

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET 5  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0082	I	FROM 10/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 9/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 3/ 2/2009 TIME 11:15

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
 DEACONESS HOSPITAL 15-0082

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2007 AND ENDING 9/30/2008 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.

*Richard M. Stiveri*  
 RICHARD M. STIVERI

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

*JUP 850*

TITLE

*03/02/2009*

DATE

ECR ENCRYPTION INFORMATION

DATE: 3/ 2/2009 TIME 11:15

0wGexA3Z71dwg.3.:gom5aCwxJ6nz0  
 mMp.:0ynAMxEddLjMB1HuGk5Sn1U7j  
 tRwJ1k3vuy04Q6ya

PI ENCRYPTION INFORMATION

DATE: 3/ 2/2009 TIME 11:15

XHrYFE9fEDef3oa0Y8sKVE:M50FAu0  
 YJ2BG000T.w:UYCICHr4ThwBXH:pb  
 AmNw8ih:G40WERwT

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2		B 3	4
1	HOSPITAL	0	393,191	595,755	0
5	HOSPITAL-BASED SNF	0	13,142	-166	0
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	406,333	595,589	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.

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0082		FROM 10/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 3/ 2/2009 TIME 11: 44

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
 DEACONESS HOSPITAL 15-0082

FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2007 AND ENDING 9/30/2008 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)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	393,191	595,755		0
5	HOSPITAL-BASED SNF	0	13,142	-166		0
7	HOSPITAL-BASED HHA	0	0	0		0
100	TOTAL	0	406,333	595,589		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.







60.01 IF LINE 60 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).

MULTI CAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO. Y

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 DEACONESS HOSPITAL	VANDEBURGH	IN	47747	21780	2,705.70
62.01 DEACONESS GATEWAY HOSPITAL	WARRICK	IN	47630	21780	146.30
62.02 DEACONESS CROSS POINTE HOSPITAL	VANDEBURGH	IN	47715	21780	526.70
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

HOSPITAL AND HOSPITAL HEALTH CARE  
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0082      PERIOD: FROM 10/1/2007 TO 9/30/2008      PREPARED 3/2/2009  
WORKSHEET S-3 PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	470	172,020			56,140		7,659
2 HMO					7,482		7,113
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	470	172,020			56,140		7,659
6 INTENSIVE CARE UNIT	36	13,176			4,628		649
7 CORONARY CARE UNIT	26	9,516			4,618		338
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	532	194,712			65,386		8,646
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	48	17,568			10,812		
18 HOME HEALTH AGENCY					20,732		1,939
21 HOSPICE	4	1,464			875		
25 TOTAL	584						
26 OBSERVATION BED DAYS							890
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TITLE XIX OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			108,984				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			108,984				
6 INTENSIVE CARE UNIT			9,818				
7 CORONARY CARE UNIT			7,363				
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			126,165			16.72	
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			13,398				
18 HOME HEALTH AGENCY			27,904				
21 HOSPICE			1,049				
25 TOTAL						16.72	
26 OBSERVATION BED DAYS	99	791	10,720	1,328	9,392		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			882				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					12,478	2,179	24,844
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							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	16.72	3,268.50			12,478	2,179	24,844
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		45.10					
18 HOME HEALTH AGENCY		37.00					
21 HOSPICE		28.10					
25 TOTAL	16.72	3,378.70					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	173,266,905	85,910	173,352,815	6,787,268.52	25.54	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	274,186		274,186	2,319.00	118.23	PAYROLL RECORDS
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	667,984		667,984	7,928.00	84.26	PAYROLL RECORDS
5 PHYSICIAN - PART B	15,538,983		15,538,983	116,535.35	133.34	PAYROLL RECORDS
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		932,231	932,231	36,208.00	25.75	PAYROLL RECORDS
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,956,727	29,212	1,985,939	90,518.00	21.94	PAYROLL RECORDS
8.01 EXCLUDED AREA SALARIES	26,826,800	791,919	27,618,719	794,464.33	34.76	PAYROLL RECORDS
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,054,069		2,054,069	23,728.00	86.57	Invoices
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,863,853		1,863,853	7,930.00	235.04	Provider records
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	40,560		40,560	296.00	137.03	Provider records
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)	38,471,932		38,471,932			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	6,697,629		6,697,629			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	19,317		19,317			CMS 339
18.01 PART A TEACHING PHYSICIANS	89,825		89,825			CMS 339
19 PHYSICIAN PART B	1,569,419		1,569,419			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	224,713		224,713			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,864,595	41,242	1,905,837	138,786.00	13.73	
22 ADMINISTRATIVE & GENERAL	19,544,681	-1,915,096	17,629,585	661,357.00	26.66	
22.01 A & G UNDER CONTRACT	905,590		905,590	6,407.00	141.34	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,588,909	37,525	2,626,434	116,678.00	22.51	
25 LAUNDRY & LINEN SERVICE	667,149	20,316	687,465	63,355.00	10.85	
26 HOUSEKEEPING	3,023,467	90,731	3,114,198	280,679.00	11.10	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,803,361	-1,662,103	1,141,258	94,914.00	12.02	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		1,336,845	1,336,845	118,587.00	11.27	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,838,847	27,757	1,866,604	86,541.00	21.57	
31 CENTRAL SERVICE AND SUPPLY	1,316,055	30,529	1,346,584	94,446.00	14.26	
32 PHARMACY	5,487,325	-42,243	5,445,082	162,609.00	33.49	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,887,314	54,812	2,942,126	170,768.00	17.23	
34 SOCIAL SERVICE	2,066,730	30,063	2,096,793	94,624.00	22.16	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	157,965,528	-846,321	157,119,207	6,633,004.17	23.69	
2 EXCLUDED AREA SALARIES	28,783,527	821,131	29,604,658	884,982.33	33.45	
3 SUBTOTAL SALARIES	129,182,001	-1,667,452	127,514,549	5,748,021.84	22.18	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,958,482		3,958,482	31,954.00	123.88	
5 SUBTOTAL WAGE-RELATED COSTS	38,491,249		38,491,249		30.19	
6 TOTAL	171,631,732	-1,667,452	169,964,280	5,779,975.84	29.41	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	44,994,023	-1,949,622	43,044,401	2,089,751.00	20.60	

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO: 15-0082  
HHA NO: 15-7132  
COUNTY: VANDERBURGH  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 3/2/2009  
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	4,720	382	346
2 UNDUPLICATED CENSUS COUNT		875.00	94.00	512.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	5,448
2 UNDUPLICATED CENSUS COUNT	1,481.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	.35		.35
5 OTHER ADMINISTRATIVE PERSONEL	15.65		15.65
6 DIRECTING NURSING SERVICE	17.52		17.52
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE		6.23	6.23
9 PHYSICAL THERAPY SUPERVISOR		1.02	1.02
10 OCCUPATIONAL THERAPY SERVICE		2.19	2.19
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE		.07	.07
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.86		.86
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	2.62		2.62
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	2	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		21780	
20.01		99915	

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	6,778	1,088	223	158
22 SKILLED NURSING VISIT CHARGES	926,930	148,576	30,519	21,646
23 PHYSICAL THERAPY VISITS	4,823	32	58	78
24 PHYSICAL THERAPY VISIT CHARGES	717,523	4,732	8,642	11,606
25 OCCUPATIONAL THERAPY VISITS	1,810	4	3	35
26 OCCUPATIONAL THERAPY VISIT CHARGES	269,278	596	447	5,211
27 SPEECH PATHOLOGY VISITS	41	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	6,057	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	130	0	4	8
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	25,822	0	796	1,592
31 HOME HEALTH AIDE VISITS	2,067	1	5	14
32 HOME HEALTH AIDE VISIT CHARGES	163,027	79	395	1,106
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	15,649	1,125	293	293
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	2,108,637	153,983	40,799	41,161
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	948	0	112	27
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	19	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	81,110	19,306	6,040	1,318

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HHA NO:	TO 9/30/2008	WORKSHEET S-4
15-7132		
COUNTY:	VANDEBURGH	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	8,247
22 SKILLED NURSING VISIT CHARGES	0	0	1,127,671
23 PHYSICAL THERAPY VISITS	0	0	4,991
24 PHYSICAL THERAPY VISIT CHARGES	0	0	742,503
25 OCCUPATIONAL THERAPY VISITS	0	0	1,852
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	275,532
27 SPEECH PATHOLOGY VISITS	0	0	41
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	6,057
29 MEDICAL SOCIAL SERVICE VISITS	0	0	142
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	28,210
31 HOME HEALTH AIDE VISITS	0	0	2,087
32 HOME HEALTH AIDE VISIT CHARGES	0	0	164,607
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	17,360
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	2,344,580
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	1,087
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	20
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	107,774

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 15-0082  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 3/2/2009  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		6				
2	RUB		49				
3	RUA		2				
3.01	RUX		143				
3.02	RUL		103				
4	RVC		72				
5	RVB		919				
6	RVA		465				
6.01	RVX		236				
6.02	RVL		1,511				
7	RHC		413				
8	RHB		1,050				
9	RHA		1,288				
9.01	RHX						
9.02	RHL						
10	RMC		50				
11	RMB		58				
12	RMA		207				
12.01	RMX		959				
12.02	RML		2,738				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		44				
16	SE2		259				
17	SE1		6				
18	SSC						
19	SSB						
20	SSA		232				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		2				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		10,812				

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

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.8662  
 Wage Index Factor (after 10/01) : 0.8662  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 2440  
 SNF CBSA Code : 21780

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 15-0082      PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 3/2/2009      WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)		SWING BED SNF DAYS 4.06	TOTAL 5
			RUGs	DAYS		
1	RUC					
2	RUB					
3	RUA					
3 .01	RUX					
3 .02	RUL					
4	RVC					
5	RVB					
6	RVA					
6 .01	RVX					
6 .02	RVL					
7	RHC					
8	RHB					
9	RHA					
9 .01	RHX					
9 .02	RHL					
10	RMC					
11	RMB					
12	RMA					
12 .01	RMX					
12 .02	RML					
13	RLB					
14	RLA					
14 .01	RLX					
15	SE3					
16	SE2					
17	SE1					
18	SSC					
19	SSB					
20	SSA					
21	CC2					
22	CC1					
23	CB2					
24	CB1					
25	CA2					
26	CA1					
27	IB2					
28	IB1					
29	IA2					
30	IA1					
31	BB2					
32	BB1					
33	BA2					
34	BA1					
35	PE2					
36	PE1					
37	PD2					
38	PD1					
39	PC2					
40	PC1					
41	PB2					
42	PB1					
43	PA2					
44	PA1					
45	Default					
46	TOTAL					

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.8662  
 Wage Index Factor (after 10/01) : 0.8662  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 2440  
 SNF CBSA Code : 21780

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET S-9
15-1512		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	12,146	578		
3 INPATIENT RESPIRE CARE	76	40		
4 GENERAL INPATIENT CARE	1,213	5		
5 TOTAL HOSPICE DAYS	13,435	623		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	1,166	13,890
3 INPATIENT RESPIRE CARE		116
4 GENERAL INPATIENT CARE	273	1,491
5 TOTAL HOSPICE DAYS	1,439	15,497

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	371	13		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	36.21	47.92		
9 UNDUPLICATED CENSUS COUNT	340	12		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	91	475
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	15.81	32.63
9 UNDUPLICATED CENSUS COUNT	90	442

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
	TO 9/30/2008	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
- 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
  - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
  - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
  - 20 RESTRICTED GRANTS
  - 21 NON-RESTRICTED GRANTS
  - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
  
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .305144
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 \* LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)	
PROVIDER NO:	PERIOD:	PREPARED 3/ 2/2009
15-0082	FROM 10/ 1/2007	WORKSHEET S-10
	TO 9/30/2008	

DESCRIPTION

- 29 TOTAL GROSS MEDICAID COST (LINE 24 \* LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 \* LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL  
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		18,854,308	18,854,308	-24,943	18,829,365
3.01	0301 NEW CAP REL COSTS- BLDG & FIXT				104,926	104,926
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		11,167,163	11,167,163	17,087,467	28,254,630
5	0500 EMPLOYEE BENEFITS	1,864,595	44,828,812	46,693,407	2,236,134	48,929,541
6	0600 ADMINISTRATIVE & GENERAL	19,544,681	33,141,630	52,686,311	-13,595,690	39,090,621
8	0800 OPERATION OF PLANT	2,588,909	8,541,627	11,130,536	-157,428	10,973,108
9	0900 LAUNDRY & LINEN SERVICE	667,149	866,645	1,533,794	-107,131	1,426,663
10	1000 HOUSEKEEPING	3,023,467	1,017,051	4,040,518	-146,600	3,893,918
11	1100 DIETARY	2,803,361	2,678,265	5,481,626	-3,368,852	2,112,774
12	1200 CAFETERIA				2,578,210	2,578,210
14	1400 NURSING ADMINISTRATION	1,838,847	600,916	2,439,763	-190,043	2,249,720
15	1500 CENTRAL SERVICES & SUPPLY	1,316,055	5,051,507	6,367,562	-4,654,772	1,712,790
16	1600 PHARMACY	5,487,325	16,034,271	21,521,596	-15,354,767	6,166,829
17	1700 MEDICAL RECORDS & LIBRARY	2,887,314	155,596	3,042,910	-66,534	2,976,376
18	1800 SOCIAL SERVICE	2,066,730	335,211	2,401,941	29,051	2,430,992
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD				932,231	932,231
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				843,000	843,000
24	2400 PARAMED ED PRGM				26,295	26,295
24.01	2401 PARAMED ED PRGM-(CHAPLIN RESIDENCY)				196,405	196,405
24.03	2403 PARAMED ED PRGM-(NURSING)				290,334	290,334
24.04	2404 PARAMED ED PRGM-(RESPIRATORY CARE)				10,513	10,513
24.05	2405 PARAMED ED PRGM-(PHARMACY)				95,363	95,363
24.07	2407 PARAMED ED PRGM PHARMACY RESIDENCY	182,034	14,860	196,894	1,922	198,816
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	31,646,581	3,025,028	34,671,609	-91,546	34,580,063
26	2600 INTENSIVE CARE UNIT	5,418,904	479,727	5,898,631	-10,740	5,887,891
27	2700 CORONARY CARE UNIT	4,072,963	300,328	4,373,291	-43,251	4,330,040
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY	1,956,727	135,215	2,091,942	15,205	2,107,147
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	17,859,990	64,502,111	82,362,101	-27,412,395	54,949,706
41	4100 RADIOLOGY-DIAGNOSTIC	6,065,545	7,592,128	13,657,673	-4,177,114	9,480,559
44	4400 LABORATORY	8,456,694	12,553,997	21,010,691	-309,279	20,701,412
49	4900 RESPIRATORY THERAPY	3,177,194	961,207	4,138,401	-589,659	3,548,742
49.01	3950 WOUND CARE CENTER	252,502	170,455	422,957	-14,378	408,579
50	5000 PHYSICAL THERAPY		6,282,005	6,282,005	-42,183	6,239,822
53	5300 ELECTROCARDIOLOGY	2,991,968	19,013,752	22,005,720	-16,227,986	5,777,734
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				49,475,210	49,475,210
56	5600 DRUGS CHARGED TO PATIENTS				14,928,246	14,928,246
57	5700 RENAL DIALYSIS	334,862	1,621,256	1,956,118	-8,251	1,947,867
59	3951 BEHAVIORAL HEALTH SERVICES	612,275	7,451	619,726	12,629	632,355
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	851,948	625,655	1,477,603	5,427	1,483,030
60.01	6001 CLINIC - FAMILY PRACTICE	2,429,761	413,660	2,843,421	-1,752,480	1,090,941
60.02	6002 OUTPATIENT PSYCHIATRIC SERVICES	617,906	55,082	672,988	33,280	706,268
60.03	6003 OUTPATIENT CHEMO	80,295	4,835	85,130	1,019	86,149
60.04	6004 PRIMARY CARE SENIORS	1,519,434	348,425	1,867,859	386	1,868,245
61	6100 EMERGENCY	12,764,782	3,560,013	16,324,795	-365,517	15,959,278
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
66	6600 DURABLE MEDICAL EQUIP-RENTED	1,241,341	1,973,248	3,214,589	-330,072	2,884,517
71	7100 HOME HEALTH AGENCY	1,790,560	1,457,420	3,247,980	-156,767	3,091,213
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	1,300,835	1,164,179	2,465,014	115,066	2,580,080
95	9500 SUBTOTALS	149,713,534	269,535,039	419,248,573	-180,059	419,068,514
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN				783,232	783,232
100.02	7952 OCCUPATIONAL HEALTH	1,336,376	1,180,465	2,516,841	-56,322	2,460,519
100.03	7979 OTHER NONREIMBURSABLE COST CENTERS	827,858		827,858	-62,676	765,182
100.09	7957 USI HEALTH CENTER	356,281	60,928	417,209	2,932	420,141
100.20	7966 PHYSICIAN OFFICES	20,790,126	8,647,799	29,437,925	-252,837	29,185,088
100.27	7969 PUBLIC RELATIONS	237,711	1,401,009	1,638,720	-53,211	1,585,509
100.31	7980 WOMEN'S HOSPITAL/GATEWAY MOB	5,019	2,964,667	2,969,686	-181,059	2,788,627
101	TOTAL	173,266,905	283,789,907	457,056,812	-0-	457,056,812

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0082  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 3/2/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-6,243,826	12,585,539
3.01	0301 NEW CAP REL COSTS- BLDG & FIXT		104,926
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	29,664	28,284,294
5	0500 EMPLOYEE BENEFITS	-6,377,820	42,551,721
6	0600 ADMINISTRATIVE & GENERAL	-3,019,990	36,070,631
8	0800 OPERATION OF PLANT		10,973,108
9	0900 LAUNDRY & LINEN SERVICE		1,426,663
10	1000 HOUSEKEEPING		3,893,918
11	1100 DIETARY	33,465	2,146,239
12	1200 CAFETERIA	-912,486	1,665,724
14	1400 NURSING ADMINISTRATION		2,249,720
15	1500 CENTRAL SERVICES & SUPPLY		1,712,790
16	1600 PHARMACY		6,166,829
17	1700 MEDICAL RECORDS & LIBRARY	8,496	2,984,872
18	1800 SOCIAL SERVICE	-273,043	2,157,949
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		932,231
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		843,000
24	2400 PARAMED ED PRGM		26,295
24.01	2401 PARAMED ED PRGM-(CHAPLIN RESIDENCY)		196,405
24.03	2403 PARAMED ED PRGM-(NURSING)		290,334
24.04	2404 PARAMED ED PRGM-(RESPIRATORY CARE)		10,513
24.05	2405 PARAMED ED PRGM-(PHARMACY)		95,363
24.07	2407 PARAMED ED PRGM PHARMACY RESIDENCY		198,816
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-194,074	34,385,989
26	2600 INTENSIVE CARE UNIT		5,887,891
27	2700 CORONARY CARE UNIT		4,330,040
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		2,107,147
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-29,381,013	25,568,693
41	4100 RADIOLOGY-DIAGNOSTIC	-1,742	9,478,817
44	4400 LABORATORY	-497,215	20,204,197
49	4900 RESPIRATORY THERAPY	-35,709	3,513,033
49.01	3950 WOUND CARE CENTER	-19,790	388,789
50	5000 PHYSICAL THERAPY	-1,726,179	4,513,643
53	5300 ELECTROCARDIOLOGY	-946,102	4,831,632
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		49,475,210
56	5600 DRUGS CHARGED TO PATIENTS		14,928,246
57	5700 RENAL DIALYSIS	-10,677	1,937,190
59	3951 BEHAVIORAL HEALTH SERVICES		632,355
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-463,839	1,019,191
60.01	6001 CLINIC - FAMILY PRACTICE	304,111	1,395,052
60.02	6002 OUTPATIENT PSYCHIATRIC SERVICES	-6,809	699,459
60.03	6003 OUTPATIENT CHEMO		86,149
60.04	6004 PRIMARY CARE SENIORS	-945,007	923,238
61	6100 EMERGENCY	-8,050,903	7,908,375
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
66	6600 DURABLE MEDICAL EQUIP-RENTED	-31,347	2,853,170
71	7100 HOME HEALTH AGENCY	-114,567	2,976,646
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE	175,000	2,755,080
95	SUBTOTALS	-58,701,402	360,367,112
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		783,232
100.02	7952 OCCUPATIONAL HEALTH		2,460,519
100.03	7979 OTHER NONREIMBURSABLE COST CENTERS		765,182
100.09	7957 USI HEALTH CENTER		420,141
100.20	7966 PHYSICIAN OFFICES		29,185,088
100.27	7969 PUBLIC RELATIONS		1,585,509
100.31	7980 WOMEN'S HOSPITAL/GATEWAY MOB		2,788,627
101	TOTAL	-58,701,402	398,355,410

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 NOT A CMS WORKSHEET

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS- BLDG & FIXT	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
24.01	PARAMED ED PRGM-(CHAPLIN RESIDENCY)	2401	PARAMED ED PRGM
24.03	PARAMED ED PRGM-(NURSING)	2403	PARAMED ED PRGM
24.04	PARAMED ED PRGM-(RESPIRATORY CARE)	2404	PARAMED ED PRGM
24.05	PARAMED ED PRGM-(PHARMACY)	2405	PARAMED ED PRGM
24.07	PARAMED ED PRGM PHARMACY RESIDENCY	2407	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	WOUND CARE CENTER	3950	OTHER ANCILLARY SERVICE COST CENTERS
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	BEHAVIORAL HEALTH SERVICES	3951	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	CLINIC - FAMILY PRACTICE	6001	CLINIC
60.02	OUTPATIENT PSYCHIATRIC SERVICES	6002	CLINIC
60.03	OUTPATIENT CHEMO	6003	CLINIC
60.04	PRIMARY CARE SENIORS	6004	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP-RENTED	6600	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100.02	OCCUPATIONAL HEALTH	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	OTHER NONREIMBURSABLE COST CENTERS	7979	OTHER NONREIMBURSABLE COST CENTERS
100.09	USI HEALTH CENTER	7957	OTHER NONREIMBURSABLE COST CENTERS
100.20	PHYSICIAN OFFICES	7966	OTHER NONREIMBURSABLE COST CENTERS
100.27	PUBLIC RELATIONS	7969	OTHER NONREIMBURSABLE COST CENTERS
100.31	WOMEN'S HOSPITAL/GATEWAY MOB	7980	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
150082

