOSPITALIZATION			112	452			
038		RECOVERY ROOM	48		96	389			
039		DELIVERY ROOM & LABOR ROO	497		239	967			
040		ANESTHESIOLOGY	2						
041		RADIOLOGY-DIAGNOSTIC	331		639			25	
041	01	MRI	28		38				
044		LABORATORY	165		630				
048		INTRAVENOUS THERAPY					708		
049		RESPIRATORY THERAPY	26		220				
050		PHYSICAL THERAPY	81		720			15	
053		ELECTROCARDIOLOGY	169		233				
054		ELECTROENCEPHALOGRAPHY	6		89				
055		MEDICAL SUPPLIES CHARGED					17,517		
056		DRUGS CHARGED TO PATIENTS	95		358			15	
057		RENAL DIALYSIS	26						
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	44		66				
061		EMERGENCY	871		517	2,095		93	
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES			314				
071		HOME HEALTH AGENCY			409	1,658		4	
		SPEC PURPOSE COST CENTERS							
093		HOSPICE	21		215	871			
095		SUBTOTALS	7,878	16,497	9,462	21,459	18,225	13,342	
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	8						
100		FOUNDATION			37				
100	01	RENTAL PROPERTIES							
100	02	UNUSED SPACE							
100	03	PHYSICIAN RECRUITING			6				
100	04	PROMPTCARE						11	
100	05	MARKETING							
100	06	SELECT							
	07	OLCOTT			17				
		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	7,886	16,497	9,522	21,459	18,225	13,353	

ALLOCATION OF OLD CAPITAL RELATED COSTS

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		COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
			17		25	26	27
		GENERAL SERVICE COST CNTR					
001		OLD CAP REL COSTS-BLDG &					
001	01	OLD CAP REL COSTS-1947 BU					
001	02	OLD CAP REL COSTS-1965 BU					
001	03	OLD CAP REL COSTS-1983 BU					
001	04	OLD CAP REL COSTS-MEDICAL					
001	05	OLD CAP REL COSTS-UTILITI					
001	06	OLD CAP REL COSTS-WEGMILL					
002		OLD CAP REL COSTS-MVBLE E					
003		NEW CAP REL COSTS-BLDG &					
003	01	NEW CAP REL COSTS-1947 BU					
003	02	NEW CAP REL COSTS-1965 BU					
003	03	NEW CAP REL COSTS-1983 BU					
003	04	NEW CAP REL COSTS-MEDICAL					
003	05	NEW CAP REL COSTS-UTILITI					
003	06	NEW CAP REL COSTS-CANCER					
003	07	NEW CAP REL COSTS-PHNA BU					
003	08	NEW CAP REL COSTS-MITCHEL					
003	09	NEW CAP REL COSTS-SPENCER					
003	10	NEW CAP REL COSTS-PAIN MA					
003	11	NEW CAP REL COSTS-WEST PR					
004		NEW CAP REL COSTS-MVBLE E					
005		EMPLOYEE BENEFITS					
005	01	CHILD CARE CENTER					
006		ADMINISTRATIVE & GENERAL					
008		OPERATION OF PLANT					
009		LAUNDRY & LINEN SERVICE					
010		HOUSEKEEPING					
011		DIETARY					
012		CAFETERIA					
014		NURSING ADMINISTRATION					
015		CENTRAL SERVICES & SUPPLY					
015	01	CENTRAL STERILIZATION					
016		PHARMACY					
017		MEDICAL RECORDS & LIBRARY	34,977				
024		PARAMED ED PRGM		1,149			
		INPAT ROUTINE SRVC CNTRS					
025		ADULTS & PEDIATRICS	12,814		277,471		277,471
		INTENSIVE CARE UNIT	3,651		56,121		56,121
		SUBPROVIDER	1,595		25,112		25,112
035		NURSERY	2,505		15,129		15,129
		ANCILLARY SRVC COST CNTRS					
037		OPERATING ROOM	11,518		152,388		152,388
037	01	CARDIOVASCULAR SURGERY			8,603		8,603
037	02	PARTIAL HOSPITALIZATION			9,290		9,290
038		RECOVERY ROOM			16,382		16,382
039		DELIVERY ROOM & LABOR ROO			54,893		54,893
040		ANESTHESIOLOGY			691		691
041		RADIOLOGY-DIAGNOSTIC			86,235		86,235
041	01	MRI			11,551		11,551
044		LABORATORY			40,230		40,230
048		INTRAVENOUS THERAPY			2,144		2,144
049		RESPIRATORY THERAPY			9,212		9,212
050		PHYSICAL THERAPY			69,985		69,985
053		ELECTROCARDIOLOGY			24,944		24,944
054		ELECTROENCEPHALOGRAPHY			7,268		7,268
055		MEDICAL SUPPLIES CHARGED			53,049		53,049
056		DRUGS CHARGED TO PATIENTS			29,989		29,989
057		RENAL DIALYSIS			4,638		4,638
		OUTPAT SERVICE COST CNTRS					
060		CLINIC			6,043		6,043
061		EMERGENCY	2,894		54,397		54,397
062		OBSERVATION BEDS (NON-DIS					
		OTHER REIMBURS COST CNTRS					
065		AMBULANCE SERVICES			29,392		29,392
071		HOME HEALTH AGENCY			22,967		22,967
		SPEC PURPOSE COST CENTERS					
093		HOSPICE			13,253		13,253
095		SUBTOTALS	34,977		1,081,377		1,081,377
		NONREIMBURS COST CENTERS					
096		GIFT, FLOWER, COFFEE SHOP			1,289		1,289
100		FOUNDATION			6,855		6,855
100	01	RENTAL PROPERTIES			3,290		3,290
100	02	UNUSED SPACE			4,652		4,652
100	03	PHYSICIAN RECRUITING			908		908
100	04	PROMPTCARE			15,507		15,507
100	05	MARKETING			1,310		1,310
100	06	SELECT					
	07	OLCOTT			3,243		3,243
		CROSS FOOT ADJUSTMENTS		1,149	1,149		1,149
102		NEGATIVE COST CENTER					
103		TOTAL	34,977	1,149	1,119,580		1,119,580

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET B I PART III

		COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-1947 BU	OLD CAP REL COSTS-1965 BU	OLD CAP REL COSTS-1983 BU	OLD CAP REL COSTS-MEDICAL	OLD CAP REL COSTS-UTILITI
			0	1	1.01	1.02	1.03	1.04	1.05
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	OLD CAP REL COSTS-1947 BU							
001	02	OLD CAP REL COSTS-1965 BU							
001	03	OLD CAP REL COSTS-1983 BU							
001	04	OLD CAP REL COSTS-MEDICAL							
001	05	OLD CAP REL COSTS-UTILITI							
001	06	OLD CAP REL COSTS-WEGMILL							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	NEW CAP REL COSTS-1947 BU							
003	02	NEW CAP REL COSTS-1965 BU							
003	03	NEW CAP REL COSTS-1983 BU							
003	04	NEW CAP REL COSTS-MEDICAL							
003	05	NEW CAP REL COSTS-UTILITI							
003	06	NEW CAP REL COSTS-CANCER							
003	07	NEW CAP REL COSTS-PHNA BU							
003	08	NEW CAP REL COSTS-MITCHEL							
003	09	NEW CAP REL COSTS-SPENCER							
003	10	NEW CAP REL COSTS-PAIN MA							
003	11	NEW CAP REL COSTS-WEST PR							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
005	01	CHILD CARE CENTER							
006		ADMINISTRATIVE & GENERAL							
008		OPERATION OF PLANT							
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING							
011		DIETARY							
012		CAFETERIA							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY							
015	01	CENTRAL STERILIZATION							
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY							
024		PARAMED ED PRGM							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS							
		INTENSIVE CARE UNIT							
		SUBPROVIDER							
033		NURSERY							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM							
037	01	CARDIOVASCULAR SURGERY							
037	02	PARTIAL HOSPITALIZATION							
038		RECOVERY ROOM							
039		DELIVERY ROOM & LABOR ROO							
040		ANESTHESIOLOGY							
041		RADIOLOGY-DIAGNOSTIC							
041	01	MRI							
044		LABORATORY							
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY							
050		PHYSICAL THERAPY							
053		ELECTROCARDIOLOGY							
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS							
057		RENAL DIALYSIS							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
061		EMERGENCY							
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES							
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
093		HOSPICE							
095		SUBTOTALS							
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP							
100		FOUNDATION							
100	01	RENTAL PROPERTIES							
100	02	UNUSED SPACE							
100	03	PHYSICIAN RECRUITING							
100	04	PROMPTCARE							
100	05	MARKETING							
100	06	SELECT							
	07	OLCOTT							
		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL							

		COST CENTER DESCRIPTION	OLD CAP REL COSTS-WEGMILL	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-1947 BU	NEW CAP REL COSTS-1965 BU	NEW CAP REL COSTS-1983 BU	NEW CAP REL COSTS-MEDICAL
			1.06	2	3	3.01	3.02	3.03	3.04
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	OLD CAP REL COSTS-1947 BU							
001	02	OLD CAP REL COSTS-1965 BU							
001	03	OLD CAP REL COSTS-1983 BU							
001	04	OLD CAP REL COSTS-MEDICAL							
001	05	OLD CAP REL COSTS-UTILITI							
001	06	OLD CAP REL COSTS-WEGMILL							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	NEW CAP REL COSTS-1947 BU							
003	02	NEW CAP REL COSTS-1965 BU							
003	03	NEW CAP REL COSTS-1983 BU							
003	04	NEW CAP REL COSTS-MEDICAL							
003	05	NEW CAP REL COSTS-UTILITI							
003	06	NEW CAP REL COSTS-CANCER							
003	07	NEW CAP REL COSTS-PHNA BU							
003	08	NEW CAP REL COSTS-MITCHEL							
003	09	NEW CAP REL COSTS-SPENCER							
003	10	NEW CAP REL COSTS-PAIN MA							
003	11	NEW CAP REL COSTS-WEST PR							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							2,659
005	01	CHILD CARE CENTER							
006		ADMINISTRATIVE & GENERAL				18,448	376,855	5,182	14,601
008		OPERATION OF PLANT				310	508,998	5,233	
009		LAUNDRY & LINEN SERVICE							
010		HOUSEKEEPING				503	18,521	21	
011		DIETARY					71,835		
012		CAFETERIA					45,085	33	
014		NURSING ADMINISTRATION				252	48,953	162	5,301
015		CENTRAL SERVICES & SUPPLY						736	
015	01	CENTRAL STERILIZATION						630	
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY					4,854	957	850
024		PARAMED ED PRGM					4,992	5	
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS					879,666	1,253	
		INTENSIVE CARE UNIT						2,081	
		SUBPROVIDER					93,692		
033		NURSERY					45,848		
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM					195,057	3,567	
037	01	CARDIOVASCULAR SURGERY					38,660		
037	02	PARTIAL HOSPITALIZATION							
038		RECOVERY ROOM						702	
039		DELIVERY ROOM & LABOR ROO					266,552		
040		ANESTHESIOLOGY						30	
041		RADIOLOGY-DIAGNOSTIC					228,370	680	4,541
041	01	MRI					14,130	393	319
044		LABORATORY				151	115,926	83	
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY					8,575	42	2,659
050		PHYSICAL THERAPY						1,193	
053		ELECTROCARDIOLOGY					97,767		319
054		ELECTROENCEPHALOGRAPHY					24,615	50	
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS					36,981		
057		RENAL DIALYSIS						160	
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
061		EMERGENCY					203,362		
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES					29,669	719	
071		HOME HEALTH AGENCY							
		SPEC PURPOSE COST CENTERS							
093		HOSPICE							10,186
095		SUBTOTALS				19,664	3,358,963	23,912	41,435
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP					7,265		
100		FOUNDATION							
100	01	RENTAL PROPERTIES					15,224		10,619
100	02	UNUSED SPACE				2,292			2,151
100	03	PHYSICIAN RECRUITING							
100	04	PROMPTCARE							
100	05	MARKETING							
100	06	SELECT							
	07	OLCOTT							4,719
		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL				21,956	3,381,452	23,912	58,924

		COST CENTER DESCRIPTION	NEW CAP REL COSTS-UTILITI	NEW CAP REL COSTS-CANCER	NEW CAP REL COSTS-PHNA BU	NEW CAP REL COSTS-MITCHEL	NEW CAP REL COSTS-SPENCER	NEW CAP REL COSTS-PAIN MA	NEW CAP REL COSTS-WEST PR
			3.05	3.06	3.07	3.08	3.09	3.10	3.11
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	OLD CAP REL COSTS-1947 BU							
001	02	OLD CAP REL COSTS-1965 BU							
001	03	OLD CAP REL COSTS-1983 BU							
001	04	OLD CAP REL COSTS-MEDICAL							
001	05	OLD CAP REL COSTS-UTILITI							
001	06	OLD CAP REL COSTS-WEGMILL							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	NEW CAP REL COSTS-1947 BU							
003	02	NEW CAP REL COSTS-1965 BU							
003	03	NEW CAP REL COSTS-1983 BU							
003	04	NEW CAP REL COSTS-MEDICAL							
003	05	NEW CAP REL COSTS-UTILITI							
003	06	NEW CAP REL COSTS-CANCER							
003	07	NEW CAP REL COSTS-PHNA BU							
003	08	NEW CAP REL COSTS-MITCHEL							
003	09	NEW CAP REL COSTS-SPENCER							
003	10	NEW CAP REL COSTS-PAIN MA							
003	11	NEW CAP REL COSTS-WEST PR							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS							
005	01	CHILD CARE CENTER							
006		ADMINISTRATIVE & GENERAL	2,610			18,751			11,543
008		OPERATION OF PLANT	317	31,468					
009		LAUNDRY & LINEN SERVICE	2,698						
010		HOUSEKEEPING							
011		DIETARY							
012		CAFETERIA							
014		NURSING ADMINISTRATION							
015		CENTRAL SERVICES & SUPPLY							
015	01	CENTRAL STERILIZATION							
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY							
024		PARAMED ED PRGM							
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS							
		INTENSIVE CARE UNIT							
		SUBPROVIDER							
033		NURSERY							
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM							
037	01	CARDIOVASCULAR SURGERY							
037	02	PARTIAL HOSPITALIZATION							
038		RECOVERY ROOM							
039		DELIVERY ROOM & LABOR ROO							
040		ANESTHESIOLOGY							
041		RADIOLOGY-DIAGNOSTIC		127,892					
041	01	MRI							
044		LABORATORY							
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY							
050		PHYSICAL THERAPY				22,117		35,310	
053		ELECTROCARDIOLOGY				3,516			
054		ELECTROENCEPHALOGRAPHY							
055		MEDICAL SUPPLIES CHARGED							
056		DRUGS CHARGED TO PATIENTS							
057		RENAL DIALYSIS							
		OUTPAT SERVICE COST CNTRS							
060		CLINIC							
061		EMERGENCY							
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES							
071		HOME HEALTH AGENCY			72,016				
		SPEC PURPOSE COST CENTERS							
093		HOSPICE							
095		SUBTOTALS	5,625	159,360	72,016	44,384		35,310	11,543
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP							
100		FOUNDATION							
100	01	RENTAL PROPERTIES							
100	02	UNUSED SPACE				8,448			
100	03	PHYSICIAN RECRUITING							
100	04	PROMPTCARE							34,845
100	05	MARKETING							
100	06	SELECT							
	07	OLCOTT							
		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	5,625	159,360	72,016	52,832		35,310	46,388

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET B PART III

		COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	CHILD CARE CENTER	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
			4	4a	5	5.01	6	8	9
		GENERAL SERVICE COST CNTR							
001		OLD CAP REL COSTS-BLDG &							
001	01	OLD CAP REL COSTS-1947 BU							
001	02	OLD CAP REL COSTS-1965 BU							
001	03	OLD CAP REL COSTS-1983 BU							
001	04	OLD CAP REL COSTS-MEDICAL							
001	05	OLD CAP REL COSTS-UTILITI							
001	06	OLD CAP REL COSTS-WEGMILL							
002		OLD CAP REL COSTS-MVBLE E							
003		NEW CAP REL COSTS-BLDG &							
003	01	NEW CAP REL COSTS-1947 BU							
003	02	NEW CAP REL COSTS-1965 BU							
003	03	NEW CAP REL COSTS-1983 BU							
003	04	NEW CAP REL COSTS-MEDICAL							
003	05	NEW CAP REL COSTS-UTILITI							
003	06	NEW CAP REL COSTS-CANCER							
003	07	NEW CAP REL COSTS-PHNA BU							
003	08	NEW CAP REL COSTS-MITCHEL							
003	09	NEW CAP REL COSTS-SPENCER							
003	10	NEW CAP REL COSTS-PAIN MA							
003	11	NEW CAP REL COSTS-WEST PR							
004		NEW CAP REL COSTS-MVBLE E							
005		EMPLOYEE BENEFITS	215,352	218,011	218,011				
005	01	CHILD CARE CENTER	251,895	251,895		251,895			
006		ADMINISTRATIVE & GENERAL	3,854,820	4,302,810	36,544	33,437	4,372,791		
008		OPERATION OF PLANT	2,105,349	2,651,675	5,117	4,458	288,110	2,949,360	
009		LAUNDRY & LINEN SERVICE	246,100	248,798	1,409		37,014	72,550	359,771
010		HOUSEKEEPING	57,341	76,386	3,298		53,365	16,904	
011		DIETARY	177,741	249,576	2,693	2,229	59,951	52,398	2,364
012		CAFETERIA	114,701	159,819	1,617		13,971	33,814	1,738
014		NURSING ADMINISTRATION	188,759	243,427	5,538	4,458	90,444	55,646	
015		CENTRAL SERVICES & SUPPLY	120,763	121,499	971		17,378	35,601	
015	01	CENTRAL STERILIZATION	59,285	59,915	729		12,869	17,477	
016		PHARMACY							
017		MEDICAL RECORDS & LIBRARY	309,903	316,564	4,473		75,514	91,360	
024		PARAMED ED PRGM	12,829	17,826	168		2,096	3,782	42
		INPAT ROUTINE SRVC CNTRS							
025		ADULTS & PEDIATRICS	2,294,527	3,175,446	42,307	69,108	682,107	676,430	122,235
		INTENSIVE CARE UNIT	195,889	197,970	5,738	2,229	88,787	57,748	25,105
		SUBPROVIDER	231,822	325,514	2,598		55,058	68,341	11,916
035		NURSERY	113,442	159,290	3,239	6,687	51,370	33,443	3,910
		ANCILLARY SRVC COST CNTRS							
037		OPERATING ROOM	830,259	1,028,883	9,422	15,604	176,205	244,761	61,219
037	01	CARDIOVASCULAR SURGERY	95,657	134,317	1,163	2,229	23,312	28,200	
037	02	PARTIAL HOSPITALIZATION	145,639	145,639	2,355		28,193	42,935	
038		RECOVERY ROOM	66,052	66,754	1,803	6,687	28,066	19,472	
039		DELIVERY ROOM & LABOR ROO	659,533	926,085	4,726	4,458	89,925	194,431	15,544
040		ANESTHESIOLOGY	2,859	2,889			1,449	843	
041		RADIOLOGY-DIAGNOSTIC	905,157	1,266,640	11,391	20,062	247,639	266,841	23,451
041	01	MRI	74,821	89,663	623		17,488	22,057	
044		LABORATORY	312,953	429,113	8,584	4,458	265,060	92,259	
048		INTRAVENOUS THERAPY					23,006		
049		RESPIRATORY THERAPY	49,029	60,305	4,370		79,099	14,454	
050		PHYSICAL THERAPY	736,985	795,605	13,180	35,667	215,674	217,264	11,330
053		ELECTROCARDIOLOGY	258,262	359,864	4,173	8,917	76,945	76,136	17,096
054		ELECTROENCEPHALOGRAPHY	65,652	90,317	1,585		30,582	19,354	
055		MEDICAL SUPPLIES CHARGED					569,310		
056		DRUGS CHARGED TO PATIENTS	91,501	128,482	7,822	17,833	359,504	26,975	
057		RENAL DIALYSIS	15,021	15,181			23,418	4,428	
		OUTPAT SERVICE COST CNTRS							
060		CLINIC	97,182	97,182	1,263		20,739	28,649	
061		EMERGENCY	503,181	706,543	8,001	6,687	133,173	148,338	41,786
062		OBSERVATION BEDS (NON-DIS							
		OTHER REIMBURS COST CNTRS							
065		AMBULANCE SERVICES	217,335	247,723	4,010		70,210	64,070	16,321
071		HOME HEALTH AGENCY	286,323	358,339	6,514		114,480	84,408	
		SPEC PURPOSE COST CENTERS							
093		HOSPICE	112,585	122,771	3,606		78,655	33,190	
095		SUBTOTALS	16,076,504	19,848,716	211,030	245,208	4,200,166	2,844,559	354,057
		NONREIMBURS COST CENTERS							
096		GIFT, FLOWER, COFFEE SHOP	17,976	25,241			565	5,299	
100		FOUNDATION	122,898	122,898	763		15,655	36,230	
100	01	RENTAL PROPERTIES		25,843			9,411		
100	02	UNUSED SPACE	77,166	90,057			3,230		
100	03	PHYSICIAN RECRUITING			234		14,348		
100	04	PROMPTCARE	172,270	207,115	5,718	4,458	103,371	50,785	5,714
100	05	MARKETING					20,983		
100	06	SELECT							
	07	OLCOTT	42,357	47,076	266	2,229	5,062	12,487	
		CROSS FOOT ADJUSTMENTS							
102		NEGATIVE COST CENTER							
103		TOTAL	16,509,171	20,366,946	218,011	251,895	4,372,791	2,949,360	359,771

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0051 PERIOD: FROM 1/ 1/2008 TO 12/31/2008 PREPARED 5/28/2009

WORKSHEET B PART III

		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL STERILIZATION	PHARMACY
		10	11	12	14	15	15.01	16
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
001 01	OLD CAP REL COSTS-1947 BU							
001 02	OLD CAP REL COSTS-1965 BU							
001 03	OLD CAP REL COSTS-1983 BU							
001 04	OLD CAP REL COSTS-MEDICAL							
001 05	OLD CAP REL COSTS-UTILITI							
001 06	OLD CAP REL COSTS-WEGMILL							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003 01	NEW CAP REL COSTS-1947 BU							
003 02	NEW CAP REL COSTS-1965 BU							
003 03	NEW CAP REL COSTS-1983 BU							
003 04	NEW CAP REL COSTS-MEDICAL							
003 05	NEW CAP REL COSTS-UTILITI							
003 06	NEW CAP REL COSTS-CANCER							
003 07	NEW CAP REL COSTS-PHNA BU							
003 08	NEW CAP REL COSTS-MITCHEL							
003 09	NEW CAP REL COSTS-SPENCER							
003 10	NEW CAP REL COSTS-PAIN MA							
003 11	NEW CAP REL COSTS-WEST PR							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
005 01	CHILD CARE CENTER							
006	ADMINISTRATIVE & GENERAL							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	149,953						
011	DIETARY	928	370,139					
012	CAFETERIA	598		211,557				
014	NURSING ADMINISTRATION			6,645	406,158			
015	CENTRAL SERVICES & SUPPLY	879		2,104		178,432		
015 01	CENTRAL STERILIZATION	439		1,577			93,006	
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY	366		8,728				
024	PARAMED ED PRGM	171		192	663			
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	73,993	309,323	55,037	189,930		2,762	
	INTENSIVE CARE UNIT	6,397	26,409	6,473	22,340		236	
	SUBPROVIDER	5,836	34,407	3,618	12,485		307	
033	NURSERY	1,709		3,243	11,191		275	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	11,366		12,769	44,064		87,562	
037 01	CARDIOVASCULAR SURGERY	1,306		1,090	3,761		727	
037 02	PARTIAL HOSPITALIZATION			2,481	8,563			
038	RECOVERY ROOM	903		2,131	7,355			
039	DELIVERY ROOM & LABOR ROO	9,449		5,302	18,297			
040	ANESTHESIOLOGY	37						
041	RADIOLOGY-DIAGNOSTIC	6,287		14,198			177	
041 01	MRI	525		852				
044	LABORATORY	3,138		14,003				
048	INTRAVENOUS THERAPY					6,930		
049	RESPIRATORY THERAPY	501		4,895				
050	PHYSICAL THERAPY	1,538		15,999			103	
053	ELECTROCARDIOLOGY	3,223		5,181				
054	ELECTROENCEPHALOGRAPHY	110		1,984				
055	MEDICAL SUPPLIES CHARGED					171,502		
056	DRUGS CHARGED TO PATIENTS	1,807		7,945			103	
057	RENAL DIALYSIS	501						
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	830		1,457				
061	EMERGENCY	16,566		11,492	39,659		650	
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES			6,976				
071	HOME HEALTH AGENCY			9,091	31,373		30	
	SPEC PURPOSE COST CENTERS							
093	HOSPICE	391		4,775	16,477			
095	SUBTOTALS	149,794	370,139	210,238	406,158	178,432	92,932	
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	159						
100	FOUNDATION			813				
100 01	RENTAL PROPERTIES							
100 02	UNUSED SPACE							
100 03	PHYSICIAN RECRUITING			137				
100 04	PROMPTCARE						74	
100 05	MARKETING							
100 06	SELECT							
07	OLCOTT			369				
	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	149,953	370,139	211,557	406,158	178,432	93,006	

		COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
			17	24	25	26	27
		GENERAL SERVICE COST CNTR					
001		OLD CAP REL COSTS-BLDG &					
001	01	OLD CAP REL COSTS-1947 BU					
001	02	OLD CAP REL COSTS-1965 BU					
001	03	OLD CAP REL COSTS-1983 BU					
001	04	OLD CAP REL COSTS-MEDICAL					
001	05	OLD CAP REL COSTS-UTILITI					
001	06	OLD CAP REL COSTS-WEGMILL					
002		OLD CAP REL COSTS-MVBLE E					
003		NEW CAP REL COSTS-BLDG &					
003	01	NEW CAP REL COSTS-1947 BU					
003	02	NEW CAP REL COSTS-1965 BU					
003	03	NEW CAP REL COSTS-1983 BU					
003	04	NEW CAP REL COSTS-MEDICAL					
003	05	NEW CAP REL COSTS-UTILITI					
003	06	NEW CAP REL COSTS-CANCER					
003	07	NEW CAP REL COSTS-PHNA BU					
003	08	NEW CAP REL COSTS-MITCHEL					
003	09	NEW CAP REL COSTS-SPENCER					
003	10	NEW CAP REL COSTS-PAIN MA					
003	11	NEW CAP REL COSTS-WEST PR					
004		NEW CAP REL COSTS-MVBLE E					
005		EMPLOYEE BENEFITS					
005	01	CHILD CARE CENTER					
006		ADMINISTRATIVE & GENERAL					
008		OPERATION OF PLANT					
009		LAUNDRY & LINEN SERVICE					
010		HOUSEKEEPING					
011		DIETARY					
012		CAFETERIA					
014		NURSING ADMINISTRATION					
015		CENTRAL SERVICES & SUPPLY					
015	01	CENTRAL STERILIZATION					
016		PHARMACY					
017		MEDICAL RECORDS & LIBRARY	497,005				
024		PARAMED ED PRGM		24,940			
		INPAT ROUTINE SRVC CNTRS					
025		ADULTS & PEDIATRICS	182,063		5,580,741		5,580,741
		INTENSIVE CARE UNIT	51,885		491,317		491,317
		SUBPROVIDER	22,669		542,749		542,749
033		NURSERY	35,600		309,957		309,957
		ANCILLARY SRVC COST CNTRS					
037		OPERATING ROOM	163,666		1,855,521		1,855,521
037	01	CARDIOVASCULAR SURGERY			196,105		196,105
037	02	PARTIAL HOSPITALIZATION			230,166		230,166
038		RECOVERY ROOM			133,171		133,171
039		DELIVERY ROOM & LABOR ROO			1,268,217		1,268,217
040		ANESTHESIOLOGY			5,218		5,218
041		RADIOLOGY-DIAGNOSTIC			1,856,686		1,856,686
041	01	MRI			131,208		131,208
044		LABORATORY			816,615		816,615
048		INTRAVENOUS THERAPY			29,936		29,936
049		RESPIRATORY THERAPY			163,624		163,624
050		PHYSICAL THERAPY			1,306,360		1,306,360
053		ELECTROCARDIOLOGY			551,535		551,535
054		ELECTROENCEPHALOGRAPHY			143,932		143,932
055		MEDICAL SUPPLIES CHARGED			740,812		740,812
056		DRUGS CHARGED TO PATIENTS			550,471		550,471
057		RENAL DIALYSIS			43,528		43,528
		OUTPAT SERVICE COST CNTRS					
060		CLINIC			150,120		150,120
061		EMERGENCY	41,122		1,154,017		1,154,017
062		OBSERVATION BEDS (NON-DIS					
		OTHER REIMBURS COST CNTRS					
065		AMBULANCE SERVICES			409,310		409,310
071		HOME HEALTH AGENCY			604,235		604,235
		SPEC PURPOSE COST CENTERS					
093		HOSPICE			259,865		259,865
095		SUBTOTALS	497,005		19,525,416		19,525,416
		NONREIMBURS COST CENTERS					
096		GIFT, FLOWER, COFFEE SHOP			31,264		31,264
100		FOUNDATION			176,359		176,359
100	01	RENTAL PROPERTIES			35,254		35,254
100	02	UNUSED SPACE			93,287		93,287
100	03	PHYSICIAN RECRUITING			14,719		14,719
100	04	PROMPTCARE			377,235		377,235
100	05	MARKETING			20,983		20,983
100	06	SELECT					
	07	OLCOTT			67,489		67,489
		CROSS FOOT ADJUSTMENTS		24,940	24,940		24,940
102		NEGATIVE COST CENTER					
103		TOTAL	497,005	24,940	20,366,946		20,366,946

	COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-1947 BU (SQUARE FEET)	OLD CAP REL COSTS-1965 BU (SQUARE FEET)	OLD CAP REL COSTS-1983 BU (SQUARE FEET)	OLD CAP REL COSTS-MEDICAL (SQUARE FEET)	OLD CAP REL COSTS-UTILITI (SQUARE FEET)
		1	1.01	1.02	1.03	1.04	1.05
	GENERAL SERVICE COST						
001	OLD CAP REL COSTS-BLD						
001 01	OLD CAP REL COSTS-194		21,795				
001 02	OLD CAP REL COSTS-196			438,906			
001 03	OLD CAP REL COSTS-198				118,094		
001 04	OLD CAP REL COSTS-MED					27,745	
001 05	OLD CAP REL COSTS-UTI						26,914
001 06	OLD CAP REL COSTS-WEG						
002	OLD CAP REL COSTS-MVB						
003	NEW CAP REL COSTS-BLD						
003 01	NEW CAP REL COSTS-194						
003 02	NEW CAP REL COSTS-196						
003 03	NEW CAP REL COSTS-198						
003 04	NEW CAP REL COSTS-MED						
003 05	NEW CAP REL COSTS-UTI						
003 06	NEW CAP REL COSTS-CAN						
003 07	NEW CAP REL COSTS-PHN						
003 08	NEW CAP REL COSTS-MIT						
003 09	NEW CAP REL COSTS-SPE						
003 10	NEW CAP REL COSTS-PAI						
003 11	NEW CAP REL COSTS-WES						
004	NEW CAP REL COSTS-MVB						
005	EMPLOYEE BENEFITS					1,252	
005 01	CHILD CARE CENTER						
006	ADMINISTRATIVE & GENE		18,313	48,915	25,592	6,876	12,488
008	OPERATION OF PLANT		308	66,067	25,847		1,516
009	LAUNDRY & LINEN SERVI						12,910
010	HOUSEKEEPING		499	2,404	105		
011	DIETARY			9,324			
012	CAFETERIA			5,852	165		
014	NURSING ADMINISTRATIO		250	6,354	802	2,496	
015	CENTRAL SERVICES & SU				3,635		
015 01	CENTRAL STERILIZATION				3,110		
016	PHARMACY						
	MEDICAL RECORDS & LIB			630	4,727	400	
	PARAMED ED PRGM			648	25		
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS			114,179	6,188		
026	INTENSIVE CARE UNIT				10,276		
031	SUBPROVIDER			12,161			
033	NURSERY			5,951			
	ANCILLARY SRVC COST C						
037	OPERATING ROOM			25,318	17,614		
037 01	CARDIOVASCULAR SURGER			5,018			
037 02	PARTIAL HOSPITALIZATI						
038	RECOVERY ROOM				3,465		
039	DELIVERY ROOM & LABOR			34,598			
040	ANESTHESIOLOGY				150		
041	RADIOLOGY-DIAGNOSTIC			29,642	3,356	2,138	
041 01	MRI			1,834	1,941	150	
044	LABORATORY		150	15,047	410		
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY			1,113	207	1,252	
050	PHYSICAL THERAPY				5,892		
053	ELECTROCARDIOLOGY			12,690		150	
054	ELECTROENCEPHALOGRAPH			3,195	249		
055	MEDICAL SUPPLIES CHAR						
056	DRUGS CHARGED TO PATI			4,800			
057	RENAL DIALYSIS				788		
	OUTPAT SERVICE COST C						
060	CLINIC						
061	EMERGENCY			26,396			
062	OBSERVATION BEDS (NON						
	OTHER REIMBURS COST C						
065	AMBULANCE SERVICES			3,851	3,550		
071	HOME HEALTH AGENCY						
	SPEC PURPOSE COST CEN						
093	HOSPICE					4,796	
095	SUBTOTALS		19,520	435,987	118,094	19,510	26,914
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE			943			
100	FOUNDATION						
100 01	RENTAL PROPERTIES			1,976		5,000	
100 02	UNUSED SPACE		2,275			1,013	
100 03	PHYSICIAN RECRUITING						
100 04	PROMPTCARE						
100 05	MARKETING						
100 06	SELECT						
100 07	OLCOTT					2,222	
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED		17,972	183,718	365,555	10,409	48,223

	COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-1947 BU (SQUARE FEET)	OLD CAP REL COSTS-1965 BU (SQUARE FEET)	OLD CAP REL COSTS-1983 BU (SQUARE FEET)	OLD CAP REL COSTS-MEDICAL (SQUARE FEET)	OLD CAP REL COSTS-UTILITI (SQUARE FEET)
		1	1.01	1.02	1.03	1.04	1.05
	NONREIMBURS COST CENT (WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.824593	.418582	3.095458	.375167	1.791744
105	COST TO BE ALLOCATED (WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III						
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)						

		COST CENTER DESCRIPTION	OLD CAP REL COSTS-WEGMILL (SQUARE FEET)	OLD CAP REL COSTS-MVBLE E (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-1947 BU (SQUARE FEET)	NEW CAP REL COSTS-1965 BU (SQUARE FEET)	NEW CAP REL COSTS-1983 BU (SQUARE FEET)	NEW CAP REL COSTS-MEDICAL (SQUARE FEET)
			1.06	2	3	3.01	3.02	3.03	3.04
		GENERAL SERVICE COST							
001		OLD CAP REL COSTS-BLD							
001	01	OLD CAP REL COSTS-194							
001	02	OLD CAP REL COSTS-196							
001	03	OLD CAP REL COSTS-198							
001	04	OLD CAP REL COSTS-MED							
001	05	OLD CAP REL COSTS-UTI							
001	06	OLD CAP REL COSTS-WEG	6,497						
002		OLD CAP REL COSTS-MVB		866,043					
003		NEW CAP REL COSTS-BLD							
003	01	NEW CAP REL COSTS-194				21,795			
003	02	NEW CAP REL COSTS-196					438,906		
003	03	NEW CAP REL COSTS-198						118,094	
003	04	NEW CAP REL COSTS-MED							27,745
003	05	NEW CAP REL COSTS-UTI							
003	06	NEW CAP REL COSTS-CAN							
003	07	NEW CAP REL COSTS-PHN							
003	08	NEW CAP REL COSTS-MIT							
003	09	NEW CAP REL COSTS-SPE							
003	10	NEW CAP REL COSTS-PAI							
003	11	NEW CAP REL COSTS-WES							
004		NEW CAP REL COSTS-MVB							
005		EMPLOYEE BENEFITS		11,297					1,252
005	01	CHILD CARE CENTER		13,214					
006		ADMINISTRATIVE & GENE	5,762	202,217		18,313	48,915	25,592	6,876
008		OPERATION OF PLANT	113	110,443		308	66,067	25,847	
009		LAUNDRY & LINEN SERVI		12,910					
010		HOUSEKEEPING		3,008		499	2,404	105	
011		DIETARY		9,324			9,324		
012		CAFETERIA		6,017			5,852	165	
014		NURSING ADMINISTRATIO		9,902		250	6,354	802	2,496
015		CENTRAL SERVICES & SU		6,335				3,635	
015	01	CENTRAL STERILIZATION		3,110				3,110	
016		PHARMACY							
		MEDICAL RECORDS & LIB		16,257			630	4,727	400
		PARAMED ED PRGM		673			648	25	
		INPAT ROUTINE SRVC CN							
025		ADULTS & PEDIATRICS		120,367			114,179	6,188	
026		INTENSIVE CARE UNIT		10,276				10,276	
031		SUBPROVIDER		12,161			12,161		
033		NURSERY		5,951			5,951		
		ANCILLARY SRVC COST C							
037		OPERATING ROOM	622	43,554			25,318	17,614	
037	01	CARDIOVASCULAR SURGER		5,018			5,018		
037	02	PARTIAL HOSPITALIZATI		7,640					
038		RECOVERY ROOM		3,465				3,465	
039		DELIVERY ROOM & LABOR		34,598			34,598		
040		ANESTHESIOLOGY		150				150	
041		RADIOLOGY-DIAGNOSTIC		47,483			29,642	3,356	2,138
041	01	MRI		3,925			1,834	1,941	150
044		LABORATORY		16,417		150	15,047	410	
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY		2,572			1,113	207	1,252
050		PHYSICAL THERAPY		38,661				5,892	
053		ELECTROCARDIOLOGY		13,548			12,690		150
054		ELECTROENCEPHALOGRAPH		3,444			3,195	249	
055		MEDICAL SUPPLIES CHAR							
056		DRUGS CHARGED TO PATI		4,800			4,800		
057		RENAL DIALYSIS		788				788	
		OUTPAT SERVICE COST C							
060		CLINIC		5,098					
061		EMERGENCY		26,396			26,396		
062		OBSERVATION BEDS (NON							
		OTHER REIMBURS COST C							
065		AMBULANCE SERVICES		11,401			3,851	3,550	
071		HOME HEALTH AGENCY		15,020					
		SPEC PURPOSE COST CEN							
093		HOSPICE		5,906					4,796
095		SUBTOTALS	6,497	843,346		19,520	435,987	118,094	19,510
		NONREIMBURS COST CENT							
096		GIFT, FLOWER, COFFEE		943			943		
100		FOUNDATION		6,447					
100	01	RENTAL PROPERTIES					1,976		5,000
100	02	UNUSED SPACE		4,048		2,275			1,013
	03	PHYSICIAN RECRUITING							
	04	PROMPTCARE		9,037					
100	05	MARKETING							
100	06	SELECT							
100	07	OLCOTT		2,222					2,222
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED	24,305	469,398		21,956	3,381,452	23,912	58,924

	COST CENTER DESCRIPTION	OLD CAP REL COSTS-WEGMILL	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-1947 BU	NEW CAP REL COSTS-1965 BU	NEW CAP REL COSTS-1983 BU	NEW CAP REL COSTS-MEDICAL
		(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
		1.06	2	3	3.01	3.02	3.03	3.04
	NONREIMBURS COST CENT (WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	3.740957	.542003		1.007387	7.704274	.202483	2.123770
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III							
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)							

		COST CENTER DESCRIPTION	NEW CAP REL COSTS-UTILITI (SQUARE FEET)	NEW CAP REL COSTS-CANCER (SQUARE FEET)	NEW CAP REL COSTS-PHNA BU (SQUARE FEET)	NEW CAP REL COSTS-MITCHEL (SQUARE FEET)	NEW CAP REL COSTS-SPENCER (SQUARE FEET)	NEW CAP REL COSTS-PAIN MA (SQUARE FEET)	NEW CAP REL COSTS-WEST PR (SQUARE FEET)
			3.05	3.06	3.07	3.08	3.09	3.10	3.11
		GENERAL SERVICE COST							
001		OLD CAP REL COSTS-BLD							
001	01	OLD CAP REL COSTS-194							
001	02	OLD CAP REL COSTS-196							
001	03	OLD CAP REL COSTS-198							
001	04	OLD CAP REL COSTS-MED							
001	05	OLD CAP REL COSTS-UTI							
001	06	OLD CAP REL COSTS-WEG							
002		OLD CAP REL COSTS-MVB							
003		NEW CAP REL COSTS-BLD							
003	01	NEW CAP REL COSTS-194							
003	02	NEW CAP REL COSTS-196							
003	03	NEW CAP REL COSTS-198							
003	04	NEW CAP REL COSTS-MED							
003	05	NEW CAP REL COSTS-UTI	26,914						
003	06	NEW CAP REL COSTS-CAN		15,385					
003	07	NEW CAP REL COSTS-PHN			14,950				
003	08	NEW CAP REL COSTS-MIT				4,928			
003	09	NEW CAP REL COSTS-SPE					1		
003	10	NEW CAP REL COSTS-PAI						3,000	
003	11	NEW CAP REL COSTS-WES							8,568
004		NEW CAP REL COSTS-MVB							
005		EMPLOYEE BENEFITS					1		
005	01	CHILD CARE CENTER							
006		ADMINISTRATIVE & GENE	12,488			1,749			2,132
008		OPERATION OF PLANT	1,516	3,038					
009		LAUNDRY & LINEN SERVI	12,910						
010		HOUSEKEEPING							
011		DIETARY							
012		CAFETERIA							
014		NURSING ADMINISTRATIO							
015		CENTRAL SERVICES & SU							
015	01	CENTRAL STERILIZATION							
016		PHARMACY							
		MEDICAL RECORDS & LIB							
		PARAMED ED PRGM							
		INPAT ROUTINE SRVC CN							
025		ADULTS & PEDIATRICS							
026		INTENSIVE CARE UNIT							
031		SUBPROVIDER							
033		NURSERY							
		ANCILLARY SRVC COST C							
037		OPERATING ROOM							
037	01	CARDIOVASCULAR SURGER							
037	02	PARTIAL HOSPITALIZATI							
038		RECOVERY ROOM							
039		DELIVERY ROOM & LABOR							
040		ANESTHESIOLOGY							
041		RADIOLOGY-DIAGNOSTIC		12,347					
041	01	MRI							
044		LABORATORY							
048		INTRAVENOUS THERAPY							
049		RESPIRATORY THERAPY							
050		PHYSICAL THERAPY				2,063		3,000	
053		ELECTROCARDIOLOGY				328			
054		ELECTROENCEPHALOGRAPH							
055		MEDICAL SUPPLIES CHAR							
056		DRUGS CHARGED TO PATI							
057		RENAL DIALYSIS							
		OUTPAT SERVICE COST C							
060		CLINIC							
061		EMERGENCY							
062		OBSERVATION BEDS (NON							
		OTHER REIMBURS COST C							
065		AMBULANCE SERVICES							
071		HOME HEALTH AGENCY			14,950				
		SPEC PURPOSE COST CEN							
093		HOSPICE							
095		SUBTOTALS	26,914	15,385	14,950	4,140	1	3,000	2,132
		NONREIMBURS COST CENT							
096		GIFT, FLOWER, COFFEE							
100		FOUNDATION							
100	01	RENTAL PROPERTIES							
100	02	UNUSED SPACE				788			
	03	PHYSICIAN RECRUITING							
	04	PROMPTCARE							6,436
100	05	MARKETING							
100	06	SELECT							
100	07	OLCOTT							
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED	5,625	159,360	72,016	52,832		35,310	46,388

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-UTILITI	NEW CAP REL COSTS-CANCER	NEW CAP REL COSTS-PHNA BU	NEW CAP REL COSTS-MITCHEL	NEW CAP REL COSTS-SPENCER	NEW CAP REL COSTS-PAIN MA	NEW CAP REL COSTS-WEST PR
		(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
		3.05	3.06	3.07	3.08	3.09	3.10	3.11
	NONREIMBURS COST CENT (WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.208999	10.358141	4.817124	10.720779		11.770000	5.414099
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III							
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)							

		COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	CHILD CARE CENTER		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
			(SQUARE FEET)	(GROSS SALARIES)	(NUMBER OF CHILDREN)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
			4	5	5.01	6a.00	6	8	9
		GENERAL SERVICE COST							
001		OLD CAP REL COSTS-BLD							
001	01	OLD CAP REL COSTS-194							
001	02	OLD CAP REL COSTS-196							
001	03	OLD CAP REL COSTS-198							
001	04	OLD CAP REL COSTS-MED							
001	05	OLD CAP REL COSTS-UTI							
001	06	OLD CAP REL COSTS-WEG							
002		OLD CAP REL COSTS-MVB							
003		NEW CAP REL COSTS-BLD							
003	01	NEW CAP REL COSTS-194							
003	02	NEW CAP REL COSTS-196							
003	03	NEW CAP REL COSTS-198							
003	04	NEW CAP REL COSTS-MED							
003	05	NEW CAP REL COSTS-UTI							
003	06	NEW CAP REL COSTS-CAN							
003	07	NEW CAP REL COSTS-PHN							
003	08	NEW CAP REL COSTS-MIT							
003	09	NEW CAP REL COSTS-SPE							
003	10	NEW CAP REL COSTS-PAI							
003	11	NEW CAP REL COSTS-WES							
004		NEW CAP REL COSTS-MVB	866,043						
005		EMPLOYEE BENEFITS	11,297	113,070,752					
005	01	CHILD CARE CENTER	13,214		113				
006		ADMINISTRATIVE & GENE	202,217	18,954,505	15	-41,787,027	202,466,432		
008		OPERATION OF PLANT	110,443	2,654,199	2		13,339,640	524,824	
009		LAUNDRY & LINEN SERVI	12,910	730,899			1,713,747	12,910	390,104
010		HOUSEKEEPING	3,008	1,710,707			2,470,821	3,008	
011		DIETARY	9,324	1,396,798	1		2,775,747	9,324	2,563
012		CAFETERIA	6,017	838,448			646,847	6,017	1,885
014		NURSING ADMINISTRATIO	9,902	2,872,647	2		4,187,598	9,902	
015		CENTRAL SERVICES & SU	6,335	503,372			804,591	6,335	
015	01	CENTRAL STERILIZATION	3,110	377,928			595,840	3,110	
016		PHARMACY							
		MEDICAL RECORDS & LIB	16,257	2,319,972			3,496,358	16,257	
		PARAMED ED PRGM	673	87,286			97,063	673	46
		INPAT ROUTINE SRVC CN							
025		ADULTS & PEDIATRICS	120,367	21,938,116	31		31,585,761	120,367	132,540
026		INTENSIVE CARE UNIT	10,276	2,976,211	1		4,110,910	10,276	27,222
031		SUBPROVIDER	12,161	1,347,552			2,549,220	12,161	12,921
033		NURSERY	5,951	1,679,722	3		2,378,439	5,951	4,240
		ANCILLARY SRVC COST C							
037		OPERATING ROOM	43,554	4,887,016	7		8,158,380	43,554	66,381
037	01	CARDIOVASCULAR SURGER	5,018	603,120	1		1,079,375	5,018	
037	02	PARTIAL HOSPITALIZATI	7,640	1,221,645			1,305,334	7,640	
038		RECOVERY ROOM	3,465	934,944	3		1,299,464	3,465	
039		DELIVERY ROOM & LABOR	34,598	2,451,440	2		4,163,557	34,598	16,854
040		ANESTHESIOLOGY	150				67,072	150	
041		RADIOLOGY-DIAGNOSTIC	47,483	5,908,225	9		11,465,842	47,483	25,428
041	01	MRI	3,925	322,899			809,719	3,925	
044		LABORATORY	16,417	4,452,221	2		12,272,435	16,417	
048		INTRAVENOUS THERAPY					1,065,200		
049		RESPIRATORY THERAPY	2,572	2,266,577			3,662,334	2,572	
050		PHYSICAL THERAPY	38,661	6,836,218	16		9,985,847	38,661	12,285
053		ELECTROCARDIOLOGY	13,548	2,164,274	4		3,562,616	13,548	18,537
054		ELECTROENCEPHALOGRAPH	3,444	822,326			1,415,961	3,444	
055		MEDICAL SUPPLIES CHAR					26,359,383		
056		DRUGS CHARGED TO PATI	4,800	4,056,867	8		16,645,228	4,800	
057		RENAL DIALYSIS	788				1,084,251	788	
		OUTPAT SERVICE COST C							
060		CLINIC	5,098	654,989			960,224	5,098	
061		EMERGENCY	26,396	4,150,068	3		6,165,969	26,396	45,309
062		OBSERVATION BEDS (NON							
		OTHER REIMBURS COST C							
065		AMBULANCE SERVICES	11,401	2,079,723			3,250,754	11,401	17,697
071		HOME HEALTH AGENCY	15,020	3,378,568			5,300,484	15,020	
		SPEC PURPOSE COST CEN							
093		HOSPICE	5,906	1,870,465			3,641,794	5,906	
095		SUBTOTALS	843,346	109,449,947	110	-41,787,027	194,473,805	506,175	383,908
		NONREIMBURS COST CENT							
096		GIFT, FLOWER, COFFEE	943				26,147	943	
100		FOUNDATION	6,447	395,783			724,857	6,447	
100	01	RENTAL PROPERTIES					435,733		
100	02	UNUSED SPACE	4,048				149,556		
	03	PHYSICIAN RECRUITING		121,418			664,304		
	04	PROMPTCARE	9,037	2,965,682	2		4,786,132	9,037	6,196
100	05	MARKETING					971,543		
100	06	SELECT							
100	07	OLCOTT	2,222	137,922	1		234,355	2,222	
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED	16,509,171	30,242,534	486,126		41,787,027	16,092,808	2,463,310