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 3/ 2/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1	BUILDING DEPRECIATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		66,095
2	EQUIPMENT DEPRECIATION	B	NEW CAP REL COSTS-MVBLE EQUIP	4		16,327,708
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
1	EQUIPMENT DEPRECIATION	B				
2						
3						
4						
5	HSB BUILDING DEPRECIATION	C	NEW CAP REL COSTS- BLDG & FIXT	3.01		46,917
6	INTEREST EXPENSE	D	NEW CAP REL COSTS-MVBLE EQUIP	4		560,256
7	CAFETERIA/GARDEN CAFE	E	CAFETERIA	12	1,299,347	1,241,365
8			GIFT, FLOWER, COFFEE SHOP & CANTEEN	96	394,727	377,113
9	QUALITY SHARE/INCENTIVE COMP	F	OPERATION OF PLANT	8	37,525	
10			LAUNDRY & LINEN SERVICE	9	20,316	
11			HOUSEKEEPING	10	90,731	
12			DIETARY	11	31,971	
13			CAFETERIA	12	37,498	
14			NURSING ADMINISTRATION	14	27,757	
15			CENTRAL SERVICES & SUPPLY	15	30,529	
16			PHARMACY	16	52,562	
17			MEDICAL RECORDS & LIBRARY	17	54,812	
18			SOCIAL SERVICE	18	30,063	
19			I&R SERVICES-SALARY & FRINGES APPRVD	22	11,490	
20			PARAMED PRGM	24	324	
21			PARAMED PRGM-(CHAPLIN RESIDENCY)	24.01	3,993	
22			PARAMED PRGM-(NURSING)	24.03	6,680	
23			PARAMED PRGM-(RESPIRATORY CARE)	24.04	149	
24			PARAMED PRGM-(PHARMACY)	24.05	558	
25			PARAMED PRGM PHARMACY RESIDENCY	24.07	1,922	
26			ADULTS & PEDIATRICS	25	461,165	
27			INTENSIVE CARE UNIT	26	65,441	
28			CORONARY CARE UNIT	27	49,558	
29			SKILLED NURSING FACILITY	34	29,212	
30			OPERATING ROOM	37	140,019	
31			RADIOLOGY-DIAGNOSTIC	41	77,598	
32			LABORATORY	44	145,926	
33			RESPIRATORY THERAPY	49	42,148	
34			PHYSICAL THERAPY	50	5	
35			ELECTROCARDIOLOGY	53	39,645	

RECLASSIFICATIONS

PROVIDER NO:  
150082

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 3/ 2/2009  
WORKSHEET A-6  
CONTD

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 QUALITY SHARE/INCENTIVE COMP	F	RENAL DIALYSIS	57	3,360	
2		BEHAVIORAL HEALTH SERVICES	59	12,629	
3		CLINIC	60	13,069	
4		CLINIC - FAMILY PRACTICE	60.01	19,655	
5		OUTPATIENT PSYCHIATRIC SERVICES	60.02	9,186	
6		OUTPATIENT CHEMO	60.03	1,223	
7		PRIMARY CARE SENIORS	60.04	13,407	
8		EMERGENCY	61	90,985	
9		DURABLE MEDICAL EQUIP-RENTED	66	22,652	
10		HOME HEALTH AGENCY	71	23,949	
11		HOSPICE	93	18,166	
12		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96	11,392	
13		OTHER NONREIMBURSABLE COST CENTERS	100.03	14,494	
14		USI HEALTH CENTER	100.09	4,577	
15		PHYSICIAN OFFICES	100.20	164,773	
16		PUBLIC RELATIONS	100.27	2,457	
17		EMPLOYEE BENEFITS	5	44,128	
18 EQUIPMENT LEASES	G	NEW CAP REL COSTS-MVBLE EQUIP	4		17,870
19					
20 DRUGS AND IVS	H	DRUGS CHARGED TO PATIENTS	56		14,928,246
21 MEDICAL SUPPLIES CHARGED	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,547,446
22 RESIDENTS SALARIES	J	I&R SERVICES-SALARY & FRINGES APPRVD	22	920,741	
23 CHILD CARE CENTER	K	OTHER NONREIMBURSABLE COST CENTERS	100.03	2,886	529
24 RADIOLOGY SCHOOL	L	PARAMED ED PRGM	24	25,971	
25 PASTORAL EDUCATION	M	PARAMED ED PRGM-(CHAPLIN RESIDENCY)	24.01	184,186	8,226
26 INSURANCE	N	NEW CAP REL COSTS-BLDG & FIXT	3		853,374
27		NEW CAP REL COSTS- BLDG & FIXT	3.01		58,009
28 HOME SERVICES	O	HOSPICE	93	54,476	44,828
29		DURABLE MEDICAL EQUIP-RENTED	66	71,042	58,459
30 PUBLIC RELATIONS	P	ADMINISTRATIVE & GENERAL	6	8,075	47,593
31 PARAMED ED PRGM- NURSING	Q	PARAMED ED PRGM-(NURSING)	24.03	283,654	
32					
33					
34					
35					
1 PARAMED ED PRGM- NURSING	Q				
2 PARAMED ED PRGM- RESPIRATORY THERAPY	R	PARAMED ED PRGM-(RESPIRATORY CARE)	24.04	10,364	
3 PARAMED ED PRGM- PHARMACY	S	PARAMED ED PRGM-(PHARMACY)	24.05	94,805	
4 MEDICAL SUPPLIES CHARGED	U	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		44,683,430
5					
6					
7					
8					
9 BENEFITS	V	EMPLOYEE BENEFITS	5		2,256,524
10		ADMINISTRATIVE & GENERAL	6	12,000	
11					
12 PROPERTY TAX	W	NEW CAP REL COSTS-MVBLE EQUIP	4		181,633
13 ORTHOTICS	X	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		244,334
14 HOME VISITS DME	Y	HOME HEALTH AGENCY	71	73,910	
15 PHYSICIAN PART A COSTS	Z	ADULTS & PEDIATRICS	25	214,387	
16		OUTPATIENT PSYCHIATRIC SERVICES	60.02	29,800	
17		OPERATING ROOM	37		12,000
18 TEACHING PHYSICIANS	AA	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	667,984	175,016
36 TOTAL RECLASSIFICATIONS				6,308,054	86,736,971

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:  
150082

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 3/ 2/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF
			LINE	SALARY	OTHER	
	1	6	7	8	9	10
1 BUILDING DEPRECIATION	A	PHYSICIAN OFFICES	100.20		66,095	9
2 EQUIPMENT DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		337,239	9
3		EMPLOYEE BENEFITS	5		61,103	9
4		ADMINISTRATIVE & GENERAL	6		8,419,297	9
5		OPERATION OF PLANT	8		194,953	9
6		LAUNDRY & LINEN SERVICE	9		127,447	9
7		HOUSEKEEPING	10		237,331	9
8		DIETARY	11		88,271	9
9		NURSING ADMINISTRATION	14		217,800	9
10		CENTRAL SERVICES & SUPPLY	15		137,855	9
11		PHARMACY	16		384,278	9
12		MEDICAL RECORDS & LIBRARY	17		121,346	9
13		SOCIAL SERVICE	18		1,012	9
14		ADULTS & PEDIATRICS	25		512,397	9
15		INTENSIVE CARE UNIT	26		69,198	9
16		CORONARY CARE UNIT	27		82,168	9
17		SKILLED NURSING FACILITY	34		14,007	9
18		OPERATING ROOM	37		2,401,587	9
19		RADIOLOGY-DIAGNOSTIC	41		1,254,419	9
20		LABORATORY	44		455,205	9
21		RESPIRATORY THERAPY	49		227,914	9
22		WOUND CARE CENTER	49.01		14,378	9
23		PHYSICAL THERAPY	50		42,188	9
24		ELECTROCARDIOLOGY	53		436,619	9
25		RENAL DIALYSIS	57		11,611	9
26		CLINIC	60		7,442	9
27		CLINIC - FAMILY PRACTICE	60.01		8,394	9
28		OUTPATIENT PSYCHIATRIC SERVICES	60.02		5,706	9
29		OUTPATIENT CHEMO	60.03		204	9
30		PRIMARY CARE SENIORS	60.04		13,021	9
31		EMERGENCY	61		123,633	9
32		DURABLE MEDICAL EQUIP-RENTED	66		163,981	9
33		HOME HEALTH AGENCY	71		25,821	9
34		HOSPICE	93		2,404	9
35		OCCUPATIONAL HEALTH	100.02		27,838	9
1 EQUIPMENT DEPRECIATION	B	OTHER NONREIMBURSABLE COST CENTERS	100.03		3,507	9
2		USI HEALTH CENTER	100.09		1,645	9
3		PHYSICIAN OFFICES	100.20		93,660	9
4		WOMEN'S HOSPITAL/GATEWAY MOB	100.31		829	9
5 HSB BUILDING DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT	3		46,917	9
6 INTEREST EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		560,256	11
7 CAFETERIA/GARDEN CAFE	E	DIETARY	11	1,694,074	1,618,478	
8						
9 QUALITY SHARE/INCENTIVE COMP	F	OCCUPATIONAL HEALTH	100.02	28,484		
10		ADMINISTRATIVE & GENERAL	6	1,750,985		
11		WOMEN'S HOSPITAL/GATEWAY MOB	100.31	180,230		
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

RECLASSIFICATIONS

PROVIDER NO:  
150082

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 3/ 2/2009  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE				A-7 REF
			LINE NO	SALARY	OTHER		
1 QUALITY SHARE/INCENTIVE COMP	F	6					
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18 EQUIPMENT LEASES	G	OTHER NONREIMBURSABLE COST CENTERS	100.03		4,202		10
19		PHYSICIAN OFFICES	100.20		13,668		10
20 DRUGS AND IVS	H	PHARMACY	16			14,928,246	
21 MEDICAL SUPPLIES CHARGED	I	CENTRAL SERVICES & SUPPLY	15			4,547,446	
22 RESIDENTS SALARIES	J	CLINIC - FAMILY PRACTICE	60.01	920,741			
23 CHILD CARE CENTER	K	EMPLOYEE BENEFITS	5	2,886		529	
24 RADIOLOGY SCHOOL	L	RADIOLOGY-DIAGNOSTIC	41	25,971			
25 PASTORAL EDUCATION	M	ADMINISTRATIVE & GENERAL	6	184,186		8,226	
26 INSURANCE	N	ADMINISTRATIVE & GENERAL	6			911,383	12
27							12
28 HOME SERVICES	O	HOME HEALTH AGENCY	71	125,518		103,287	
29							
30 PUBLIC RELATIONS	P	PUBLIC RELATIONS	100.27	8,075		47,593	
31 PARAMED ED PRGM- NURSING	Q	ADULTS & PEDIATRICS	25	254,701			
32		INTENSIVE CARE UNIT	26	6,983			
33		CORONARY CARE UNIT	27	10,641			
34		OPERATING ROOM	37	5,688			
35		CLINIC	60	200			
1 PARAMED ED PRGM- NURSING	Q	EMERGENCY	61	5,441			
2 PARAMED ED PRGM- RESPIRATORY THERAPY	R	RESPIRATORY THERAPY	49	10,364			
3 PARAMED ED PRGM- PHARMACY	S	PHARMACY	16	94,805			
4 MEDICAL SUPPLIES CHARGED	U	OPERATING ROOM	37			25,157,139	
5		RADIOLOGY-DIAGNOSTIC	41			2,974,322	
6		RESPIRATORY THERAPY	49			393,529	
7		ELECTROCARDIOLOGY	53			15,831,012	
8		EMERGENCY	61			327,428	
9 BENEFITS	V	ADMINISTRATIVE & GENERAL	6			2,183,648	
10		OTHER NONREIMBURSABLE COST CENTERS	100.03			72,876	
11		ADMINISTRATIVE & GENERAL	6			12,000	
12 PROPERTY TAX	W	ADMINISTRATIVE & GENERAL	6			181,633	13
13 ORTHOTICS	X	DURABLE MEDICAL EQUIP-RENTED	66			244,334	
14 HOME VISITS DME	Y	DURABLE MEDICAL EQUIP-RENTED	66			73,910	
15 PHYSICIAN PART A COSTS	Z	PHYSICIAN OFFICES	100.20	244,187			
16							
17		ADMINISTRATIVE & GENERAL	6			12,000	
18 TEACHING PHYSICIANS	AA	CLINIC - FAMILY PRACTICE	60.01	667,984		175,016	
36 TOTAL RECLASSIFICATIONS				6,222,144		86,822,881	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:  
150082

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 3/ 2/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : BUILDING DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	66,095
TOTAL RECLASSIFICATIONS FOR CODE A			66,095

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICIAN OFFICES	100.20	66,095	
		66,095	

RECLASS CODE: B  
EXPLANATION : EQUIPMENT DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	16,327,708
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0
38.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			16,327,708

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	337,239	
EMPLOYEE BENEFITS	5	61,103	
ADMINISTRATIVE & GENERAL	6	8,419,297	
OPERATION OF PLANT	8	194,953	
LAUNDRY & LINEN SERVICE	9	127,447	
HOUSEKEEPING	10	237,331	
DIETARY	11	88,271	
NURSING ADMINISTRATION	14	217,800	
CENTRAL SERVICES & SUPPLY	15	137,855	
PHARMACY	16	384,278	
MEDICAL RECORDS & LIBRARY	17	121,346	
SOCIAL SERVICE	18	1,012	
ADULTS & PEDIATRICS	25	512,397	
INTENSIVE CARE UNIT	26	69,198	
CORONARY CARE UNIT	27	82,168	
SKILLED NURSING FACILITY	34	14,007	
OPERATING ROOM	37	2,401,587	
RADIOLOGY-DIAGNOSTIC	41	1,254,419	
LABORATORY	44	455,205	
RESPIRATORY THERAPY	49	227,914	
WOUND CARE CENTER	49.01	14,378	
PHYSICAL THERAPY	50	42,188	
ELECTROCARDIOLOGY	53	436,619	
RENAL DIALYSIS	57	11,611	
CLINIC	60	7,442	
CLINIC - FAMILY PRACTICE	60.01	8,394	
OUTPATIENT PSYCHIATRIC SERVICE	60.02	5,706	
OUTPATIENT CHEMO	60.03	204	
PRIMARY CARE SENIORS	60.04	13,021	
EMERGENCY	61	123,633	
DURABLE MEDICAL EQUIP-RENTED	66	163,981	
HOME HEALTH AGENCY	71	25,821	
HOSPICE	93	2,404	
OCCUPATIONAL HEALTH	100.02	27,838	
OTHER NONREIMBURSABLE COST CEN	100.03	3,507	
USI HEALTH CENTER	100.09	1,645	
PHYSICIAN OFFICES	100.20	93,660	
WOMEN'S HOSPITAL/GATEWAY MOB	100.31	829	
		16,327,708	

RECLASS CODE: C  
EXPLANATION : HSB BUILDING DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS- BLDG & FIXT	3.01	46,917
TOTAL RECLASSIFICATIONS FOR CODE C			46,917

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	46,917	
		46,917	

RECLASS CODE: D  
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	560,256
TOTAL RECLASSIFICATIONS FOR CODE D			560,256

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	560,256	
		560,256	

RECLASS CODE: E  
EXPLANATION : CAFETERIA/GARDEN CAFE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	2,540,712
2.00	GIFT, FLOWER, COFFEE SHOP & CA	96	771,840
TOTAL RECLASSIFICATIONS FOR CODE E			3,312,552

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	3,312,552	
		0	
		3,312,552	

RECLASSIFICATIONS

PROVIDER NO:  
150082

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 3/ 2/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: F  
EXPLANATION : QUALITY SHARE/INCENTIVE COMP

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	37,525	OCCUPATIONAL HEALTH	100.02	28,484	
2.00	LAUNDRY & LINEN SERVICE	9	20,316	ADMINISTRATIVE & GENERAL	6	1,750,985	
3.00	HOUSEKEEPING	10	90,731	WOMEN'S HOSPITAL/GATEWAY MOB	100.31	180,230	
4.00	DIETARY	11	31,971			0	
5.00	CAFETERIA	12	37,498			0	
6.00	NURSING ADMINISTRATION	14	27,757			0	
7.00	CENTRAL SERVICES & SUPPLY	15	30,529			0	
8.00	PHARMACY	16	52,562			0	
9.00	MEDICAL RECORDS & LIBRARY	17	54,812			0	
10.00	SOCIAL SERVICE	18	30,063			0	
11.00	I&R SERVICES-SALARY & FRINGES	22	11,490			0	
12.00	PARAMED PRGM	24	324			0	
13.00	PARAMED PRGM-(CHAPLIN RESID	24.01	3,993			0	
14.00	PARAMED PRGM-(NURSING)	24.03	6,680			0	
15.00	PARAMED PRGM-(RESPIRATORY C	24.04	149			0	
16.00	PARAMED PRGM-(PHARMACY)	24.05	558			0	
17.00	PARAMED PRGM PHARMACY RESID	24.07	1,922			0	
18.00	ADULTS & PEDIATRICS	25	461,165			0	
19.00	INTENSIVE CARE UNIT	26	65,441			0	
20.00	CORONARY CARE UNIT	27	49,558			0	
21.00	SKILLED NURSING FACILITY	34	29,212			0	
22.00	OPERATING ROOM	37	140,019			0	
23.00	RADIOLOGY-DIAGNOSTIC	41	77,598			0	
24.00	LABORATORY	44	145,926			0	
25.00	RESPIRATORY THERAPY	49	42,148			0	
26.00	PHYSICAL THERAPY	50	5			0	
27.00	ELECTROCARDIOLOGY	53	39,645			0	
28.00	RENAL DIALYSIS	57	3,360			0	
29.00	BEHAVIORAL HEALTH SERVICES	59	12,629			0	
30.00	CLINIC	60	13,069			0	
31.00	CLINIC - FAMILY PRACTICE	60.01	19,655			0	
32.00	OUTPATIENT PSYCHIATRIC SERVICE	60.02	9,186			0	
33.00	OUTPATIENT CHEMO	60.03	1,223			0	
34.00	PRIMARY CARE SENIORS	60.04	13,407			0	
35.00	EMERGENCY	61	90,985			0	
36.00	DURABLE MEDICAL EQUIP-RENTED	66	22,652			0	
37.00	HOME HEALTH AGENCY	71	23,949			0	
38.00	HOSPICE	93	18,166			0	
39.00	GIFT, FLOWER, COFFEE SHOP & CA	96	11,392			0	
40.00	OTHER NONREIMBURSABLE COST CEN	100.03	14,494			0	
41.00	USI HEALTH CENTER	100.09	4,577			0	
42.00	PHYSICIAN OFFICES	100.20	164,773			0	
43.00	PUBLIC RELATIONS	100.27	2,457			0	
44.00	EMPLOYEE BENEFITS	5	44,128			0	
TOTAL RECLASSIFICATIONS FOR CODE F			1,959,699	TOTAL RECLASSIFICATIONS FOR CODE F			1,959,699

RECLASS CODE: G  
EXPLANATION : EQUIPMENT LEASES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	17,870	OTHER NONREIMBURSABLE COST CEN	100.03	4,202	
2.00			0	PHYSICIAN OFFICES	100.20	13,668	
TOTAL RECLASSIFICATIONS FOR CODE G			17,870	TOTAL RECLASSIFICATIONS FOR CODE G			17,870

RECLASS CODE: H  
EXPLANATION : DRUGS AND IVS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	14,928,246	PHARMACY	16	14,928,246	
TOTAL RECLASSIFICATIONS FOR CODE H			14,928,246	TOTAL RECLASSIFICATIONS FOR CODE H			14,928,246

RECLASS CODE: I  
EXPLANATION : MEDICAL SUPPLIES CHARGED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,547,446	CENTRAL SERVICES & SUPPLY	15	4,547,446	
TOTAL RECLASSIFICATIONS FOR CODE I			4,547,446	TOTAL RECLASSIFICATIONS FOR CODE I			4,547,446

RECLASS CODE: J  
EXPLANATION : RESIDENTS SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	920,741	CLINIC - FAMILY PRACTICE	60.01	920,741	
TOTAL RECLASSIFICATIONS FOR CODE J			920,741	TOTAL RECLASSIFICATIONS FOR CODE J			920,741

RECLASSIFICATIONS

PROVIDER NO:  
150082

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 3/ 2/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: K  
EXPLANATION : CHILD CARE CENTER

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER NONREIMBURSABLE COST CEN	100.03	3,415
TOTAL RECLASSIFICATIONS FOR CODE K			3,415

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	3,415	
			3,415

RECLASS CODE: L  
EXPLANATION : RADIOLOGY SCHOOL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED PRGM	24	25,971
TOTAL RECLASSIFICATIONS FOR CODE L			25,971

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	25,971	
			25,971

RECLASS CODE: M  
EXPLANATION : PASTORAL EDUCATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED PRGM-(CHAPLIN RESID	24.01	192,412
TOTAL RECLASSIFICATIONS FOR CODE M			192,412

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	192,412	
			192,412

RECLASS CODE: N  
EXPLANATION : INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	853,374
2.00	NEW CAP REL COSTS- BLDG & FIXT	3.01	58,009
TOTAL RECLASSIFICATIONS FOR CODE N			911,383

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	911,383	
			0
			911,383

RECLASS CODE: O  
EXPLANATION : HOME SERVICES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	HOSPICE	93	99,304
2.00	DURABLE MEDICAL EQUIP-RENTED	66	129,501
TOTAL RECLASSIFICATIONS FOR CODE O			228,805

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOME HEALTH AGENCY	71	228,805	
			0
			228,805

RECLASS CODE: P  
EXPLANATION : PUBLIC RELATIONS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	55,668
TOTAL RECLASSIFICATIONS FOR CODE P			55,668

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PUBLIC RELATIONS	100.27	55,668	
			55,668

RECLASS CODE: Q  
EXPLANATION : PARAMED PRGM- NURSING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED PRGM-(NURSING)	24.03	283,654
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
TOTAL RECLASSIFICATIONS FOR CODE Q			283,654

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	254,701	
INTENSIVE CARE UNIT	26	6,983	
CORONARY CARE UNIT	27	10,641	
OPERATING ROOM	37	5,688	
CLINIC	60	200	
EMERGENCY	61	5,441	
			283,654

RECLASS CODE: R  
EXPLANATION : PARAMED PRGM- RESPIRATORY THERAPY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED PRGM-(RESPIRATORY C	24.04	10,364
TOTAL RECLASSIFICATIONS FOR CODE R			10,364

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RESPIRATORY THERAPY	49	10,364	
			10,364

RECLASS CODE: S  
EXPLANATION : PARAMED PRGM- PHARMACY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED PRGM-(PHARMACY)	24.05	94,805
TOTAL RECLASSIFICATIONS FOR CODE S			94,805

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	94,805	
			94,805

RECLASSIFICATIONS

PROVIDER NO:  
150082

PERIOD:  
FROM 10/ 1/2007  
TO 9/30/2008

PREPARED 3/ 2/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: U  
EXPLANATION : MEDICAL SUPPLIES CHARGED

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	44,683,430
2.00			0
3.00			0
4.00			0
5.00			0
TOTAL RECLASSIFICATIONS FOR CODE U			44,683,430

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	25,157,139	
RADIOLOGY-DIAGNOSTIC	41	2,974,322	
RESPIRATORY THERAPY	49	393,529	
ELECTROCARDIOLOGY	53	15,831,012	
EMERGENCY	61	327,428	
			44,683,430

RECLASS CODE: V  
EXPLANATION : BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	2,256,524
2.00	ADMINISTRATIVE & GENERAL	6	12,000
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE V			2,268,524

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	2,183,648	
OTHER NONREIMBURSABLE COST CEN	100.03	72,876	
ADMINISTRATIVE & GENERAL	6	12,000	
			2,268,524

RECLASS CODE: W  
EXPLANATION : PROPERTY TAX

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	181,633
TOTAL RECLASSIFICATIONS FOR CODE W			181,633

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	181,633	
			181,633

RECLASS CODE: X  
EXPLANATION : ORTHOTICS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	244,334
TOTAL RECLASSIFICATIONS FOR CODE X			244,334

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DURABLE MEDICAL EQUIP-RENTED	66	244,334	
			244,334

RECLASS CODE: Y  
EXPLANATION : HOME VISITS DME

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	HOME HEALTH AGENCY	71	73,910
TOTAL RECLASSIFICATIONS FOR CODE Y			73,910

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DURABLE MEDICAL EQUIP-RENTED	66	73,910	
			73,910

RECLASS CODE: Z  
EXPLANATION : PHYSICIAN PART A COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	214,387
2.00	OUTPATIENT PSYCHIATRIC SERVICE	60.02	29,800
3.00	OPERATING ROOM	37	12,000
TOTAL RECLASSIFICATIONS FOR CODE Z			256,187