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	CHILD CARE CENTER		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
		(SQUARE FEET)	(GROSS SALARIES)	(NUMBER OF CHILDREN)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
		4	5	5.01	6a.00	6	8	9
	NONREIMBURS COST CENT (WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	19.062761	.267466	4,302.000000		.206390	30.663247	6.314496
105	COST TO BE ALLOCATED (WRKSHT B, PART II)		6,593	7,162		272,960	189,179	37,135
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000058	63.380531		.001348	.360462	.095193
107	COST TO BE ALLOCATED (WRKSHT B, PART III		218,011	251,895		4,372,791	2,949,360	359,771
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.001928	2,229.159292		.021598	5.619713	.922244

		COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL STERILIZATION	PHARMACY
			(HOURS OF SERVICE)	(MEALS SERVED)	(MANHOURS)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(TIME SPENT)	(COSTED REQUIS.)
			10	11	12	14	15	15.01	16
		GENERAL SERVICE COST							
001		OLD CAP REL COSTS-BLD							
001	01	OLD CAP REL COSTS-194							
001	02	OLD CAP REL COSTS-196							
001	03	OLD CAP REL COSTS-198							
001	04	OLD CAP REL COSTS-MED							
001	05	OLD CAP REL COSTS-UTI							
001	06	OLD CAP REL COSTS-WEG							
002		OLD CAP REL COSTS-MVB							
003		NEW CAP REL COSTS-BLD							
003	01	NEW CAP REL COSTS-194							
003	02	NEW CAP REL COSTS-196							
003	03	NEW CAP REL COSTS-198							
003	04	NEW CAP REL COSTS-MED							
003	05	NEW CAP REL COSTS-UTI							
003	06	NEW CAP REL COSTS-CAN							
003	07	NEW CAP REL COSTS-PHN							
003	08	NEW CAP REL COSTS-MIT							
003	09	NEW CAP REL COSTS-SPE							
003	10	NEW CAP REL COSTS-PAI							
003	11	NEW CAP REL COSTS-WES							
004		NEW CAP REL COSTS-MVB							
005		EMPLOYEE BENEFITS							
005	01	CHILD CARE CENTER							
006		ADMINISTRATIVE & GENE							
008		OPERATION OF PLANT							
009		LAUNDRY & LINEN SERVI							
010		HOUSEKEEPING	12,283						
011		DIETARY	76	271,747					
012		CAFETERIA	49		3,236,357				
014		NURSING ADMINISTRATIO			101,651	1,800,465			
015		CENTRAL SERVICES & SU	72		32,191		27,424,583		
015	01	CENTRAL STERILIZATION	36		24,131			31,482	
016		PHARMACY							100
		MEDICAL RECORDS & LIB	30		133,512				
		PARAMED ED PRGM	14		2,939	2,939			
		INPAT ROUTINE SRVC CN							
025		ADULTS & PEDIATRICS	6,061	227,097	841,954	841,954		935	
026		INTENSIVE CARE UNIT	524	19,389	99,030	99,030		80	
031		SUBPROVIDER	478	25,261	55,347	55,347		104	
033		NURSERY	140		49,607	49,607		93	
		ANCILLARY SRVC COST C							
037		OPERATING ROOM	931		195,330	195,330		29,639	
037	01	CARDIOVASCULAR SURGER	107		16,673	16,673		246	
037	02	PARTIAL HOSPITALIZATI			37,957	37,957			
038		RECOVERY ROOM	74		32,602	32,602			
039		DELIVERY ROOM & LABOR	774		81,107	81,107			
040		ANESTHESIOLOGY	3						
041		RADIOLOGY-DIAGNOSTIC	515		217,195			60	
041	01	MRI	43		13,036				
044		LABORATORY	257		214,211				
048		INTRAVENOUS THERAPY					1,065,200		
049		RESPIRATORY THERAPY	41		74,880				
050		PHYSICAL THERAPY	126		244,749			35	
053		ELECTROCARDIOLOGY	264		79,264				
054		ELECTROENCEPHALOGRAPH	9		30,346				
055		MEDICAL SUPPLIES CHAR					26,359,383		
056		DRUGS CHARGED TO PATI	148		121,536			35	100
057		RENAL DIALYSIS	41						
		OUTPAT SERVICE COST C							
060		CLINIC	68		22,293				
061		EMERGENCY	1,357		175,804	175,804		220	
062		OBSERVATION BEDS (NON							
		OTHER REIMBURS COST C							
065		AMBULANCE SERVICES			106,723				
071		HOME HEALTH AGENCY			139,073	139,073		10	
		SPEC PURPOSE COST CEN							
093		HOSPICE	32		73,042	73,042			
095		SUBTOTALS	12,270	271,747	3,216,183	1,800,465	27,424,583	31,457	100
		NONREIMBURS COST CENT							
096		GIFT, FLOWER, COFFEE	13						
100		FOUNDATION			12,441				
100	01	RENTAL PROPERTIES							
100	02	UNUSED SPACE							
	03	PHYSICIAN RECRUITING			2,091				
	04	PROMPTCARE						25	
100	05	MARKETING							
100	06	SELECT							
100	07	OLCOTT			5,642				
101		CROSS FOOT ADJUSTMENT							
102		NEGATIVE COST CENTER							
103		COST TO BE ALLOCATED	3,073,009	3,669,735	989,013	5,386,567	1,192,753	830,559	

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	CENTRAL STERILIZATION	PHARMACY
		(HOURS OF SERVICE)	(MEALS SERVED)	(MANHOURS)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(TIME SPENT)	(COSTED REQUIS.)
		10	11	12	14	15	15.01	16
	NONREIMBURS COST CENT (WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	250.183913	13.504234	.305595	2.991764	.043492	26.382028	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	7,886	16,497	9,522	21,459	18,225	13,353	
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.642026	.060707	.002942	.011919	.000665	.424147	
107	COST TO BE ALLOCATED (WRKSHT B, PART III	149,953	370,139	211,557	406,158	178,432	93,006	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	12.208174	1.362072	.065369	.225585	.006506	2.954260	

		COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY (TIME SPENT)	PARAMED ED PR GM (TIME SPENT)
			17	24
		GENERAL SERVICE COST		
001		OLD CAP REL COSTS-BLD		
001	01	OLD CAP REL COSTS-194		
001	02	OLD CAP REL COSTS-196		
001	03	OLD CAP REL COSTS-198		
001	04	OLD CAP REL COSTS-MED		
001	05	OLD CAP REL COSTS-UTI		
001	06	OLD CAP REL COSTS-WEG		
002		OLD CAP REL COSTS-MVB		
003		NEW CAP REL COSTS-BLD		
003	01	NEW CAP REL COSTS-194		
003	02	NEW CAP REL COSTS-196		
003	03	NEW CAP REL COSTS-198		
003	04	NEW CAP REL COSTS-MED		
003	05	NEW CAP REL COSTS-UTI		
003	06	NEW CAP REL COSTS-CAN		
003	07	NEW CAP REL COSTS-PHN		
003	08	NEW CAP REL COSTS-MIT		
003	09	NEW CAP REL COSTS-SPE		
003	10	NEW CAP REL COSTS-PAI		
003	11	NEW CAP REL COSTS-WES		
004		NEW CAP REL COSTS-MVB		
005		EMPLOYEE BENEFITS		
005	01	CHILD CARE CENTER		
006		ADMINISTRATIVE & GENE		
008		OPERATION OF PLANT		
009		LAUNDRY & LINEN SERVI		
010		HOUSEKEEPING		
011		DIETARY		
012		CAFETERIA		
014		NURSING ADMINISTRATIO		
015		CENTRAL SERVICES & SU		
015	01	CENTRAL STERILIZATION		
016		PHARMACY		
		MEDICAL RECORDS & LIB	121,307	
		PARAMED ED PRGM		100
		INPAT ROUTINE SRVC CN		
025		ADULTS & PEDIATRICS	44,437	
026		INTENSIVE CARE UNIT	12,664	
031		SUBPROVIDER	5,533	
033		NURSERY	8,689	
		ANCILLARY SRVC COST C		
037		OPERATING ROOM	39,947	100
037	01	CARDIOVASCULAR SURGER		
037	02	PARTIAL HOSPITALIZATI		
038		RECOVERY ROOM		
039		DELIVERY ROOM & LABOR		
040		ANESTHESIOLOGY		
041		RADIOLOGY-DIAGNOSTIC		
041	01	MRI		
044		LABORATORY		
048		INTRAVENOUS THERAPY		
049		RESPIRATORY THERAPY		
050		PHYSICAL THERAPY		
053		ELECTROCARDIOLOGY		
054		ELECTROENCEPHALOGRAPH		
055		MEDICAL SUPPLIES CHAR		
056		DRUGS CHARGED TO PATI		
057		RENAL DIALYSIS		
		OUTPAT SERVICE COST C		
060		CLINIC		
061		EMERGENCY	10,037	
062		OBSERVATION BEDS (NON		
		OTHER REIMBURS COST C		
065		AMBULANCE SERVICES		
071		HOME HEALTH AGENCY		
		SPEC PURPOSE COST CEN		
093		HOSPICE		
095		SUBTOTALS	121,307	100
		NONREIMBURS COST CENT		
096		GIFT, FLOWER, COFFEE		
100		FOUNDATION		
100	01	RENTAL PROPERTIES		
100	02	UNUSED SPACE		
	03	PHYSICIAN RECRUITING		
	04	PROMPTCARE		
100	05	MARKETING		
100	06	SELECT		
100	07	OLCOTT		
101		CROSS FOOT ADJUSTMENT		
102		NEGATIVE COST CENTER		
103		COST TO BE ALLOCATED	4,764,770	151,216

	COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	PARAMED ED PR GM
		(TIME SPENT)	(TIME SPENT)
		17	24
	NONREIMBURS COST CENT (PER WRKSHT B, PART		
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	39.278607	1,512.160000
105	COST TO BE ALLOCATED (PER WRKSHT B, PART	34,977	1,149
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.288335	11.490000
107	COST TO BE ALLOCATED (PER WRKSHT B, PART	497,005	24,940
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	4.097084	249.400000

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET C I PART I

WKST A LINE	NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
		INPAT ROUTINE SRVC CNTRS					
25		ADULTS & PEDIATRICS	51,761,935		51,761,935	7,576	51,769,511
26		INTENSIVE CARE UNIT	6,665,352		6,665,352		6,665,352
31		SUBPROVIDER	4,393,130		4,393,130		4,393,130
33		NURSERY	3,620,919		3,620,919		3,620,919
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	14,976,067		14,976,067		14,976,067
37	01	CARDIOVASCULAR SURGERY	1,544,252		1,544,252		1,544,252
37	02	PARTIAL HOSPITALIZATION	1,934,166		1,934,166	7,237	1,941,403
38		RECOVERY ROOM	1,799,922		1,799,922		1,799,922
39		DELIVERY ROOM & LABOR ROO	6,651,267		6,651,267		6,651,267
40		ANESTHESIOLOGY	86,265		86,265		86,265
41		RADIOLOGY-DIAGNOSTIC	15,645,627		15,645,627	8,222	15,653,849
41	01	MRI	1,111,932		1,111,932		1,111,932
44		LABORATORY	15,438,501		15,438,501		15,438,501
48		INTRAVENOUS THERAPY	1,331,375		1,331,375		1,331,375
49		RESPIRATORY THERAPY	4,530,210		4,530,210		4,530,210
50		PHYSICAL THERAPY	13,417,112		13,417,112		13,417,112
53		ELECTROCARDIOLOGY	4,920,654		4,920,654	8,458	4,929,112
54		ELECTROENCEPHALOGRAPHY	1,825,331		1,825,331		1,825,331
55		MEDICAL SUPPLIES CHARGED	32,946,121		32,946,121		32,946,121
56		DRUGS CHARGED TO PATIENTS	20,302,912		20,302,912		20,302,912
57		RENAL DIALYSIS	1,342,451		1,342,451		1,342,451
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	1,338,552		1,338,552	4,501	1,343,053
61		EMERGENCY	9,853,285		9,853,285		9,853,285
62		OBSERVATION BEDS (NON-DIS	4,615,297		4,615,297		4,615,297
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES	4,415,631		4,415,631		4,415,631
101		SUBTOTAL	226,468,266		226,468,266	35,994	226,504,260
102		LESS OBSERVATION BEDS	4,615,297		4,615,297		4,615,297
103		TOTAL	221,852,969		221,852,969	35,994	221,888,963

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET C I PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	53,479,526		53,479,526			
26		INTENSIVE CARE UNIT	7,018,263		7,018,263			
31		SUBPROVIDER	4,328,822		4,328,822			
33		NURSERY	3,946,577		3,946,577			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	12,010,700	14,260,902	26,271,602	.570048	.570048	.570048
37	01	CARDIOVASCULAR SURGERY	1,297,452	166	1,297,618	1.190067	1.190067	1.190067
37	02	PARTIAL HOSPITALIZATION		1,519,543	1,519,543	1.272860	1.272860	1.277623
38		RECOVERY ROOM	2,880,496	4,891,735	7,772,231	.231584	.231584	.231584
39		DELIVERY ROOM & LABOR ROO	9,727,943	950,283	10,678,226	.622881	.622881	.622881
40		ANESTHESIOLOGY	2,875,318	3,114,488	5,989,806	.014402	.014402	.014402
41		RADIOLOGY-DIAGNOSTIC	13,819,753	56,155,548	69,975,301	.223588	.223588	.223705
41	01	MRI	2,164,026	6,586,568	8,750,594	.127069	.127069	.127069
44		LABORATORY	19,997,172	33,268,323	53,265,495	.289841	.289841	.289841
48		INTRAVENOUS THERAPY	3,069,317	815,699	3,885,016	.342695	.342695	.342695
49		RESPIRATORY THERAPY	8,148,303	1,283,088	9,431,391	.480333	.480333	.480333
50		PHYSICAL THERAPY	5,997,001	14,488,996	20,485,997	.654941	.654941	.654941
53		ELECTROCARDIOLOGY	16,023,970	18,424,344	34,448,314	.142842	.142842	.143087
54		ELECTROENCEPHALOGRAPHY	1,251,893	4,447,928	5,699,821	.320244	.320244	.320244
55		MEDICAL SUPPLIES CHARGED	67,465,180	42,065,171	109,530,351	.300794	.300794	.300794
56		DRUGS CHARGED TO PATIENTS	34,202,569	21,594,568	55,797,137	.363870	.363870	.363870
57		RENAL DIALYSIS	1,693,696		1,693,696	.792616	.792616	.792616
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	61,877	584,851	646,728	2.069729	2.069729	2.076689
61		EMERGENCY	6,236,194	24,689,264	30,925,458	.318614	.318614	.318614
62		OBSERVATION BEDS (NON-DIS	792,550	3,626,556	4,419,106	1.044396	1.044396	1.044396
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES		6,119,479	6,119,479	.721570	.721570	.721570
101		SUBTOTAL	278,488,598	258,887,500	537,376,098			
102		LESS OBSERVATION BEDS						
103		TOTAL	278,488,598	258,887,500	537,376,098			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET C I PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
		INPAT ROUTINE SRVC CNTRS					
[illegible]		ADULTS & PEDIATRICS	51,761,935		51,761,935	7,576	51,769,511
26		INTENSIVE CARE UNIT	6,665,352		6,665,352		6,665,352
31		SUBPROVIDER	4,393,130		4,393,130		4,393,130
33		NURSERY	3,620,919		3,620,919		3,620,919
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	14,976,067		14,976,067		14,976,067
37	01	CARDIOVASCULAR SURGERY	1,544,252		1,544,252		1,544,252
37	02	PARTIAL HOSPITALIZATION	1,934,166		1,934,166	7,237	1,941,403
38		RECOVERY ROOM	1,799,922		1,799,922		1,799,922
39		DELIVERY ROOM & LABOR ROO	6,651,267		6,651,267		6,651,267
40		ANESTHESIOLOGY	86,265		86,265		86,265
41		RADIOLOGY-DIAGNOSTIC	15,645,627		15,645,627	8,222	15,653,849
41	01	MRI	1,111,932		1,111,932		1,111,932
44		LABORATORY	15,438,501		15,438,501		15,438,501
48		INTRAVENOUS THERAPY	1,331,375		1,331,375		1,331,375
49		RESPIRATORY THERAPY	4,530,210		4,530,210		4,530,210
50		PHYSICAL THERAPY	13,417,112		13,417,112		13,417,112
53		ELECTROCARDIOLOGY	4,920,654		4,920,654	8,458	4,929,112
54		ELECTROENCEPHALOGRAPHY	1,825,331		1,825,331		1,825,331
55		MEDICAL SUPPLIES CHARGED	32,946,121		32,946,121		32,946,121
56		DRUGS CHARGED TO PATIENTS	20,302,912		20,302,912		20,302,912
57		RENAL DIALYSIS	1,342,451		1,342,451		1,342,451
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	1,338,552		1,338,552	4,501	1,343,053
61		EMERGENCY	9,853,285		9,853,285		9,853,285
62		OBSERVATION BEDS (NON-DIS	4,615,297		4,615,297		4,615,297
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES	4,415,631		4,415,631		4,415,631
101		SUBTOTAL	226,468,266		226,468,266	35,994	226,504,260
102		LESS OBSERVATION BEDS	4,615,297		4,615,297		4,615,297
103		TOTAL	221,852,969		221,852,969	35,994	221,888,963

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL **NOT A CMS WORKSHEET ** (05/1999)

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET C PART I

WKST A LINE NO.		COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
		INPAT ROUTINE SRVC CNTRS						
--		ADULTS & PEDIATRICS	53,479,526		53,479,526			
26		INTENSIVE CARE UNIT	7,018,263		7,018,263			
31		SUBPROVIDER	4,328,822		4,328,822			
33		NURSERY	3,946,577		3,946,577			
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	12,010,700	14,260,902	26,271,602	.570048	.570048	.570048
37	01	CARDIOVASCULAR SURGERY	1,297,452	166	1,297,618	1.190067	1.190067	1.190067
37	02	PARTIAL HOSPITALIZATION		1,519,543	1,519,543	1.272860	1.272860	1.277623
38		RECOVERY ROOM	2,880,496	4,891,735	7,772,231	.231584	.231584	.231584
39		DELIVERY ROOM & LABOR ROO	9,727,943	950,283	10,678,226	.622881	.622881	.622881
40		ANESTHESIOLOGY	2,875,318	3,114,488	5,989,806	.014402	.014402	.014402
41		RADIOLOGY-DIAGNOSTIC	13,819,753	56,155,548	69,975,301	.223588	.223588	.223705
41	01	MRI	2,164,026	6,586,568	8,750,594	.127069	.127069	.127069
44		LABORATORY	19,997,172	33,268,323	53,265,495	.289841	.289841	.289841
48		INTRAVENOUS THERAPY	3,069,317	815,699	3,885,016	.342695	.342695	.342695
49		RESPIRATORY THERAPY	8,148,303	1,283,088	9,431,391	.480333	.480333	.480333
50		PHYSICAL THERAPY	5,997,001	14,488,996	20,485,997	.654941	.654941	.654941
53		ELECTROCARDIOLOGY	16,023,970	18,424,344	34,448,314	.142842	.142842	.143087
54		ELECTROENCEPHALOGRAPHY	1,251,893	4,447,928	5,699,821	.320244	.320244	.320244
55		MEDICAL SUPPLIES CHARGED	67,465,180	42,065,171	109,530,351	.300794	.300794	.300794
56		DRUGS CHARGED TO PATIENTS	34,202,569	21,594,568	55,797,137	.363870	.363870	.363870
57		RENAL DIALYSIS	1,693,696		1,693,696	.792616	.792616	.792616
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	61,877	584,851	646,728	2.069729	2.069729	2.076689
61		EMERGENCY	6,236,194	24,689,264	30,925,458	.318614	.318614	.318614
62		OBSERVATION BEDS (NON-DIS	792,550	3,626,556	4,419,106	1.044396	1.044396	1.044396
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES		6,119,479	6,119,479	.721570	.721570	.721570
101		SUBTOTAL	278,488,598	258,887,500	537,376,098			
102		LESS OBSERVATION BEDS						
103		TOTAL	278,488,598	258,887,500	537,376,098			

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96(09/2000)

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET C I PART II

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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	14,976,067	2,007,909	12,968,158			14,976,067
37	01	CARDIOVASCULAR SURGERY	1,544,252	204,708	1,339,544			1,544,252
37	02	PARTIAL HOSPITALIZATION	1,934,166	239,456	1,694,710			1,934,166
38		RECOVERY ROOM	1,799,922	149,553	1,650,369			1,799,922
39		DELIVERY ROOM & LABOR ROO	6,651,267	1,323,110	5,328,157			6,651,267
40		ANESTHESIOLOGY	86,265	5,909	80,356			86,265
41		RADIOLOGY-DIAGNOSTIC	15,645,627	1,942,921	13,702,706			15,645,627
41	01	MRI	1,111,932	142,759	969,173			1,111,932
44		LABORATORY	15,438,501	856,845	14,581,656			15,438,501
48		INTRAVENOUS THERAPY	1,331,375	32,080	1,299,295			1,331,375
49		RESPIRATORY THERAPY	4,530,210	172,836	4,357,374			4,530,210
50		PHYSICAL THERAPY	13,417,112	1,376,345	12,040,767			13,417,112
53		ELECTROCARDIOLOGY	4,920,654	576,479	4,344,175			4,920,654
54		ELECTROENCEPHALOGRAPHY	1,825,331	151,200	1,674,131			1,825,331
55		MEDICAL SUPPLIES CHARGED	32,946,121	793,861	32,152,260			32,946,121
56		DRUGS CHARGED TO PATIENTS	20,302,912	580,460	19,722,452			20,302,912
57		RENAL DIALYSIS	1,342,451	48,166	1,294,285			1,342,451
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	1,338,552	156,163	1,182,389			1,338,552
61		EMERGENCY	9,853,285	1,208,414	8,644,871			9,853,285
62		OBSERVATION BEDS (NON-DIS	4,615,297	522,267	4,093,030			4,615,297
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES	4,415,631	438,702	3,976,929			4,415,631
101		SUBTOTAL	160,026,930	12,930,143	147,096,787			160,026,930
102		LESS OBSERVATION BEDS	4,615,297	522,267	4,093,030			4,615,297
103		TOTAL	155,411,633	12,407,876	143,003,757			155,411,633

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	26,271,602	.570048	.570048
37	01	CARDIOVASCULAR SURGERY	1,297,618	1.190067	1.190067
37	02	PARTIAL HOSPITALIZATION	1,519,543	1.272860	1.272860
38		RECOVERY ROOM	7,772,231	.231584	.231584
39		DELIVERY ROOM & LABOR ROO	10,678,226	.622881	.622881
40		ANESTHESIOLOGY	5,989,806	.014402	.014402
41		RADIOLOGY-DIAGNOSTIC	69,975,301	.223588	.223588
41	01	MRI	8,750,594	.127069	.127069
44		LABORATORY	53,265,495	.289841	.289841
48		INTRAVENOUS THERAPY	3,885,016	.342695	.342695
49		RESPIRATORY THERAPY	9,431,391	.480333	.480333
50		PHYSICAL THERAPY	20,485,997	.654941	.654941
53		ELECTROCARDIOLOGY	34,448,314	.142842	.142842
54		ELECTROENCEPHALOGRAPHY	5,699,821	.320244	.320244
55		MEDICAL SUPPLIES CHARGED	109,530,351	.300794	.300794
56		DRUGS CHARGED TO PATIENTS	55,797,137	.363870	.363870
57		RENAL DIALYSIS	1,693,696	.792616	.792616
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	646,728	2.069729	2.069729
61		EMERGENCY	30,925,458	.318614	.318614
62		OBSERVATION BEDS (NON-DIS	4,419,106	1.044396	1.044396
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES	6,119,479	.721570	.721570
101		SUBTOTAL	468,602,910		
102		LESS OBSERVATION BEDS	4,419,106		
103		TOTAL	464,183,804		

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL **NOT A CMS WORKSHEET ** (09/2000)

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0051 PERIOD: FROM 1/ 1/2008 TO 12/31/2008 PREPARED 5/28/2009

WORKSHEET C PART II

WKST A LINE NO.		COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & III,COL. 27	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
			1	2	3	4	5	6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	14,976,067	2,007,909	12,968,158	200,791	752,153	14,023,123
37	01	CARDIOVASCULAR SURGERY	1,544,252	204,708	1,339,544	20,471	77,694	1,446,087
37	02	PARTIAL HOSPITALIZATION	1,934,166	239,456	1,694,710	23,946	98,293	1,811,927
38		RECOVERY ROOM	1,799,922	149,553	1,650,369	14,955	95,721	1,689,246
39		DELIVERY ROOM & LABOR ROO	6,651,267	1,323,110	5,328,157	132,311	309,033	6,209,923
40		ANESTHESIOLOGY	86,265	5,909	80,356	591	4,661	81,013
41		RADIOLOGY-DIAGNOSTIC	15,645,627	1,942,921	13,702,706	194,292	794,757	14,656,578
41	01	MRI	1,111,932	142,759	969,173	14,276	56,212	1,041,444
44		LABORATORY	15,438,501	856,845	14,581,656	85,685	845,736	14,507,080
48		INTRAVENOUS THERAPY	1,331,375	32,080	1,299,295	3,208	75,359	1,252,808
49		RESPIRATORY THERAPY	4,530,210	172,836	4,357,374	17,284	252,728	4,260,198
50		PHYSICAL THERAPY	13,417,112	1,376,345	12,040,767	137,635	698,364	12,581,113
53		ELECTROCARDIOLOGY	4,920,654	576,479	4,344,175	57,648	251,962	4,611,044
54		ELECTROENCEPHALOGRAPHY	1,825,331	151,200	1,674,131	15,120	97,100	1,713,111
55		MEDICAL SUPPLIES CHARGED	32,946,121	793,861	32,152,260	79,386	1,864,831	31,001,904
56		DRUGS CHARGED TO PATIENTS	20,302,912	580,460	19,722,452	58,046	1,143,902	19,100,964
57		RENAL DIALYSIS	1,342,451	48,166	1,294,285	4,817	75,069	1,262,565
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	1,338,552	156,163	1,182,389	15,616	68,579	1,254,357
61		EMERGENCY	9,853,285	1,208,414	8,644,871	120,841	501,403	9,231,041
62		OBSERVATION BEDS (NON-DIS	4,615,297	522,267	4,093,030	52,227	237,396	4,325,674
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES	4,415,631	438,702	3,976,929	43,870	230,662	4,141,099
101		SUBTOTAL	160,026,930	12,930,143	147,096,787	1,293,016	8,531,615	150,202,299
102		LESS OBSERVATION BEDS	4,615,297	522,267	4,093,030	52,227	237,396	4,325,674
103		TOTAL	155,411,633	12,407,876	143,003,757	1,240,789	8,294,219	145,876,625

WKST	A 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	26,271,602	.533775	.562405
37	01	CARDIOVASCULAR SURGERY	1,297,618	1.114417	1.174291
37	02	PARTIAL HOSPITALIZATION	1,519,543	1.192416	1.257102
38		RECOVERY ROOM	7,772,231	.217344	.229660
39		DELIVERY ROOM & LABOR ROO	10,678,226	.581550	.610491
40		ANESTHESIOLOGY	5,989,806	.013525	.014303
41		RADIOLOGY-DIAGNOSTIC	69,975,301	.209454	.220811
41	01	MRI	8,750,594	.119014	.125438
44		LABORATORY	53,265,495	.272354	.288232
48		INTRAVENOUS THERAPY	3,885,016	.322472	.341869
49		RESPIRATORY THERAPY	9,431,391	.451704	.478501
50		PHYSICAL THERAPY	20,485,997	.614132	.648222
53		ELECTROCARDIOLOGY	34,448,314	.133854	.141168
54		ELECTROENCEPHALOGRAPHY	5,699,821	.300555	.317591
55		MEDICAL SUPPLIES CHARGED	109,530,351	.283044	.300070
56		DRUGS CHARGED TO PATIENTS	55,797,137	.342329	.362830
57		RENAL DIALYSIS	1,693,696	.745450	.789772
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	646,728	1.939543	2.045583
61		EMERGENCY	30,925,458	.298493	.314707
62		OBSERVATION BEDS (NON-DIS	4,419,106	.978857	1.032578
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES	6,119,479	.676708	.714401
101		SUBTOTAL	468,602,910		
102		LESS OBSERVATION BEDS	4,419,106		
103		TOTAL	464,183,804		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A PPS

W' t	A NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
		INPAT ROUTINE SRVC CNTRS						
	25	ADULTS & PEDIATRICS	277,471		277,471	5,580,741		5,580,741
	26	INTENSIVE CARE UNIT	56,121		56,121	491,317		491,317
	31	SUBPROVIDER	25,112		25,112	542,749		542,749
	33	NURSERY	15,129		15,129	309,957		309,957
	101	TOTAL	373,833		373,833	6,924,764		6,924,764

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | PROVIDER NO: 15-0051 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 | WORKSHEET D PART I

TITLE XVIII, PART A PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	54,133	22,814	5.13	117,036	103.09	2,351,895
26	INTENSIVE CARE UNIT	4,233	2,445	13.26	32,421	116.07	283,791
31	SUBPROVIDER	5,515	4,083	4.55	18,578	98.41	401,808
33	NURSERY	4,946		3.06		62.67	
101	TOTAL	68,827	29,342		168,035		3,037,494

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I COMPONENT NO: 15-0051 I WORKSHEET D PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A L 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	OLD CAPITAL COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	152,388	1,855,521	26,271,602	5,463,277	.005800	31,687
37	01	CARDIOVASCULAR SURGERY	8,603	196,105	1,297,618	600,605	.006630	3,982
37	02	PARTIAL HOSPITALIZATION	9,290	230,166	1,519,543		.006114	
38		RECOVERY ROOM	16,382	133,171	7,772,231	1,389,087	.002108	2,928
39		DELIVERY ROOM & LABOR ROO	54,893	1,268,217	10,678,226	24,429	.005141	126
40		ANESTHESIOLOGY	691	5,218	5,989,806	1,367,497	.000115	157
41		RADIOLOGY-DIAGNOSTIC	86,235	1,856,686	69,975,301	8,521,941	.001232	10,499
41	01	MRI	11,551	131,208	8,750,594	1,222,847	.001320	1,614
44		LABORATORY	40,230	816,615	53,265,495	10,358,867	.000755	7,821
48		INTRAVENOUS THERAPY	2,144	29,936	3,885,016	966,292	.000552	533
49		RESPIRATORY THERAPY	9,212	163,624	9,431,391	3,157,214	.000977	3,085
50		PHYSICAL THERAPY	69,985	1,306,360	20,485,997	1,543,799	.003416	5,274
53		ELECTROCARDIOLOGY	24,944	551,535	34,448,314	8,815,617	.000724	6,383
54		ELECTROENCEPHALOGRAPHY	7,268	143,932	5,699,821	775,289	.001275	988
55		MEDICAL SUPPLIES CHARGED	53,049	740,812	109,530,351	36,416,392	.000484	17,626
56		DRUGS CHARGED TO PATIENTS	29,989	550,471	55,797,137	15,980,240	.000537	8,581
57		RENAL DIALYSIS	4,638	43,528	1,693,696	1,065,756	.002738	2,918
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	6,043	150,120	646,728	34,508	.009344	322
61		EMERGENCY	54,397	1,154,017	30,925,458	3,336,740	.001759	5,869
62		OBSERVATION BEDS (NON-DIS	24,738	497,529	4,419,106	518,630	.005598	2,903
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL	666,670	11,824,771	462,483,431	101,559,027		113,296

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2009
I	15-0051	I	FROM 1/ 1/2008	I	WORKSHEET D
I	COMPONENT NO:	I	TO 12/31/2008	I	PART II
I	15-0051	I		I	

TITLE XVIII, PART A HOSPITAL PPS

WKST A L	NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
			7	8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.070628	385,860
37	01	CARDIOVASCULAR SURGERY	.151127	90,768
37	02	PARTIAL HOSPITALIZATION	.151471	
38		RECOVERY ROOM	.017134	23,801
39		DELIVERY ROOM & LABOR ROO	.118767	2,901
40		ANESTHESIOLOGY	.000871	1,191
41		RADIOLOGY-DIAGNOSTIC	.026533	226,113
41	01	MRI	.014994	18,335
44		LABORATORY	.015331	158,812
48		INTRAVENOUS THERAPY	.007706	7,446
49		RESPIRATORY THERAPY	.017349	54,775
50		PHYSICAL THERAPY	.063768	98,445
53		ELECTROCARDIOLOGY	.016011	141,147
54		ELECTROENCEPHALOGRAPHY	.025252	19,578
55		MEDICAL SUPPLIES CHARGED	.006764	246,320
56		DRUGS CHARGED TO PATIENTS	.009866	157,661
57		RENAL DIALYSIS	.025700	27,390
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.232122	8,010
61		EMERGENCY	.037316	124,514
62		OBSERVATION BEDS (NON-DIS	.112586	58,390
		OTHER REIMBURS COST CNTRS		
65		AMBULANCE SERVICES		
101		TOTAL		1,851,457

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

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET D PART III

PPS

WKST A L	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
		INPAT ROUTINE SRVC CNTRS						
	25	ADULTS & PEDIATRICS						
	26	INTENSIVE CARE UNIT						
	31	SUBPROVIDER						
	33	NURSERY						
	101	TOTAL						

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

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET D I 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
	ADULTS & PEDIATRICS	54,133		22,814	
26	INTENSIVE CARE UNIT	4,233		2,445	
31	SUBPROVIDER	5,515		4,083	
33	NURSERY	4,946			
101	TOTAL	68,827		29,342	

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0051	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/28/2009	
COMPONENT NO: 15-0051		WORKSHEET D PART IV	

TITLE XVIII, PART A HOSPITAL PPS

WKST L	A 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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM				151,216		
37	01	CARDIOVASCULAR SURGERY						
37	02	PARTIAL HOSPITALIZATION						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	MRI						
44		LABORATORY						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL				151,216		

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009

I COMPONENT NO: 15-0051 I WORKSHEET D PART IV

TITLE XVIII, PART A HOSPITAL PPS

WKST A L 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
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM	151,216	151,216	26,271,602	.005756	.005756	5,463,277	31,447
37	01	CARDIOVASCULAR SURGERY			1,297,618			600,605	
37	02	PARTIAL HOSPITALIZATION			1,519,543				
38		RECOVERY ROOM			7,772,231			1,389,087	
39		DELIVERY ROOM & LABOR ROO			10,678,226			24,429	
40		ANESTHESIOLOGY			5,989,806			1,367,497	
41		RADIOLOGY-DIAGNOSTIC			69,975,301			8,521,941	
41	01	MRI			8,750,594			1,222,847	
44		LABORATORY			53,265,495			10,358,867	
48		INTRAVENOUS THERAPY			3,885,016			966,292	
49		RESPIRATORY THERAPY			9,431,391			3,157,214	
50		PHYSICAL THERAPY			20,485,997			1,543,799	
53		ELECTROCARDIOLOGY			34,448,314			8,815,617	
54		ELECTROENCEPHALOGRAPHY			5,699,821			775,289	
55		MEDICAL SUPPLIES CHARGED			109,530,351			36,416,392	
56		DRUGS CHARGED TO PATIENTS			55,797,137			15,980,240	
57		RENAL DIALYSIS			1,693,696			1,065,756	
		OUTPAT SERVICE COST CNTRS							
60		CLINIC			646,728			34,508	
61		EMERGENCY			30,925,458			3,336,740	
62		OBSERVATION BEDS (NON-DIS			4,419,106			518,630	
		OTHER REIMBURS COST CNTRS							
65		AMBULANCE SERVICES							
101		TOTAL	151,216	151,216	462,483,431			101,559,027	31,447

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0051	PERIOD: FROM 1/ 1/2008	PREPARED 5/28/2009	
COMPONENT NO: 15-0051	TO 12/31/2008	WORKSHEET D PART IV	

TITLE XVIII, PART A HOSPITAL PPS

WKST L	A 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	2,664,766			15,338		
37	01	CARDIOVASCULAR SURGERY						
37	02	PARTIAL HOSPITALIZATION	279,666					
38		RECOVERY ROOM	953,394					
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY	665,888					
41		RADIOLOGY-DIAGNOSTIC	19,409,588					
41	01	MRI	1,701,344					
44		LABORATORY	1,831,616					
48		INTRAVENOUS THERAPY	143,800					
49		RESPIRATORY THERAPY	219,678					
50		PHYSICAL THERAPY	1,863,763					
53		ELECTROCARDIOLOGY	7,612,502					
54		ELECTROENCEPHALOGRAPHY	1,388,953					
55		MEDICAL SUPPLIES CHARGED	14,041,410					
56		DRUGS CHARGED TO PATIENTS	6,441,604					
57		RENAL DIALYSIS						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	200,322					
61		EMERGENCY	4,738,628					
62		OBSERVATION BEDS (NON-DIS	1,910,109					
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL	66,067,031			15,338		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009

I COMPONENT NO: 15-0051 I WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
	Cost Center Description	1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.570048	.570048			
37 01	CARDIOVASCULAR SURGERY	1.190067	1.190067			
37 02	PARTIAL HOSPITALIZATION	1.272860	1.272860			
38	RECOVERY ROOM	.231584	.231584			
39	DELIVERY ROOM & LABOR ROOM	.622881	.622881			
40	ANESTHESIOLOGY	.014402	.014402			
41	RADIOLOGY-DIAGNOSTIC	.223588	.223588			
41 01	MRI	.127069	.127069			
44	LABORATORY	.289841	.289841			
48	INTRAVENOUS THERAPY	.342695	.342695			
49	RESPIRATORY THERAPY	.480333	.480333			
50	PHYSICAL THERAPY	.654941	.654941			
53	ELECTROCARDIOLOGY	.142842	.142842			
54	ELECTROENCEPHALOGRAPHY	.320244	.320244			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.300794	.300794			
56	DRUGS CHARGED TO PATIENTS	.363870	.363870			
57	RENAL DIALYSIS	.792616	.792616			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2.069729	2.069729			
61	EMERGENCY	.318614	.318614			
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.044396	1.044396			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	.721570	.721570			
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I COMPONENT NO: 15-0051 I WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

(A)		Cost Center Description	All Other (1) 5	PPS Services FYB to 12/31 5.01	Non-PPS Services 5.02	PPS Services 1/1 to FYE 5.03	Outpatient Ambulatory Surgical Ctr 6
		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM		2,664,766			
37	01	CARDIOVASCULAR SURGERY					
37	02	PARTIAL HOSPITALIZATION		279,666			
38		RECOVERY ROOM		953,394			
39		DELIVERY ROOM & LABOR ROOM					
40		ANESTHESIOLOGY		665,888			
41		RADIOLOGY-DIAGNOSTIC		19,409,588			
41	01	MRI		1,701,344			
44		LABORATORY		1,831,616			
48		INTRAVENOUS THERAPY		143,800			
49		RESPIRATORY THERAPY		219,678			
50		PHYSICAL THERAPY		1,863,763			
53		ELECTROCARDIOLOGY		7,612,502			
54		ELECTROENCEPHALOGRAPHY		1,388,953			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS		14,041,410	1,231		
56		DRUGS CHARGED TO PATIENTS		6,441,604			
57		RENAL DIALYSIS					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC		200,322			
61		EMERGENCY		4,738,628			
62		OBSERVATION BEDS (NON-DISTINCT PART)		1,910,109			
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES					
101		SUBTOTAL		66,067,031	1,231		
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES		66,067,031	1,231		

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I COMPONENT NO: 15-0051 I WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

		Cost Center Description	Outpatient Radialogy 7	Other Outpatient Diagnostic 8	All Other 9	PPS Services FYB to 12/31 9.01	Non-PPS Services 9.02
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM				1,519,045	
37	01	CARDIOVASCULAR SURGERY					
37	02	PARTIAL HOSPITALIZATION				355,976	
38		RECOVERY ROOM				220,791	
39		DELIVERY ROOM & LABOR ROOM					
40		ANESTHESIOLOGY				9,590	
41		RADIOLOGY-DIAGNOSTIC				4,339,751	
41	01	MRI				216,188	
44		LABORATORY				530,877	
48		INTRAVENOUS THERAPY				49,280	
49		RESPIRATORY THERAPY				105,519	
50		PHYSICAL THERAPY				1,220,655	
53		ELECTROCARDIOLOGY				1,087,385	
54		ELECTROENCEPHALOGRAPHY				444,804	
55		MEDICAL SUPPLIES CHARGED TO PATIENTS				4,223,572	370
56		DRUGS CHARGED TO PATIENTS				2,343,906	
57		RENAL DIALYSIS					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC				414,612	
61		EMERGENCY				1,509,793	
62		OBSERVATION BEDS (NON-DISTINCT PART)				1,994,910	
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES					
101		SUBTOTAL				20,586,654	370
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES				20,586,654	370

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I COMPONENT NO: 15-0051 I WORKSHEET D PART V

TITLE XVIII, PART B HOSPITAL

	Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
		9.03	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37 01	CARDIOVASCULAR SURGERY			
37 02	PARTIAL HOSPITALIZATION			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
41 01	MRI			
44	LABORATORY			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS			
57	RENAL DIALYSIS			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104	NET CHARGES			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I PROVIDER NO:	I PERIOD:	I PREPARED	5/28/2009
I 15-0051	I FROM 1/ 1/2008	I	WORKSHEET D
I COMPONENT NO:	I TO 12/31/2008	I	PART VI
I 15-0051	I	I	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

		1
1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	.363870
2	PROGRAM VACCINE CHARGES	73,222
3	PROGRAM COSTS	26,643

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I COMPONENT NO: 15-T051 I 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	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	152,388	1,855,521	26,271,602	11,528	.005800	67
37	01	CARDIOVASCULAR SURGERY	8,603	196,105	1,297,618		.006630	
37	02	PARTIAL HOSPITALIZATION	9,290	230,166	1,519,543		.006114	
38		RECOVERY ROOM	16,382	133,171	7,772,231	6,605	.002108	14
39		DELIVERY ROOM & LABOR ROO	54,893	1,268,217	10,678,226		.005141	
40		ANESTHESIOLOGY	691	5,218	5,989,806	3,450	.000115	
41		RADIOLOGY-DIAGNOSTIC	86,235	1,856,686	69,975,301	149,400	.001232	184
41	01	MRI	11,551	131,208	8,750,594	40,966	.001320	54
44		LABORATORY	40,230	816,615	53,265,495	541,588	.000755	409
48		INTRAVENOUS THERAPY	2,144	29,936	3,885,016	12,708	.000552	7
49		RESPIRATORY THERAPY	9,212	163,624	9,431,391	108,007	.000977	106
50		PHYSICAL THERAPY	69,985	1,306,360	20,485,997	2,628,470	.003416	8,979
53		ELECTROCARDIOLOGY	24,944	551,535	34,448,314	67,815	.000724	49
54		ELECTROENCEPHALOGRAPHY	7,268	143,932	5,699,821	31,726	.001275	40
55		MEDICAL SUPPLIES CHARGED	53,049	740,812	109,530,351	285,623	.000484	138
56		DRUGS CHARGED TO PATIENTS	29,989	550,471	55,797,137	894,704	.000537	480
57		RENAL DIALYSIS	4,638	43,528	1,693,696	66,496	.002738	182
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	6,043	150,120	646,728		.009344	
61		EMERGENCY	54,397	1,154,017	30,925,458	10,426	.001759	18
62		OBSERVATION BEDS (NON-DIS	24,738	497,529	4,419,106		.005598	
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL	666,670	11,824,771	462,483,431	4,859,512		10,727

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2009
I	15-0051	I	FROM 1/ 1/2008	I	WORKSHEET D
I	COMPONENT NO:	I	TO 12/31/2008	I	PART II
I	15-T051	I		I	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.070628	814
37	01	CARDIOVASCULAR SURGERY	.151127	
37	02	PARTIAL HOSPITALIZATION	.151471	
38		RECOVERY ROOM	.017134	113
39		DELIVERY ROOM & LABOR ROO	.118767	
40		ANESTHESIOLOGY	.000871	3
41		RADIOLOGY-DIAGNOSTIC	.026533	3,964
41	01	MRI	.014994	614
44		LABORATORY	.015331	8,303
48		INTRAVENOUS THERAPY	.007706	98
49		RESPIRATORY THERAPY	.017349	1,874
50		PHYSICAL THERAPY	.063768	167,612
53		ELECTROCARDIOLOGY	.016011	1,086
54		ELECTROENCEPHALOGRAPHY	.025252	801
55		MEDICAL SUPPLIES CHARGED	.006764	1,932
56		DRUGS CHARGED TO PATIENTS	.009866	8,827
57		RENAL DIALYSIS	.025700	1,709
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.232122	
61		EMERGENCY	.037316	389
62		OBSERVATION BEDS (NON-DIS	.112586	
		OTHER REIMBURS COST CNTRS		
65		AMBULANCE SERVICES		
101		TOTAL		198,139

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED	5/28/2009
I 15-0051	I FROM 1/ 1/2008	I WORKSHEET D	
I COMPONENT NO:	I TO 12/31/2008	I PART IV	
I 15-T051	I	I	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A L[illegible]	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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM				151,216		
37	01	CARDIOVASCULAR SURGERY						
37	02	PARTIAL HOSPITALIZATION						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	MRI						
44		LABORATORY						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL				151,216		

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I COMPONENT NO: 15-T051 I PREPARED 5/28/2009 I WORKSHEET D I PART IV I