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICIAN OFFICES	100.20	244,187	
		0	
ADMINISTRATIVE & GENERAL	6	12,000	
			256,187

RECLASS CODE: AA  
EXPLANATION : TEACHING PHYSICIANS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	843,000
TOTAL RECLASSIFICATIONS FOR CODE AA			843,000

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CLINIC - FAMILY PRACTICE	60.01	843,000	
			843,000

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	14,256,424	74,201		74,201		14,330,625	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	323,568,531	9,646,788		9,646,788		333,215,319	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	158,415,048	5,300,088		5,300,088		163,715,136	
6 MOVABLE EQUIPMENT							
7 SUBTOTAL	496,240,003	15,021,077		15,021,077		511,261,080	
8 RECONCILING ITEMS							
9 TOTAL	496,240,003	15,021,077		15,021,077		511,261,080	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS- B								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL	
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	11,668,192		63,973	853,374			12,585,539
3 01	NEW CAP REL COSTS- B	46,917			58,009			104,926
4	NEW CAP REL COSTS-MV	16,357,372	11,185,033	560,256		181,633		28,284,294
5	TOTAL	28,072,481	11,185,033	624,229	911,383	181,633		40,974,759

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL	
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	11,963,998		6,890,310				18,854,308
3 01	NEW CAP REL COSTS- B							
4	NEW CAP REL COSTS-MV		11,167,163					11,167,163
5	TOTAL	11,963,998	11,167,163	6,890,310				30,021,471

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-6,266,081	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-11,289	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT	B	-47,475	NEW CAP REL COSTS-BLDG &	3	9
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-21,460,689			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-22,996,326			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-912,486	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP					
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	89	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	1	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	2	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-BLDG &	3	
33 NON-PHYSICIAN ANESTHETIST			NEW CAP REL COSTS-MVBLE E	4	
34 PHYSICIANS' ASSISTANT			**COST CENTER DELETED**	20	
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 MISCELLANEOUS	B	-475	ADMINISTRATIVE & GENERAL	6	
38 FITNESS CENTER MEMBERSHIP FEE	B	-52,731	EMPLOYEE BENEFITS	5	
39 CALL CENTER	B	-154,924	ADMINISTRATIVE & GENERAL	6	
40 PRE NATAL CONSULTS	B	-39,741	CLINIC - FAMILY PRACTICE	60.01	
41 PRIMARY CARE SENIORS	B	-1,243	PRIMARY CARE SENIORS	60.04	
42 WEIGHT LOSS PROGRAM	B	-68,819	OPERATING ROOM	37	
43 DIABETES EDUCATION MATERIAL	B	-4,472	CLINIC	60	
44 SELF INSURANCE	A	-9,087,631	EMPLOYEE BENEFITS	5	
45 MEDICAL EDUCATION GRANT	A	21,914	ADMINISTRATIVE & GENERAL	6	
46 PROPERTY TAX- RENTAL PROPERTY	A	-440,241	ADMINISTRATIVE & GENERAL	6	
47 PENSION OVERFUNDING	A	3,703,964	EMPLOYEE BENEFITS	5	
48 FAMILY PRACTICE GRANT	A	342,204	CLINIC - FAMILY PRACTICE	60.01	
49 1990 CIP CARRYFORWARD	A	651	NEW CAP REL COSTS-BLDG &	3	9
49.01 1992 CAPITAL CARRYFORWARD	A	-22	NEW CAP REL COSTS-MVBLE E	4	9
49.02 1993 GROUP CARRYFORWARD	A	-15	NEW CAP REL COSTS-MVBLE E	4	9
49.03 AMORTIZATION PHASE II	A	20,350	NEW CAP REL COSTS-BLDG &	3	9
49.04 AMORTIZATION PHASE I	A	6,463	NEW CAP REL COSTS-BLDG &	3	9
49.05 1984 AMORTIZATION A&G	A	2,225	NEW CAP REL COSTS-BLDG &	3	9
49.06 AHA GENERATOR	A	8,039	NEW CAP REL COSTS-MVBLE E	4	9
49.07 1996 AHA LIFE ADJUSTMENT	A	40,095	NEW CAP REL COSTS-BLDG &	3	9
49.08 CHILDCARE TUITION	B	-941,422	EMPLOYEE BENEFITS	5	
49.09 MEDICAL AFFAIRS	A	-84,285	ADMINISTRATIVE & GENERAL	6	
49.10 ADMINISTRATION	A	-428,701	ADMINISTRATIVE & GENERAL	6	
49.11 PATIENT RELATIONS	A	-21,619	ADMINISTRATIVE & GENERAL	6	
49.12 COMMUNITY RELATIONS	A	-2,962	ADMINISTRATIVE & GENERAL	6	
49.13 AHA/HA DUES	A	-19,130	ADMINISTRATIVE & GENERAL	6	
49.14 ADVERTISING	A	-34,601	ADMINISTRATIVE & GENERAL	6	
49.15 DIETARY EXPENSE RECOVERY	A	33,465	DIETARY	11	
49.16 LOSS ON EQUIPMENT DISPOSAL	A	21,662	NEW CAP REL COSTS-MVBLE E	4	9
49.17 LOSS ON DISPOSAL	A	-54	NEW CAP REL COSTS-BLDG &	3	9
49.18 HOSPICE GRANT	A	175,000	HOSPICE	93	
50 TOTAL (SUM OF LINES 1 THRU 49)		-58,701,402			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL FACILITY RENT	46,277	88,996	-42,719	
2	17	MEDICAL RECORDS & LIBRARY FACILITY RENT	8,496		8,496	
3	37	OPERATING ROOM FACILITY RENT	126,804	145,490	-18,686	
4	41	RADIOLOGY-DIAGNOSTIC FACILITY RENT	19,677	18,422	1,255	
4.01	44	LABORATORY FACILITY RENT	64,077	33,034	31,043	
4.02	49	1 WOUND CARE CENTER FACILITY RENT	24,224	32,014	-7,790	
4.03	50	PHYSICAL THERAPY FACILITY RENT	34,225	35,532	-1,307	
4.04	53	ELECTROCARDIOLOGY FACILITY RENT	27,043	37,533	-10,490	
4.05	60	CLINIC FACILITY RENT	16,101	40,188	-24,087	
4.06	60	1 CLINIC - FAMILY PRACTICE FACILITY RENT	1,648		1,648	
4.07	60	4 PRIMARY CARE SENIORS FACILITY RENT	53,902	70,460	-16,558	
4.09	66	DURABLE MEDICAL EQUIP-REN FACILITY RENT	9,165	40,512	-31,347	
4.10	37	OPERATING ROOM SERVICE UNDER ARRANGEMENT	10,864,776	31,911,121	-21,046,345	
4.11	50	PHYSICAL THERAPY SERVICE UNDER ARRANGEMENT	4,298,733	6,023,605	-1,724,872	
4.12	71	HOME HEALTH AGENCY SERVICE UNDER ARRANGEMENT	963,800	1,078,367	-114,567	
5		TOTALS	16,558,948	39,555,274	-22,996,326	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
2	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
3	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
4	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
5	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
5.01	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
5.02	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
5.03	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
5.04	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
5.05	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
5.06	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
5.07	B	100.00	DEACONESS HEALTH SYSTEMS	0.00	HEALTH SYSTEM
5.08	C	0.00	EVANSVILLE SURGERY ASSOCI	50.00	SURGERY
5.09	C	0.00	PROGRESSIVE HEALTH OF IND	51.00	PHYSICAL THERAPY
5.10	C	0.00	PROGRESSIVE HEALTH OF IND	51.00	PHYSICAL THERAPY

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	A&G	1,866,498	1,800,958	65,540	171,400	1,080	88,996	4,450
2 18	SOCIAL SERVICES	273,043	273,043					
3 25	ADULTS AND PEDIATRICS	357,481	134,262	223,219	171,400	1,983	163,407	8,170
4 37	OPERATING ROOM	8,368,347	8,195,847	172,500	204,100	1,235	121,184	6,059
5 41	RADIOLOGY	24,996		24,996	231,100	198	21,999	1,100
6 44	LAB	648,139	371,139	277,000	219,500	1,136	119,881	5,994
7 49	RESPIRATORY THERAPY	40,900	35,567	5,333	171,400	63	5,191	260
8 49	1 WOUND CARE	12,000	12,000					
9 53	CARDIOLOGY	1,136,018	315,034	820,984	171,400	2,432	200,406	10,020
10 57	DIALYSIS	19,000		19,000	171,400	101	8,323	416
11 60	CLINIC	441,213	429,213	12,000	171,400	72	5,933	297
12 60	2 OP PSYCHIATRIC SVCS	29,800		29,800	171,400	279	22,991	1,150
13 60	4 PRIMARY CARE SENIORS	927,206	927,206					
14 61	EMERGENCY	8,188,517	7,700,850	487,667	171,400	1,670	137,614	6,881
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	22,333,158	20,195,119	2,138,039		10,249	895,925	44,797

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	A&G					88,996		1,800,958
2 18	SOCIAL SERVICES							273,043
3 25	ADULTS AND PEDIATRICS					163,407	59,812	194,074
4 37	OPERATING ROOM					121,184	51,316	8,247,163
5 41	RADIOLOGY					21,999	2,997	2,997
6 44	LAB					119,881	157,119	528,258
7 49	RESPIRATORY THERAPY					5,191	142	35,709
8 49	1 WOUND CARE							12,000
9 53	CARDIOLOGY					200,406	620,578	935,612
10 57	DIALYSIS					8,323	10,677	10,677
11 60	CLINIC					5,933	6,067	435,280
12 60	2 OP PSYCHIATRIC SVCS					22,991	6,809	6,809
13 60	4 PRIMARY CARE SENIORS							927,206
14 61	EMERGENCY					137,614	350,053	8,050,903
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					895,925	1,265,570	21,460,689

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEE T - A	ENTERED
3.01	NEW CAP REL COSTS- BLDG & FIXT	2	SQUARE FEE T - B	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DEPRECIATI ON EXPENSE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE FEE T - A	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEE T - A	ENTERED
11	DIETARY	10	MEALS	ENTERED
12	CAFETERIA	11	FTES	ENTERED
14	NURSING ADMINISTRATION	13	FTE'S -NRSG	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	COSTED REQ UI S.	ENTERED
16	PHARMACY	17	COSTED REQ UI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	18	GROSS REVE NUE	ENTERED
18	SOCIAL SERVICE	19	HOURS - A	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	23	HOURS - B	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	HOURS - B	ENTERED
24	PARAMED ED PRGM	25	HOURS - C	ENTERED
24.01	PARAMED ED PRGM-(CHAPLIN RESIDENCY)	26	HOURS - D	ENTERED
24.03	PARAMED ED PRGM-(NURSING)	27	HOURS - F	ENTERED
24.04	PARAMED ED PRGM-(RESPIRATORY CARE)	28	HOURS - G	ENTERED
24.05	PARAMED ED PRGM-(PHARMACY)	29	HOURS - C	ENTERED
24.07	PARAMED ED PRGM PHARMACY RESIDENCY	29	HOURS - C	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS- BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	3	3.01	4	5	5a.00	6
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	12,585,539	12,585,539					
004 NEW CAP REL COSTS-MVBLE E	104,926		104,926				
005 EMPLOYEE BENEFITS	28,284,294			28,284,294			
006 ADMINISTRATIVE & GENERAL	42,551,721	263,296	14,665	108,080	42,937,762		
008 OPERATION OF PLANT	36,070,631	1,377,538	62,784	14,892,240	4,410,711	56,813,904	56,813,904
009 LAUNDRY & LINEN SERVICE	10,973,108	1,771,305		344,837	657,102	13,746,352	2,286,651
010 HOUSEKEEPING	1,426,663	280,905		225,431	171,995	2,104,994	350,157
011 DIETARY	3,893,918	126,527		419,796	779,135	5,219,376	868,222
012 CAFETERIA	2,146,239	298,593		156,136	285,529	2,886,497	480,157
014 NURSING ADMINISTRATION	1,665,724	89,595			334,463	2,089,782	347,627
015 CENTRAL SERVICES & SUPPLY	2,249,720	30,337		385,249	467,002	3,132,308	521,047
016 PHARMACY	1,712,790	172,386		243,841	336,899	2,465,916	410,195
017 MEDICAL RECORDS & LIBRARY	6,166,829	133,929		679,719	1,362,294	8,342,771	1,387,787
018 SOCIAL SERVICE	2,984,872	115,944		214,639	736,085	4,051,540	673,957
022 I&R SERVICES-SALARY & FRI	2,157,949	51,824		1,790	524,592	2,736,155	455,148
023 I&R SERVICES-OTHER PRGM C	932,231				233,233	1,165,464	193,870
024 PARAMED PRGM	843,000		13,045		167,122	1,023,167	170,200
024 01 PARAMED PRGM-(CHAPLIN	26,295				6,579	32,874	5,468
024 03 PARAMED PRGM-(NURSING)	196,405	4,143	1,005		47,080	248,633	41,359
024 04 PARAMED PRGM-(RESPIRAT	290,334				72,638	362,972	60,379
024 05 PARAMED PRGM-(PHARMACY	10,513				2,630	13,143	2,186
024 07 PARAMED PRGM PHARMACY	95,363				23,859	119,222	19,832
INPAT ROUTINE SRVC CNTRS	198,816				46,024	244,840	40,728
025 ADULTS & PEDIATRICS	34,385,989	3,306,259		906,339	8,022,838	46,621,425	7,755,288
026 INTENSIVE CARE UNIT	5,887,891	283,634		122,399	1,370,370	7,664,294	1,274,925
027 CORONARY CARE UNIT	4,330,040	193,376		145,341	1,028,743	5,697,500	947,756
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
034 SKILLED NURSING FACILITY	2,107,147	291,301		24,776	496,858	2,920,082	485,744
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	25,568,693	990,974		4,247,980	4,501,963	35,309,610	5,873,612
041 RADIOLOGY-DIAGNOSTIC	9,478,817	535,860		2,218,844	1,530,443	13,763,964	2,289,580
044 LABORATORY	20,204,197	474,933		805,177	2,152,272	23,636,579	3,931,850
049 RESPIRATORY THERAPY	3,513,033	69,367		403,139	802,848	4,788,387	796,529
049 01 WOUND CARE CENTER	388,789	5,248		25,432	63,173	482,642	80,286
050 PHYSICAL THERAPY	4,513,643	93,705		74,623	1	4,681,972	778,827
053 ELECTROCARDIOLOGY	4,831,632	133,995		772,301	758,473	6,496,401	1,080,650
055 MEDICAL SUPPLIES CHARGED	49,475,210					49,475,210	8,229,844
056 DRUGS CHARGED TO PATIENTS	14,928,246					14,928,246	2,483,254
057 RENAL DIALYSIS	1,937,190	6,496		20,538	84,619	2,048,843	340,817
059 BEHAVIORAL HEALTH SERVICE	632,355				156,343	788,698	131,197
OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,019,191	1,657		13,164	216,367	1,250,379	207,996
060 01 CLINIC - FAMILY PRACTICE	1,395,052	183,665		14,847	215,335	1,808,899	300,903
060 02 OUTPATIENT PSYCHIATRIC SE	699,459	65,302		10,093	164,346	939,200	156,232
060 03 OUTPATIENT CHEMO	86,149			361	20,395	106,905	17,783
060 04 PRIMARY CARE SENIORS	923,238			23,032	383,498	1,329,768	221,202
061 EMERGENCY	7,908,375	369,230		218,685	3,214,997	11,711,287	1,948,126
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	2,853,170	76,338		290,053	334,010	3,553,571	591,122
071 HOME HEALTH AGENCY	2,976,646	44,212		45,673	441,057	3,507,588	583,473
SPEC PURPOSE COST CENTERS							
093 HOSPICE	2,755,080	58,154		4,252	343,627	3,161,113	525,839
095 SUBTOTALS	360,367,112	11,900,028	91,499	28,058,807	36,967,548	353,472,473	49,347,805
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	783,232	93,429			101,606	978,267	162,731
100 02 OCCUPATIONAL HEALTH	2,460,519	120,175		49,240	327,219	2,957,153	491,911
100 03 OTHER NONREIMBURSABLE COS	765,182	64,783	13,427	6,203	211,468	1,061,063	176,504
100 09 USI HEALTH CENTER	420,141			2,910	90,282	513,333	85,391
100 20 PHYSICIAN OFFICES	29,185,088	393,204		165,668	5,181,572	34,925,532	5,809,723
100 27 PUBLIC RELATIONS	1,585,509	13,920			58,067	1,657,496	275,718
100 31 WOMEN'S HOSPITAL/GATEWAY	2,788,627			1,466		2,790,093	464,121
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	398,355,410	12,585,539	104,926	28,284,294	42,937,762	398,355,410	56,813,904

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS- BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT	16,033,003						
009 LAUNDRY & LINEN SERVICE	490,958	2,946,109					
010 HOUSEKEEPING	221,141	1,478	6,310,217				
011 DIETARY	521,871	5,911	214,943	4,109,379			
012 CAFETERIA	156,592	1,478	64,496		2,659,975		
014 NURSING ADMINISTRATION	53,021		21,838		43,153	3,771,367	
015 CENTRAL SERVICES & SUPPLY	301,291	20,689	124,092		47,478		3,369,661
016 PHARMACY	234,077		96,409		81,678		37,200
017 MEDICAL RECORDS & LIBRARY	202,643		83,463		85,199		5
018 SOCIAL SERVICE	90,576		37,306		46,673		
022 I&R SERVICES-SALARY & FRI					17,905		
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM					503		
024 01 PARAMED ED PRGM-(CHAPLIN	7,241		2,982		6,237		
024 03 PARAMED ED PRGM-(NURSING)					10,361		
024 04 PARAMED ED PRGM-(RESPIRAT					201	475	
024 05 PARAMED ED PRGM-(PHARMACY					905		
024 07 PARAMED ED PRGM PHARMACY					3,018		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,778,584	1,882,695	2,380,026	3,086,277	716,595	1,692,958	46,041
026 INTENSIVE CARE UNIT	495,728	59,112	204,175	252,467	101,695	240,255	8,847
027 CORONARY CARE UNIT	337,977	26,600	139,202	189,573	77,051	182,033	7,632
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
034 SKILLED NURSING FACILITY	509,128	236,446	209,694	343,135	45,366	107,176	2,893
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,731,996	428,557	713,357	1,001	217,574	514,018	58,611
041 RADIOLOGY-DIAGNOSTIC	936,561	80,096	385,741		120,606	284,932	28,800
044 LABORATORY	830,074	89	341,882		226,728		419,765
049 RESPIRATORY THERAPY	121,238	89	49,934		65,483		1,204
049 01 WOUND CARE CENTER	9,172		3,777				4,151
050 PHYSICAL THERAPY	163,775	76,963	67,454				4,252
053 ELECTROCARDIOLOGY	234,193	11,822	96,457	22	61,560	145,436	18,511
055 MEDICAL SUPPLIES CHARGED							2,637,019
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	11,353		4,676		5,231		15,038
059 BEHAVIORAL HEALTH SERVICE					19,615	46,340	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,896	1,478	1,193		20,319	48,004	1,232
060 01 CLINIC - FAMILY PRACTICE	321,005	20,689	132,212		30,579		1,079
060 02 OUTPATIENT PSYCHIATRIC SE	114,133		47,008		14,284		4
060 03 OUTPATIENT CHEMO					1,911	4,515	178
060 04 PRIMARY CARE SENIORS					20,822		339
061 EMERGENCY	645,330	62,067	265,792	948	141,428	334,124	
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN	133,422		54,953		35,206	83,174	44,596
071 HOME HEALTH AGENCY	77,273		31,826		37,218	87,927	2,763
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	101,640		41,863	26,862	28,266		6,588
095 SUBTOTALS	14,834,889	2,916,259	5,816,751	3,900,285	2,330,848	3,771,367	3,346,748
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	163,292	295	67,255		17,704		
100 02 OCCUPATIONAL HEALTH	210,038		86,508		20,520		3,312
100 03 OTHER NONREIMBURSABLE COS	113,225	29,555	46,634	209,094	22,532		858
100 09 USI HEALTH CENTER					7,142		340
100 20 PHYSICIAN OFFICES	687,230		283,049		255,999		18,400
100 27 PUBLIC RELATIONS	24,329		10,020		3,822		3
100 31 WOMEN'S HOSPITAL/GATEWAY					1,408		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	16,033,003	2,946,109	6,310,217	4,109,379	2,659,975	3,771,367	3,369,661

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	PARAMED ED PRGM 24	PARAMED ED PRGM-(CHAPLIN) 24.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	10,179,922						
017 MEDICAL RECORDS & LIBRARY	7	5,096,814					
018 SOCIAL SERVICE	16		3,365,874				
022 I&R SERVICES-SALARY & FRI				1,377,239			
023 I&R SERVICES-OTHER PRGM C					1,193,367		
024 PARAMED ED PRGM						38,845	
024 01 PARAMED ED PRGM-(CHAPLIN)							306,452
024 03 PARAMED ED PRGM-(NURSING)							
024 04 PARAMED ED PRGM-(RESPIRAT)							
024 05 PARAMED ED PRGM-(PHARMACY)							
024 07 PARAMED ED PRGM PHARMACY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,632	486,187	2,771,896	439,131	380,504		306,452
026 INTENSIVE CARE UNIT	2,727	85,296	213,223	27,949	24,218		
027 CORONARY CARE UNIT	2,746	68,579	137,072				
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
034 SKILLED NURSING FACILITY	438	30,611					
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	77,325	754,920		136,271	118,078		
041 RADIOLOGY-DIAGNOSTIC	22,443	660,640		12,001	10,399	38,845	
044 LABORATORY	6,378	552,357		2,053	1,779		
049 RESPIRATORY THERAPY	1,908	97,834		3,948	3,421		
049 01 WOUND CARE CENTER	8,138	11,872					
050 PHYSICAL THERAPY	2,455	101,197					
053 ELECTROCARDIOLOGY	15,526	363,010		27,949	24,218		
055 MEDICAL SUPPLIES CHARGED	139,986	601,474					
056 DRUGS CHARGED TO PATIENTS	8,600,463	591,206					
057 RENAL DIALYSIS	2,355	20,683					
059 BEHAVIORAL HEALTH SERVICE		6,773					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	466	3,770		12,948	11,219		
060 01 CLINIC - FAMILY PRACTICE	15,053	5,884		558,821	484,213		
060 02 OUTPATIENT PSYCHIATRIC SE		16,295					
060 03 OUTPATIENT CHEMO	92	4,446					
060 04 PRIMARY CARE SENIORS	19,812	3,511		17,212	14,914		
061 EMERGENCY	6,734	344,635	243,683	56,372	48,846		
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
071 DURABLE MEDICAL EQUIP-REN	280,851	50,631					
071 HOME HEALTH AGENCY	593	16,366					
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	224,398	20,936					
095 SUBTOTALS	9,442,542	4,899,113	3,365,874	1,294,655	1,121,809	38,845	306,452
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP							
100 02 OCCUPATIONAL HEALTH	110,241	14,504					
100 03 OTHER NONREIMBURSABLE COS	6,400						
100 09 USI HEALTH CENTER	17,621	2,363					
100 20 PHYSICIAN OFFICES	603,118	180,834					
100 27 PUBLIC RELATIONS							
100 31 WOMEN'S HOSPITAL/GATEWAY				82,584	71,558		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	10,179,922	5,096,814	3,365,874	1,377,239	1,193,367	38,845	306,452