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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	151,216	151,216	26,271,602	.005756	.005756	11,528	66
37 01	CARDIOVASCULAR SURGERY			1,297,618				
37 02	PARTIAL HOSPITALIZATION			1,519,543				
38	RECOVERY ROOM			7,772,231			6,605	
39	DELIVERY ROOM & LABOR ROO			10,678,226				
40	ANESTHESIOLOGY			5,989,806			3,450	
41	RADIOLOGY-DIAGNOSTIC			69,975,301			149,400	
41 01	MRI			8,750,594			40,966	
44	LABORATORY			53,265,495			541,588	
48	INTRAVENOUS THERAPY			3,885,016			12,708	
49	RESPIRATORY THERAPY			9,431,391			108,007	
50	PHYSICAL THERAPY			20,485,997			2,628,470	
53	ELECTROCARDIOLOGY			34,448,314			67,815	
54	ELECTROENCEPHALOGRAPHY			5,699,821			31,726	
55	MEDICAL SUPPLIES CHARGED			109,530,351			285,623	
56	DRUGS CHARGED TO PATIENTS			55,797,137			894,704	
57	RENAL DIALYSIS			1,693,696			66,496	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			646,728				
61	EMERGENCY			30,925,458			10,426	
62	OBSERVATION BEDS (NON-DIS			4,419,106				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	151,216	151,216	462,483,431			4,859,512	66

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO: 15-0051	PERIOD: FROM 1/ 1/2008	PREPARED 5/28/2009	
COMPONENT NO: 15-T051	TO 12/31/2008	WORKSHEET D PART IV	

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	CARDIOVASCULAR SURGERY						
37 02	PARTIAL HOSPITALIZATION						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	864					
41 01	MRI						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	864					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I COMPONENT NO: 15-T051 I WORKSHEET D PART V

TITLE XVIII, PART B SUBPROVIDER 1

		Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
			1	1.02	2	3	4
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM	.570048	.570048			
37	01	CARDIOVASCULAR SURGERY	1.190067	1.190067			
37	02	PARTIAL HOSPITALIZATION	1.272860	1.272860			
38		RECOVERY ROOM	.231584	.231584			
39		DELIVERY ROOM & LABOR ROOM	.622881	.622881			
40		ANESTHESIOLOGY	.014402	.014402			
41		RADIOLOGY-DIAGNOSTIC	.223588	.223588			
41	01	MRI	.127069	.127069			
44		LABORATORY	.289841	.289841			
48		INTRAVENOUS THERAPY	.342695	.342695			
49		RESPIRATORY THERAPY	.480333	.480333			
50		PHYSICAL THERAPY	.654941	.654941			
53		ELECTROCARDIOLOGY	.142842	.142842			
54		ELECTROENCEPHALOGRAPHY	.320244	.320244			
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.300794	.300794			
56		DRUGS CHARGED TO PATIENTS	.363870	.363870			
57		RENAL DIALYSIS	.792616	.792616			
		OUTPAT SERVICE COST CNTRS					
60		CLINIC	2.069729	2.069729			
61		EMERGENCY	.318614	.318614			
62		OBSERVATION BEDS (NON-DISTINCT PART)	1.044396	1.044396			
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES	.721570	.721570			
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I COMPONENT NO: 15-T051 I WORKSHEET D PART V

TITLE XVIII, PART B SUBPROVIDER 1

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	Cost Center Description	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
37 01	CARDIOVASCULAR SURGERY					
37 02	PARTIAL HOSPITALIZATION					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		864			
41 01	MRI					
44	LABORATORY					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		864			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		864			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I COMPONENT NO: 15-T051 I WORKSHEET D PART V

TITLE XVIII, PART B SUBPROVIDER 1

		Cost Center Description	Outpatient Radialogy 7	Other Outpatient Diagnostic 8	All Other 9	PPS Services FYB to 12/31 9.01	Non-PPS Services 9.02
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM					
37	01	CARDIOVASCULAR SURGERY					
37	02	PARTIAL HOSPITALIZATION					
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROOM					
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC				193	
41	01	MRI					
44		LABORATORY					
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY					
50		PHYSICAL THERAPY					
53		ELECTROCARDIOLOGY					
54		ELECTROENCEPHALOGRAPHY					
55		MEDICAL SUPPLIES CHARGED TO PATIENTS					
56		DRUGS CHARGED TO PATIENTS					
57		RENAL DIALYSIS					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
61		EMERGENCY					
62		OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES					
101		SUBTOTAL				193	
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES				193	

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I COMPONENT NO: 15-T051 I WORKSHEET D PART V

TITLE XVIII, PART B SUBPROVIDER 1

	Cost Center Description	PPS Services 1/1 to FYE 9.03	Hospital I/P Part B Charges 10	Hospital I/P Part B Costs 11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
37 01	CARDIOVASCULAR SURGERY			
37 02	PARTIAL HOSPITALIZATION			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC			
41 01	MRI			
44	LABORATORY			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS			
57	RENAL DIALYSIS			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL			
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
104	NET CHARGES			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 12/31/2008	PART VI
15-T051		

TITLE XVIII, PART B SUBPROVIDER 1

PART VI - VACCINE COST APPORTIONMENT

		1
1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	.363870
2	PROGRAM VACCINE CHARGES	2,485
3	PROGRAM COSTS	904

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | PROVIDER NO: 15-0051 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 | WORKSHEET D PART I

TITLE XIX PPS

W...	A NO.	COST CENTER DESCRIPTION	OLD CAPITAL CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	OLD CAPITAL REDUCED CAP RELATED COST 3	NEW CAPITAL CAPITAL REL COST (B,III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	NEW CAPITAL REDUCED CAP RELATED COST 6
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS	277,471		277,471	5,580,741		5,580,741
26		INTENSIVE CARE UNIT	56,121		56,121	491,317		491,317
31		SUBPROVIDER	25,112		25,112	542,749		542,749
33		NURSERY	15,129		15,129	309,957		309,957
101		TOTAL	373,833		373,833	6,924,764		6,924,764

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET D I PART I

TITLE XIX PPS

WKST A L NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	54,133	7,959	5.13	40,830	103.09	820,493
26	INTENSIVE CARE UNIT	4,233	660	13.26	8,752	116.07	76,606
31	SUBPROVIDER	5,515	159	4.55	723	98.41	15,647
33	NURSERY	4,946	2,452	3.06	7,503	62.67	153,667
101	TOTAL	68,827	11,230		57,808		1,066,413

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED	5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET D	
COMPONENT NO:	TO 12/31/2008	PART II	
15-0051			

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	COSTS 6
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	152,388	1,855,521	26,271,602	732,469	.005800	4,248
37	01	CARDIOVASCULAR SURGERY	8,603	196,105	1,297,618	26,160	.006630	173
37	02	PARTIAL HOSPITALIZATION	9,290	230,166	1,519,543		.006114	
38		RECOVERY ROOM	16,382	133,171	7,772,231	190,262	.002108	401
39		DELIVERY ROOM & LABOR ROO	54,893	1,268,217	10,678,226	4,061,616	.005141	20,881
40		ANESTHESIOLOGY	691	5,218	5,989,806	175,351	.000115	20
41		RADIOLOGY-DIAGNOSTIC	86,235	1,856,686	69,975,301	1,301,993	.001232	1,604
41	01	MRI	11,551	131,208	8,750,594	194,182	.001320	256
44		LABORATORY	40,230	816,615	53,265,495	2,299,216	.000755	1,736
48		INTRAVENOUS THERAPY	2,144	29,936	3,885,016	247,020	.000552	136
49		RESPIRATORY THERAPY	9,212	163,624	9,431,391	538,348	.000977	526
50		PHYSICAL THERAPY	69,985	1,306,360	20,485,997	149,917	.003416	512
53		ELECTROCARDIOLOGY	24,944	551,535	34,448,314	642,284	.000724	465
54		ELECTROENCEPHALOGRAPHY	7,268	143,932	5,699,821	82,540	.001275	105
55		MEDICAL SUPPLIES CHARGED	53,049	740,812	109,530,351	4,357,212	.000484	2,109
56		DRUGS CHARGED TO PATIENTS	29,989	550,471	55,797,137	3,950,088	.000537	2,121
57		RENAL DIALYSIS	4,638	43,528	1,693,696	76,220	.002738	209
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	6,043	150,120	646,728	3,527	.009344	33
61		EMERGENCY	54,397	1,154,017	30,925,458	546,867	.001759	962
62		OBSERVATION BEDS (NON-DIS	24,738	497,529	4,419,106		.005598	
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL	666,670	11,824,771	462,483,431	19,575,272		36,497

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 12/31/2008	PART II
15-0051		

TITLE XIX HOSPITAL PPS

WKST I	A NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.070628	51,733
37	01	CARDIOVASCULAR SURGERY	.151127	3,953
37	02	PARTIAL HOSPITALIZATION	.151471	
38		RECOVERY ROOM	.017134	3,260
39		DELIVERY ROOM & LABOR ROO	.118767	482,386
40		ANESTHESIOLOGY	.000871	153
41		RADIOLOGY-DIAGNOSTIC	.026533	34,546
41	01	MRI	.014994	2,912
44		LABORATORY	.015331	35,249
48		INTRAVENOUS THERAPY	.007706	1,904
49		RESPIRATORY THERAPY	.017349	9,340
50		PHYSICAL THERAPY	.063768	9,560
53		ELECTROCARDIOLOGY	.016011	10,284
54		ELECTROENCEPHALOGRAPHY	.025252	2,084
55		MEDICAL SUPPLIES CHARGED	.006764	29,472
56		DRUGS CHARGED TO PATIENTS	.009866	38,972
57		RENAL DIALYSIS	.025700	1,959
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.232122	819
61		EMERGENCY	.037316	20,407
62		OBSERVATION BEDS (NON-DIS	.112586	
		OTHER REIMBURS COST CNTRS		
65		AMBULANCE SERVICES		
101		TOTAL		738,993

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET D PART III
PPS

WKST A L[illegible] 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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET D PART III

WKST A NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
[illegible]	ADULTS & PEDIATRICS	54,133		7,959	
26	INTENSIVE CARE UNIT	4,233		660	
31	SUBPROVIDER	5,515		159	
33	NURSERY	4,946		2,452	
101	TOTAL	68,827		11,230	

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009

I COMPONENT NO: 15-0051 I WORKSHEET D PART IV

TITLE XIX HOSPITAL PPS

WKST L	A 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
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM				151,216		
37	01	CARDIOVASCULAR SURGERY						
37	02	PARTIAL HOSPITALIZATION						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	MRI						
44		LABORATORY						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL				151,216		

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
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM	151,216	151,216	26,271,602	.005756	.005756	732,469	4,216
37	01	CARDIOVASCULAR SURGERY			1,297,618			26,160	
37	02	PARTIAL HOSPITALIZATION			1,519,543				
38		RECOVERY ROOM			7,772,231			190,262	
39		DELIVERY ROOM & LABOR ROO			10,678,226			4,061,616	
40		ANESTHESIOLOGY			5,989,806			175,351	
41		RADIOLOGY-DIAGNOSTIC			69,975,301			1,301,993	
41	01	MRI			8,750,594			194,182	
44		LABORATORY			53,265,495			2,299,216	
48		INTRAVENOUS THERAPY			3,885,016			247,020	
49		RESPIRATORY THERAPY			9,431,391			538,348	
50		PHYSICAL THERAPY			20,485,997			149,917	
53		ELECTROCARDIOLOGY			34,448,314			642,284	
54		ELECTROENCEPHALOGRAPHY			5,699,821			82,540	
55		MEDICAL SUPPLIES CHARGED			109,530,351			4,357,212	
56		DRUGS CHARGED TO PATIENTS			55,797,137			3,950,088	
57		RENAL DIALYSIS			1,693,696			76,220	
		OUTPAT SERVICE COST CNTRS							
60		CLINIC			646,728			3,527	
61		EMERGENCY			30,925,458			546,867	
62		OBSERVATION BEDS (NON-DIS			4,419,106				
		OTHER REIMBURS COST CNTRS							
65		AMBULANCE SERVICES							
101		TOTAL	151,216	151,216	462,483,431			19,575,272	4,216

TITLE XIX HOSPITAL PPS

WKST I	A 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	1,466,126			8,439		
37	01	CARDIOVASCULAR SURGERY						
37	02	PARTIAL HOSPITALIZATION	361,473					
38		RECOVERY ROOM	535,944					
39		DELIVERY ROOM & LABOR ROO	610,258					
40		ANESTHESIOLOGY	320,192					
41		RADIOLOGY-DIAGNOSTIC	5,067,108					
41	01	MRI	654,757					
44		LABORATORY	3,991,461					
48		INTRAVENOUS THERAPY	68,154					
49		RESPIRATORY THERAPY	84,733					
50		PHYSICAL THERAPY	1,503,716					
53		ELECTROCARDIOLOGY	967,407					
54		ELECTROENCEPHALOGRAPHY	291,251					
55		MEDICAL SUPPLIES CHARGED	2,809,985					
56		DRUGS CHARGED TO PATIENTS	2,188,076					
57		RENAL DIALYSIS						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	41,157					
61		EMERGENCY	4,076,015					
62		OBSERVATION BEDS (NON-DIS	689,304					
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES	820,652					
101		TOTAL	26,547,769			8,439		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0051 I COMPONENT NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET D PART V

TITLE XIX - O/P HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic	All Other (1)
	Cost Center Description	1	2	3	4	5
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.533775				1,466,126
37 01	CARDIOVASCULAR SURGERY	1.114417				
37 02	PARTIAL HOSPITALIZATION	1.192416				361,473
38	RECOVERY ROOM	.217344				535,944
39	DELIVERY ROOM & LABOR ROOM	.581550				610,258
40	ANESTHESIOLOGY	.013525				320,192
41	RADIOLOGY-DIAGNOSTIC	.209454				5,067,108
41 01	MRI	.119014				654,757
44	LABORATORY	.272354				3,991,461
48	INTRAVENOUS THERAPY	.322472				68,154
49	RESPIRATORY THERAPY	.451704				84,733
50	PHYSICAL THERAPY	.614132				1,503,716
53	ELECTROCARDIOLOGY	.133854				967,407
54	ELECTROENCEPHALOGRAPHY	.300555				291,251
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.283044				2,809,985
56	DRUGS CHARGED TO PATIENTS	.342329				2,188,076
57	RENAL DIALYSIS	.745450				
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1.939543				41,157
61	EMERGENCY	.298493				4,076,015
62	OBSERVATION BEDS (NON-DISTINCT PART)	.978857				689,304
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	.676708				820,652
101	SUBTOTAL					26,547,769
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES					26,547,769

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I COMPONENT NO: 15-0051 I WORKSHEET D PART V

TITLE XIX - O/P HOSPITAL

		Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy
			5.01	5.02	5.03	6	7
(A)		ANCILLARY SRVC COST CNTRS					
37		OPERATING ROOM					
37	01	CARDIOVASCULAR SURGERY					
37	02	PARTIAL HOSPITALIZATION					
38		RECOVERY ROOM					
39		DELIVERY ROOM & LABOR ROOM					
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC					
41	01	MRI					
44		LABORATORY					
48		INTRAVENOUS THERAPY					
49		RESPIRATORY THERAPY					
50		PHYSICAL THERAPY					
53		ELECTROCARDIOLOGY					
54		ELECTROENCEPHALOGRAPHY					
55		MEDICAL SUPPLIES CHARGED TO PATIENTS					
56		DRUGS CHARGED TO PATIENTS					
57		RENAL DIALYSIS					
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
61		EMERGENCY					
62		OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
65		AMBULANCE SERVICES					
101		SUBTOTAL					
102		CRNA CHARGES					
103		LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104		NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I COMPONENT NO: 15-0051 I WORKSHEET D PART V

TITLE XIX - O/P HOSPITAL

		Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	Cost Center Description	8	9	9.01	9.02	9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		782,581			
37 01	CARDIOVASCULAR SURGERY					
37 02	PARTIAL HOSPITALIZATION		431,026			
38	RECOVERY ROOM		116,484			
39	DELIVERY ROOM & LABOR ROOM		354,896			
40	ANESTHESIOLOGY		4,331			
41	RADIOLOGY-DIAGNOSTIC		1,061,326			
41 01	MRI		77,925			
44	LABORATORY		1,087,090			
48	INTRAVENOUS THERAPY		21,978			
49	RESPIRATORY THERAPY		38,274			
50	PHYSICAL THERAPY		923,480			
53	ELECTROCARDIOLOGY		129,491			
54	ELECTROENCEPHALOGRAPHY		87,537			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		795,349			
56	DRUGS CHARGED TO PATIENTS		749,042			
57	RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		79,826			
61	EMERGENCY		1,216,662			
62	OBSERVATION BEDS (NON-DISTINCT PART)		674,730			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES		555,342			
101	SUBTOTAL		9,187,370			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES		9,187,370			

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

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1996)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I COMPONENT NO: 15-T051 I WORKSHEET D PART II

TITLE XIX SUBPROVIDER 1 PPS

WKST L	A 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	152,388	1,855,521	26,271,602	961	.005800	6
37	01	CARDIOVASCULAR SURGERY	8,603	196,105	1,297,618		.006630	
37	02	PARTIAL HOSPITALIZATION	9,290	230,166	1,519,543		.006114	
38		RECOVERY ROOM	16,382	133,171	7,772,231		.002108	
39		DELIVERY ROOM & LABOR ROO	54,893	1,268,217	10,678,226		.005141	
40		ANESTHESIOLOGY	691	5,218	5,989,806	230	.000115	
41		RADIOLOGY-DIAGNOSTIC	86,235	1,856,686	69,975,301	1,434	.001232	2
41	01	MRI	11,551	131,208	8,750,594	4,998	.001320	7
44		LABORATORY	40,230	816,615	53,265,495	11,155	.000755	8
48		INTRAVENOUS THERAPY	2,144	29,936	3,885,016	561	.000552	
49		RESPIRATORY THERAPY	9,212	163,624	9,431,391	2,659	.000977	3
50		PHYSICAL THERAPY	69,985	1,306,360	20,485,997	99,566	.003416	340
53		ELECTROCARDIOLOGY	24,944	551,535	34,448,314	371	.000724	
54		ELECTROENCEPHALOGRAPHY	7,268	143,932	5,699,821	690	.001275	1
55		MEDICAL SUPPLIES CHARGED	53,049	740,812	109,530,351	9,870	.000484	5
56		DRUGS CHARGED TO PATIENTS	29,989	550,471	55,797,137	21,020	.000537	11
57		RENAL DIALYSIS	4,638	43,528	1,693,696		.002738	
		OUTPAT SERVICE COST CNTRS						
60		CLINIC	6,043	150,120	646,728		.009344	
61		EMERGENCY	54,397	1,154,017	30,925,458	47	.001759	
62		OBSERVATION BEDS (NON-DIS	24,738	497,529	4,419,106		.005598	
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL	666,670	11,824,771	462,483,431	153,562		383

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2009
I	15-0051	I	FROM 1/ 1/2008	I	WORKSHEET D
I	COMPONENT NO:	I	TO 12/31/2008	I	PART II
I	15-T051	I		I	

TITLE XIX SUBPROVIDER 1 PPS

WKST L	A NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.070628	68
37	01	CARDIOVASCULAR SURGERY	.151127	
37	02	PARTIAL HOSPITALIZATION	.151471	
38		RECOVERY ROOM	.017134	
39		DELIVERY ROOM & LABOR ROO	.118767	
40		ANESTHESIOLOGY	.000871	
41		RADIOLOGY-DIAGNOSTIC	.026533	38
41	01	MRI	.014994	75
44		LABORATORY	.015331	171
48		INTRAVENOUS THERAPY	.007706	4
49		RESPIRATORY THERAPY	.017349	46
50		PHYSICAL THERAPY	.063768	6,349
53		ELECTROCARDIOLOGY	.016011	6
54		ELECTROENCEPHALOGRAPHY	.025252	17
55		MEDICAL SUPPLIES CHARGED	.006764	67
56		DRUGS CHARGED TO PATIENTS	.009866	207
57		RENAL DIALYSIS	.025700	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.232122	
61		EMERGENCY	.037316	2
62		OBSERVATION BEDS (NON-DIS	.112586	
		OTHER REIMBURS COST CNTRS		
65		AMBULANCE SERVICES		
101		TOTAL		7,050

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005)

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009

I COMPONENT NO: 15-T051 I WORKSHEET D PART IV

TITLE XIX SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1 1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM			151,216		
37 01	CARDIOVASCULAR SURGERY					
37 02	PARTIAL HOSPITALIZATION					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 01	MRI					
44	LABORATORY					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL			151,216		

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
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM	151,216	151,216	26,271,602	.005756	.005756	961	6
37	01	CARDIOVASCULAR SURGERY			1,297,618				
37	02	PARTIAL HOSPITALIZATION			1,519,543				
38		RECOVERY ROOM			7,772,231				
39		DELIVERY ROOM & LABOR ROO			10,678,226				
40		ANESTHESIOLOGY			5,989,806			230	
41		RADIOLOGY-DIAGNOSTIC			69,975,301			1,434	
41	01	MRI			8,750,594			4,998	
44		LABORATORY			53,265,495			11,155	
48		INTRAVENOUS THERAPY			3,885,016			561	
49		RESPIRATORY THERAPY			9,431,391			2,659	
50		PHYSICAL THERAPY			20,485,997			99,566	
53		ELECTROCARDIOLOGY			34,448,314			371	
54		ELECTROENCEPHALOGRAPHY			5,699,821			690	
55		MEDICAL SUPPLIES CHARGED			109,530,351			9,870	
56		DRUGS CHARGED TO PATIENTS			55,797,137			21,020	
57		RENAL DIALYSIS			1,693,696				
		OUTPAT SERVICE COST CNTRS							
60		CLINIC			646,728				
61		EMERGENCY			30,925,458			47	
62		OBSERVATION BEDS (NON-DIS			4,419,106				
		OTHER REIMBURS COST CNTRS							
65		AMBULANCE SERVICES							
101		TOTAL	151,216	151,216	462,483,431			153,562	6

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96(04/2005) CONTD

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET D
COMPONENT NO:	TO 12/31/2008	PART IV
15-T051		

TITLE XIX SUBPROVIDER 1 PPS

WKST L	A 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						
37	01	CARDIOVASCULAR SURGERY						
37	02	PARTIAL HOSPITALIZATION						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	MRI						
44		LABORATORY						
48		INTRAVENOUS THERAPY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
53		ELECTROCARDIOLOGY						
54		ELECTROENCEPHALOGRAPHY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
57		RENAL DIALYSIS						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
65		AMBULANCE SERVICES						
101		TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2008	PART I
15-0051		

TITLE XVIII PART A HOSPITAL PPS

.f I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	54,133
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	54,133
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29,022
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	25,111
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)	22,814
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	51,769,511
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	51,769,511
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	48,911,042
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	27,643,295
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	21,267,747
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.058442
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	952.49
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	846.95
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	105.54
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	111.71
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	3,242,048
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	48,527,463

TITLE XVIII PART A HOSPITAL PPS

II - HOSPITAL AND SUBPROVIDERS ONLY

		1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	956.34
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	21,817,941
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	21,817,941

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	6,665,352	4,233	1,574.62	2,445	3,849,946
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	32,908,084
49	TOTAL PROGRAM INPATIENT COSTS	58,575,971
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2,785,143
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1,996,200
52	TOTAL PROGRAM EXCLUDABLE COST	4,781,343
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	53,794,628
	TARGET AMOUNT AND LIMIT COMPUTATION	
54	PROGRAM DISCHARGES	
55	TARGET AMOUNT PER DISCHARGE	
56	TARGET AMOUNT	
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	
	PROGRAM INPATIENT ROUTINE SWING BED COST	
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED	5/28/2009
I 15-0051	I FROM 1/ 1/2008	I	WORKSHEET D-1
I COMPONENT NO:	I TO 12/31/2008	I	PART III
I 15-0051	I	I	

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	4,826
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	956.34
85	OBSERVATION BED COST	4,615,297

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	277,471	51,769,511	.005360	4,615,297	24,738
87	NEW CAPITAL-RELATED COST	5,580,741	51,769,511	.107800	4,615,297	497,529
88	NON PHYSICIAN ANESTHETIST		51,769,511		4,615,297	
	MEDICAL EDUCATION		51,769,511		4,615,297	
.01	MEDICAL EDUCATION - ALLIED HEA		51,769,511		4,615,297	
89.02	MEDICAL EDUCATION - ALL OTHER		51,769,511		4,615,297	

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO:	I PERIOD:	I PREPARED	5/28/2009
I 15-0051	I FROM 1/ 1/2008	I WORKSHEET	D-1
I COMPONENT NO:	I TO 12/31/2008	I	PART I
I 15-T051	I	I	

TITLE XVIII PART A SUBPROVIDER I PPS

.f I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,515
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,515
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	518
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,997
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)	4,083
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	4,393,130
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	4,393,130
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,328,822
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	440,300
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,888,522
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.014856
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	850.00
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	778.17
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	71.83
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	72.90
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	37,762
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,355,368

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2008	PART II
15-T051		

TITLE XVIII PART A SUBPROVIDER I PPS

II - HOSPITAL AND SUBPROVIDERS ONLY

		1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	796.58
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,252,436
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,252,436

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

		1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	2,468,842
49	TOTAL PROGRAM INPATIENT COSTS	5,721,278
	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	420,386
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	208,932
52	TOTAL PROGRAM EXCLUDABLE COST	629,318
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	5,091,960
	TARGET AMOUNT AND LIMIT COMPUTATION	
54	PROGRAM DISCHARGES	
55	TARGET AMOUNT PER DISCHARGE	
56	TARGET AMOUNT	
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	
	BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	
	PROGRAM INPATIENT ROUTINE SWING BED COST	
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I PERIOD:	I PREPARED 5/28/2009
I	15-0051	I FROM 1/ 1/2008	I WORKSHEET D-1
I	COMPONENT NO:	I TO 12/31/2008	I PART III
I	15-T051	I	I

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	796.58
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	25,112	4,393,130	.005716		
87	NEW CAPITAL-RELATED COST	542,749	4,393,130	.123545		
88	NON PHYSICIAN ANESTHETIST		4,393,130			
89	MEDICAL EDUCATION		4,393,130			
89.01	MEDICAL EDUCATION - ALLIED HEA		4,393,130			
89.02	MEDICAL EDUCATION - ALL OTHER		4,393,130			

TITLE XIX - I/P HOSPITAL PPS

...r I - ALL PROVIDER COMPONENTS

		1
	INPATIENT DAYS	
1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	54,133
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	54,133
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29,022
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	25,111
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)	7,959
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)	4,946
16	NURSERY DAYS (TITLE V OR XIX ONLY)	2,452
	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	51,769,511
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	51,769,511
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	48,911,042
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	27,643,295
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	21,267,747
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.058442
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	952.49
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	846.95
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	105.54
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	111.71
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	3,242,048
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	48,527,463

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PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	956.34
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7,611,510
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	7,611,510

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)	3,620,919	4,946	732.09	2,452	1,795,085
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	6,665,352	4,233	1,574.62	660	1,039,249
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

1

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	7,557,187
49	TOTAL PROGRAM INPATIENT COSTS	18,003,031

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,107,851
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	779,706
52	TOTAL PROGRAM EXCLUDABLE COST	1,887,557
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	16,115,474

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I PERIOD:	I PREPARED 5/28/2009
I	15-0051	I FROM 1/ 1/2008	I WORKSHEET D-1
I	COMPONENT NO:	I TO 12/31/2008	I PART III
I	15-0051	I	I

TITLE XIX - I/P HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	4,826
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	956.34
85	OBSERVATION BED COST	4,615,297

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	277,471	51,769,511	.005360	4,615,297	24,738
87	NEW CAPITAL-RELATED COST	5,580,741	51,769,511	.107800	4,615,297	497,529
88	NON PHYSICIAN ANESTHETIST		51,769,511		4,615,297	
	MEDICAL EDUCATION		51,769,511		4,615,297	
.01	MEDICAL EDUCATION - ALLIED HEA		51,769,511		4,615,297	
89.02	MEDICAL EDUCATION - ALL OTHER		51,769,511		4,615,297	

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET D-1
COMPONENT NO:	TO 12/31/2008	PART I
15-T051		

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)	5,515
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,515
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	518
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,997
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)	159
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
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	4,393,130
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	4,393,130
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,328,822
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	440,300
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,888,522
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.014856
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	850.00
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	778.17
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	71.83
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	72.90
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	37,762
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,355,368

		1
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	796.58
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	126,656
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	126,656

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT					
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
						1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					82,326
49	TOTAL PROGRAM INPATIENT COSTS					208,982

	PASS THROUGH COST ADJUSTMENTS	
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	16,370
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	7,439
52	TOTAL PROGRAM EXCLUDABLE COST	23,809
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	185,173

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

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

TITLE XIX - I/P SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	796.58
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	25,112	4,393,130	.005716		
87	NEW CAPITAL-RELATED COST	542,749	4,393,130	.123545		
88	NON PHYSICIAN ANESTHETIST		4,393,130			
	MEDICAL EDUCATION		4,393,130			
.01	MEDICAL EDUCATION - ALLIED HEA		4,393,130			
89.02	MEDICAL EDUCATION - ALL OTHER		4,393,130			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET D-4

I COMPONENT NO: 15-0051 I

TITLE XVIII, PART A HOSPITAL PPS

WKST A L - NO.		COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS		23,992,071	
26		INTENSIVE CARE UNIT		4,077,737	
31		SUBPROVIDER			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.570048	5,463,277	3,114,330
37	01	CARDIOVASCULAR SURGERY	1.190067	600,605	714,760
37	02	PARTIAL HOSPITALIZATION	1.277623		
38		RECOVERY ROOM	.231584	1,389,087	321,690
39		DELIVERY ROOM & LABOR ROOM	.622881	24,429	15,216
40		ANESTHESIOLOGY	.014402	1,367,497	19,695
41		RADIOLOGY-DIAGNOSTIC	.223705	8,521,941	1,906,401
41	01	MRI	.127069	1,222,847	155,386
44		LABORATORY	.289841	10,358,867	3,002,424
48		INTRAVENOUS THERAPY	.342695	966,292	331,143
49		RESPIRATORY THERAPY	.480333	3,157,214	1,516,514
50		PHYSICAL THERAPY	.654941	1,543,799	1,011,097
53		ELECTROCARDIOLOGY	.143087	8,815,617	1,261,400
54		ELECTROENCEPHALOGRAPHY	.320244	775,289	248,282
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.300794	36,416,392	10,953,832
56		DRUGS CHARGED TO PATIENTS	.363870	15,980,240	5,814,730
57		RENAL DIALYSIS	.792616	1,065,756	844,735
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	2.076689	34,508	71,662
61		EMERGENCY	.318614	3,336,740	1,063,132
62		OBSERVATION BEDS (NON-DISTINCT PART)	1.044396	518,630	541,655
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES			
101		TOTAL		101,559,027	32,908,084
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		101,559,027	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET D-4

I COMPONENT NO: 15-T051 I

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
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS			
26		INTENSIVE CARE UNIT			
31		SUBPROVIDER		3,118,781	
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.570048	11,528	6,572
37	01	CARDIOVASCULAR SURGERY	1.190067		
37	02	PARTIAL HOSPITALIZATION	1.277623		
38		RECOVERY ROOM	.231584	6,605	1,530
39		DELIVERY ROOM & LABOR ROOM	.622881		
40		ANESTHESIOLOGY	.014402	3,450	50
41		RADIOLOGY-DIAGNOSTIC	.223705	149,400	33,422
41	01	MRI	.127069	40,966	5,206
44		LABORATORY	.289841	541,588	156,974
48		INTRAVENOUS THERAPY	.342695	12,708	4,355
49		RESPIRATORY THERAPY	.480333	108,007	51,879
50		PHYSICAL THERAPY	.654941	2,628,470	1,721,493
53		ELECTROCARDIOLOGY	.143087	67,815	9,703
54		ELECTROENCEPHALOGRAPHY	.320244	31,726	10,160
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.300794	285,623	85,914
56		DRUGS CHARGED TO PATIENTS	.363870	894,704	325,556
57		RENAL DIALYSIS	.792616	66,496	52,706
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	2.076689		
61		EMERGENCY	.318614	10,426	3,322
62		OBSERVATION BEDS (NON-DISTINCT PART)	1.044396		
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES			
101		TOTAL		4,859,512	2,468,842
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		4,859,512	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET D-4
COMPONENT NO:	TO 12/31/2008	
15-0051		

TITLE XIX HOSPITAL PPS

WKST A I - NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		6,895,860	
26	INTENSIVE CARE UNIT		620,586	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.570048	732,469	417,542
37 01	CARDIOVASCULAR SURGERY	1.190067	26,160	31,132
37 02	PARTIAL HOSPITALIZATION	1.277623		
38	RECOVERY ROOM	.231584	190,262	44,062
39	DELIVERY ROOM & LABOR ROOM	.622881	4,061,616	2,529,903
40	ANESTHESIOLOGY	.014402	175,351	2,525
41	RADIOLOGY-DIAGNOSTIC	.223705	1,301,993	291,262
41 01	MRI	.127069	194,182	24,675
44	LABORATORY	.289841	2,299,216	666,407
48	INTRAVENOUS THERAPY	.342695	247,020	84,653
49	RESPIRATORY THERAPY	.480333	538,348	258,586
50	PHYSICAL THERAPY	.654941	149,917	98,187
53	ELECTROCARDIOLOGY	.143087	642,284	91,902
54	ELECTROENCEPHALOGRAPHY	.320244	82,540	26,433
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.300794	4,357,212	1,310,623
56	DRUGS CHARGED TO PATIENTS	.363870	3,950,088	1,437,319
57	RENAL DIALYSIS	.792616	76,220	60,413
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.076689	3,527	7,324
61	EMERGENCY	.318614	546,867	174,239
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.044396		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		19,575,272	7,557,187
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		19,575,272	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: 15-0051 I COMPONENT NO: 15-T051
I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008
I PREPARED 5/28/2009 I WORKSHEET D-4

TITLE XIX SUBPROVIDER 1 PPS

WKST A LINE	NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS			
26		INTENSIVE CARE UNIT			
31		SUBPROVIDER		144,450	
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.570048	961	548
37	01	CARDIOVASCULAR SURGERY	1.190067		
37	02	PARTIAL HOSPITALIZATION	1.277623		
38		RECOVERY ROOM	.231584		
39		DELIVERY ROOM & LABOR ROOM	.622881		
40		ANESTHESIOLOGY	.014402	230	3
41		RADIOLOGY-DIAGNOSTIC	.223705	1,434	321
41	01	MRI	.127069	4,998	635
44		LABORATORY	.289841	11,155	3,233
48		INTRAVENOUS THERAPY	.342695	561	192
49		RESPIRATORY THERAPY	.480333	2,659	1,277
50		PHYSICAL THERAPY	.654941	99,566	65,210
53		ELECTROCARDIOLOGY	.143087	371	53
54		ELECTROENCEPHALOGRAPHY	.320244	690	221
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.300794	9,870	2,969
56		DRUGS CHARGED TO PATIENTS	.363870	21,020	7,649
57		RENAL DIALYSIS	.792616		
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	2.076689		
61		EMERGENCY	.318614	47	15
62		OBSERVATION BEDS (NON-DISTINCT PART)	1.044396		
		OTHER REIMBURS COST CNTRS			
65		AMBULANCE SERVICES			
101		TOTAL		153,562	82,326
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		153,562	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET E
COMPONENT NO:	TO 12/31/2008	PART A
15-0051		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
	DRG AMOUNT		
1	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	28,232,644	
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	9,292,435	
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
	MANAGED CARE PATIENTS		
1.03	PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05	PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08	SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	2,146,733	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	244.05	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005		
.07	E-3 PT 6 LN 15 PLUS LN 3.06 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1,ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13	FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23 PLUS E-3, PT VI, LINE 23		
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
	DISPROPORTIONATE SHARE ADJUSTMENT		
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	4.77	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	18.80	
4.02	SUM OF LINES 4 AND 4.01	23.57	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	8.66	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	3,249,672	
	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 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET E
COMPONENT NO:	TO 12/31/2008	PART A
15-0051		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	DESCRIPTION	HOSPITAL 1	1.01
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06	TOTAL ADDITIONAL PAYMENT		
6	SUBTOTAL (SEE INSTRUCTIONS)	42,921,484	
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)	42,921,484	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,524,705	
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12	NET ORGAN ACQUISITION COST		
13	COST OF TEACHING PHYSICIANS		
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	31,447	
16	TOTAL	46,477,636	
17	PRIMARY PAYER PAYMENTS	13,283	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	46,464,353	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,618,941	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	86,272	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	825,980	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	578,186	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	600,509	
22	SUBTOTAL	43,337,326	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24	OTHER ADJUSTMENTS (SPECIFY)		
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	43,337,326	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	43,124,939	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	212,387	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	283,709	
	----- 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 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET E
COMPONENT NO:	TO 12/31/2008	PART B
15-0051		

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL
1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	27,013
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	20,571,316
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	17,028,648
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.878
1.04	LINE 1.01 TIMES LINE 1.03.	18,061,615
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	94.28
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.	15,338
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	27,013
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	74,453
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	74,453
	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)	74,453
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	47,440
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	27,013
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	17,043,986
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	246
.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,873,758
19	SUBTOTAL (SEE INSTRUCTIONS)	13,196,995
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	13,196,995
24	PRIMARY PAYER PAYMENTS	1,572
25	SUBTOTAL	13,195,423
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	746,846
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	522,792
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	531,046
28	SUBTOTAL	13,718,215
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	13,718,215
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	13,769,705
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-51,490
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET E
COMPONENT NO:	TO 12/31/2008	PART B
15-T051		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	904
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	193
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	699
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)	904
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	2,485
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	2,485
	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)	2,485
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,581
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	904
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	699
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,603
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	1,603
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,603
	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	1,603
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	1,603
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,712
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-1,109
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2008	
15-0051		

TITLE XVIII HOSPITAL

	DESCRIPTION			INPATIENT-PART A MM/DD/YYYY 1	AMOUNT 2	PART B MM/DD/YYYY 3	AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				42,679,176		13,563,911
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	7/22/2008	61,712	7/22/2008	109,818
		ADJUSTMENTS TO PROVIDER	.02	12/18/2008	384,051	12/18/2008	95,976
		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		445,763		205,794
4	TOTAL INTERIM PAYMENTS				43,124,939		13,769,705
	TO BE COMPLETED BY INTERMEDIARY						
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)						
		TENTATIVE TO PROVIDER	.01				
		TENTATIVE TO PROVIDER	.02				
		TENTATIVE TO PROVIDER	.03				
		TENTATIVE TO PROGRAM	.50				
		TENTATIVE TO PROGRAM	.51				
		TENTATIVE TO PROGRAM	.52				
	SUBTOTAL		.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER	.01		212,387		
		SETTLEMENT TO PROGRAM	.02				51,490
7	TOTAL MEDICARE PROGRAM LIABILITY				43,337,326		13,718,215

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:	PERIOD:	PREPARED 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET E-1
COMPONENT NO:	TO 12/31/2008	
15-T051		

TITLE XVIII SUBPROVIDER 1

	DESCRIPTION		INPATIENT-PART A MM/DD/YYYY 1	INPATIENT-PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			4,804,052		2,712
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		NONE		NONE
4	TOTAL INTERIM PAYMENTS			4,804,052		2,712
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER	.01				
	TENTATIVE TO PROVIDER	.02				
	TENTATIVE TO PROVIDER	.03				
	TENTATIVE TO PROGRAM	.50				
	TENTATIVE TO PROGRAM	.51				
	TENTATIVE TO PROGRAM	.52				
	SUBTOTAL	.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01				
		SETTLEMENT TO PROGRAM .02		70,695		1,109
7	TOTAL MEDICARE PROGRAM LIABILITY			4,733,357		1,603

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 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2008	PART I
15-T051		

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	4,163,502
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0222
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	131,100
1.05	OUTLIER PAYMENTS	526,518
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,821,120
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
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)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.15/1.16)) 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)	
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)	
	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)	15.068306
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR {((1 + (LINE 1.39/1.40)) 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)	4,821,120
5	PRIMARY PAYER PAYMENTS	9,349
6	SUBTOTAL	4,811,771
7	DEDUCTIBLES	60,352
8	SUBTOTAL	4,751,419
9	COINSURANCE	18,128
10	SUBTOTAL	4,733,291
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
	SUBTOTAL	4,733,291
	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	66
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 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2008	PART I
15-T051		

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)	4,733,357
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,804,052
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-70,695
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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.

	ASSETS	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	22,987,379			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	39,887,109			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	5,224,774			
8	PREPAID EXPENSES	10,371,294			
9	OTHER CURRENT ASSETS	844,113			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	79,314,669			
	FIXED ASSETS				
12	LAND	11,525,707			
12.01					
13	LAND IMPROVEMENTS	2,019,582			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	219,945,712			
14.01	LESS ACCUMULATED DEPRECIATION	-197,881,016			
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	98,219,216			
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	2,587,869			
21	TOTAL FIXED ASSETS	136,417,070			
	OTHER ASSETS				
22	INVESTMENTS	66,743,017			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	7,615,045			
26	TOTAL OTHER ASSETS	74,358,062			
27	TOTAL ASSETS	290,089,801			

	LIABILITIES AND FUND BALANCE	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
	CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	9,283,462			
29	SALARIES, WAGES & FEES PAYABLE	18,393,384			
30	PAYROLL TAXES PAYABLE				
31	NOTES AND LOANS PAYABLE (SHORT TERM)	8,708,711			
32	DEFERRED INCOME				
33	ACCELERATED PAYMENTS				
34	DUE TO OTHER FUNDS	1,131,129			
35	OTHER CURRENT LIABILITIES	2,240,833			
36	TOTAL CURRENT LIABILITIES	39,757,519			
	LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE	63,533,648			
38	NOTES PAYABLE				
39	UNSECURED LOANS				
40.01	LOANS PRIOR TO 7/1/66				
40.02	ON OR AFTER 7/1/66				
41	OTHER LONG TERM LIABILITIES	23,566,542			
42	TOTAL LONG-TERM LIABILITIES	87,100,190			
43	TOTAL LIABILITIES	126,857,709			
	CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	163,232,092			
45	SPECIFIC PURPOSE FUND				
46	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49	PLANT FUND BALANCE-INVESTED IN PLANT				
50	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51	TOTAL FUND BALANCES	163,232,092			
52	TOTAL LIABILITIES AND FUND BALANCES	290,089,801			

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET G-1

		GENERAL FUND 1	GENERAL FUND 2	SPECIFIC PURPOSE FUND 3	SPECIFIC PURPOSE FUND 4
	FUND BALANCE AT BEGINNING OF PERIOD		199,414,978		
2	NET INCOME (LOSS)		-6,999,700		
3	TOTAL		192,415,278		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	FOUNDATION CAPITAL CONTRI	1,391,355			
5	ELIMINATING ENTRY	1,000			
6					
7					
8					
9					
10	TOTAL ADDITIONS		1,392,355		
11	SUBTOTAL		193,807,633		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	CHANGE IN PENSION LIABILI	28,200,990			
13	CHANGE IN PENSION MEASURE	147,680			
14	SHARE OF CHANGE-FOUND. NE	365,265			
15	CAPITAL CONTRIBUTIONS TO	1,861,604			
16	IMMATERIAL VARIANCE	2			
17					
18	TOTAL DEDUCTIONS		30,575,541		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		163,232,092		

		ENDOWMENT FUND 5	ENDOWMENT FUND 6	PLANT FUND 7	PLANT FUND 8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	FOUNDATION CAPITAL CONTRI				
5	ELIMINATING ENTRY				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	CHANGE IN PENSION LIABILI				
13	CHANGE IN PENSION MEASURE				
14	SHARE OF CHANGE-FOUND. NE				
15	CAPITAL CONTRIBUTIONS TO				
16	IMMATERIAL VARIANCE				
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | PROVIDER NO: 15-0051 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 | WORKSHEET G-2 | PARTS I & II

PART I - PATIENT REVENUES

		REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
		GENERAL INPATIENT ROUTINE CARE SERVICES			
1	00	HOSPITAL	57,426,103		57,426,103
2	00	SUBPROVIDER	4,328,822		4,328,822
4	00	SWING BED - SNF			
5	00	SWING BED - NF			
9	00	TOTAL GENERAL INPATIENT ROUTINE CARE	61,754,925		61,754,925
		INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10	00	INTENSIVE CARE UNIT	7,018,263		7,018,263
15	00	TOTAL INTENSIVE CARE TYPE INPAT HOSP	7,018,263		7,018,263
16	00	TOTAL INPATIENT ROUTINE CARE SERVICE	68,773,188		68,773,188
17	00	ANCILLARY SERVICES	209,715,410	1	209,715,411
18	00	OUTPATIENT SERVICES		252,768,019	252,768,019
19	00	HOME HEALTH AGENCY		4,690,778	4,690,778
20	00	AMBULANCE SERVICES		6,119,479	6,119,479
23	00	HOSPICE		3,483,432	3,483,432
24	00	PROMPTCARE CHARGES		6,095,849	6,095,849
24	01	A&P AND PARTIAL PHYSICIAN CHARGES		3,179,903	3,179,903
24	02	DIETARY REVENUE - OFFSET ON A-8		50,214	50,214
24	03	UNALLOCATED REVENUE -OFFSET ON A-8		205,934	205,934
25	00	TOTAL PATIENT REVENUES	278,488,598	276,593,609	555,082,207

PART II-OPERATING EXPENSES

26	00	OPERATING EXPENSES	260,994,318	
		ADD (SPECIFY)		
27	00	BAD DEBT EXPENSE	18,763,085	
28	00			
29	00			
30	00			
31	00			
32	00			
33	00	TOTAL ADDITIONS	18,763,085	
		DEDUCT (SPECIFY)		
34	00	DEDUCT (SPECIFY)		
35	00			
36	00			
37	00			
38	00			
	00	TOTAL DEDUCTIONS		
	00	TOTAL OPERATING EXPENSES	279,757,403	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0051 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 | WORKSHEET G-3

	DESCRIPTION	
	TOTAL PATIENT REVENUES	555,082,207
2	LESS: ALLOWANCES AND DISCOUNTS ON	270,512,981
3	NET PATIENT REVENUES	284,569,226
4	LESS: TOTAL OPERATING EXPENSES	279,757,403
5	NET INCOME FROM SERVICE TO PATIENT	4,811,823
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	276,958
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	194,130
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	32,918
13	REVENUE FROM LAUNDRY AND LINEN S	355,193
14	REVENUE FROM MEALS SOLD TO EMPLO	1,158,766
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	111,482
19	TUITION (FEES, SALE OF TEXTBOOKS	33,136
20	REVENUE FROM GIFTS,FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	289,711
22	RENTAL OF HOSPITAL SPACE	608,670
23	GOVERNMENTAL APPROPRIATIONS	1,748,078
24	KIDS CLUB PROGRAM REVENUE	462,992
24.01	ALL OTHER REVENUE	1,359,271
24.02		
25	TOTAL OTHER INCOME	6,631,305
26	TOTAL	11,443,128
	OTHER EXPENSES	
27	LOSS FROM INVESTMENTS	18,442,828
28		
29		
30	TOTAL OTHER EXPENSES	18,442,828
31	NET INCOME (OR LOSS) FOR THE PERIO	-6,999,700

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET H

I HHA NO: 15-7011 I

HHA 1

		SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
		1	2	3	4	5	6
	GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMIN & GENERAL	115,920		182,806		645,167	943,893
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	1,030,576					1,030,576
7	PHYSICAL THERAPY	418,111					418,111
8	OCCUPATIONAL THERAPY	111,596					111,596
9	SPEECH PATHOLOGY	6,723					6,723
10	MEDICAL SOCIAL SERVICES	35,158					35,158
11	HOME HEALTH AIDE	348,683					348,683
12	SUPPLIES						
13	DRUGS	3,356					3,356
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 OTHER	1,232,752		17,168			1,249,920
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	3,302,875		199,974		645,167	4,148,016

		RECLASSIFI-CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
		7	8	9	10
	GENERAL SERVICE COST CENTERS				
1	CAP-REL COST-BLDG & FIX				
	CAP-REL COST-MOV EQUIP				
	PLANT OPER & MAINT				
4	TRANSPORTATION				
5	ADMIN & GENERAL	-186,092	757,801	-4,608	753,193
	HHA REIMBURSABLE SERVICES				
6	SKILLED NURSING CARE	23,618	1,054,194		1,054,194
7	PHYSICAL THERAPY	9,582	427,693		427,693
8	OCCUPATIONAL THERAPY	2,557	114,153		114,153
9	SPEECH PATHOLOGY	154	6,877		6,877
10	MEDICAL SOCIAL SERVICES	806	35,964		35,964
11	HOME HEALTH AIDE	7,991	356,674		356,674
12	SUPPLIES				
13	DRUGS	77	3,433		3,433
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 OTHER	28,251	1,278,171		1,278,171
23.50	TELEMEDICINE				
24	TOTAL (SUM OF LINES 1-23)	-113,056	4,034,960	-4,608	4,030,352