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	PARAMED ED PR GM-(NURSING)	PARAMED ED PR GM-(RESPIRAT)	PARAMED ED PR GM-(PHARMACY)	PARAMED ED PR GM PHARMACY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	24.03	24.04	24.05	24.07			
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-(CHAPLIN							
024 03 PARAMED ED PRGM-(NURSING)	433,712						
024 04 PARAMED ED PRGM-(RESPIRAT)		16,005					
024 05 PARAMED ED PRGM-(PHARMACY)			139,959				
024 07 PARAMED ED PRGM PHARMACY				288,586			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	386,788				74,742,479	-819,635	73,922,844
026 INTENSIVE CARE UNIT	11,337				10,666,248	-52,167	10,614,081
027 CORONARY CARE UNIT	17,278				7,830,999		7,830,999
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
034 SKILLED NURSING FACILITY					4,890,713		4,890,713
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	9,195				45,944,125	-254,349	45,689,776
041 RADIOLOGY-DIAGNOSTIC					18,634,608	-22,400	18,612,208
044 LABORATORY					29,949,534	-3,832	29,945,702
049 RESPIRATORY THERAPY		16,005			5,945,980	-7,369	5,938,611
049 01 WOUND CARE CENTER					600,038		600,038
050 PHYSICAL THERAPY					5,876,895		5,876,895
053 ELECTROCARDIOLOGY					8,575,755	-52,167	8,523,588
055 MEDICAL SUPPLIES CHARGED					61,083,533		61,083,533
056 DRUGS CHARGED TO PATIENTS			139,959	288,586	27,031,714		27,031,714
057 RENAL DIALYSIS					2,448,996		2,448,996
059 BEHAVIORAL HEALTH SERVICE					992,623		992,623
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	323				1,562,223	-24,167	1,538,056
060 01 CLINIC - FAMILY PRACTICE					3,679,337	-1,043,034	2,636,303
060 02 OUTPATIENT PSYCHIATRIC SE					1,287,156		1,287,156
060 03 OUTPATIENT CHEMO					135,830		135,830
060 04 PRIMARY CARE SENIORS					1,627,580	-32,126	1,595,454
061 EMERGENCY	8,791				15,818,163	-105,218	15,712,945
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN					4,827,526		4,827,526
071 HOME HEALTH AGENCY					4,345,027		4,345,027
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE					4,137,505		4,137,505
095 SUBTOTALS	433,712	16,005	139,959	288,586	342,634,587	-2,416,464	340,218,123
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					1,389,544		1,389,544
100 02 OCCUPATIONAL HEALTH					3,894,187		3,894,187
100 03 OTHER NONREIMBURSABLE COS					1,665,865		1,665,865
100 09 USI HEALTH CENTER					626,190		626,190
100 20 PHYSICIAN OFFICES					42,763,885		42,763,885
100 27 PUBLIC RELATIONS					1,971,388		1,971,388
100 31 WOMEN'S HOSPITAL/GATEWAY					3,409,764	-154,142	3,255,622
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	433,712	16,005	139,959	288,586	398,355,410	-2,570,606	395,784,804

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS- BLDG & 3.01	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINI STRATI V E & GENERAL 6
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS- BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		263,296	14,665	108,080	386,041	386,041	
006 ADMINI STRATI V E & GENERAL		1,377,538	62,784	14,892,240	16,332,562	39,649	16,372,211
008 OPERATION OF PLANT		1,771,305		344,837	2,116,142	5,907	658,945
009 LAUNDRY & LINEN SERVICE		280,905		225,431	506,336	1,546	100,905
010 HOUSEKEEPING		126,527		419,796	546,323	7,004	250,196
011 DIETARY		298,593		156,136	454,729	2,567	138,367
012 CAFETERIA		89,595			89,595	3,007	100,176
014 NURSI NG ADMINI STRATI ON		30,337		385,249	415,586	4,198	150,150
015 CENTRAL SERVICES & SUPPLY		172,386		243,841	416,227	3,028	118,206
016 PHARMACY		133,929		679,719	813,648	12,246	399,919
017 MEDICAL RECORDS & LIBRARY		115,944		214,639	330,583	6,617	194,215
018 SOCIAL SERVICE		51,824		1,790	53,614	4,716	131,160
022 I&R SERVICES-SALARY & FRI						2,097	55,868
023 I&R SERVI CES-OTHER PRGM C			13,045		13,045	1,502	49,047
024 PARAMED ED PRGM						59	1,576
024 01 PARAMED ED PRGM-(CHAPLIN		4,143	1,005		5,148	423	11,918
024 03 PARAMED ED PRGM-(NURSI NG)						653	17,399
024 04 PARAMED ED PRGM-(RESPI RAT						24	630
024 05 PARAMED ED PRGM-(PHARMACY						214	5,715
024 07 PARAMED ED PRGM PHARMACY						414	11,737
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDI ATRI CS		3,306,259		906,339	4,212,598	72,183	2,234,845
026 INTENSIVE CARE UNIT		283,634		122,399	406,033	12,319	367,396
027 CORONARY CARE UNIT		193,376		145,341	338,717	9,248	273,115
028 BURN INTENSIVE CARE UNIT							
029 SURGI CAL INTENSIVE CARE U							
033 NURSERY							
034 SKI LLED NURSI NG FACI LITY		291,301		24,776	316,077	4,466	139,977
037 ANCI LLARY SRVC COST CNTRS							
037 OPERATI NG ROOM		990,974		4,247,980	5,238,954	40,469	1,692,601
041 RADIOLOGY-DI AGNOSTI C		535,860		2,218,844	2,754,704	13,758	659,789
044 LABORATORY		474,933		805,177	1,280,110	19,347	1,133,043
049 RESPI RATORY THERAPY		69,367		403,139	472,506	7,217	229,536
049 01 WOUND CARE CENTER		5,248		25,432	30,680	568	23,136
050 PHYSI CAL THERAPY		93,705		74,623	168,328		224,435
053 ELECTROCARDI OLOGY		133,995		772,301	906,296	6,818	311,411
055 MEDICAL SUPPLI ES CHARGED							2,371,724
056 DRUGS CHARGED TO PATI ENTS							715,600
057 RENAL DI ALYSI S		6,496		20,538	27,034	761	98,213
059 BEHAVI ORAL HEALTH SERVI CE						1,405	37,807
060 OUTPAT SERVI CE COST CNTRS							
060 CLINI C		1,657		13,164	14,821	1,945	59,938
060 01 CLINI C - FAMI LY PRACTI CE		183,665		14,847	198,512	1,936	86,711
060 02 OUTPATI ENT PSYCHI ATRI C SE		65,302		10,093	75,395	1,477	45,021
060 03 OUTPATI ENT CHEMO				361	361	183	5,125
060 04 PRI MARY CARE SENI ORS				23,032	23,032	3,447	63,744
061 EMERGENCY		369,230		218,685	587,915	28,900	561,392
062 OBSERVATI ON BEDS (NON-DI S							
066 OTHER REI MBURS COST CNTRS							
066 DURABLE MEDI CAL EQUI P-REN		76,338		290,053	366,391	3,002	170,344
071 HOME HEALTH AGENCY		44,212		45,673	89,885	3,965	168,140
093 SPEC PURPOSE COST CENTERS							
093 HOSPI CE		58,154		4,252	62,406	3,089	151,531
095 SUBTOTALS		11,900,028	91,499	28,058,807	40,050,334	332,374	14,220,703
096 NONREI MBURS COST CENTERS							
100 GI FT, FLOWER, COFFEE SHOP		93,429			93,429	913	46,894
100 02 OCCUPATI ONAL HEALTH		120,175		49,240	169,415	2,941	141,754
100 03 OTHER NONREI MBURSABLE COS		64,783	13,427	6,203	84,413	1,901	50,863
100 09 USI HEALTH CENTER				2,910	2,910	812	24,607
100 20 PHYSI CI AN OFFI CES		393,204		165,668	558,872	46,578	1,674,190
100 27 PUBLI C RELATI ONS		13,920			13,920	522	79,454
100 31 WOMEN' S HOSPI TAL/GATEWAY				1,466	1,466		133,746
101 CROSS FOOT ADJUSTMENTS							
102 NEGATI VE COST CENTER							
103 TOTAL		12,585,539	104,926	28,284,294	40,974,759	386,041	16,372,211

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT	2,780,994						
009 LAUNDRY & LINEN SERVICE	85,159	693,946					
010 HOUSEKEEPING	38,358	348	842,229				
011 DIETARY	90,521	1,392	28,689	716,265			
012 CAFETERIA	27,162	348	8,608		228,896		
014 NURSING ADMINISTRATION	9,197		2,915		3,713	585,759	
015 CENTRAL SERVICES & SUPPLY	52,260	4,873	16,563		4,086		615,243
016 PHARMACY	40,602		12,868		7,029		6,792
017 MEDICAL RECORDS & LIBRARY	35,149		11,140		7,332		1
018 SOCIAL SERVICE	15,711		4,979		4,016		
022 I&R SERVICES-SALARY & FRI					1,541		
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM					43		
024 01 PARAMED ED PRGM-(CHAPLIN	1,256		398		537		
024 03 PARAMED ED PRGM-(NURSING)					892		
024 04 PARAMED ED PRGM-(RESPIRAT					17	74	
024 05 PARAMED ED PRGM-(PHARMACY					78		
024 07 PARAMED ED PRGM PHARMACY					260		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,002,320	443,462	317,666	537,939	61,665	262,946	8,407
026 INTENSIVE CARE UNIT	85,986	13,924	27,251	44,005	8,751	37,316	1,615
027 CORONARY CARE UNIT	58,624	6,266	18,579	33,043	6,630	28,273	1,394
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
034 SKILLED NURSING FACILITY	88,310	55,694	27,988	59,808	3,904	16,646	528
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	300,422	100,945	95,212	174	18,723	79,836	10,702
041 RADIOLOGY-DIAGNOSTIC	162,451	18,866	51,485		10,378	44,255	5,259
044 LABORATORY	143,980	21	45,631		19,510		76,644
049 RESPIRATORY THERAPY	21,029	21	6,665		5,635		220
049 01 WOUND CARE CENTER	1,591		504				758
050 PHYSICAL THERAPY	28,407	18,128	9,003				776
053 ELECTROCARDIOLOGY	40,622	2,785	12,874	4	5,297	22,589	3,380
055 MEDICAL SUPPLIES CHARGED							481,469
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	1,969		624		450		2,746
059 BEHAVIORAL HEALTH SERVICE					1,688	7,197	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	502	348	159		1,748	7,456	225
060 01 CLINIC - FAMILY PRACTICE	55,680	4,873	17,646		2,631		197
060 02 OUTPATIENT PSYCHIATRIC SE	19,797		6,274		1,229		1
060 03 OUTPATIENT CHEMO					164	701	33
060 04 PRIMARY CARE SENIORS					1,792		62
061 EMERGENCY	111,935	14,620	35,475	165	12,170	51,895	
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	23,143		7,335		3,030	12,918	8,143
071 HOME HEALTH AGENCY	13,403		4,248		3,203	13,657	504
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	17,630		5,587	4,682	2,432		1,203
095 SUBTOTALS	2,573,176	686,914	776,366	679,820	200,574	585,759	611,059
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	28,324	70	8,977		1,523		
100 02 OCCUPATIONAL HEALTH	36,432		11,546		1,766		605
100 03 OTHER NONREIMBURSABLE COS	19,639	6,962	6,224	36,445	1,939		157
100 09 USI HEALTH CENTER					615		62
100 20 PHYSICIAN OFFICES	119,203		37,779		22,029		3,360
100 27 PUBLIC RELATIONS	4,220		1,337		329		
100 31 WOMEN'S HOSPITAL/GATEWAY					121		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,780,994	693,946	842,229	716,265	228,896	585,759	615,243

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	PARAMED ED PR GM 24	PARAMED ED PR GM-(CHAPLIN) 24.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	1,293,104						
017 MEDICAL RECORDS & LIBRARY	1	585,038					
018 SOCIAL SERVICE	2		214,198				
022 I&R SERVICES-SALARY & FRI				59,506			
023 I&R SERVICES-OTHER PRGM C					63,594		
024 PARAMED ED PRGM						1,678	
024 01 PARAMED ED PRGM-(CHAPLIN)							19,680
024 03 PARAMED ED PRGM-(NURSING)							
024 04 PARAMED ED PRGM-(RESPIRAT)							
024 05 PARAMED ED PRGM-(PHARMACY)							
024 07 PARAMED ED PRGM PHARMACY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,478	55,772	176,398				
026 INTENSIVE CARE UNIT	346	9,785	13,569				
027 CORONARY CARE UNIT	349	7,867	8,723				
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
033 NURSERY							
034 SKILLED NURSING FACILITY	56	3,512					
037 OPERATING ROOM	9,822	86,964					
041 RADIOLOGY-DIAGNOSTIC	2,851	75,784					
044 LABORATORY	810	63,363					
049 RESPIRATORY THERAPY	242	11,223					
049 01 WOUND CARE CENTER	1,034	1,362					
050 PHYSICAL THERAPY	312	11,609					
053 ELECTROCARDIOLOGY	1,972	41,642					
055 MEDICAL SUPPLIES CHARGED	17,782	68,997					
056 DRUGS CHARGED TO PATIENTS	1,092,474	67,819					
057 RENAL DIALYSIS	299	2,373					
059 BEHAVIORAL HEALTH SERVICE		777					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	59	432					
060 01 CLINIC - FAMILY PRACTICE	1,912	675					
060 02 OUTPATIENT PSYCHIATRIC SE		1,869					
060 03 OUTPATIENT CHEMO	12	510					
060 04 PRIMARY CARE SENIORS	2,517	403					
061 EMERGENCY	855	39,534	15,508				
062 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	35,675	5,808					
071 HOME HEALTH AGENCY	75	1,877					
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	28,504	2,402					
095 SUBTOTALS	1,199,439	562,359	214,198				
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP							
100 02 OCCUPATIONAL HEALTH	14,003	1,664					
100 03 OTHER NONREIMBURSABLE COS	813						
100 09 USI HEALTH CENTER	2,238	271					
100 20 PHYSICIAN OFFICES	76,611	20,744					
100 27 PUBLIC RELATIONS							
100 31 WOMEN'S HOSPITAL/GATEWAY							
101 CROSS FOOT ADJUSTMENTS				59,506	63,594	1,678	19,680
102 NEGATIVE COST CENTER							
103 TOTAL	1,293,104	585,038	214,198	59,506	63,594	1,678	19,680

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	PARAMED ED PR GM-(NURSING) 24.03	PARAMED ED PR GM-(RESPIRAT) 24.04	PARAMED ED PR GM-(PHARMACY) 24.05	PARAMED ED PR GM PHARMACY 24.07	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-(CHAPLIN							
024 03 PARAMED ED PRGM-(NURSING)	18,944						
024 04 PARAMED ED PRGM-(RESPIRAT		745					
024 05 PARAMED ED PRGM-(PHARMACY			6,007				
024 07 PARAMED ED PRGM PHARMACY				12,411			
025 INPAT ROUTINE SRVC CNTRS					9,387,679		9,387,679
026 ADULTS & PEDIATRICS					1,028,296		1,028,296
027 INTENSIVE CARE UNIT					790,828		790,828
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 NURSERY							
037 SKILLED NURSING FACILITY					716,966		716,966
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM					7,674,824		7,674,824
049 RADIOLOGY-DIAGNOSTIC					3,799,580		3,799,580
050 LABORATORY					2,782,459		2,782,459
053 RESPIRATORY THERAPY					754,294		754,294
059 01 WOUND CARE CENTER					59,633		59,633
060 PHYSICAL THERAPY					460,998		460,998
066 ELECTROCARDIOLOGY					1,355,690		1,355,690
071 MEDICAL SUPPLIES CHARGED					2,939,972		2,939,972
077 DRUGS CHARGED TO PATIENTS					1,875,893		1,875,893
083 RENAL DIALYSIS					134,469		134,469
089 BEHAVIORAL HEALTH SERVICE					48,874		48,874
095 OUTPAT SERVICE COST CNTRS							
101 CLINIC					87,633		87,633
106 01 CLINIC - FAMILY PRACTICE					370,773		370,773
106 02 OUTPATIENT PSYCHIATRIC SE					151,063		151,063
106 03 OUTPATIENT CHEMO					7,089		7,089
106 04 PRIMARY CARE SENIORS					94,997		94,997
106 EMERGENCY					1,460,364		1,460,364
106 OBSERVATION BEDS (NON-DIS							
106 OTHER REIMBURS COST CNTRS							
106 DURABLE MEDICAL EQUIP-REN					635,789		635,789
107 HOME HEALTH AGENCY					298,957		298,957
107 SPEC PURPOSE COST CENTERS							
109 HOSPICE					279,466		279,466
109 SUBTOTALS					37,196,586		37,196,586
109 NONREIMBURS COST CENTERS							
109 GIFT, FLOWER, COFFEE SHOP					180,130		180,130
100 02 OCCUPATIONAL HEALTH					380,126		380,126
100 03 OTHER NONREIMBURSABLE COS					209,356		209,356
100 09 USI HEALTH CENTER					31,515		31,515
100 20 PHYSICIAN OFFICES					2,559,366		2,559,366
100 27 PUBLIC RELATIONS					99,782		99,782
100 31 WOMEN'S HOSPITAL/GATEWAY					135,333		135,333
101 CROSS FOOT ADJUSTMENTS	18,944	745	6,007	12,411	182,565		182,565
102 NEGATIVE COST CENTER							
103 TOTAL	18,944	745	6,007	12,411	40,974,759		40,974,759

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL
	OSTS-BLDG & T - A	OSTS- BLDG & T - B	OSTS-MVBLE E )ON EXPENSE	( GROSS SALARIES )		( ACCUM. COST )
	3	3.01	4	5	6a.00	6
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	1,139,218					
003 01 NEW CAP REL COSTS- BL		54,833				
004 NEW CAP REL COSTS-MVB			15,990,469			
005 EMPLOYEE BENEFITS	23,833	7,664	61,103	171,622,189		
006 ADMINISTRATIVE & GENE	124,692	32,810	8,419,297	17,629,585	-56,813,904	341,541,506
008 OPERATION OF PLANT	160,335		194,953	2,626,434		13,746,352
009 LAUNDRY & LINEN SERVI	25,427		127,447	687,465		2,104,994
010 HOUSEKEEPING	11,453		237,331	3,114,198		5,219,376
011 DIETARY	27,028		88,271	1,141,258		2,886,497
012 CAFETERIA	8,110			1,336,845		2,089,782
014 NURSING ADMINISTRATIO	2,746		217,800	1,866,604		3,132,308
015 CENTRAL SERVICES & SU	15,604		137,855	1,346,584		2,465,916
016 PHARMACY	12,123		384,278	5,445,082		8,342,771
017 MEDICAL RECORDS & LIB	10,495		121,346	2,942,126		4,051,540
018 SOCIAL SERVICE	4,691		1,012	2,096,793		2,736,155
022 I&R SERVICES-SALARY &				932,231		1,165,464
023 I&R SERVICES-OTHER PR		6,817		667,984		1,023,167
024 PARAMED ED PRGM				26,295		32,874
024 01 PARAMED ED PRGM-(CHAP	375	525		188,179		248,633
024 03 PARAMED ED PRGM-(NURS				290,334		362,972
024 04 PARAMED ED PRGM-(RESP				10,513		13,143
024 05 PARAMED ED PRGM-(PHAR				95,363		119,222
024 07 PARAMED ED PRGM PHARM				183,956		244,840
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	299,276		512,397	32,067,432		46,621,425
026 INTENSIVE CARE UNIT	25,674		69,198	5,477,362		7,664,294
027 CORONARY CARE UNIT	17,504		82,168	4,111,880		5,697,500
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
033 NURSERY						
034 SKILLED NURSING FACIL	26,368		14,007	1,985,939		2,920,082
ANCILLARY SRVC COST C						
037 OPERATING ROOM	89,701		2,401,587	17,994,321		35,309,610
041 RADIOLOGY-DIAGNOSTIC	48,505		1,254,419	6,117,172		13,763,964
044 LABORATORY	42,990		455,205	8,602,620		23,636,579
049 RESPIRATORY THERAPY	6,279		227,914	3,208,978		4,788,387
049 01 WOUND CARE CENTER	475		14,378	252,502		482,642
050 PHYSICAL THERAPY	8,482		42,188	5		4,681,972
053 ELECTROCARDIOLOGY	12,129		436,619	3,031,613		6,496,401
055 MEDICAL SUPPLIES CHAR						49,475,210
056 DRUGS CHARGED TO PATI						14,928,246
057 RENAL DIALYSIS	588		11,611	338,222		2,048,843
059 BEHAVIORAL HEALTH SER				624,904		788,698
OUTPAT SERVICE COST C						
060 CLINIC	150		7,442	864,817		1,250,379
060 01 CLINIC - FAMILY PRACT	16,625		8,394	860,691		1,808,899
060 02 OUTPATIENT PSYCHIATRI	5,911		5,706	656,892		939,200
060 03 OUTPATIENT CHEMO			204	81,518		106,905
060 04 PRIMARY CARE SENIORS			13,021	1,532,841		1,329,768
061 EMERGENCY	33,422		123,633	12,850,326		11,711,287
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
066 DURABLE MEDICAL EQUIP	6,910		163,981	1,335,035		3,553,571
071 HOME HEALTH AGENCY	4,002		25,821	1,762,901		3,507,588
SPEC PURPOSE COST CEN						
093 HOSPICE	5,264		2,404	1,373,477		3,161,113
095 SUBTOTALS	1,077,167	47,816	15,862,990	147,759,277	-56,813,904	296,658,569
NONREIMBURS COST CENT						
GI FT, FLOWER, COFFEE	8,457			406,119		978,267
100 02 OCCUPATIONAL HEALTH	10,878		27,838	1,307,892		2,957,153
100 03 OTHER NONREIMBURSABLE	5,864	7,017	3,507	845,238		1,061,063
100 09 USI HEALTH CENTER			1,645	360,858		513,333
100 20 PHYSICIAN OFFICES	35,592		93,660	20,710,712		34,925,532
100 27 PUBLIC RELATIONS	1,260			232,093		1,657,496
100 31 WOMEN'S HOSPITAL/GATE			829			2,790,093
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	12,585,539	104,926	28,284,294	42,937,762		56,813,904
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	11.047525		1.768822			
(WRKSHT B, PT I)		1.913556		.250188		.166346
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED				386,041		16,372,211
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER				.002249		.047936
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET - A)	(POUNDS OF LAUNDRY)	(SQUARE FEET - A)	(MEALS)	(FTES)	(FTE'S -NRSNG)	(COSTED REQ UI S.)
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS- BL							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENE							
009 OPERATION OF PLANT	830,358						
010 LAUNDRY & LINEN SERVI	25,427	4,359,539					
011 HOUSEKEEPING	11,453	2,187	793,478				
012 DIETARY	27,028	8,747	27,028	550,272			
014 CAFETERIA	8,110	2,187	8,110		26,444		
015 NURSING ADMINISTRATION	2,746		2,746		429	15,870	
016 CENTRAL SERVICES & SU	15,604	30,615	15,604		472		62,910,381
017 PHARMACY	12,123		12,123		812		694,512
018 MEDICAL RECORDS & LIB	10,495		10,495		847		92
022 SOCIAL SERVICE	4,691		4,691		464		
023 I&R SERVICES-SALARY &					178		
024 I&R SERVICES-OTHER PR							
024 01 PARAMED ED PRGM					5		
024 03 PARAMED ED PRGM-(CHAP	375		375		62		
024 04 PARAMED ED PRGM-(NURS					103		
024 05 PARAMED ED PRGM-(RESP					2	2	
024 07 PARAMED ED PRGM-(PHAR					9		
025 INPAT ROUTINE SRVC CN					30		
026 ADULTS & PEDIATRICS	299,276	2,785,941	299,276	413,272	7,124	7,124	859,573
027 INTENSIVE CARE UNIT	25,674	87,471	25,674	33,807	1,011	1,011	165,173
028 CORONARY CARE UNIT	17,504	39,362	17,504	25,385	766	766	142,490
029 BURN INTENSIVE CARE U							
033 SURGICAL INTENSIVE CA							
034 NURSERY							
037 SKILLED NURSING FACIL	26,368	349,883	26,368	45,948	451	451	54,020
041 ANCILLARY SRVC COST C							
044 OPERATING ROOM	89,701	634,162	89,701	134	2,163	2,163	1,094,248
049 RADIOLOGY-DIAGNOSTIC	48,505	118,523	48,505		1,199	1,199	537,681
049 01 LABORATORY	42,990	131	42,990		2,254		7,836,848
049 02 RESPIRATORY THERAPY	6,279	131	6,279		651		22,472
049 03 WOUND CARE CENTER	475		475				77,491
050 PHYSICAL THERAPY	8,482	113,887	8,482				79,391
053 ELECTROCARDIOLOGY	12,129	17,494	12,129	3	612	612	345,596
055 MEDICAL SUPPLIES CHAR							49,232,230
056 DRUGS CHARGED TO PATI							
057 RENAL DIALYSIS	588		588		52		280,758
059 BEHAVIORAL HEALTH SER					195	195	
060 OUTPAT SERVICE COST C							
060 01 CLINIC	150	2,187	150		202	202	22,999
060 02 CLINIC - FAMILY PRACT	16,625	30,615	16,625		304		20,149
060 03 OUTPATIENT PSYCHIATRI	5,911		5,911		142		80
060 04 OUTPATIENT CHEMO					19	19	3,328
061 PRIMARY CARE SENIORS					207		6,327
062 EMERGENCY	33,422	91,844	33,422	127	1,406	1,406	
066 OBSERVATION BEDS (NON							
071 OTHER REIMBURS COST C							
093 DURABLE MEDICAL EQUIP	6,910		6,910		350	350	832,589
095 HOME HEALTH AGENCY	4,002		4,002		370	370	51,575
096 SPEC PURPOSE COST CEN							
096 HOSPICE	5,264		5,264	3,597	281		122,990
096 SUBTOTALS	768,307	4,315,367	731,427	522,273	23,172	15,870	62,482,612
096 NONREIMBURS COST CENT							
100 GIFT, FLOWER, COFFEE	8,457	437	8,457		176		
100 02 OCCUPATIONAL HEALTH	10,878		10,878		204		61,825
100 03 OTHER NONREIMBURSABLE	5,864	43,735	5,864	27,999	224		16,021
100 09 USI HEALTH CENTER					71		6,354
100 20 PHYSICIAN OFFICES	35,592		35,592		2,545		343,517
100 27 PUBLIC RELATIONS	1,260		1,260		38		50
100 31 WOMEN'S HOSPITAL/GATE					14		2
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	16,033,003	2,946,109	6,310,217	4,109,379	2,659,975	3,771,367	3,369,661
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.675785		7.467905		237.641273	
(WRKSHT B, PT I)	19.308543		7.952605		100.588980		.053563
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	2,780,994	693,946	842,229	716,265	228,896	585,759	615,243
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.159179		1.301656		36.909830	
(WRKSHT B, PT III)	3.349151		1.061440		8.655877		.009780

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (HOURS - A)	I&R SERVICES-SALARY & FRI (HOURS - B)	I&R SERVICES-OTHER PRGM (HOURS - B)	PARAMED PRGM (HOURS - C)	PARAMED PRGM-(CHAPLIN) (HOURS - D)
	16	17	18	22	23	24	24.01
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS- BL							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATIO							
015 CENTRAL SERVICES & SU							
016 PHARMACY	17,669,794						
017 MEDICAL RECORDS & LIB	12	1139,694,299					
018 SOCIAL SERVICE	27		221				
022 I&R SERVICES-SALARY &				8,722			
023 I&R SERVICES-OTHER PR					8,722		
024 PARAMED PRGM						100	
024 01 PARAMED PRGM-(CHAP							100
024 03 PARAMED PRGM-(NURS							
024 04 PARAMED PRGM-(RESP							
024 05 PARAMED PRGM-(PHAR							
024 07 PARAMED PRGM PHARM							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	20,190	108,718,029	182	2,781	2,781		100
026 INTENSIVE CARE UNIT	4,734	19,073,321	14	177	177		
027 CORONARY CARE UNIT	4,767	15,335,241	9				
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
033 NURSERY							
034 SKILLED NURSING FACIL	760	6,845,079					
ANCILLARY SRVC COST C							
037 OPERATING ROOM	134,217	168,787,292		863	863		
041 RADIOLOGY-DIAGNOSTIC	38,956	147,727,997		76	76	100	
044 LABORATORY	11,071	123,514,615		13	13		
049 RESPIRATORY THERAPY	3,312	21,877,085		25	25		
049 01 WOUND CARE CENTER	14,126	2,654,736					
050 PHYSICAL THERAPY	4,262	22,629,079					
053 ELECTROCARDIOLOGY	26,949	81,173,910		177	177		
055 MEDICAL SUPPLIES CHAR	242,980	134,497,806					
056 DRUGS CHARGED TO PATI	14,928,246	132,201,667					
057 RENAL DIALYSIS	4,088	4,625,091					
059 BEHAVIORAL HEALTH SER		1,514,625					
OUTPAT SERVICE COST C							
060 CLINIC	809	843,049		82	82		
060 01 CLINIC - FAMILY PRACT	26,129	1,315,788		3,539	3,539		
060 02 OUTPATIENT PSYCHIATRI		3,643,673					
060 03 OUTPATIENT CHEMO	159	994,237					
060 04 PRIMARY CARE SENIORS	34,389	785,204		109	109		
061 EMERGENCY	11,688	77,065,083	16	357	357		
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
066 DURABLE MEDICAL EQUIP	487,487	11,321,761					
071 HOME HEALTH AGENCY	1,030	3,659,663					
SPEC PURPOSE COST CEN							
093 HOSPICE	389,499	4,681,480					
095 SUBTOTALS	16,389,887	1095,485,511	221	8,199	8,199	100	100
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
100 02 OCCUPATIONAL HEALTH	191,350	3,243,272					
100 03 OTHER NONREIMBURSABLE	11,109						
100 09 USI HEALTH CENTER	30,586	528,489					
100 20 PHYSICIAN OFFICES	1,046,862	40,437,027					
100 27 PUBLIC RELATIONS							
100 31 WOMEN'S HOSPITAL/GATE				523	523		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	10,179,922	5,096,814	3,365,874	1,377,239	1,193,367	38,845	306,452
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.004472		157.904036		388.450000	
(WRKSHT B, PT I)	.576120		15,230.199095		136.822632		3,064.520000
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	1,293,104	585,038	214,198	59,506	63,594	1,678	19,680
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.000513		6.822518		16.780000	
(WRKSHT B, PT III)	.073182		969.221719		7.291218		196.800000

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PARAMED ED PR GM-(NURSING) (HOURS - F )	PARAMED ED PR GM-(RESPIRAT (HOURS - G )	PARAMED ED PR GM-(PHARMACY (HOURS - C )	PARAMED ED PR GM PHARMACY (HOURS - C )
GENERAL SERVICE COST	24.03	24.04	24.05	24.07
003 NEW CAP REL COSTS-BLD				
003 01 NEW CAP REL COSTS- BL				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENE				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATIO				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB				
018 SOCIAL SERVICE				
022 I&R SERVICES-SALARY &				
023 I&R SERVICES-OTHER PR				
024 PARAMED ED PRGM				
024 01 PARAMED ED PRGM-(CHAP				
024 03 PARAMED ED PRGM-(NURS	21,462			
024 04 PARAMED ED PRGM-(RESP		100		
024 05 PARAMED ED PRGM-(PHAR			100	
024 07 PARAMED ED PRGM PHARM				100
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	19,140			
026 INTENSIVE CARE UNIT	561			
027 CORONARY CARE UNIT	855			
028 BURN INTENSIVE CARE U				
029 SURGICAL INTENSIVE CA				
033 NURSERY				
034 SKILLED NURSING FACIL				
ANCILLARY SRVC COST C				
037 OPERATING ROOM	455			
041 RADIOLOGY-DIAGNOSTIC				
044 LABORATORY				
049 RESPIRATORY THERAPY		100		
049 01 WOUND CARE CENTER				
050 PHYSICAL THERAPY				
053 ELECTROCARDIOLOGY				
055 MEDICAL SUPPLIES CHAR				
056 DRUGS CHARGED TO PATI			100	100
057 RENAL DIALYSIS				
059 BEHAVIORAL HEALTH SER				
OUTPAT SERVICE COST C				
060 CLINIC	16			
060 01 CLINIC - FAMILY PRACT				
060 02 OUTPATIENT PSYCHIATRI				
060 03 OUTPATIENT CHEMO				
060 04 PRIMARY CARE SENIORS				
061 EMERGENCY	435			
062 OBSERVATION BEDS (NON				
OTHER REIMBURS COST C				
066 DURABLE MEDICAL EQUIP				
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CEN				
093 HOSPICE				
095 SUBTOTALS	21,462	100	100	100
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
100 02 OCCUPATIONAL HEALTH				
100 03 OTHER NONREIMBURSABLE				
100 09 USI HEALTH CENTER				
100 20 PHYSICIAN OFFICES				
100 27 PUBLIC RELATIONS				
100 31 WOMEN'S HOSPITAL/GATE				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	433,712	16,005	139,959	288,586
(PER WRKSHT B, PART				
UNIT COST MULTIPLIER		160.050000		2,885.860000
(WRKSHT B, PT I)	20.208368		1,399.590000	
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED	18,944	745	6,007	12,411
(PER WRKSHT B, PART				
UNIT COST MULTIPLIER		7.450000		124.110000
(WRKSHT B, PT III)	.882676		60.070000	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	73,922,844		73,922,844	59,812	73,982,656
26	INTENSIVE CARE UNIT	10,614,081		10,614,081		10,614,081
27	CORONARY CARE UNIT	7,830,999		7,830,999		7,830,999
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY					
34	SKILLED NURSING FACILITY	4,890,713		4,890,713		4,890,713
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	45,689,776		45,689,776	51,316	45,741,092
41	RADIOLOGY-DIAGNOSTIC	18,612,208		18,612,208	2,997	18,615,205
44	LABORATORY	29,945,702		29,945,702	157,119	30,102,821
49	RESPIRATORY THERAPY	5,938,611		5,938,611	142	5,938,753
49	01 WOUND CARE CENTER	600,038		600,038		600,038
50	PHYSICAL THERAPY	5,876,895		5,876,895		5,876,895
53	ELECTROCARDIOLOGY	8,523,588		8,523,588	620,578	9,144,166
55	MEDICAL SUPPLIES CHARGED	61,083,533		61,083,533		61,083,533
56	DRUGS CHARGED TO PATIENTS	27,031,714		27,031,714		27,031,714
57	RENAL DIALYSIS	2,448,996		2,448,996	10,677	2,459,673
59	BEHAVIORAL HEALTH SERVICE	992,623		992,623		992,623
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,538,056		1,538,056	6,067	1,544,123
60	01 CLINIC - FAMILY PRACTICE	2,636,303		2,636,303		2,636,303
60	02 OUTPATIENT PSYCHIATRIC SE	1,287,156		1,287,156	6,809	1,293,965
60	03 OUTPATIENT CHEMO	135,830		135,830		135,830
60	04 PRIMARY CARE SENIORS	1,595,454		1,595,454		1,595,454
61	EMERGENCY	15,712,945		15,712,945	350,053	16,062,998
62	OBSERVATION BEDS (NON-DIS	6,625,496		6,625,496		6,625,496
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	4,827,526		4,827,526		4,827,526
101	SUBTOTAL	338,361,087		338,361,087	1,265,570	339,626,657
102	LESS OBSERVATION BEDS	6,625,496		6,625,496		6,625,496
103	TOTAL	331,735,591		331,735,591	1,265,570	333,001,161

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	99,176,189		99,176,189			
26	INTENSIVE CARE UNIT	19,073,321		19,073,321			
27	CORONARY CARE UNIT	15,335,241		15,335,241			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
34	SKILLED NURSING FACILITY	6,845,079		6,845,079			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	61,387,001	107,400,291	168,787,292	.270694	.270694	.270998
41	RADIOLOGY-DIAGNOSTIC	53,903,406	93,824,591	147,727,997	.125990	.125990	.126010
44	LABORATORY	77,093,832	46,420,783	123,514,615	.242447	.242447	.243719
49	RESPIRATORY THERAPY	16,606,313	5,270,772	21,877,085	.271453	.271453	.271460
49 01	WOUND CARE CENTER	18,747	2,635,989	2,654,736	.226025	.226025	.226025
50	PHYSICAL THERAPY	16,628,422	6,000,657	22,629,079	.259705	.259705	.259705
53	ELECTROCARDIOLOGY	46,827,691	34,346,219	81,173,910	.105004	.105004	.112649
55	MEDICAL SUPPLIES CHARGED	96,276,256	38,221,550	134,497,806	.454160	.454160	.454160
56	DRUGS CHARGED TO PATIENTS	108,804,674	23,396,993	132,201,667	.204473	.204473	.204473
57	RENAL DIALYSIS	4,395,897	229,194	4,625,091	.529502	.529502	.531811
59	BEHAVIORAL HEALTH SERVICE	796,050	718,575	1,514,625	.655359	.655359	.655359
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	83,095	759,954	843,049	1.824397	1.824397	1.831593
60 01	CLINIC - FAMILY PRACTICE	2,806	1,312,982	1,315,788	2.003593	2.003593	2.003593
60 02	OUTPATIENT PSYCHIATRIC SE	1,479	3,642,194	3,643,673	.353258	.353258	.355127
60 03	OUTPATIENT CHEMO	49,457	944,780	994,237	.136617	.136617	.136617
60 04	PRIMARY CARE SENIORS	7,709	777,495	785,204	2.031897	2.031897	2.031897
61	EMERGENCY	31,150,142	45,914,941	77,065,083	.203892	.203892	.208434
62	OBSERVATION BEDS (NON-DIS	1,175,846	8,365,995	9,541,841	.694362	.694362	.694362
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		11,321,761	11,321,761	.426394	.426394	.426394
101	SUBTOTAL	655,638,653	431,505,716	1087,144,369			
102	LESS OBSERVATION BEDS						
103	TOTAL	655,638,653	431,505,716	1087,144,369			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 15-0082      PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 3/2/2009      WORKSHEET C PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	74,742,479		74,742,479	59,812	74,802,291
26	INTENSIVE CARE UNIT	10,666,248		10,666,248		10,666,248
27	CORONARY CARE UNIT	7,830,999		7,830,999		7,830,999
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY					
34	SKILLED NURSING FACILITY	4,890,713		4,890,713		4,890,713
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	45,944,125		45,944,125	51,316	45,995,441
41	RADIOLOGY-DIAGNOSTIC	18,634,608		18,634,608	2,997	18,637,605
44	LABORATORY	29,949,534		29,949,534	157,119	30,106,653
49	RESPIRATORY THERAPY	5,945,980		5,945,980	142	5,946,122
49 01	WOUND CARE CENTER	600,038		600,038		600,038
50	PHYSICAL THERAPY	5,876,895		5,876,895		5,876,895
53	ELECTROCARDIOLOGY	8,575,755		8,575,755	620,578	9,196,333
55	MEDICAL SUPPLIES CHARGED	61,083,533		61,083,533		61,083,533
56	DRUGS CHARGED TO PATIENTS	27,031,714		27,031,714		27,031,714
57	RENAL DIALYSIS	2,448,996		2,448,996	10,677	2,459,673
59	BEHAVIORAL HEALTH SERVICE	992,623		992,623		992,623
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,562,223		1,562,223	6,067	1,568,290
60 01	CLINIC - FAMILY PRACTICE	3,679,337		3,679,337		3,679,337
60 02	OUTPATIENT PSYCHIATRIC SE	1,287,156		1,287,156	6,809	1,293,965
60 03	OUTPATIENT CHEMO	135,830		135,830		135,830
60 04	PRIMARY CARE SENIORS	1,627,580		1,627,580		1,627,580
61	EMERGENCY	15,818,163		15,818,163	350,053	16,168,216
62	OBSERVATION BEDS (NON-DIS	6,625,496		6,625,496		6,625,496
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	4,827,526		4,827,526		4,827,526
101	SUBTOTAL	340,777,551		340,777,551	1,265,570	342,043,121
102	LESS OBSERVATION BEDS	6,625,496		6,625,496		6,625,496
103	TOTAL	334,152,055		334,152,055	1,265,570	335,417,625

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	99,176,189		99,176,189			
26	INTENSIVE CARE UNIT	19,073,321		19,073,321			
27	CORONARY CARE UNIT	15,335,241		15,335,241			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
34	SKILLED NURSING FACILITY	6,845,079		6,845,079			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	61,387,001	107,400,291	168,787,292	.272201	.272201	.272505
41	RADIOLOGY-DIAGNOSTIC	53,903,406	93,824,591	147,727,997	.126141	.126141	.126162
44	LABORATORY	77,093,832	46,420,783	123,514,615	.242478	.242478	.243750
49	RESPIRATORY THERAPY	16,606,313	5,270,772	21,877,085	.271790	.271790	.271797
49 01	WOUND CARE CENTER	18,747	2,635,989	2,654,736	.226025	.226025	.226025
50	PHYSICAL THERAPY	16,628,422	6,000,657	22,629,079	.259705	.259705	.259705
53	ELECTROCARDIOLOGY	46,827,691	34,346,219	81,173,910	.105647	.105647	.113292
55	MEDICAL SUPPLIES CHARGED	96,276,256	38,221,550	134,497,806	.454160	.454160	.454160
56	DRUGS CHARGED TO PATIENTS	108,804,674	23,396,993	132,201,667	.204473	.204473	.204473
57	RENAL DIALYSIS	4,395,897	229,194	4,625,091	.529502	.529502	.531811
59	BEHAVIORAL HEALTH SERVICE	796,050	718,575	1,514,625	.655359	.655359	.655359
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	83,095	759,954	843,049	1.853063	1.853063	1.860260
60 01	CLINIC - FAMILY PRACTICE	2,806	1,312,982	1,315,788	2.796299	2.796299	2.796299
60 02	OUTPATIENT PSYCHIATRIC SE	1,479	3,642,194	3,643,673	.353258	.353258	.355127
60 03	OUTPATIENT CHEMO	49,457	944,780	994,237	.136617	.136617	.136617
60 04	PRIMARY CARE SENIORS	7,709	777,495	785,204	2.072812	2.072812	2.072812
61	EMERGENCY	31,150,142	45,914,941	77,065,083	.205257	.205257	.209800
62	OBSERVATION BEDS (NON-DIS	1,175,846	8,365,995	9,541,841	.694362	.694362	.694362
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		11,321,761	11,321,761	.426394	.426394	.426394
101	SUBTOTAL	655,638,653	431,505,716	1087,144,369			
102	LESS OBSERVATION BEDS						
103	TOTAL	655,638,653	431,505,716	1087,144,369			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS	45,689,776	7,674,824	38,014,952			45,689,776
41	OPERATING ROOM	18,612,208	3,799,580	14,812,628			18,612,208
44	RADIOLOGY-DIAGNOSTIC	29,945,702	2,782,459	27,163,243			29,945,702
49	LABORATORY	5,938,611	754,294	5,184,317			5,938,611
49	01 RESPIRATORY THERAPY	600,038	59,633	540,405			600,038
50	WOUND CARE CENTER	5,876,895	460,998	5,415,897			5,876,895
53	PHYSICAL THERAPY	8,523,588	1,355,690	7,167,898			8,523,588
55	ELECTROCARDIOLOGY	61,083,533	2,939,972	58,143,561			61,083,533
56	MEDICAL SUPPLIES CHARGED	27,031,714	1,875,893	25,155,821			27,031,714
57	DRUGS CHARGED TO PATIENTS	2,448,996	134,469	2,314,527			2,448,996
59	RENAL DIALYSIS	992,623	48,874	943,749			992,623
	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,538,056	87,633	1,450,423			1,538,056
60	01 CLINIC - FAMILY PRACTICE	2,636,303	370,773	2,265,530			2,636,303
60	02 OUTPATIENT PSYCHIATRIC SE	1,287,156	151,063	1,136,093			1,287,156
60	03 OUTPATIENT CHEMO	135,830	7,089	128,741			135,830
60	04 PRIMARY CARE SENIORS	1,595,454	94,997	1,500,457			1,595,454
61	EMERGENCY	15,712,945	1,460,364	14,252,581			15,712,945
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	6,625,496	840,709	5,784,787			6,625,496
66	DURABLE MEDICAL EQUIP-REN	4,827,526	635,789	4,191,737			4,827,526
101	SUBTOTAL	241,102,450	25,535,103	215,567,347			241,102,450
102	LESS OBSERVATION BEDS	6,625,496	840,709	5,784,787			6,625,496
103	TOTAL	234,476,954	24,694,394	209,782,560			234,476,954

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	168,787,292	.270694	.270694
41	RADIOLOGY-DIAGNOSTIC	147,727,997	.125990	.125990
44	LABORATORY	123,514,615	.242447	.242447
49	RESPIRATORY THERAPY	21,877,085	.271453	.271453
49 01	WOUND CARE CENTER	2,654,736	.226025	.226025
50	PHYSICAL THERAPY	22,629,079	.259705	.259705
53	ELECTROCARDIOLOGY	81,173,910	.105004	.105004
55	MEDICAL SUPPLIES CHARGED	134,497,806	.454160	.454160
56	DRUGS CHARGED TO PATIENTS	132,201,667	.204473	.204473
57	RENAL DIALYSIS	4,625,091	.529502	.529502
59	BEHAVIORAL HEALTH SERVICE	1,514,625	.655359	.655359
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	843,049	1.824397	1.824397
60 01	CLINIC - FAMILY PRACTICE	1,315,788	2.003593	2.003593
60 02	OUTPATIENT PSYCHIATRIC SE	3,643,673	.353258	.353258
60 03	OUTPATIENT CHEMO	994,237	.136617	.136617
60 04	PRIMARY CARE SENIORS	785,204	2.031897	2.031897
61	EMERGENCY	77,065,083	.203892	.203892
62	OBSERVATION BEDS (NON-DIS	9,541,841	.694362	.694362
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	11,321,761	.426394	.426394
101	SUBTOTAL	946,714,539		
102	LESS OBSERVATION BEDS	9,541,841		
103	TOTAL	937,172,698		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS	45,944,125	7,674,824	38,269,301	767,482	2,219,619	42,957,024
41	OPERATING ROOM	18,634,608	3,799,580	14,835,028	379,958	860,432	17,394,218
44	RADIOLOGY-DIAGNOSTIC	29,949,534	2,782,459	27,167,075	278,246	1,575,690	28,095,598
49	LABORATORY	5,945,980	754,294	5,191,686	75,429	301,118	5,569,433
49	01 RESPIRATORY THERAPY	600,038	59,633	540,405	5,963	31,343	562,732
50	WOUND CARE CENTER	5,876,895	460,998	5,415,897	46,100	314,122	5,516,673
53	PHYSICAL THERAPY	8,575,755	1,355,690	7,220,065	135,569	418,764	8,021,422
55	ELECTROCARDIOLOGY	61,083,533	2,939,972	58,143,561	293,997	3,372,327	57,417,209
56	MEDICAL SUPPLIES CHARGED	27,031,714	1,875,893	25,155,821	187,589	1,459,038	25,385,087
57	DRUGS CHARGED TO PATIENTS	2,448,996	134,469	2,314,527	13,447	134,243	2,301,306
59	RENAL DIALYSIS	992,623	48,874	943,749	4,887	54,737	932,999
	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS	1,562,223	87,633	1,474,590	8,763	85,526	1,467,934
60	CLINIC	3,679,337	370,773	3,308,564	37,077	191,897	3,450,363
60	01 CLINIC - FAMILY PRACTICE	1,287,156	151,063	1,136,093	15,106	65,893	1,206,157
60	02 OUTPATIENT PSYCHIATRIC SE	135,830	7,089	128,741	709	7,467	127,654
60	03 OUTPATIENT CHEMO	1,627,580	94,997	1,532,583	9,500	88,890	1,529,190
60	04 PRIMARY CARE SENIORS	15,818,163	1,460,364	14,357,799	146,036	832,752	14,839,375
61	EMERGENCY	6,625,496	840,709	5,784,787	84,071	335,518	6,205,907
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,827,526	635,789	4,191,737	63,579	243,121	4,520,826
66	DURABLE MEDICAL EQUIP-REN	242,647,112	25,535,103	217,112,009	2,553,508	12,592,497	227,501,107
101	SUBTOTAL	6,625,496	840,709	5,784,787	84,071	335,518	6,205,907
102	LESS OBSERVATION BEDS	236,021,616	24,694,394	211,327,222	2,469,437	12,256,979	221,295,200
103	TOTAL						