HHA 1

		NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
		0	1	2	3	4	4A	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	753,193					753,193	753,193
	HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	1,054,194					1,054,194	242,286
7	PHYSICAL THERAPY	427,693					427,693	98,297
8	OCCUPATIONAL THERAPY	114,153					114,153	26,236
9	SPEECH PATHOLOGY	6,877					6,877	1,581
10	MEDICAL SOCIAL SERVICES	35,964					35,964	8,266
11	HOME HEALTH AIDE	356,674					356,674	81,975
12	SUPPLIES							
13	DRUGS	3,433					3,433	789
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	1,278,171					1,278,171	293,763
23.50	TELEMEDICINE							
24	TOTAL (SUM OF LINES 1-23)	4,030,352					4,030,352	

		TOTAL
		6
	GENERAL SERVICE COST CENTERS	
	CAP-REL COST-BLDG & FIX	
	CAP-REL COST-MOV EQUIP	
3	PLANT OPER & MAINT	
4	TRANSPORTATION	
5	ADMINISTRATIVE & GENERAL	
	HHA REIMBURSABLE SERVICES	
6	SKILLED NURSING CARE	1,296,480
7	PHYSICAL THERAPY	525,990
8	OCCUPATIONAL THERAPY	140,389
9	SPEECH PATHOLOGY	8,458
10	MEDICAL SOCIAL SERVICES	44,230
11	HOME HEALTH AIDE	438,649
12	SUPPLIES	
13	DRUGS	4,222
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	1,571,934
23.50	TELEMEDICINE	
24	TOTAL (SUM OF LINES 1-23)	4,030,352

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)
COST ALLOCATION - HHA STATISTICAL BASIS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I HHA NO: 15-7011 I WORKSHEET H-4 PART II

HHA 1

		CAP-REL COST-BLDG & FIX (SQUARE FEET) 1	CAP-REL COST-MOV EQUIP (DOLLAR VALUE) 2	PLANT OPER & MAINT (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4	RECONCILIATION 5A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 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					-753,193	3,277,159
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE						1,054,194
7	PHYSICAL THERAPY						427,693
8	OCCUPATIONAL THERAPY						114,153
9	SPEECH PATHOLOGY						6,877
10	MEDICAL SOCIAL SERVICES						35,964
11	HOME HEALTH AIDE						356,674
12	SUPPLIES						
13	DRUGS						3,433
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						1,278,171
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)					-753,193	3,277,159
25	COST TO BE ALLOCATED						753,193
26	UNIT COST MULIPLIER						.229831

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET H-5 I PART I

I HHA NO: 15-7011 I

HHA 1

	HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-1947 B 1.01	OLD CAP REL COSTS-1965 B 1.02	OLD CAP REL COSTS-1983 B 1.03	OLD CAP REL COSTS-MEDICA 1.04
1	ADMIN & GENERAL						
2	SKILLED NURSING CARE	1,296,480					
3	PHYSICAL THERAPY	525,990					
4	OCCUPATIONAL THERAPY	140,389					
5	SPEECH PATHOLOGY	8,458					
6	MEDICAL SOCIAL SERVICES	44,230					
7	HOME HEALTH AIDE	438,649					
8	SUPPLIES						
9	DRUGS	4,222					
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	1,571,934					
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)	4,030,352					
21	UNIT COST MULIPLIER						

(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	OLD CAP REL COSTS-UTILIT 1.05	OLD CAP REL COSTS-WEGMIL 1.06	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-1947 B 3.01	NEW CAP REL COSTS-1965 B 3.02
1	ADMIN & GENERAL			3,939			
2	SKILLED NURSING CARE			656			
3	PHYSICAL THERAPY			33			
	OCCUPATIONAL THERAPY						
	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE			119			
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			3,394			
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)			8,141			
21	UNIT COST MULIPLIER						

(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.

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

PROVIDER NO: 15-0051	PERIOD: FROM 1/ 1/2008	PREPARED	5/28/2009
HHA NO: 15-7011	TO 12/31/2008	WORKSHEET	H-5
		PART I	

HHA 1

	HHA COST CENTER	NEW CAP REL COSTS-1983 B 3.03	NEW CAP REL COSTS-MEDICA 3.04	NEW CAP REL COSTS-UTILIT 3.05	NEW CAP REL COSTS-CANCER 3.06	NEW CAP REL COSTS-PHNA B 3.07	NEW CAP REL COSTS-MITCHE 3.08
1	ADMIN & GENERAL					35,015	
2	SKILLED NURSING CARE					5,829	
3	PHYSICAL THERAPY					289	
4	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE					1,060	
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					29,823	
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)					72,016	
21	UNIT COST MULIPLIER						

(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	NEW CAP REL COSTS-SPENCE 3.09	NEW CAP REL COSTS-PAIN M 3.10	NEW CAP REL COSTS-WEST P 3.11	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	CHILD CARE CENTER 5.01
1	ADMIN & GENERAL				138,567	31,715	
2	SKILLED NURSING CARE				23,066	281,961	
3	PHYSICAL THERAPY				1,144	114,393	
	OCCUPATIONAL THERAPY					30,532	
	SPEECH PATHOLOGY					1,839	
	MEDICAL SOCIAL SERVICES					9,619	
7	HOME HEALTH AIDE				4,194	95,398	
8	SUPPLIES						
9	DRUGS					918	
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				119,352	337,277	
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)				286,323	903,652	
21	UNIT COST MULIPLIER						

(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.

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET H-5 I PART I

I HHA NO: 15-7011 I

HHA 1

	HHA COST CENTER	SUBTOTAL 5A.01	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1	ADMIN & GENERAL	209,236	43,184	222,890			
2	SKILLED NURSING CARE	1,607,992	331,873	37,103			
3	PHYSICAL THERAPY	641,849	132,471	1,840			
4	OCCUPATIONAL THERAPY	170,921	35,276				
5	SPEECH PATHOLOGY	10,297	2,125				
6	MEDICAL SOCIAL SERVICES	53,849	11,114				
7	HOME HEALTH AIDE	539,420	111,331	6,746			
8	SUPPLIES						
9	DRUGS	5,140	1,061				
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	2,061,780	425,532	191,983			
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)	5,300,484	1,093,967	460,562			
21	UNIT COST MULIPLIER						

(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	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	CENTRAL STERILIZATION 15.01	PHARMACY 16	MEDICAL RECORDS & LIBRAR 17
1	ADMIN & GENERAL	2,534	24,808		264		
2	SKILLED NURSING CARE	10,870	106,414				
3	PHYSICAL THERAPY	3,503	34,292				
	OCCUPATIONAL THERAPY	964	9,439				
	SPEECH PATHOLOGY	56	545				
6	MEDICAL SOCIAL SERVICES	460	4,506				
7	HOME HEALTH AIDE	8,087	79,174				
8	SUPPLIES						
9	DRUGS	21	203				
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	16,005	156,693				
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)	42,500	416,074		264		
21	UNIT COST MULIPLIER						

(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.

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET H-5 I PART I

I HHA NO: 15-7011 I

HHA 1

	HHA COST CENTER	PARAMED ED PRGM 24	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1	ADMIN & GENERAL		502,916		502,916		
2	SKILLED NURSING CARE		2,094,252		2,094,252	154,637	2,248,889
3	PHYSICAL THERAPY		813,955		813,955	60,102	874,057
4	OCCUPATIONAL THERAPY		216,600		216,600	15,994	232,594
5	SPEECH PATHOLOGY		13,023		13,023	962	13,985
6	MEDICAL SOCIAL SERVICES		69,929		69,929	5,163	75,092
7	HOME HEALTH AIDE		744,758		744,758	54,992	799,750
8	SUPPLIES						
9	DRUGS		6,425		6,425	474	6,899
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		2,851,993		2,851,993	210,592	3,062,585
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19) (2)		7,313,851		7,313,851	502,916	7,313,851
21	UNIT COST MULIPLIER					0.073839	

(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.

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009

I HHA NO: 15-7011 I I WORKSHEET H-5 PART II

HHA 1

HHA COST CENTER		OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1	OLD CAP REL COSTS-1947 B (SQUARE FEET) 1.01	OLD CAP REL COSTS-1965 B (SQUARE FEET) 1.02	OLD CAP REL COSTS-1983 B (SQUARE FEET) 1.03	OLD CAP REL COSTS-MEDICA (SQUARE FEET) 1.04	OLD CAP REL COSTS-UTILIT (SQUARE FEET) 1.05
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 MULIPLIER						

HHA COST CENTER		OLD CAP REL COSTS-WEGMIL (SQUARE FEET) 1.06	OLD CAP REL COSTS-MVBLE (SQUARE FEET) 2	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-1947 B (SQUARE FEET) 3.01	NEW CAP REL COSTS-1965 B (SQUARE FEET) 3.02	NEW CAP REL COSTS-1983 B (SQUARE FEET) 3.03
1	ADMIN & GENERAL		7,269				
2	SKILLED NURSING CARE		1,210				
	PHYSICAL THERAPY		60				
	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE		220				
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		6,261				
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)		15,020				
21	COST TO BE ALLOCATED		8,141				
22	UNIT COST MULIPLIER		0.542011				

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009

I HHA NO: 15-7011 I WORKSHEET H-5 PART II

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-MEDICA (SQUARE FEET) 3.04	NEW CAP REL COSTS-UTILIT (SQUARE FEET) 3.05	NEW CAP REL COSTS-CANCER (SQUARE FEET) 3.06	NEW CAP REL COSTS-PHNA B (SQUARE FEET) 3.07	NEW CAP REL COSTS-MITCHE (SQUARE FEET) 3.08	NEW CAP REL COSTS-SPENCE (SQUARE FEET) 3.09
1 ADMIN & GENERAL				7,269		
2 SKILLED NURSING CARE				1,210		
3 PHYSICAL THERAPY				60		
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				220		
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				6,191		
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)				14,950		
21 COST TO BE ALLOCATED				72,016		
22 UNIT COST MULIPLIER				4.817124		

HHA COST CENTER	NEW CAP REL COSTS-PAIN M (SQUARE FEET) 3.10	NEW CAP REL COSTS-WEST P (SQUARE FEET) 3.11	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	CHILD CARE CENTER (NUMBER OF CHILDREN) 5.01	RECONCILIATION 6A
1 ADMIN & GENERAL			7,269	118,576		
2 SKILLED NURSING CARE			1,210	1,054,194		
PHYSICAL THERAPY			60	427,693		
OCCUPATIONAL THERAPY				114,153		
5 SPEECH PATHOLOGY				6,877		
6 MEDICAL SOCIAL SERVICES				35,964		
7 HOME HEALTH AIDE			220	356,674		
8 SUPPLIES						
9 DRUGS				3,433		
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			6,261	1,261,004		
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			15,020	3,378,568		
21 COST TO BE ALLOCATED			286,323	903,652		
22 UNIT COST MULIPLIER			19.062783	0.267466		

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET H-5 I PART II

HHA NO: 15-7011

HHA 1

	HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (MANHOURS) 12
1	ADMIN & GENERAL	209,236	7,269				8,292
2	SKILLED NURSING CARE	1,607,992	1,210				35,569
3	PHYSICAL THERAPY	641,849	60				11,462
4	OCCUPATIONAL THERAPY	170,921					3,155
5	SPEECH PATHOLOGY	10,297					182
6	MEDICAL SOCIAL SERVICES	53,849					1,506
7	HOME HEALTH AIDE	539,420	220				26,464
8	SUPPLIES						
9	DRUGS	5,140					68
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	2,061,780	6,261				52,375
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)	5,300,484	15,020				139,073
21	COST TO BE ALLOCATED	1,093,967	460,562				42,500
22	UNIT COST MULIPLIER	0.206390	30.663249				0.305595

	HHA COST CENTER	NURSING ADMINISTRATION (DIRECT NRSING HRS) 14	CENTRAL SERVICES & SUPPL (COSTED REQUIS.) 15	CENTRAL STERILIZATION (TIME SPENT) 15.01	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRAR (TIME SPENT) 17	PARAMED ED PRGM (TIME SPENT) 24
1	ADMIN & GENERAL	8,292		10			
2	SKILLED NURSING CARE	35,569					
	PHYSICAL THERAPY	11,462					
	OCCUPATIONAL THERAPY	3,155					
5	SPEECH PATHOLOGY	182					
6	MEDICAL SOCIAL SERVICES	1,506					
7	HOME HEALTH AIDE	26,464					
8	SUPPLIES						
9	DRUGS	68					
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	52,375					
19.50	TELEMEDICINE						
20	TOTAL (SUM OF 1-19)	139,073		10			
21	COST TO BE ALLOCATED	416,074		264			
22	UNIT COST MULIPLIER	2.991767		26.400000			

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2008)
APPORTIONMENT OF PATIENT SERVICE COSTS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I HHA NO: 15-7011 I WORKSHEET H-6 I PARTS I II & III I HHA 1

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

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

	COST PER VISIT COMPUTATION PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
			1	2	3	4	5	6
1	SKILLED NURSING	2	2,248,889		2,248,889	9,798	229.53	2,462
2	PHYSICAL THERAPY	3	874,057		874,057	4,292	203.65	1,876
3	OCCUPATIONAL THERAPY	4	232,594		232,594	1,318	176.47	540
4	SPEECH PATHOLOGY	5	13,985		13,985	109	128.30	28
5	MEDICAL SOCIAL SERVICES	6	75,092		75,092	108	695.30	28
6	HOME HEALTH AIDE SERVICE	7	799,750		799,750	8,144	98.20	658
7	TOTAL		4,244,367		4,244,367	23,769		5,592

		-----PROGRAM VISITS----- PART B		----------COST OF SERVICES-------- PART B		
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST
		7	8	9	10	11	12
1	SKILLED NURSING	2,102		565,103	482,472		1,047,575
2	PHYSICAL THERAPY	968		382,047	197,133		579,180
3	OCCUPATIONAL THERAPY	358		95,294	63,176		158,470
4	SPEECH PATHOLOGY	20		3,592	2,566		6,158
5	MEDICAL SOCIAL SERVICES	32		19,468	22,250		41,718
6	HOME HEALTH AIDE SERVICES	1,105		64,616	108,511		173,127
7	TOTAL	4,585		1,130,120	876,108		2,006,228

	LIMITATION COST COMPUTATION PATIENT SERVICES				PROGRAM COST LIMITS	PROGRAM VISITS PART A
		1	2	3	4	5	6
	SKILLED NURSING	9915					
8.01	SKILLED NURSING	1020					
8.02	SKILLED NURSING	3480					
9	PHYSICAL THERAPY	9915					
9.01	PHYSICAL THERAPY	1020					
9.02	PHYSICAL THERAPY	3480					
10	OCCUPATIONAL THERAPY	9915					
10.01	OCCUPATIONAL THERAPY	1020					
10.02	OCCUPATIONAL THERAPY	3480					
11	SPEECH PATHOLOGY	9915					
11.01	SPEECH PATHOLOGY	1020					
11.02	SPEECH PATHOLOGY	3480					
12	MEDICAL SOCIAL SERVICES	9915					
12.01	MEDICAL SOCIAL SERVICES	1020					
12.02	MEDICAL SOCIAL SERVICES	3480					
13	HOME HEALTH AIDE SERVICE	9915					
13.01	HOME HEALTH AIDE SERVICE	1020					
13.02	HOME HEALTH AIDE SERVICE	3480					
14	TOTAL						

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

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2008)
APPORTIONMENT OF PATIENT SERVICE COSTS

I PROVIDER NO:	I PERIOD:	I PREPARED	5/28/2009
I 15-0051	I FROM 1/ 1/2008	I WORKSHEET	H-6
I HHA NO:	I TO 12/31/2008	I PARTS I II & III	
I 15-7011	I	I HHA 1	

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

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

	SUPPLIES AND EQUIPMENT COST COMPUTATION OTHER PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
			1	2	3	4	5	6
15	COST OF MEDICAL SUPPLIES	8.00		13,900	13,900	46,210	.300801	7,276
16	COST OF DRUGS	9.00	6,899		6,899			
16.20	COST OF DRUGS	9.20						

		PROGRAM COVERED CHARGES --PART B-- NOT SUBJECT TO DEDUCT & COINSUR	PROGRAM COVERED CHARGES --PART B-- SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART A	COST OF SERVICES --PART B-- NOT SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES --PART B-- SUBJECT TO DEDUCT & COINSUR
		7	8	9	10	11
15	COST OF MEDICAL SUPPLIES	12,510		2,189	3,763	
16	COST OF DRUGS					
16.20	COST OF DRUGS					

	PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
		1	2
162	PROGRAM UNDUP CENSUS FROM WRKST S-4	9915	
16.01	PROGRAM UNDUP CENSUS FROM WRKST S-4	1020	
16.02	PROGRAM UNDUP CENSUS FROM WRKST S-4	3480	
17	PER BENE COST LIMITATION (FRM FI)	9915	
17.01	PER BENE COST LIMITATION (FRM FI)	1020	
17.02	PER BENE COST LIMITATION (FRM FI)	3480	
18	PER BENE COST LIMITATION (LN 17*18)		

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

		FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
			1	2	3	4
1	PHYSICAL THERAPY	50	.654941			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	.300794	46,210	13,900	COL 2, LN 15
5	DRUGS CHARGED TO PATIENTS	56	.363870			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUATION

		FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE - PROGRAM VISITS PRIOR 1/1/1998	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PROGRAM COSTS PRIOR 1/1/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	PROG VISITS ON OR AFTER 1/1/1999
		1	2	2.01	3	3.01	4	5
1	PHYSICAL THERAPY	2	203.65					
2	OCCUPATIONAL THERAPY	3	176.47					
3	SPEECH PATHOLOGY	4	128.30					
4	TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I HHA NO: 15-7011 I I WORKSHEET H-7
I I PARTS I & II

TITLE XVIII 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 CUSTOMARY CHARGES			
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
4	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)			
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
6	TOTAL CUSTOMARY CHARGES			
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
9	PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A SERVICES 1	PART B SERVICES 2
10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	900,556	555,780
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	13,243	23,737
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	6,009	3,155
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	6,164	3,793
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	5,811	7,474
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	931,783	593,939
13	EXCESS REASONABLE COST		
14	SUBTOTAL	931,783	593,939
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	931,783	593,939
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	931,783	593,939
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	931,783	593,939
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	931,783	593,939
25	INTERIM PAYMENTS	931,783	593,939
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-II SECTION 115.2		

Health Financial Systems MCRIF32 FOR BLOOMINGTON HOSPITAL IN LIEU OF FORM CMS-2552-96 (11/1998)

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

PROVIDER NO: 15-0051 | PERIOD: FROM 1/ 1/2008 TO 12/31/2008 | PREPARED 5/28/2009 | WORKSHEET H-8

HHA NO: 15-7011

TITLE XVIII HHA 1

	DESCRIPTION			PART A MM/DD/YYYY 1	PART A AMOUNT 2	PART B MM/DD/YYYY 3	PART B AMOUNT 4
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				931,783		593,939
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		NONE		NONE
4	TOTAL INTERIM PAYMENTS				931,783		593,939
	TO BE COMPLETED BY INTERMEDIARY						
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)						
		TENTATIVE TO PROVIDER	.01				
		TENTATIVE TO PROVIDER	.02				
		TENTATIVE TO PROVIDER	.03				
		TENTATIVE TO PROGRAM	.50				
		TENTATIVE TO PROGRAM	.51				
		TENTATIVE TO PROGRAM	.52				
	SUBTOTAL		.99		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER	.01				
		SETTLEMENT TO PROGRAM	.02				
7	TOTAL MEDICARE PROGRAM LIABILITY				931,783		593,939

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

---

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

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET K
I HOSPICE NO: 15-1509 I

HOSPICE 1

		SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	186,967		107,887	820,300
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	1,016,467			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY	3,973			
12	OCCUPATIONAL THERAPY	1,214			
13	SPEECH/LANGUAGE PATHOLOGY	51			
14	MEDICAL SOCIAL SERVICES	451,092			
15	SPIRITUAL COUNSELING	67,457			
16	DIETARY COUNSELING	1,099			
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER	100,239			
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.)				
	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)	1,828,559		107,887	820,300

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0051	FROM 1/ 1/2008	WORKSHEET K
HOSPICE NO:	TO 12/31/2008	
15-1509		

HOSPICE 1

		OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	476,380	1,591,534	-194,903	1,396,631
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE		1,016,467	23,295	1,039,762
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY		3,973	91	4,064
12	OCCUPATIONAL THERAPY		1,214	28	1,242
13	SPEECH/LANGUAGE PATHOLOGY		51	1	52
14	MEDICAL SOCIAL SERVICES		451,092	10,338	461,430
15	SPIRITUAL COUNSELING		67,457	1,546	69,003
16	DIETARY COUNSELING		1,099	25	1,124
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER		100,239	2,297	102,536
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.)				
	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)	476,380	3,233,126	-157,282	3,075,844

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0051	FROM 1/ 1/2008	WORKSHEET K
HOSPICE NO:	TO 12/31/2008	
15-1509		

HOSPICE 1

		ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
	GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.		
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3	PLANT OPERATION AND MAINTENANCE		
4	TRANSPORTATION - STAFF		
5	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL	-62,107	1,334,524
	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		
8	INPATIENT - RESPITE CARE		
	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		1,039,762
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		4,064
12	OCCUPATIONAL THERAPY		1,242
13	SPEECH/LANGUAGE PATHOLOGY		52
14	MEDICAL SOCIAL SERVICES		461,430
15	SPIRITUAL COUNSELING		69,003
16	DIETARY COUNSELING		1,124
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		102,536
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		
[illegible]	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
	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)	-62,107	3,013,737

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0051	FROM 1/ 1/2008	WORKSHEET K-1
HOSPICE NO:	TO 12/31/2008	
15-1509		

HOSPICE 1

		ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL		97,785		
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE				136,930
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY				
12	OCCUPATIONAL THERAPY				
13	SPEECH/LANGUAGE PATHOLOGY				
14	MEDICAL SOCIAL SERVICES				
15	SPIRITUAL COUNSELING		67,457		
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.)				
	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)		165,242		136,930

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0051	FROM 1/ 1/2008	WORKSHEET K-1
HOSPICE NO:	TO 12/31/2008	
15-1509		

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				89,182
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	879,537			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY		3,973		
12	OCCUPATIONAL THERAPY		1,214		
13	SPEECH/LANGUAGE PATHOLOGY		51		
14	MEDICAL SOCIAL SERVICES				451,092
15	SPIRITUAL COUNSELING				
16	DIETARY COUNSELING				1,099
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER			100,239	
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.)				
	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)	879,537	5,238	100,239	541,373

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0051	FROM 1/ 1/2008	WORKSHEET K-1
HOSPICE NO:	TO 12/31/2008	
15-1509		

HOSPICE 1

		TOTAL (1)
		9
	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	186,967
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	1,016,467
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	3,973
12	OCCUPATIONAL THERAPY	1,214
13	SPEECH/LANGUAGE PATHOLOGY	51
14	MEDICAL SOCIAL SERVICES	451,092
15	SPIRITUAL COUNSELING	67,457
16	DIETARY COUNSELING	1,099
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	100,239
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.)	
	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)	1,828,559

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0051	FROM 1/ 1/2008	WORKSHEET K-2
HOSPICE NO:	TO 12/31/2008	
15-1509		

HOSPICE 1

		ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE 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				
[illegible]	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
	RADIATION THERAPY				
[illegible]	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 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET K-2
HOSPICE NO:	TO 12/31/2008	
15-1509		

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 - RESPITE 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.)				
	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
15-0051	FROM 1/ 1/2008	WORKSHEET K-2
HOSPICE NO:	TO 12/31/2008	
15-1509		