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	168,787,292	.254504	.267654
41	RADIOLOGY-DIAGNOSTIC	147,727,997	.117745	.123569
44	LABORATORY	123,514,615	.227468	.240225
49	RESPIRATORY THERAPY	21,877,085	.254578	.268342
49 01	WOUND CARE CENTER	2,654,736	.211973	.223779
50	PHYSICAL THERAPY	22,629,079	.243787	.257668
53	ELECTROCARDIOLOGY	81,173,910	.098818	.103977
55	MEDICAL SUPPLIES CHARGED	134,497,806	.426901	.451974
56	DRUGS CHARGED TO PATIENTS	132,201,667	.192018	.203054
57	RENAL DIALYSIS	4,625,091	.497570	.526595
59	BEHAVIORAL HEALTH SERVICE	1,514,625	.615993	.652132
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	843,049	1.741220	1.842669
60 01	CLINIC - FAMILY PRACTICE	1,315,788	2.622279	2.768121
60 02	OUTPATIENT PSYCHIATRIC SE	3,643,673	.331028	.349112
60 03	OUTPATIENT CHEMO	994,237	.128394	.135904
60 04	PRIMARY CARE SENIORS	785,204	1.947507	2.060713
61	EMERGENCY	77,065,083	.192556	.203362
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	9,541,841	.650389	.685552
66	DURABLE MEDICAL EQUIP-REN	11,321,761	.399304	.420778
101	SUBTOTAL	946,714,539		
102	LESS OBSERVATION BEDS	9,541,841		
103	TOTAL	937,172,698		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET D  
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				9,387,679		9,387,679
26	INTENSIVE CARE UNIT				1,028,296		1,028,296
27	CORONARY CARE UNIT				790,828		790,828
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL				11,206,803		11,206,803

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082      PERIOD: FROM 10/ 1/2007 TO 9/30/2008      PREPARED 3/ 2/2009 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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	119,704	56,140			78.42	4,402,499
26	INTENSIVE CARE UNIT	9,818	4,628			104.74	484,737
27	CORONARY CARE UNIT	7,363	4,618			107.41	496,019
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL	136,885	65,386				5,383,255

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-0082  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		7,674,824	168,787,292	35,766,356		
41	RADIOLOGY-DIAGNOSTIC		3,799,580	147,727,997	28,032,682		
44	LABORATORY		2,782,459	123,514,615	41,541,159		
49	RESPIRATORY THERAPY		754,294	21,877,085	8,966,202		
49 01	WOUND CARE CENTER		59,633	2,654,736	12,356		
50	PHYSICAL THERAPY		460,998	22,629,079	7,645,259		
53	ELECTROCARDIOLOGY		1,355,690	81,173,910	27,658,154		
55	MEDICAL SUPPLIES CHARGED		2,939,972	134,497,806	43,437,051		
56	DRUGS CHARGED TO PATIENTS		1,875,893	132,201,667	54,479,969		
57	RENAL DIALYSIS		134,469	4,625,091	3,134,406		
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS		48,874	1,514,625	130,839		
60	CLINIC		87,633	843,049	2,052		
60 01	CLINIC - FAMILY PRACTICE		370,773	1,315,788	1,350		
60 02	OUTPATIENT PSYCHIATRIC SE		151,063	3,643,673			
60 03	OUTPATIENT CHEMO		7,089	994,237	18,936		
60 04	PRIMARY CARE SENIORS		94,997	785,204	6,408		
61	EMERGENCY		1,460,364	77,065,083	15,379,002		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		840,709	9,541,841	697,719		
66	DURABLE MEDICAL EQUIP-REN		635,789	11,321,761			
101	TOTAL		25,535,103	946,714,539	266,909,900		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 COMPONENT NO: 15-0082  
 PREPARED 3/2/2009  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.045470	1,626,296
41	RADIOLOGY-DIAGNOSTIC	.025720	721,001
44	LABORATORY	.022527	935,798
49	RESPIRATORY THERAPY	.034479	309,146
49 01	WOUND CARE CENTER	.022463	278
50	PHYSICAL THERAPY	.020372	155,749
53	ELECTROCARDIOLOGY	.016701	461,919
55	MEDICAL SUPPLIES CHARGED	.021859	949,490
56	DRUGS CHARGED TO PATIENTS	.014190	773,071
57	RENAL DIALYSIS	.029074	91,130
59	BEHAVIORAL HEALTH SERVICE	.032268	4,222
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.103948	213
60 01	CLINIC - FAMILY PRACTICE	.281788	380
60 02	OUTPATIENT PSYCHIATRIC SE	.041459	
60 03	OUTPATIENT CHEMO	.007130	135
60 04	PRIMARY CARE SENIORS	.120984	775
61	EMERGENCY	.018950	291,432
62	OBSERVATION BEDS (NON-DIS	.088108	61,475
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-REN	.056156	
101	TOTAL		6,382,510

I PROVIDER NO: I PERIOD: I PREPARED 3/ 2/2009  
 I 15-0082 I FROM 10/ 1/2007 I WORKSHEET D  
 I I TO 9/30/2008 I PART III  
 PPS

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

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			693,240			693,240
26	INTENSIVE CARE UNIT			11,337			11,337
27	CORONARY CARE UNIT			17,278			17,278
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL			721,855			721,855

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

PROVIDER NO: 15-0082  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 3/2/2009  
WORKSHEET D  
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	119,704	5.79	56,140	325,051
26	INTENSIVE CARE UNIT	9,818	1.15	4,628	5,322
27	CORONARY CARE UNIT	7,363	2.35	4,618	10,852
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
33	NURSERY				
34	SKILLED NURSING FACILITY	13,398		10,812	
101	TOTAL	150,283		76,198	341,225

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM							9,195			
41	RADIOLOGY-DIAGNOSTIC							38,845			
44	LABORATORY										
49	RESPIRATORY THERAPY							16,005			
49 01	WOUND CARE CENTER										
50	PHYSICAL THERAPY										
53	ELECTROCARDIOLOGY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS							428,545			
57	RENAL DIALYSIS										
59	BEHAVIORAL HEALTH SERVICE										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC							323			
60 01	CLINIC - FAMILY PRACTICE										
60 02	OUTPATIENT PSYCHIATRIC SE										
60 03	OUTPATIENT CHEMO										
60 04	PRIMARY CARE SENIORS										
61	EMERGENCY							8,791			
62	OBSERVATION BEDS (NON-DIS							62,081			
	OTHER REIMBURS COST CNTRS										
66	DURABLE MEDICAL EQUIP-REN										
101	TOTAL							563,785			

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	9,195	9,195	168,787,292	.000054	.000054	35,766,356	1,931
41	RADIOLOGY-DIAGNOSTIC	38,845	38,845	147,727,997	.000263	.000263	28,032,682	7,373
44	LABORATORY			123,514,615			41,541,159	
49	RESPIRATORY THERAPY	16,005	16,005	21,877,085	.000732	.000732	8,966,202	6,563
49	01 WOUND CARE CENTER			2,654,736			12,356	
50	PHYSICAL THERAPY			22,629,079			7,645,259	
53	ELECTROCARDIOLOGY			81,173,910			27,658,154	
55	MEDICAL SUPPLIES CHARGED			134,497,806			43,437,051	
56	DRUGS CHARGED TO PATIENTS	428,545	428,545	132,201,667	.003242	.003242	54,479,969	176,624
57	RENAL DIALYSIS			4,625,091			3,134,406	
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS			1,514,625			130,839	
60	CLINIC	323	323	843,049	.000383	.000383	2,052	1
60	01 CLINIC - FAMILY PRACTICE			1,315,788			1,350	
60	02 OUTPATIENT PSYCHIATRIC SE			3,643,673				
60	03 OUTPATIENT CHEMO			994,237			18,936	
60	04 PRIMARY CARE SENIORS			785,204			6,408	
61	EMERGENCY	8,791	8,791	77,065,083	.000114	.000114	15,379,002	1,753
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	62,081	62,081	9,541,841	.006506	.006506	697,719	4,539
66	DURABLE MEDICAL EQUIP-REN			11,321,761				
101	TOTAL	563,785	563,785	946,714,539			266,909,900	198,784

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	22,175,331				1,197	
41	RADIOLOGY-DIAGNOSTIC	26,225,155				6,897	
44	LABORATORY	1,786,967					
49	RESPIRATORY THERAPY	1,249,342				915	
49 01	WOUND CARE CENTER	1,430,048					
50	PHYSICAL THERAPY	12,000					
53	ELECTROCARDIOLOGY	12,808,168					
55	MEDICAL SUPPLIES CHARGED	12,383,110					
56	DRUGS CHARGED TO PATIENTS	6,414,744				20,797	
57	RENAL DIALYSIS						
59	BEHAVIORAL HEALTH SERVICE	71,319					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	343,664				132	
60 01	CLINIC - FAMILY PRACTICE	100,695					
60 02	OUTPATIENT PSYCHIATRIC SE	153,321					
60 03	OUTPATIENT CHEMO	430,444					
60 04	PRIMARY CARE SENIORS	658,075					
61	EMERGENCY	7,851,818				895	
62	OBSERVATION BEDS (NON-DIS	3,006,130				19,558	
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL	97,100,331				50,391	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 3/ 2/2009  
 | 15-0082 | FROM 10/ 1/2007 | WORKSHEET D  
 | COMPONENT NO: | TO 9/30/2008 | PART V  
 | 15-0082 | |

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.270694	.270694			
41 RADIOLOGY-DIAGNOSTIC	.125990	.125990			
44 LABORATORY	.242447	.242447			
49 RESPIRATORY THERAPY	.271453	.271453			
49 01 WOUND CARE CENTER	.226025	.226025			
50 PHYSICAL THERAPY	.259705	.259705			
53 ELECTROCARDIOLOGY	.105004	.105004			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.454160	.454160			
56 DRUGS CHARGED TO PATIENTS	.204473	.204473			
57 RENAL DIALYSIS	.529502	.529502			
59 BEHAVIORAL HEALTH SERVICES	.655359	.655359			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.824397	1.824397			
60 01 CLINIC - FAMILY PRACTICE	2.003593	2.003593			
60 02 OUTPATIENT PSYCHIATRIC SERVICES	.353258	.353258			
60 03 OUTPATIENT CHEMO	.136617	.136617			
60 04 PRIMARY CARE SENIORS	2.031897	2.031897			
61 EMERGENCY	.203892	.203892			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.694362	.694362			
66 OTHER REIMBURS COST CNTRS					
DURABLE MEDICAL EQUIP-RENTED	.426394	.426394			
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
15-0082	FROM 10/ 1/2007	3/ 2/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET D
15-0082		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1	.204473
2	118,735
3	24,278

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-5544  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-5544  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

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

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM							9,195				
41	RADIOLOGY-DIAGNOSTIC							38,845				
44	LABORATORY											
49	RESPIRATORY THERAPY							16,005				
49 01	WOUND CARE CENTER											
50	PHYSICAL THERAPY											
53	ELECTROCARDIOLOGY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS							428,545				
57	RENAL DIALYSIS											
59	BEHAVIORAL HEALTH SERVICE											
	OUTPAT SERVICE COST CNTRS											
60	CLINIC							323				
60 01	CLINIC - FAMILY PRACTICE											
60 02	OUTPATIENT PSYCHIATRIC SE											
60 03	OUTPATIENT CHEMO											
60 04	PRIMARY CARE SENIORS											
61	EMERGENCY							8,791				
62	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS											
66	DURABLE MEDICAL EQUIP-REN											
101	TOTAL							501,704				

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	9,195	9,195	168,787,292	.000054	.000054	45,388	2
41	RADIOLOGY-DIAGNOSTIC	38,845	38,845	147,727,997	.000263	.000263	119,606	31
44	LABORATORY			123,514,615			1,095,037	
49	RESPIRATORY THERAPY	16,005	16,005	21,877,085	.000732	.000732	529,530	388
49	01 WOUND CARE CENTER			2,654,736				
50	PHYSICAL THERAPY			22,629,079			3,302,679	
53	ELECTROCARDIOLOGY			81,173,910			39,062	
55	MEDICAL SUPPLIES CHARGED			134,497,806			747,841	
56	DRUGS CHARGED TO PATIENTS	428,545	428,545	132,201,667	.003242	.003242	3,525,588	11,430
57	RENAL DIALYSIS			4,625,091			644	
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS			1,514,625			967	
60	CLINIC	323	323	843,049	.000383	.000383	41,378	16
60	01 CLINIC - FAMILY PRACTICE			1,315,788				
60	02 OUTPATIENT PSYCHIATRIC SE			3,643,673				
60	03 OUTPATIENT CHEMO			994,237			10,496	
60	04 PRIMARY CARE SENIORS			785,204				
61	EMERGENCY	8,791	8,791	77,065,083	.000114	.000114	550	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			9,541,841				
66	DURABLE MEDICAL EQUIP-REN			11,321,761				
101	TOTAL	501,704	501,704	946,714,539			9,458,766	11,867

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 3/ 2/2009  
 | 15-0082 | FROM 10/ 1/2007 | WORKSHEET D  
 | COMPONENT NO: | TO 9/30/2008 | PART V  
 | 15-5544 | |

TITLE XVIII, PART B

SKILLED NURSING FACILITY

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.270694	.270694			
41 RADIOLOGY-DIAGNOSTIC	.125990	.125990			
44 LABORATORY	.242447	.242447			
49 RESPIRATORY THERAPY	.271453	.271453			
49 01 WOUND CARE CENTER	.226025	.226025			
50 PHYSICAL THERAPY	.259705	.259705			
53 ELECTROCARDIOLOGY	.105004	.105004			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.454160	.454160			
56 DRUGS CHARGED TO PATIENTS	.204473	.204473			
57 RENAL DIALYSIS	.529502	.529502			
59 BEHAVIORAL HEALTH SERVICES	.655359	.655359			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.824397	1.824397			
60 01 CLINIC - FAMILY PRACTICE	2.003593	2.003593			
60 02 OUTPATIENT PSYCHIATRIC SERVICES	.353258	.353258			
60 03 OUTPATIENT CHEMO	.136617	.136617			
60 04 PRIMARY CARE SENIORS	2.031897	2.031897			
61 EMERGENCY	.203892	.203892			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.694362	.694362			
66 OTHER REIMBURS COST CNTRS					
DURABLE MEDICAL EQUIP-RENTED	.426394	.426394			
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)



TITLE XVIII, PART B      SKILLED NURSING FACILITY

Hospital I/P      Hospital I/P  
 Part B Charges      Part B Costs

Cost Center	Description	10	11
(A)	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
49	01 WOUND CARE CENTER		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
59	BEHAVIORAL HEALTH SERVICES		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 CLINIC - FAMILY PRACTICE		
60	02 OUTPATIENT PSYCHIATRIC SERVICES		
60	03 OUTPATIENT CHEMO		
60	04 PRIMARY CARE SENIORS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
66	DURABLE MEDICAL EQUIP-RENTED		
101	SUBTOTAL		
102	CRNA CHARGES		
103	LESS PBP CLINIC LAB SVCS-		
	PROGRAM ONLY CHARGES		
104	NET CHARGES		



APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082      PERIOD: FROM 10/1/2007 TO 9/30/2008      PREPARED 3/2/2009 WORKSHEET D PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				9,387,679		9,387,679
26	INTENSIVE CARE UNIT				1,028,296		1,028,296
27	CORONARY CARE UNIT				790,828		790,828
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL				11,206,803		11,206,803

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082      PERIOD: FROM 10/1/2007 TO 9/30/2008      PREPARED 3/2/2009      WORKSHEET D      PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	119,704	7,659			78.42	600,619
26	INTENSIVE CARE UNIT	9,818	649			104.74	67,976
27	CORONARY CARE UNIT	7,363	338			107.41	36,305
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL	136,885	8,646				704,900

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-0082  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET D  
 PART II

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		7,674,824	168,787,292	2,881,226		
41	RADIOLOGY-DIAGNOSTIC		3,799,580	147,727,997	3,506,395		
44	LABORATORY		2,782,459	123,514,615	6,365,634		
49	RESPIRATORY THERAPY		754,294	21,877,085	1,625,053		
49 01	WOUND CARE CENTER		59,633	2,654,736	2,748		
50	PHYSICAL THERAPY		460,998	22,629,079	729,510		
53	ELECTROCARDIOLOGY		1,355,690	81,173,910	2,103,784		
55	MEDICAL SUPPLIES CHARGED		2,939,972	134,497,806	4,586,398		
56	DRUGS CHARGED TO PATIENTS		1,875,893	132,201,667	8,795,533		
57	RENAL DIALYSIS		134,469	4,625,091	381,775		
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS		48,874	1,514,625	223,155		
60	CLINIC		87,633	843,049	14,602		
60 01	CLINIC - FAMILY PRACTICE		370,773	1,315,788	1,269		
60 02	OUTPATIENT PSYCHIATRIC SE		151,063	3,643,673			
60 03	OUTPATIENT CHEMO		7,089	994,237	3,117		
60 04	PRIMARY CARE SENIORS		94,997	785,204			
61	EMERGENCY		1,460,364	77,065,083	2,626,319		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		840,709	9,541,841	81,487		
66	DURABLE MEDICAL EQUIP-REN		635,789	11,321,761			
101	TOTAL		25,535,103	946,714,539	33,928,005		

I PROVIDER NO: I PERIOD: I PREPARED 3/ 2/2009  
 I 15-0082 I FROM 10/ 1/2007 I WORKSHEET D  
 I COMPONENT NO: I TO 9/30/2008 I PART II  
 I 15-0082 I  
 PPS

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XIX HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.045470	131,009
41	RADIOLOGY-DIAGNOSTIC	.025720	90,184
44	LABORATORY	.022527	143,399
49	RESPIRATORY THERAPY	.034479	56,030
49 01	WOUND CARE CENTER	.022463	62
50	PHYSICAL THERAPY	.020372	14,862
53	ELECTROCARDIOLOGY	.016701	35,135
55	MEDICAL SUPPLIES CHARGED	.021859	100,254
56	DRUGS CHARGED TO PATIENTS	.014190	124,809
57	RENAL DIALYSIS	.029074	11,100
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS	.032268	7,201
60	CLINIC	.103948	1,518
60 01	CLINIC - FAMILY PRACTICE	.281788	358
60 02	OUTPATIENT PSYCHIATRIC SE	.041459	
60 03	OUTPATIENT CHEMO	.007130	22
60 04	PRIMARY CARE SENIORS	.120984	
61	EMERGENCY	.018950	49,769
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.088108	7,180
66	DURABLE MEDICAL EQUIP-REN	.056156	
101	TOTAL		772,892

PROVIDER NO: 15-0082  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET D  
 PART III

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			693,240			693,240
26	INTENSIVE CARE UNIT			11,337			11,337
27	CORONARY CARE UNIT			17,278			17,278
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL			721,855			721,855

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XIX

PROVIDER NO: 15-0082  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 3/2/2009  
WORKSHEET D  
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	119,704	5.79	7,659	44,346
26	INTENSIVE CARE UNIT	9,818	1.15	649	746
27	CORONARY CARE UNIT	7,363	2.35	338	794
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
33	NURSERY				
34	SKILLED NURSING FACILITY	13,398			
101	TOTAL	150,283		8,646	45,886

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM			254,349	9,195		
41	RADIOLOGY-DIAGNOSTIC			22,400	38,845		
44	LABORATORY			3,832			
49	RESPIRATORY THERAPY			7,369	16,005		
49 01	WOUND CARE CENTER						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY			52,167			
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS				428,545		
57	RENAL DIALYSIS						
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS						
60	CLINIC			24,167	323		
60 01	CLINIC - FAMILY PRACTICE			1,043,034			
60 02	OUTPATIENT PSYCHIATRIC SE						
60 03	OUTPATIENT CHEMO						
60 04	PRIMARY CARE SENIORS			32,126			
61	EMERGENCY			105,218	8,791		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS				62,081		
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL			1,544,662	563,785		

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	263,544	263,544	168,787,292	.001561	.001561	2,881,226	4,498
41	RADIOLOGY-DIAGNOSTIC	61,245	61,245	147,727,997	.000415	.000415	3,506,395	1,455
44	LABORATORY	3,832	3,832	123,514,615	.000031	.000031	6,365,634	197
49	RESPIRATORY THERAPY	23,374	23,374	21,877,085	.001068	.001068	1,625,053	1,736
49	01 WOUND CARE CENTER			2,654,736			2,748	
50	PHYSICAL THERAPY			22,629,079			729,510	
53	ELECTROCARDIOLOGY	52,167	52,167	81,173,910	.000643	.000643	2,103,784	1,353
55	MEDICAL SUPPLIES CHARGED			134,497,806			4,586,398	
56	DRUGS CHARGED TO PATIENTS	428,545	428,545	132,201,667	.003242	.003242	8,795,533	28,515
57	RENAL DIALYSIS			4,625,091			381,775	
59	BEHAVIORAL HEALTH SERVICE OUTPAT SERVICE COST CNTRS			1,514,625			223,155	
60	CLINIC	24,490	24,490	843,049	.029049	.029049	14,602	424
60	01 CLINIC - FAMILY PRACTICE	1,043,034	1,043,034	1,315,788	.792707	.792707	1,269	1,006
60	02 OUTPATIENT PSYCHIATRIC SE			3,643,673				
60	03 OUTPATIENT CHEMO			994,237			3,117	
60	04 PRIMARY CARE SENIORS	32,126	32,126	785,204	.040914	.040914		
61	EMERGENCY	114,009	114,009	77,065,083	.001479	.001479	2,626,319	3,884
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	62,081	62,081	9,541,841	.006506	.006506	81,487	530
66	DURABLE MEDICAL EQUIP-REN			11,321,761				
101	TOTAL	2,108,447	2,108,447	946,714,539			33,928,005	43,598

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,444,483				11,621	
41	RADIOLOGY-DIAGNOSTIC	8,629,497				3,581	
44	LABORATORY	5,683,314				176	
49	RESPIRATORY THERAPY	346,750				370	
49 01	WOUND CARE CENTER	184,180					
50	PHYSICAL THERAPY	14,672					
53	ELECTROCARDIOLOGY	2,085,260				1,341	
55	MEDICAL SUPPLIES CHARGED	2,331,635					
56	DRUGS CHARGED TO PATIENTS	3,241,563				10,509	
57	RENAL DIALYSIS	3,396					
59	BEHAVIORAL HEALTH SERVICE	151,200					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	62,393				1,812	
60 01	CLINIC - FAMILY PRACTICE	912,116				723,041	
60 02	OUTPATIENT PSYCHIATRIC SE						
60 03	OUTPATIENT CHEMO	130,887					
60 04	PRIMARY CARE SENIORS	549				22	
61	EMERGENCY	8,716,005				12,891	
62	OBSERVATION BEDS (NON-DIS	786,737				5,119	
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL	40,724,637				770,483	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 3/ 2/2009  
 | 15-0082 | FROM 10/ 1/2007 | WORKSHEET D  
 | COMPONENT NO: | TO 9/30/2008 | PART V  
 | 15-0082 | |

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.254504				7,444,483
41 RADIOLOGY-DIAGNOSTIC	.117745				8,629,497
44 LABORATORY	.227468				5,683,314
49 RESPIRATORY THERAPY	.254578				346,750
49 01 WOUND CARE CENTER	.211973				184,180
50 PHYSICAL THERAPY	.243787				14,672
53 ELECTROCARDIOLOGY	.098818				2,085,260
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.426901				2,331,635
56 DRUGS CHARGED TO PATIENTS	.192018				3,241,563
57 RENAL DIALYSIS	.497570				3,396
59 BEHAVIORAL HEALTH SERVICES	.615993				151,200
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.741220				62,393
60 01 CLINIC - FAMILY PRACTICE	2.622279				912,116
60 02 OUTPATIENT PSYCHIATRIC SERVICES	.331028				
60 03 OUTPATIENT CHEMO	.128394				130,887
60 04 PRIMARY CARE SENIORS	1.947507				549
61 EMERGENCY	.192556				8,716,005
62 OBSERVATION BEDS (NON-DISTINCT PART)	.650389				786,737
66 OTHER REIMBURS COST CNTRS					
DURABLE MEDICAL EQUIP-RENTED	.399304				
101 SUBTOTAL					40,724,637
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					40,724,637

(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 | PROVIDER NO: | PERIOD: | PREPARED 3/ 2/2009  
 | 15-0082 | FROM 10/ 1/2007 | WORKSHEET D  
 | COMPONENT NO: | TO 9/30/2008 | PART V  
 | 15-0082 | |

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		1,894,651			
41 RADIOLOGY-DIAGNOSTIC		1,016,080			
44 LABORATORY		1,292,772			
49 RESPIRATORY THERAPY		88,275			
49 01 WOUND CARE CENTER		39,041			
50 PHYSICAL THERAPY		3,577			
53 ELECTROCARDIOLOGY		206,061			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		995,377			
56 DRUGS CHARGED TO PATIENTS		622,438			
57 RENAL DIALYSIS		1,690			
59 BEHAVIORAL HEALTH SERVICES		93,138			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		108,640			
60 01 CLINIC - FAMILY PRACTICE		2,391,823			
60 02 OUTPATIENT PSYCHIATRIC SERVICES					
60 03 OUTPATIENT CHEMO		16,805			
60 04 PRIMARY CARE SENIORS		1,069			
61 EMERGENCY		1,678,319			
62 OBSERVATION BEDS (NON-DISTINCT PART)		511,685			
66 OTHER REIMBURS COST CNTRS					
101 DURABLE MEDICAL EQUIP-RENTED					
102 SUBTOTAL		10,961,441			
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES		10,961,441			

(A) WORKSHEET A LINE NUMBERS

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





COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET D-1
15-0082		PART III

TITLE XVIII PART A HOSPITAL PPS

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

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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 10,720
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 618.05
- 85 OBSERVATION BED COST 6,625,496

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		73,982,656		6,625,496	
87 NEW CAPITAL-RELATED COST	9,387,679	73,982,656	.126890	6,625,496	840,709
88 NON PHYSICIAN ANESTHETIST		73,982,656		6,625,496	
89 MEDICAL EDUCATION		73,982,656		6,625,496	
89.01 MEDICAL EDUCATION - ALLIED HEA	693,240	73,982,656	.009370	6,625,496	62,081
89.02 MEDICAL EDUCATION - ALL OTHER		73,982,656		6,625,496	



PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET D-1
15-5544		PART III

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	4,890,713
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		365.03
68	PROGRAM ROUTINE SERVICE COST		3,946,704
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS		3,946,704
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS		716,966
72	PER DIEM CAPITAL-RELATED COSTS		53.51
73	PROGRAM CAPITAL-RELATED COSTS		578,550
74	INPATIENT ROUTINE SERVICE COST		3,368,154
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION		3,368,154
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		
78	INPATIENT ROUTINE SERVICE COST LIMITATION		
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS		3,946,704
80	PROGRAM INPATIENT ANCILLARY SERVICES		2,436,948
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION		
82	TOTAL PROGRAM INPATIENT OPERATING COSTS		6,383,652

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET D-4
15-0082		

TITLE XVIII, PART A      HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		47,517,560	
26	INTENSIVE CARE UNIT		8,795,519	
27	CORONARY CARE UNIT		9,610,770	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.270998	35,766,356	9,692,611
41	RADIOLOGY-DIAGNOSTIC	.126010	28,032,682	3,532,398
44	LABORATORY	.243719	41,541,159	10,124,370
49	RESPIRATORY THERAPY	.271460	8,966,202	2,433,965
49	01 WOUND CARE CENTER	.226025	12,356	2,793
50	PHYSICAL THERAPY	.259705	7,645,259	1,985,512
53	ELECTROCARDIOLOGY	.112649	27,658,154	3,115,663
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.454160	43,437,051	19,727,371
56	DRUGS CHARGED TO PATIENTS	.204473	54,479,969	11,139,683
57	RENAL DIALYSIS	.531811	3,134,406	1,666,912
59	BEHAVIORAL HEALTH SERVICES OUTPAT SERVICE COST CNTRS	.655359	130,839	85,747
60	CLINIC	1.831593	2,052	3,758
60	01 CLINIC - FAMILY PRACTICE	2.003593	1,350	2,705
60	02 OUTPATIENT PSYCHIATRIC SERVICES	.355127		
60	03 OUTPATIENT CHEMO	.136617	18,936	2,587
60	04 PRIMARY CARE SENIORS	2.031897	6,408	13,020
61	EMERGENCY	.208434	15,379,002	3,205,507
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.694362	697,719	484,470
66	DURABLE MEDICAL EQUIP-RENTED	.426394		
101	TOTAL		266,909,900	67,219,072
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		266,909,900	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-5544  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET D-4

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.270694	45,388	12,286
41	RADIOLOGY-DIAGNOSTIC	.125990	119,606	15,069
44	LABORATORY	.242447	1,095,037	265,488
49	RESPIRATORY THERAPY	.271453	529,530	143,743
49	01 WOUND CARE CENTER	.226025		
50	PHYSICAL THERAPY	.259705	3,302,679	857,722
53	ELECTROCARDIOLOGY	.105004	39,062	4,102
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.454160	747,841	339,639
56	DRUGS CHARGED TO PATIENTS	.204473	3,525,588	720,888
57	RENAL DIALYSIS	.529502	644	341
59	BEHAVIORAL HEALTH SERVICES	.655359	967	634
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.824397	41,378	75,490
60	01 CLINIC - FAMILY PRACTICE	2.003593		
60	02 OUTPATIENT PSYCHIATRIC SERVICES	.353258		
60	03 OUTPATIENT CHEMO	.136617	10,496	1,434
60	04 PRIMARY CARE SENIORS	2.031897		
61	EMERGENCY	.203892	550	112
62	OBSERVATION BEDS (NON-DISTINCT PART)	.694362		
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED	.426394		
101	TOTAL		9,458,766	2,436,948
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		9,458,766	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-0082  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET D-4

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		14,155,650	
26	INTENSIVE CARE UNIT		2,031,503	
27	CORONARY CARE UNIT		1,140,299	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.272505	2,881,226	785,148
41	RADIOLOGY-DIAGNOSTIC	.126162	3,506,395	442,374
44	LABORATORY	.243750	6,365,634	1,551,623
49	RESPIRATORY THERAPY	.271797	1,625,053	441,685
49	01 WOUND CARE CENTER	.226025	2,748	621
50	PHYSICAL THERAPY	.259705	729,510	189,457
53	ELECTROCARDIOLOGY	.113292	2,103,784	238,342
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.454160	4,586,398	2,082,959
56	DRUGS CHARGED TO PATIENTS	.204473	8,795,533	1,798,449
57	RENAL DIALYSIS	.531811	381,775	203,032
59	BEHAVIORAL HEALTH SERVICES OUTPAT SERVICE COST CNTRS	.655359	223,155	146,247
60	CLINIC	1.860260	14,602	27,164
60	01 CLINIC - FAMILY PRACTICE	2.796299	1,269	3,549
60	02 OUTPATIENT PSYCHIATRIC SERVICES	.355127		
60	03 OUTPATIENT CHEMO	.136617	3,117	426
60	04 PRIMARY CARE SENIORS	2.072812		
61	EMERGENCY	.209800	2,626,319	551,002
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.694362	81,487	56,581
66	DURABLE MEDICAL EQUIP-RENTED	.426394		
101	TOTAL		33,928,005	8,518,659
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		33,928,005	



CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-0082  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET E  
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
 HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
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)	94,532,799	
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)	94,532,799	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	8,186,029	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	890,896	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
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	341,225	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	198,784	
16 TOTAL	104,149,733	
17 PRIMARY PAYER PAYMENTS	64,449	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	104,085,284	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	8,667,677	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	522,392	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,555,096	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,088,567	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	993,884	
22 SUBTOTAL	95,983,782	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	95,983,782	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	95,590,591	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	393,191	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	1,017,932	
----- 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

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	26,620
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	24,649,481
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	23,922,566
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.	50,391
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	26,620
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	129,479
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	129,479
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)	129,479
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	102,859
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	26,620
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	23,972,957
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	29
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	5,732,689
19	SUBTOTAL (SEE INSTRUCTIONS)	18,266,859
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	190,311
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	18,457,170
24	PRIMARY PAYER PAYMENTS	8,145
25	SUBTOTAL	18,449,025
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	533,936
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	373,755
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	308,298
28	SUBTOTAL	18,822,780
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	18,822,780
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	18,227,025
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	595,755
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET E
15-5544		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	113
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	113
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	516
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	516
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)	516
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	403
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	113
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	41
19	SUBTOTAL (SEE INSTRUCTIONS)	72
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	72
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	72
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	72
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	72
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	238
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-166
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-0082  
 PERIOD: FROM 10/ 1/2007 TO 9/30/2008  
 PREPARED 3/ 2/2009  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		95,175,731		18,227,025
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	10/ 6/2008	758,412		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	4/16/2008	343,552		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		414,860		NONE
4 TOTAL INTERIM PAYMENTS		95,590,591		18,227,025
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				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-5544  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET E-1

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,596,894		238
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		3,596,894		238
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0082  
 COMPONENT NO: 15-5544  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET E-3  
 PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET E-3
15-5544		PART III

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

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		18.00
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	16.60	16.60
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		16.72
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		16.60
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		16.72
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		16.72
3.10	SEE INSTRUCTIONS		16.60
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		16.60
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		18.16
3.21	SEE INSTRUCTIONS		RES INIT YEARS
3.22	SEE INSTRUCTIONS		17.12
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		110,956.94
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,899,583
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,899,583

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		65,386
5	TOTAL INPATIENT DAYS		126,165
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.518258
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	984,474	984,474
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		7,482
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		126,165
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		96,733
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		4,625,091
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	115,777,861
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	64,449
16	TOTAL PART A REASONABLE COST	115,713,412

PART B REASONABLE COST

17	REASONABLE COST	24,726,605
18	PRIMARY PAYER PAYMENTS	8,145
19	TOTAL PART B REASONABLE COST	24,718,460
20	TOTAL REASONABLE COST	140,431,872
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.823983
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.176017

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	1,081,207
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	890,896
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	190,311

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C). 2.22
- 17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS) -.85
- 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	43,733,480			
2	TEMPORARY INVESTMENTS	1,280,957			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	85,925,316			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	2,725,692			
8	PREPAID EXPENSES	4,700,697			
9	OTHER CURRENT ASSETS	5,282,191			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	143,648,333			
FIXED ASSETS					
12	LAND	10,153,991			
12.01	LAND IMPROVEMENTS	4,176,634			
13.01	LESS ACCUMULATED DEPRECIATION	-2,810,682			
14	BUILDINGS	333,215,219			
14.01	LESS ACCUMULATED DEPRECIATION	-150,904,830			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	163,715,156			
16.01	LESS ACCUMULATED DEPRECIATION	-115,490,443			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	242,055,045			
OTHER ASSETS					
22	INVESTMENTS	154,533,047			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	11,806,268			
26	TOTAL OTHER ASSETS	166,339,315			
27	TOTAL ASSETS	552,042,693			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	22,820,800			
29 SALARIES, WAGES & FEES PAYABLE	18,054,046			
30 PAYROLL TAXES PAYABLE	2,722,736			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	4,595,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	634,834			
36 TOTAL CURRENT LIABILITIES	48,827,416			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	163,615,369			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	163,615,369			
43 TOTAL LIABILITIES	212,442,785			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	339,599,908			
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	339,599,908			
52 TOTAL LIABILITIES AND FUND BALANCES	552,042,693			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		334,295,687		
2	NET INCOME (LOSS)		32,360,324		
3	TOTAL		366,656,011		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		366,656,011		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	NET UNREALIZED LOSS ON IN	20,327,709			
15	CHANGE IN LOSS - PENSION	6,652,538			
16	CHANGES IN UNRESTRICTED A	75,853			
17	ROUNDING VARIANCE	3			
18	TOTAL DEDUCTIONS		27,056,103		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		339,599,908		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	101,036,812		101,036,812
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	6,845,079		6,845,079
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	107,881,891		107,881,891
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	19,183,038		19,183,038
11 00 CORONARY CARE UNIT	15,429,301		15,429,301
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	34,612,339		34,612,339
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	142,494,230		142,494,230
17 00 ANCILLARY SERVICES	486,999,880	383,306,180	870,306,060
18 00 OUTPATIENT SERVICES	62,838,135	117,461,196	180,299,331
19 00 HOME HEALTH AGENCY		3,673,537	3,673,537
23 00 HOSPICE	3,155	4,719,142	4,722,297
24 00			
25 00 TOTAL PATIENT REVENUES	692,335,400	509,160,055	1201,495,455

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		457,056,812	
ADD (SPECIFY)			
27 00 BAD DEBT	27,689,386		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		27,689,386	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		484,746,198	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 3/ 2/2009
15-0082	FROM 10/ 1/2007	WORKSHEET G-3
	TO 9/30/2008	

DESCRIPTION

1	TOTAL PATIENT REVENUES	1201,495,455
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	714,545,479
3	NET PATIENT REVENUES	486,949,976
4	LESS: TOTAL OPERATING EXPENSES	484,746,198
5	NET INCOME FROM SERVICE TO PATIENTS	2,203,778
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	6,386,137
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	23,770,409
25	TOTAL OTHER INCOME	30,156,546
26	TOTAL	32,360,324
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	32,360,324

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	699,330				80,482	779,812
HHA REIMBURSABLE SERVICES						
6	933,508		62,673			996,181
7			30,737	740,804		771,541
8			10,520	216,326		226,846
9			277	6,669		6,946
10	39,870		834			40,704
11	90,193		11,954			102,147
12					51,439	51,439
13					1,030	1,030
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	1,762,901		116,995	963,799	132,951	2,976,646

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		779,812		779,812
HHA REIMBURSABLE SERVICES				
6		996,181		996,181
7		771,541		771,541
8		226,846		226,846
9		6,946		6,946
10		40,704		40,704
11		102,147		102,147
12		51,439		51,439
13		1,030		1,030
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		2,976,646		2,976,646



HHA 1

	CAP-REL COST-BLDG & FIX ( FEET SQUARE )	CAP-REL COST-MOV EQUIP ( DOLLAR )	PLANT OPER & MAINT ( FEET SQUARE )	TRANSPORTATION ( MILEAGE )	RECONCILIATION ( 5A )	ADMINISTRATIVE & GENERAL ( ACCUM. COST )
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX	4,002				
2	CAP-REL COST-MOV EQUIP		25,821			
3	PLANT OPER & MAINT			4,002		
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL	4,002	25,821	4,002	-779,812	2,196,834
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					996,181
7	PHYSICAL THERAPY					771,541
8	OCCUPATIONAL THERAPY					226,846
9	SPEECH PATHOLOGY					6,946
10	MEDICAL SOCIAL SERVICES					40,704
11	HOME HEALTH AIDE					102,147
12	SUPPLIES					51,439
13	DRUGS					1,030
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)	4,002	25,821	4,002	-779,812	2,196,834
25	COST TO BE ALLOCATED					779,812
26	UNIT COST MULTIPLIER					.354971

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS- BLDG 3.01	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A
1 ADMIN & GENERAL		44,212		45,673	174,964	264,849
2 SKILLED NURSING CARE	1,349,795				233,553	1,583,348
3 PHYSICAL THERAPY	1,045,416					1,045,416
4 OCCUPATIONAL THERAPY	307,370					307,370
5 SPEECH PATHOLOGY	9,412					9,412
6 MEDICAL SOCIAL SERVICES	55,153				9,975	65,128
7 HOME HEALTH AIDE	138,406				22,565	160,971
8 SUPPLIES	69,698					69,698
9 DRUGS	1,396					1,396
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,976,646	44,212		45,673	441,057	3,507,588
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	44,057	77,273		31,826		16,094
2 SKILLED NURSING CARE	263,382					17,604
3 PHYSICAL THERAPY	173,901					
4 OCCUPATIONAL THERAPY	51,130					
5 SPEECH PATHOLOGY	1,566					
6 MEDICAL SOCIAL SERVICES	10,834					905
7 HOME HEALTH AIDE	26,777					2,615
8 SUPPLIES	11,594					
9 DRUGS	232					
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	583,473	77,273		31,826		37,218
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES - SALARY & FR 22
1 ADMIN & GENERAL	38,022	2,763	593	16,366		
2 SKILLED NURSING CARE	41,587					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	2,139					
7 HOME HEALTH AIDE	6,179					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	87,927	2,763	593	16,366		
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	I&R SERVICES - OTHER PRGM 23	PARAMED P RGM 24	PARAMED P RGM - (CHAPLIN) 24.01	PARAMED P RGM - (NURSING) 24.03	PARAMED P RGM - (RESPIRA) 24.04	PARAMED P RGM - (PHARMAC) 24.05
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) (2)						
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	PARAMED ED P RGM PHARMACY 24.07	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		491,843		491,843		
2 SKILLED NURSING CARE		1,905,921		1,905,921	243,282	2,149,203
3 PHYSICAL THERAPY		1,219,317		1,219,317	155,641	1,374,958
4 OCCUPATIONAL THERAPY		358,500		358,500	45,761	404,261
5 SPEECH PATHOLOGY		10,978		10,978	1,401	12,379
6 MEDICAL SOCIAL SERVICES		79,006		79,006	10,085	89,091
7 HOME HEALTH AIDE		196,542		196,542	25,088	221,630
8 SUPPLIES		81,292		81,292	10,377	91,669
9 DRUGS		1,628		1,628	208	1,836
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		4,345,027		4,345,027	491,843	4,345,027
21 UNIT COST MULTIPLIER					0.127646	

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

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET - A) 3	NEW CAP REL COSTS- BLDG (SQUARE FEET - B) 3.01	NEW CAP REL COSTS-MVBLE (DEPRECIATION EXPENSE) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 ADMIN & GENERAL	4,002		25,821	699,330		264,849
2 SKILLED NURSING CARE				933,508		1,583,348
3 PHYSICAL THERAPY						1,045,416
4 OCCUPATIONAL THERAPY						307,370
5 SPEECH PATHOLOGY						9,412
6 MEDICAL SOCIAL SERVICES				39,870		65,128
7 HOME HEALTH AIDE				90,193		160,971
8 SUPPLIES						69,698
9 DRUGS						1,396
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4,002		25,821	1,762,901		3,507,588
21 COST TO BE ALLOCATED	44,212		45,673	441,057		583,473
22 UNIT COST MULTIPLIER	11.047476		1.768832	0.250188		0.166346

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET - A) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (SQUARE FEET - A) 10	DIETARY (MEALS) 11	CAFETERIA (FTES) 12	NURSING ADMINISTRATION (FTE'S -NRSG) 14
1 ADMIN & GENERAL	4,002		4,002		160	160
2 SKILLED NURSING CARE					175	175
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES					9	9
7 HOME HEALTH AIDE					26	26
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4,002		4,002		370	370
21 COST TO BE ALLOCATED	77,273		31,826		37,218	87,927
22 UNIT COST MULTIPLIER	19.308596		7.952524		100.589189	237.640541

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL (COSTED REQ UIS. 15)	PHARMACY (COSTED REQ UIS. 16)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE 17)	SOCIAL SERVICE (HOURS - A 18)	I&R SERVICES - SALARY & FR (HOURS - B 22)	I&R SERVICES - OTHER PRGM (HOURS - B 23)
1 ADMIN & GENERAL	51,575	1,030	3,659,663			
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)	51,575	1,030	3,659,663			
21 COST TO BE ALLOCATED	2,763	593	16,366			
22 UNIT COST MULTIPLIER	0.053572	0.575728	0.004472			

HHA COST CENTER	PARAMED ED PRGM (HOURS - C 24)	PARAMED ED PRGM - CHAPLIN (HOURS - D 24.01)	PARAMED ED PRGM - (NURSING (HOURS - F 24.03)	PARAMED ED PRGM - (RESPIRA (HOURS - G 24.04)	PARAMED ED PRGM - (PHARMAC (HOURS - C 24.05)	PARAMED ED PRGM - PHARMACY (HOURS - C 24.07)
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

PROVIDER NO: 15-0082  
 HHA NO: 15-7132  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET H-6  
 PARTS I II & III  
 HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							6
1 SKILLED NURSING	2	2,149,203	2	2,149,203	14,948	143.78	4,662
2 PHYSICAL THERAPY	3	1,374,958		1,374,958	7,331	187.55	3,657
3 OCCUPATIONAL THERAPY	4	404,261		404,261	2,509	161.12	1,276
4 SPEECH PATHOLOGY	5	12,379		12,379	66	187.56	23
5 MEDICAL SOCIAL SERVICES	6	89,091		89,091	199	447.69	83
6 HOME HEALTH AIDE SERVICE	7	221,630		221,630	2,851	77.74	778
7 TOTAL		4,251,522		4,251,522	27,904		10,479

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	3,585	9	670,302	1,185,753
2 PHYSICAL THERAPY		1,334		685,870	936,062
3 OCCUPATIONAL THERAPY		576		205,589	298,394
4 SPEECH PATHOLOGY		18		4,314	7,690
5 MEDICAL SOCIAL SERVICES		59		37,158	63,572
6 HOME HEALTH AIDE SERVICES		1,309		60,482	162,244
7 TOTAL		6,881		1,663,715	2,653,715