HOSPICE 1

		TOTAL (1)
		9
	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE 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	
6	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0051	FROM 1/ 1/2008	WORKSHEET K-3
HOSPICE NO:	TO 12/31/2008	
15-1509		

HOSPICE 1

		ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE 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.)				
	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
15-0051	FROM 1/ 1/2008	WORKSHEET K-3
HOSPICE NO:	TO 12/31/2008	
15-1509		

HOSPICE 1

		NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER
		5	6	7	8
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				820,300
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE 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				
[illegible]	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
	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)				820,300

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0051	FROM 1/ 1/2008	WORKSHEET K-3
HOSPICE NO:	TO 12/31/2008	
15-1509		

HOSPICE 1

		TOTAL (1) 9
	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	820,300
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE 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.)	
	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)	820,300

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET K-4
HOSPICE NO:	TO 12/31/2008	PART I
15-1509		

HOSPICE 1

		NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
		0	1	2	3
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL	1,334,524			
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE	1,039,762			
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY	4,064			
12	OCCUPATIONAL THERAPY	1,242			
13	SPEECH/LANGUAGE PATHOLOGY	52			
14	MEDICAL SOCIAL SERVICES	461,430			
15	SPIRITUAL COUNSELING	69,003			
16	DIETARY COUNSELING	1,124			
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER	102,536			
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				
	MEDICAL SUPPLIES				
	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)	3,013,737			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I HOSPICE NO: 15-1509 I WORKSHEET K-4 I PART I

HOSPICE 1

		TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINITRATIVE & GENERAL
		4	5	5A	6
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL			1,334,524	1,334,524
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE CARE				
	VISITING SERVICES				
9	PHYSICIAN SERVICES				
10	NURSING CARE			1,039,762	826,332
10.20	NURSING CARE-CONTINUOUS HOME CARE				
11	PHYSICAL THERAPY			4,064	3,230
12	OCCUPATIONAL THERAPY			1,242	987
13	SPEECH/LANGUAGE PATHOLOGY			52	41
14	MEDICAL SOCIAL SERVICES			461,430	366,713
15	SPIRITUAL COUNSELING			69,003	54,839
16	DIETARY COUNSELING			1,124	893
17	COUNSELING - OTHER				
18	HOME HEALTH AIDE AND HOMEMAKER			102,536	81,489
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				
[illegible]	MEDICAL SUPPLIES				
	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
[illegible]	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)			1,679,213	1,334,524

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0051	FROM 1/ 1/2008	WORKSHEET K-4
HOSPICE NO:	TO 12/31/2008	PART I
15-1509		

HOSPICE 1

		TOTAL (COL. 5A + COL. 6)
		7
	GENERAL SERVICE COST CENTERS	
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	1,866,094
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	7,294
12	OCCUPATIONAL THERAPY	2,229
13	SPEECH/LANGUAGE PATHOLOGY	93
14	MEDICAL SOCIAL SERVICES	828,143
15	SPIRITUAL COUNSELING	123,842
16	DIETARY COUNSELING	2,017
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	184,025
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	
[illegible]	MEDICAL SUPPLIES	
	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
[illegible]7	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)	3,013,737

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0051	FROM 1/ 1/2008	WORKSHEET K-4
HOSPICE NO:	TO 12/31/2008	PART II
15-1509		

HOSPICE 1

		CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
	GENERAL SERVICE COST CENTERS				
1	CAPITAL RELATED COSTS-BLDG AND FIXT.				
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3	PLANT OPERATION AND MAINTENANCE				
4	TRANSPORTATION - STAFF				
5	VOLUNTEER SERVICE COORDINATION				
6	ADMINISTRATIVE AND GENERAL				
	INPATIENT CARE SERVICE				
7	INPATIENT - GENERAL CARE				
8	INPATIENT - RESPITE 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				
-	MEDICAL SUPPLIES				
	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27	RADIATION THERAPY				
28	CHEMOTHERAPY				
29	OTHER				
30					
31					
32	FUNDRAISING				
33	OTHER PROGRAM COSTS				
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)				
35	UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0051	FROM 1/ 1/2008	WORKSHEET K-4
HOSPICE NO:	TO 12/31/2008	PART II
15-1509		

HOSPICE 1

		VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
	GENERAL SERVICE COST CENTERS			
1	CAPITAL RELATED COSTS-BLDG AND FIXT.			
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3	PLANT OPERATION AND MAINTENANCE			
4	TRANSPORTATION - STAFF			
5	VOLUNTEER SERVICE COORDINATION			
6	ADMINISTRATIVE AND GENERAL		-1,334,524	1,679,213
	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			
8	INPATIENT - RESPITE CARE			
	VISITING SERVICES			
9	PHYSICIAN SERVICES			
10	NURSING CARE			1,039,762
10.20	NURSING CARE-CONTINUOUS HOME CARE			
11	PHYSICAL THERAPY			4,064
12	OCCUPATIONAL THERAPY			1,242
13	SPEECH/LANGUAGE PATHOLOGY			52
14	MEDICAL SOCIAL SERVICES			461,430
15	SPIRITUAL COUNSELING			69,003
16	DIETARY COUNSELING			1,124
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOMEMAKER			102,536
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			
-	MEDICAL SUPPLIES			
	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)			1,334,524
35	UNIT COST MULTIPLIER	.000000		.794732

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0051	FROM 1/ 1/2008	WORKSHEET K-5
HOSPICE NO:	TO 12/31/2008	PART I
15-1509		

HOSPICE 1

	HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-1947 BUILDING	OLD CAP REL COSTS-1965 BUILDING
			0	1	1.01	1.02
1.00	ADMINISTRATIVE AND GENERAL	6				
2.00	INPATIENT - GENERAL CARE	7				
3.00	INPATIENT - RESPITE CARE	8				
4.00	PHYSICIAN SERVICES	9				
5.00	NURSING CARE	10	1,866,094			
5.20	NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00	PHYSICAL THERAPY	11	7,294			
7.00	OCCUPATIONAL THERAPY	12	2,229			
8.00	SPEECH/LANGUAGE PATHOLOGY	13	93			
9.00	MEDICAL SOCIAL SERVICES	14	828,143			
10.00	SPIRITUAL COUNSELING	15	123,842			
11.00	DIETARY COUNSELING	16	2,017			
12.00	COUNSELING - OTHER	17				
13.00	HOME HEALTH AIDE AND HOMEMAKER	18	184,025			
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00		19				
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30	ANALGESICS	20.30				
15.31	SEDATIVES / HYPNOTICS	20.31				
15.32	OTHER	20.32				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00	PATIENT TRANSPORTATION	22				
18.00	IMAGING SERVICES	23				
19.00	LABS AND DIAGNOSTICS	24				
20.00	MEDICAL SUPPLIES	25				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00	RADIATION THERAPY	27				
23.00	CHEMOTHERAPY	28				
24.00		29				
25.00	BEREAVEMENT PROGRAM COSTS	30				
26.00	VOLUNTEER PROGRAM COSTS	31				
27.00	FUNDRAISING	32				
28.00	OTHER PROGRAM COSTS	33				
?.00	TOTAL (SUM OF LINE 1 THRU 28) (2)		3,013,737			
.00	UNIT COST MULIPLIER					

	HOSPICE COST CENTER	OLD CAP REL COSTS-1983 BUILDING	OLD CAP REL COSTS-MEDICAL ARTS	OLD CAP REL COSTS-UTILITIES	OLD CAP REL COSTS-WEGMILLER
		1.03	1.04	1.05	1.06
1.00	ADMINISTRATIVE AND GENERAL		1,799		
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
.00	VOLUNTEER PROGRAM COSTS				
.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)		1,799		
30.00	UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0051	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-5
15-1509		PART I

HOSPICE 1

	HOSPICE COST CENTER	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-1947 BUILDING	NEW CAP REL COSTS-1965 BUILDING
		2	3	3.01	3.02
1.00	ADMINISTRATIVE AND GENERAL	3,201			
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
?.00	TOTAL (SUM OF LINE 1 THRU 28) (2)	3,201			
.00	UNIT COST MULIPLIER				

	HOSPICE COST CENTER	NEW CAP REL COSTS-1983 BUILDING	NEW CAP REL COSTS-MEDICAL ARTS	NEW CAP REL COSTS-UTILITIES	NEW CAP REL COSTS-CANCER
		3.03	3.04	3.05	3.06
1.00	ADMINISTRATIVE AND GENERAL		10,186		
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
.00	VOLUNTEER PROGRAM COSTS				
.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)		10,186		
30.00	UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0051	FROM 1/ 1/2008	WORKSHEET K-5
HOSPICE NO:	TO 12/31/2008	PART I
15-1509		

HOSPICE 1

	HOSPICE COST CENTER	NEW CAP REL COSTS-PHNA BUILDING	NEW CAP REL COSTS-MITCHELL FACILITY	NEW CAP REL COSTS-SPENCER BUILDING	NEW CAP REL COSTS-PAIN MANAGEMENT
		3.07	3.08	3.09	3.10
1.00	ADMINISTRATIVE AND GENERAL				
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
.00	TOTAL (SUM OF LINE 1 THRU 28) (2)				
.00	UNIT COST MULIPLIER				

	HOSPICE COST CENTER	NEW CAP REL COSTS-WEST PROMPTCARE	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	CHILD CARE CENTER
		3.11	4	5	5.01
1.00	ADMINISTRATIVE AND GENERAL		112,585	51,153	
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE			278,101	
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY			1,087	
7.00	OCCUPATIONAL THERAPY			332	
8.00	SPEECH/LANGUAGE PATHOLOGY			14	
9.00	MEDICAL SOCIAL SERVICES			123,417	
10.00	SPIRITUAL COUNSELING			18,456	
11.00	DIETARY COUNSELING			301	
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER			27,425	
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				
.00	VOLUNTEER PROGRAM COSTS				
.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)		112,585	500,286	
30.00	UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET K-5 I PART I

I HOSPICE NO: 15-1509 I

HOSPICE 1

		SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	HOSPICE COST CENTER	5A.01	6	8	9
1.00	ADMINISTRATIVE AND GENERAL	178,924	36,928	181,097	
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE	2,144,195	442,541		
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY	8,381	1,730		
7.00	OCCUPATIONAL THERAPY	2,561	529		
8.00	SPEECH/LANGUAGE PATHOLOGY	107	22		
9.00	MEDICAL SOCIAL SERVICES	951,560	196,392		
10.00	SPIRITUAL COUNSELING	142,298	29,369		
11.00	DIETARY COUNSELING	2,318	478		
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER	211,450	43,641		
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				
?.00	TOTAL (SUM OF LINE 1 THRU 28) (2)	3,641,794	751,630	181,097	
.00	UNIT COST MULIPLIER				

		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	HOSPICE COST CENTER	10	11	12	14
1.00	ADMINISTRATIVE AND GENERAL	8,006		3,043	29,789
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE			10,255	100,391
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY			32	317
7.00	OCCUPATIONAL THERAPY			10	102
8.00	SPEECH/LANGUAGE PATHOLOGY			1	6
9.00	MEDICAL SOCIAL SERVICES			5,676	55,566
10.00	SPIRITUAL COUNSELING			756	7,405
11.00	DIETARY COUNSELING			19	185
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER			2,529	24,763
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				
.00	VOLUNTEER PROGRAM COSTS				
.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)	8,006		22,321	218,524
30.00	UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
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HOSPICE NO:	TO 12/31/2008	PART I
15-1509		

HOSPICE 1

	HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	CENTRAL STERILIZATION	PHARMACY	MEDICAL RECORDS & LIBRARY
		15	15.01	16	17
1.00	ADMINISTRATIVE AND GENERAL				
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
27.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
.00	TOTAL (SUM OF LINE 1 THRU 28) (2)				
.00	UNIT COST MULIPLIER				

	HOSPICE COST CENTER	PARAMED ED PRGM	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL
		24	25	26	27
1.00	ADMINISTRATIVE AND GENERAL		437,787		437,787
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE		2,697,382		2,697,382
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY		10,460		10,460
7.00	OCCUPATIONAL THERAPY		3,202		3,202
8.00	SPEECH/LANGUAGE PATHOLOGY		136		136
9.00	MEDICAL SOCIAL SERVICES		1,209,194		1,209,194
10.00	SPIRITUAL COUNSELING		179,828		179,828
11.00	DIETARY COUNSELING		3,000		3,000
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER		282,383		282,383
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				
.00	VOLUNTEER PROGRAM COSTS				
.00	FUNDRAISING				
28.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28) (2)		4,823,372		4,823,372
30.00	UNIT COST MULIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0051	FROM 1/ 1/2008	WORKSHEET K-5
HOSPICE NO:	TO 12/31/2008	PART I
15-1509		

HOSPICE 1

	HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
		28	29
1.00	ADMINISTRATIVE AND GENERAL		
2.00	INPATIENT - GENERAL CARE		
3.00	INPATIENT - RESPITE CARE		
4.00	PHYSICIAN SERVICES		
5.00	NURSING CARE	269,263	2,966,645
5.20	NURSING CARE-CONTINUOUS HOME CARE		
6.00	PHYSICAL THERAPY	1,044	11,504
7.00	OCCUPATIONAL THERAPY	320	3,522
8.00	SPEECH/LANGUAGE PATHOLOGY	14	150
9.00	MEDICAL SOCIAL SERVICES	120,707	1,329,901
10.00	SPIRITUAL COUNSELING	17,951	197,779
11.00	DIETARY COUNSELING	299	3,299
12.00	COUNSELING - OTHER		
13.00	HOME HEALTH AIDE AND HOMEMAKER	28,189	310,572
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		
?.00	TOTAL (SUM OF LINE 1 THRU 28) (2)		4,823,372
.00	UNIT COST MULIPLIER	.099824	

(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:	PERIOD:	PREPARED
15-0051	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-5
15-1509		PART II

HOSPICE 1

	HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-1947 BUILDING (SQUARE FEET)	OLD CAP REL COSTS-1965 BUILDING (SQUARE FEET)	OLD CAP REL COSTS-1983 BUILDING (SQUARE FEET)
		1	1.01	1.02	1.03
1.00	ADMINISTRATIVE AND GENERAL				
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
7.00	FUNDRAISING				
.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28)				
30.00	TOTAL COST TO BE ALLOCATED				
31.00	UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

	HOSPICE COST CENTER	OLD CAP REL COSTS-MEDICAL ARTS (SQUARE FEET)	OLD CAP REL COSTS-UTILITIES (SQUARE FEET)	OLD CAP REL COSTS-WEGMILLER (SQUARE FEET)	OLD CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)
		1.04	1.05	1.06	2
1.00	ADMINISTRATIVE AND GENERAL	4,796			5,906
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
.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

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009 I WORKSHEET K-5 I PART II

I HOSPICE NO: 15-1509 I

HOSPICE 1

	HOSPICE COST CENTER	OLD CAP REL COSTS-MEDICAL ARTS	OLD CAP REL COSTS-UTILITIES	OLD CAP REL COSTS-WEGMILLER	OLD CAP REL COSTS-MVBLE EQUIP
		1.04	1.05	1.06	2
29.00	TOTAL (SUM OF LINE 1 THRU 28)	4,796			5,906
30.00	TOTAL COST TO BE ALLOCATED	1,799			3,201
31.00	UNIT COST MULIPLIER	.375104	.000000	.000000	.541991

	HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-1947 BUILDING (SQUARE FEET)	NEW CAP REL COSTS-1965 BUILDING (SQUARE FEET)	NEW CAP REL COSTS-1983 BUILDING (SQUARE FEET)
		3	3.01	3.02	3.03
1.00	ADMINISTRATIVE AND GENERAL				
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
[illegible].00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
.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 MULIPLIER	.000000	.000000	.000000	.000000

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

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I HOSPICE NO: 15-1509 I WORKSHEET K-5 I PART II

HOSPICE 1

	HOSPICE COST CENTER	NEW CAP REL COSTS-MEDICAL ARTS (SQUARE FEET)	NEW CAP REL COSTS-UTILITIES (SQUARE FEET)	NEW CAP REL COSTS-CANCER (SQUARE FEET)	NEW CAP REL COSTS-PHNA BUILDING (SQUARE FEET)
		3.04	3.05	3.06	3.07
1.00	ADMINISTRATIVE AND GENERAL	4,796			
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
21.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00	RADIATION THERAPY				
23.00	CHEMOTHERAPY				
24.00					
25.00	BEREAVEMENT PROGRAM COSTS				
26.00	VOLUNTEER PROGRAM COSTS				
7.00	FUNDRAISING				
.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28)	4,796			
30.00	TOTAL COST TO BE ALLOCATED	10,186			
31.00	UNIT COST MULIPLIER	2.123853	.000000	.000000	.000000

	HOSPICE COST CENTER	NEW CAP REL COSTS-MITCHELL FACILITY (SQUARE FEET)	NEW CAP REL COSTS-SPENCER BUILDING (SQUARE FEET)	NEW CAP REL COSTS-PAIN MANAGEMENT (SQUARE FEET)	NEW CAP REL COSTS-WEST PROMPTCARE (SQUARE FEET)
		3.08	3.09	3.10	3.11
1.00	ADMINISTRATIVE AND GENERAL				
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
16.00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00	PATIENT TRANSPORTATION				
18.00	IMAGING SERVICES				
19.00	LABS AND DIAGNOSTICS				
20.00	MEDICAL SUPPLIES				
.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
.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
15-0051	FROM 1/ 1/2008	WORKSHEET K-5
HOSPICE NO:	TO 12/31/2008	PART II
15-1509		

HOSPICE 1

	HOSPICE COST CENTER	NEW CAP REL COSTS-MITCHELL FACILITY	NEW CAP REL COSTS-SPENCER BUILDING	NEW CAP REL COSTS-PAIN MANAGEMENT	NEW CAP REL COSTS-WEST PROMPTCARE
		3.08	3.09	3.10	3.11
29.00	TOTAL (SUM OF LINE 1 THRU 28)				
30.00	TOTAL COST TO BE ALLOCATED				
31.00	UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

	HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	CHILD CARE CENTER (NUMBER OF CHILDREN)	RECONCILIATION
		4	5	5.01	6A
1.00	ADMINISTRATIVE AND GENERAL	5,906	191,251		
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE		1,039,762		
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY		4,064		
7.00	OCCUPATIONAL THERAPY		1,242		
8.00	SPEECH/LANGUAGE PATHOLOGY		53		
9.00	MEDICAL SOCIAL SERVICES		461,430		
10.00	SPIRITUAL COUNSELING		69,003		
11.00	DIETARY COUNSELING		1,124		
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER		102,536		
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				
[illegible].00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
[illegible].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)	5,906	1,870,465		
30.00	TOTAL COST TO BE ALLOCATED	112,585	500,286		
31.00	UNIT COST MULIPLIER	19.062817	.267466	.000000	

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

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I HOSPICE NO: 15-1509 I I WORKSHEET K-5 I PART II

HOSPICE 1

	HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10
1.00	ADMINISTRATIVE AND GENERAL	178,924	5,906		32
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE	2,144,195			
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY	8,381			
7.00	OCCUPATIONAL THERAPY	2,561			
8.00	SPEECH/LANGUAGE PATHOLOGY	107			
9.00	MEDICAL SOCIAL SERVICES	951,560			
10.00	SPIRITUAL COUNSELING	142,298			
11.00	DIETARY COUNSELING	2,318			
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER	211,450			
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				
7.00	FUNDRAISING				
.00	OTHER PROGRAM COSTS				
29.00	TOTAL (SUM OF LINE 1 THRU 28)	3,641,794	5,906		32
30.00	TOTAL COST TO BE ALLOCATED	751,630	181,097		8,006
31.00	UNIT COST MULIPLIER	.206390	30.663224	.000000	250.187500

	HOSPICE COST CENTER	DIETARY (MEALS SERVED) 11	CAFETERIA (MANHOURS) 12	NURSING ADMINISTRATION (DIRECT NRSING HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 15
1.00	ADMINISTRATIVE AND GENERAL		9,957	9,957	
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE		33,556	33,556	
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY		106	106	
7.00	OCCUPATIONAL THERAPY		34	34	
8.00	SPEECH/LANGUAGE PATHOLOGY		2	2	
9.00	MEDICAL SOCIAL SERVICES		18,573	18,573	
10.00	SPIRITUAL COUNSELING		2,475	2,475	
11.00	DIETARY COUNSELING		62	62	
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER		8,277	8,277	
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				
.00	OUTPATIENT SERVICES (INCL. E/R DEPT.)				
.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

I PROVIDER NO: 15-0051 I PERIOD: I FROM 1/ 1/2008 I TO 12/31/2008 I PREPARED 5/28/2009
I HOSPICE NO: 15-1509 I I WORKSHEET K-5 I PART II

HOSPICE 1

		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	HOSPICE COST CENTER				
		11	12	14	15
29.00	TOTAL (SUM OF LINE 1 THRU 28)		73,042	73,042	
30.00	TOTAL COST TO BE ALLOCATED		22,321	218,524	
31.00	UNIT COST MULIPLIER	.000000	.305591	2.991758	.000000

		CENTRAL STERILIZATION	PHARMACY	MEDICAL RECORDS & LIBRARY	PARAMED ED PRGM
	HOSPICE COST CENTER				
		(TIME SPENT)	(COSTED REQUIS.)	(TIME SPENT)	(TIME SPENT)
		15.01	16	17	24
1.00	ADMINISTRATIVE AND GENERAL				
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPITE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE				
5.20	NURSING CARE-CONTINUOUS HOME CARE				
6.00	PHYSICAL THERAPY				
7.00	OCCUPATIONAL THERAPY				
8.00	SPEECH/LANGUAGE PATHOLOGY				
9.00	MEDICAL SOCIAL SERVICES				
10.00	SPIRITUAL COUNSELING				
11.00	DIETARY COUNSELING				
12.00	COUNSELING - OTHER				
13.00	HOME HEALTH AIDE AND HOMEMAKER				
13.20	HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00					
15.00	DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30	ANALGESICS				
15.31	SEDATIVES / HYPNOTICS				
15.32	OTHER				
[illegible].00	DURABLE MEDICAL EQUIPMENT/OXYGEN				
.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 MULIPLIER	.000000	.000000	.000000	.000000

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

PROVIDER NO:	PERIOD:	PREPARED
15-0051	FROM 1/ 1/2008	WORKSHEET K-5
HOSPICE NO:	TO 12/31/2008	PART III
15-1509		

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	.654941		
2	OCCUPATIONAL THERAPY	51			
3	SPEECH PATHOLOGY	52			
4	DRUGS CHARGED TO PATIENTS	56	.363870		
5	DURABLE MEDICAL EQUIP-SOLD	67			
6	LABORATORY	44	.289841		
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.300794		
8	EMERGENCY	61	.318614		
9	RADIOLOGY-DIAGNOSTIC	41	.223588		
9.01	MRI	41.01	.127069		
10	OTHER ANCILLARY	59			
11	TOTAL (SUM OF LINES 1-10)				

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED 5/28/2009
15-0051	FROM 1/ 1/2008	WORKSHEET K-6
HOSPICE NO:	TO 12/31/2008	
15-1509		

HOSPICE 1

COMPUTATION OF PER DIEM COST

		TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
		1	2	3	4
1	TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				4,823,372
2	TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				23,793
3	AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				202.72
4	UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	21,003			
5	AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	4,257,728			
6	UNDUPLICATED MEDICAID DAYS		921		
7	AGGREGATE MEDICAID COST		186,705		
8	UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	3,359			
9	AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	680,936			
10	UNDUPLICATED NF DAYS		229		
11	AGGREGATE NF COST		46,423		
12	OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			1,869	
13	AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			378,884	

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO: 15-0051	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/28/2009
COMPONENT NO: 15-0051		WORKSHEET L PARTS I-IV

TITLE XVIII, PART A HOSPITAL FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,170,409
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	199,263
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD	146.28
4 .01	NUMBER OF INTERNS AND RESIDENTS (SEE INSTRUCTIONS)	.00
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	4.77
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON S-3, PART I	18.80
5 .02	SUM OF 5 AND 5.01	23.57
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.89
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	155,033
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,524,705
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	
	TOTAL INPATIENT PROGRAM CAPITAL COST	
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 CIRCUMSTANCES	.00
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 MINUMUM 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)	