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

PATIENT SERVICES	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	
8 SKILLED NURSING	7	3,585	9	670,302	1,185,753
8.01 SKILLED NURSING		1,334		685,870	936,062
9 PHYSICAL THERAPY		576		205,589	298,394
9.01 PHYSICAL THERAPY		18		4,314	7,690
10 OCCUPATIONAL THERAPY		59		37,158	63,572
10.01 OCCUPATIONAL THERAPY		1,309		60,482	162,244
11 SPEECH PATHOLOGY		6,881		1,663,715	2,653,715
11.01 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
12.01 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
13.01 HOME HEALTH AIDE SERVICE					
14 TOTAL					

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	91,669	58,035	149,704	127,785	1.171530	46,269
16 COST OF DRUGS	9.00	1,836	8	1,844	41	44.975610	
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	61,505		54,206	72,055
16 COST OF DRUGS				
16.20 COST OF DRUGS				

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

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

	FROM WKST C PART I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.259705			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	.454160	127,785	58,035	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.204473	41	8	COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 1	PROGRAM VISITS 1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 TO 12/31/1998 4	PROGRAM COSTS 1/1/1998 TO 12/31/1998 6	
1 PHYSICAL THERAPY	1	187.55	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	2	161.12					
3 SPEECH PATHOLOGY	3	187.56					
4 TOTAL (SUM OF LINES 1-3)	4						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVII I HHA 1

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	1,653,056	837,009
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	19,005	23,279
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	15,120	13,096
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	13,308	3,109
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	7,682	17,608
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		525
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	1,708,171	894,626
13 EXCESS REASONABLE COST		
14 SUBTOTAL	1,708,171	894,626
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	1,708,171	894,626
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	1,708,171	894,626
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	1,708,171	894,626
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	1,708,171	894,626
25 INTERIM PAYMENTS	1,708,171	894,626
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	PROVIDER NO: 15-0082	PERIOD: FROM 10/ 1/2007	PREPARED 3/ 2/2009
	HHA NO: 15-7132	TO 9/30/2008	WORKSHEET H-8

TITLE XVII I

HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,708,171		894,626
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		1,708,171		894,626
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

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

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

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

PROVIDER NO: 15-0082 HHA NO: 15-7132  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009 WORKSHEET H-6 PARTS I II & III  
 HHA 1

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							6
1 SKILLED NURSING	2	2,149,203	2	2,149,203	14,948	143.78	1,317
2 PHYSICAL THERAPY	3	1,374,958		1,374,958	7,331	187.55	301
3 OCCUPATIONAL THERAPY	4	404,261		404,261	2,509	161.12	101
4 SPEECH PATHOLOGY	5	12,379		12,379	66	187.56	11
5 MEDICAL SOCIAL SERVICES	6	89,091		89,091	199	447.69	9
6 HOME HEALTH AIDE SERVICE	7	221,630		221,630	2,851	77.74	200
7 TOTAL		4,251,522		4,251,522	27,904		1,939

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	12
1 SKILLED NURSING			189,358			189,358
2 PHYSICAL THERAPY			56,453			56,453
3 OCCUPATIONAL THERAPY			16,273			16,273
4 SPEECH PATHOLOGY			2,063			2,063
5 MEDICAL SOCIAL SERVICES			4,029			4,029
6 HOME HEALTH AIDE SERVICES			15,548			15,548
7 TOTAL			283,724			283,724

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

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

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	91,669		91,669			
16 COST OF DRUGS	9.00	1,836		1,836			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES				
16 COST OF DRUGS				
16.20 COST OF DRUGS				

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

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

	FROM WKST C PART I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.259705			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	.454160			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.204473			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 1	PROGRAM VISITS 1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 4	PROGRAM COSTS 1/1/1998 TO 12/31/1998 6	
1 PHYSICAL THERAPY	1	187.55	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	2	161.12					
3 SPEECH PATHOLOGY	3	187.56					
4 TOTAL (SUM OF LINES 1-3)	4						

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K
15-1512		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF			49,975	
5 VOLUNTEER SERVICE COORDINATION	45,258			
6 ADMINISTRATIVE AND GENERAL	355,358			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	379,690			
8 INPATIENT - RESPIRE CARE	43,180			
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	350,447			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				5,634
12 OCCUPATIONAL THERAPY				927
13 SPEECH/LANGUAGE PATHOLOGY				236
14 MEDICAL SOCIAL SERVICES	45,858			
15 SPIRITUAL COUNSELING	20,966			
16 DIETARY COUNSELING	160			
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	132,399			
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			22,346	
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY	161			
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)	1,373,477		72,321	6,797

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K
15-1512		

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		49,975		49,975
5 VOLUNTEER SERVICE COORDINATION		45,258		45,258
6 ADMINISTRATIVE AND GENERAL	789,997	1,145,355		1,145,355
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		379,690		379,690
8 INPATIENT - RESPIRE CARE		43,180		43,180
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		350,447		350,447
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		5,634		5,634
12 OCCUPATIONAL THERAPY		927		927
13 SPEECH/LANGUAGE PATHOLOGY		236		236
14 MEDICAL SOCIAL SERVICES		45,858		45,858
15 SPIRITUAL COUNSELING		20,966		20,966
16 DIETARY COUNSELING		160		160
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		132,399		132,399
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	502,091	502,091		502,091
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN	68	68		68
22 PATIENT TRANSPORTATION		22,346		22,346
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	10,329	10,329		10,329
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY		161		161
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)	1,302,485	2,755,080		2,755,080

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 3/ 2/2009
15-0082	FROM 10/ 1/2007	WORKSHEET K
HOSPICE NO:	TO 9/30/2008	
15-1512		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		49,975
5 VOLUNTEER SERVICE COORDINATION		45,258
6 ADMINISTRATIVE AND GENERAL		1,145,355
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		379,690
8 INPATIENT - RESPIRE CARE		43,180
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		350,447
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		5,634
12 OCCUPATIONAL THERAPY		927
13 SPEECH/LANGUAGE PATHOLOGY		236
14 MEDICAL SOCIAL SERVICES		45,858
15 SPIRITUAL COUNSELING		20,966
16 DIETARY COUNSELING		160
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		132,399
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		502,091
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		68
22 PATIENT TRANSPORTATION		22,346
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		10,329
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		161
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		2,755,080

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-1
15-1512		

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		24,502		72,930
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			45,858	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)		24,502	45,858	72,930

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO	WORKSHEET
15-1512	9/30/2008	K-1

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				45,258
6 ADMINISTRATIVE AND GENERAL				257,926
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	248,013		131,677	
8 INPATIENT - RESPIRE CARE	28,205		14,975	
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	350,447			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				20,966
16 DIETARY COUNSELING				160
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			132,399	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				161
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)	626,665		279,051	324,471

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-1
15-1512		

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	45,258
6	ADMINISTRATIVE AND GENERAL	355,358
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	379,690
8	INPATIENT - RESPIRE CARE	43,180
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	350,447
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	45,858
15	SPIRITUAL COUNSELING	20,966
16	DIETARY COUNSELING	160
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	132,399
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
OTHER HOSPICE SERVICE COSTS		
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	161
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)	1,373,477

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-3
15-1512		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-3
15-1512		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10. 20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		5,634		
12 OCCUPATIONAL THERAPY		927		
13 SPEECH/LANGUAGE PATHOLOGY		236		
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18. 20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20. 30 ANALGESICS				
20. 31 SEDATIVES / HYPNOTICS				
20. 32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)		6,797		

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-3
15-1512		

HOSPICE 1

TOTAL (1)  
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	5,634
16	OCCUPATIONAL THERAPY	927
17	SPEECH/LANGUAGE PATHOLOGY	236
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	6,797

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
15-1512		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUI LDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF	49,975			
5 VOLUNTEER SERVICE COORDINATION	45,258			
6 ADMINISTRATIVE AND GENERAL	1,145,355			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	379,690			
8 INPATIENT - RESPI TE CARE	43,180			
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	350,447			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	5,634			
12 OCCUPATIONAL THERAPY	927			
13 SPEECH/LANGUAGE PATHOLOGY	236			
14 MEDICAL SOCIAL SERVICES	45,858			
15 SPIRITUAL COUNSELING	20,966			
16 DIETARY COUNSELING	160			
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	132,399			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	502,091			
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN	68			
22 PATIENT TRANSPORTATION	22,346			
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	10,329			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY	161			
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	2,755,080			

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
15-1512		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF	49,975			
6 VOLUNTEER SERVICE COORDINATION		45,258		
7 ADMINISTRATIVE AND GENERAL	49,975	45,258	1,240,588	1,240,588
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			379,690	311,021
10 INPATIENT - RESPIRE CARE			43,180	35,371
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			350,447	287,067
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			5,634	4,615
16 OCCUPATIONAL THERAPY			927	759
17 SPEECH/LANGUAGE PATHOLOGY			236	193
18 MEDICAL SOCIAL SERVICES			45,858	37,564
19 SPIRITUAL COUNSELING			20,966	17,174
20 DIETARY COUNSELING			160	131
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER			132,399	108,454
23 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			502,091	411,285
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			68	56
31 PATIENT TRANSPORTATION			22,346	18,305
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES			10,329	8,461
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY			161	132
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	49,975	45,258	1,514,492	1,240,588

COST ALLOCATION -  
 HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED 3/ 2/2009
15-0082	FROM 10/ 1/2007	WORKSHEET K-4
HOSPICE NO:	TO 9/30/2008	PART I
15-1512		

HOSPICE 1

TOTAL  
 (COL. 5A  
 + COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	690,711
10	INPATIENT - RESPIRE CARE	78,551
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	637,514
14	10.20 NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	10,249
16	OCCUPATIONAL THERAPY	1,686
17	SPEECH/LANGUAGE PATHOLOGY	429
18	MEDICAL SOCIAL SERVICES	83,422
19	SPIRITUAL COUNSELING	38,140
20	DIETARY COUNSELING	291
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	240,853
23	18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	913,376
27	20.30 ANALGESICS	
28	20.31 SEDATIVES / HYPNOTICS	
29	20.32 OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	124
31	PATIENT TRANSPORTATION	40,651
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	18,790
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	293
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	2,755,080

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
15-1512		PART 11

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.	5,264			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.		2,404		
4 PLANT OPERATION AND MAINTENANCE			5,264	
5 TRANSPORTATION - STAFF				100
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	5,264	2,404	5,264	100
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39				
40				
41				
42 FUNDRAISING				
43 OTHER PROGRAM COSTS				
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)				49,975
45 UNIT COST MULTIPLIER	.000000	.000000	.000000	499.750000

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
15-1512		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION	100		
7 ADMINISTRATIVE AND GENERAL	100	-1, 240, 588	1, 514, 492
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			379, 690
10 INPATIENT - RESPIRE CARE			43, 180
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			
13 NURSING CARE			350, 447
14. 20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			5, 634
16 OCCUPATIONAL THERAPY			927
17 SPEECH/LANGUAGE PATHOLOGY			236
18 MEDICAL SOCIAL SERVICES			45, 858
19 SPIRITUAL COUNSELING			20, 966
20 DIETARY COUNSELING			160
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			132, 399
23. 20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			502, 091
27. 30 ANALGESICS			
28. 31 SEDATIVES / HYPNOTICS			
29. 32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			68
31 PATIENT TRANSPORTATION			22, 346
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			10, 329
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			161
37 CHEMOTHERAPY			
38 OTHER			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)	45, 258		1, 240, 588
45 UNIT COST MULTIPLIER	452. 580000		. 819145

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0082  
 HOSPICE NO: 15-1512  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET K-5  
 PART I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS- BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP
		0	3	3.01	4
1.00 ADMINISTRATIVE AND GENERAL	6		58,154		4,252
2.00 INPATIENT - GENERAL CARE	7	690,711			
3.00 INPATIENT - RESPIRE CARE	8	78,551			
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	637,514			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	10,249			
7.00 OCCUPATIONAL THERAPY	12	1,686			
8.00 SPEECH/LANGUAGE PATHOLOGY	13	429			
9.00 MEDICAL SOCIAL SERVICES	14	83,422			
10.00 SPIRITUAL COUNSELING	15	38,140			
11.00 DIETARY COUNSELING	16	291			
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	240,853			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	913,376			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21	124			
17.00 PATIENT TRANSPORTATION	22	40,651			
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	18,790			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27	293			
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		2,755,080	58,154		4,252
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	5	5A	6	8
1.00 ADMINISTRATIVE AND GENERAL	100,229	162,635	27,054	101,640
2.00 INPATIENT - GENERAL CARE	94,994	785,705	130,699	
3.00 INPATIENT - RESPIRE CARE	10,803	89,354	14,864	
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	87,678	725,192	120,633	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		10,249	1,705	
7.00 OCCUPATIONAL THERAPY		1,686	280	
8.00 SPEECH/LANGUAGE PATHOLOGY		429	71	
9.00 MEDICAL SOCIAL SERVICES	11,473	94,895	15,785	
10.00 SPIRITUAL COUNSELING	5,245	43,385	7,217	
11.00 DIETARY COUNSELING	40	331	55	
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	33,125	273,978	45,575	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		913,376	151,937	
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		124	21	
17.00 PATIENT TRANSPORTATION		40,651	6,762	
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		18,790	3,126	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY	40	333	55	
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	343,627	3,161,113	525,839	101,640
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0082  
 HOSPICE NO: 15-1512  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET K-5  
 PART I

HOSPICE 1

LAUNDRY & LINEN SERVICE      HOUSEKEEPING      DIETARY      CAFETERIA

HOSPICE COST CENTER	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL		41,863		7,645
2.00 INPATIENT - GENERAL CARE			24,121	8,248
3.00 INPATIENT - RESPIRE CARE			2,741	905
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				5,432
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				1,006
10.00 SPIRITUAL COUNSELING				1,006
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				4,024
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		41,863	26,862	28,266
30.00 UNIT COST MULTIPLIER				

NURSING ADMINISTRATION      CENTRAL SERVICES & SUPPLY      PHARMACY      MEDICAL RECORDS & LIBRARY

HOSPICE COST CENTER	14	15	16	17
1.00 ADMINISTRATIVE AND GENERAL				20,936
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			224,398	
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		6,588		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		6,588	224,398	20,936
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-5
15-1512		PART I

HOSPICE 1

SOCIAL SERVICE

I & R  
SERVICES-SALARY  
& FRINGES  
APPRVD  
22

I & R  
SERVICES-OTHER  
PRGM COSTS  
APPRVD  
23

PARAMED ED PRGM  
18  
24

HOSPICE COST CENTER

18

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

PARAMED ED  
PRGM- (CHAPLIN  
RESIDENCY)

PARAMED ED  
PRGM- (NURSING)

PARAMED ED  
PRGM- (RESPIRATO  
RY CARE)

PARAMED ED  
PRGM- (PHARMACY)

HOSPICE COST CENTER

24.01

24.03

24.04

24.05

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPI CE  
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPI CE NO:	TO 9/30/2008	WORKSHEET K-5
15-1512		PART I

HOSPI CE 1

HOSPI CE COST CENTER	PARAMED ED PRGM PHARMACY RESIDENCY	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL
	24.07	25	26	27
1.00 ADMINISTRATIVE AND GENERAL		361,773		361,773
2.00 INPATIENT - GENERAL CARE		948,773		948,773
3.00 INPATIENT - RESPI TE CARE		107,864		107,864
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		851,257		851,257
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		11,954		11,954
7.00 OCCUPATIONAL THERAPY		1,966		1,966
8.00 SPEECH/LANGUAGE PATHOLOGY		500		500
9.00 MEDICAL SOCIAL SERVICES		111,686		111,686
10.00 SPIRITUAL COUNSELING		51,608		51,608
11.00 DIETARY COUNSELING		386		386
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		323,577		323,577
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		1,289,711		1,289,711
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		145		145
17.00 PATIENT TRANSPORTATION		47,413		47,413
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		28,504		28,504
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY		388		388
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		4,137,505		4,137,505
30.00 UNIT COST MULTIPLIER				

HOSPI CE COST CENTER	ALLOCATED HOSPI CE A & G	TOTAL HOSPI CE COSTS
	28	29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE	90,907	1,039,680
3.00 INPATIENT - RESPI TE CARE	10,335	118,199
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE	81,563	932,820
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY	1,145	13,099
7.00 OCCUPATIONAL THERAPY	188	2,154
8.00 SPEECH/LANGUAGE PATHOLOGY	48	548
9.00 MEDICAL SOCIAL SERVICES	10,701	122,387
10.00 SPIRITUAL COUNSELING	4,945	56,553
11.00 DIETARY COUNSELING	37	423
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER	31,004	354,581
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	123,575	1,413,286
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	14	159
17.00 PATIENT TRANSPORTATION	4,543	51,956
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES	2,731	31,235
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY	37	425
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		4,137,505
30.00 UNIT COST MULTIPLIER	.095815	

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-5
15-1512		PART I

HOSPICE 1

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

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

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

PROVIDER NO: 15-0082  
HOSPICE NO: 15-1512  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 3/2/2009  
WORKSHEET K-5  
PART II

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
	(SQUARE FEET - A) 3	(SQUARE FEET - B) 3.01	(DEPRECIATION EXPENSE) 4	(GROSS SALARIES) 5
1.00 ADMINISTRATIVE AND GENERAL	5,264		2,404	400,616
2.00 INPATIENT - GENERAL CARE				379,690
3.00 INPATIENT - RESPIRE CARE				43,180
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				350,447
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				45,858
10.00 SPIRITUAL COUNSELING				20,966
11.00 DIETARY COUNSELING				160
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				132,399
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				161
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	5,264		2,404	1,373,477
30.00 TOTAL COST TO BE ALLOCATED	58,154		4,252	343,627
31.00 UNIT COST MULTIPLIER	11.047492	.000000	1.768719	.250188

HOSPICE COST CENTER	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6A	(ACCUMULATED COST) 6	(SQUARE FEET - A) 8	(POUNDS OF LAUNDRY) 9
1.00 ADMINISTRATIVE AND GENERAL		162,635	5,264	
2.00 INPATIENT - GENERAL CARE		785,705		
3.00 INPATIENT - RESPIRE CARE		89,354		
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		725,192		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		10,249		
7.00 OCCUPATIONAL THERAPY		1,686		
8.00 SPEECH/LANGUAGE PATHOLOGY		429		
9.00 MEDICAL SOCIAL SERVICES		94,895		
10.00 SPIRITUAL COUNSELING		43,385		
11.00 DIETARY COUNSELING		331		
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		273,978		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		913,376		
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		124		
17.00 PATIENT TRANSPORTATION		40,651		
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		18,790		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY		333		
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

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

PROVIDER NO: 15-0082  
 HOSPICE NO: 15-1512  
 PERIOD: FROM 10/1/2007 TO 9/30/2008  
 PREPARED 3/2/2009  
 WORKSHEET K-5  
 PART 11

HOSPICE 1

RECONCILIATION ADMINISTRATIVE & GENERAL OPERATIONS OF PLANT LAUNDRY & LINEN SERVICE

HOSPICE COST CENTER

6A 6 8 9

29.00 TOTAL (SUM OF LINE 1 THRU 28) 3,161,113 5,264  
 30.00 TOTAL COST TO BE ALLOCATED 525,839 101,640  
 31.00 UNIT COST MULTIPLIER .166346 19.308511 .000000

HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION

HOSPICE COST CENTER

(SQUARE FEET - A) (MEALS) (FTES) (FTE'S -NRSG)  
 10 11 12 14

1.00 ADMINISTRATIVE AND GENERAL 5,264 76  
 2.00 INPATIENT - GENERAL CARE 3,230 82  
 3.00 INPATIENT - RESPIRE CARE 367 9  
 4.00 PHYSICIAN SERVICES  
 5.00 NURSING CARE 54  
 5.20 NURSING CARE-CONTINUOUS HOME CARE  
 6.00 PHYSICAL THERAPY  
 7.00 OCCUPATIONAL THERAPY  
 8.00 SPEECH/LANGUAGE PATHOLOGY  
 9.00 MEDICAL SOCIAL SERVICES 10  
 10.00 SPIRITUAL COUNSELING 10  
 11.00 DIETARY COUNSELING  
 12.00 COUNSELING - OTHER  
 13.00 HOME HEALTH AIDE AND HOMEMAKER 40  
 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE  
 14.00  
 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY  
 15.30 ANALGESICS  
 15.31 SEDATIVES / HYPNOTICS  
 15.32 OTHER  
 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN  
 17.00 PATIENT TRANSPORTATION  
 18.00 IMAGING SERVICES  
 19.00 LABS AND DIAGNOSTICS  
 20.00 MEDICAL SUPPLIES  
 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)  
 22.00 RADIATION THERAPY  
 23.00 CHEMOTHERAPY  
 24.00  
 25.00 BEREAVEMENT PROGRAM COSTS  
 26.00 VOLUNTEER PROGRAM COSTS  
 27.00 FUNDRAISING  
 28.00 OTHER PROGRAM COSTS  
 29.00 TOTAL (SUM OF LINE 1 THRU 28) 5,264 3,597 281  
 30.00 TOTAL COST TO BE ALLOCATED 41,863 26,862 28,266  
 31.00 UNIT COST MULTIPLIER 7.952698 7.467890 100.590747 .000000

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

PROVIDER NO: 15-0082  
HOSPICE NO: 15-1512  
PERIOD: FROM 10/1/2007 TO 9/30/2008  
PREPARED 3/2/2009  
WORKSHEET K-5  
PART II

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(COSTED REQ UI S.)	(COSTED REQ UI S.)	(GROSS REVENUE)	(HOURS - A)
	15	16	17	18
1.00 ADMINISTRATIVE AND GENERAL			4,681,480	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		389,499		
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	122,990			
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)	122,990	389,499	4,681,480	
30.00 TOTAL COST TO BE ALLOCATED	6,588	224,398	20,936	
31.00 UNIT COST MULTIPLIER	.053565	.576120	.004472	.000000

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

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

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-5
15-1512		PART II

HOSPICE 1

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

29.00 TOTAL (SUM OF LINE 1 THRU 28)

30.00 TOTAL COST TO BE ALLOCATED

31.00 UNIT COST MULTIPLIER

.000000 .000000 .000000 .000000

	PARAMED ED PRGM-(NURSING)	PARAMED ED PRGM-(RESPIRATO RY CARE)	PARAMED ED PRGM-(PHARMACY)	PARAMED ED PRGM PHARMACY RESIDENCY
	(HOURS - F)	(HOURS - G)	(HOURS - C)	(HOURS - C)
HOSPICE COST CENTER	24.03	24.04	24.05	24.07

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

.000000 .000000 .000000 .000000

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

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-5
15-1512		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3	
1	PHYSICAL THERAPY	50	. 259705	4, 696	1, 220
2	OCCUPATIONAL THERAPY	51			
3	SPEECH PATHOLOGY	52			
4	DRUGS CHARGED TO PATIENTS	56	. 204473	362, 306	74, 082
5	DURABLE MEDICAL EQUIP-SOLD	67			
6	LABORATORY	44	. 242447	15, 435	3, 742
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	. 454160	79, 278	36, 005
8	EMERGENCY	61	. 203892	11, 038	2, 251
9	RADIOLOGY-DIAGNOSTIC	41	. 125990	12, 464	1, 570
10	BEHAVIORAL HEALTH SERVICES	59	. 655359		
11	TOTAL (SUM OF LINES 1-10)				118, 870

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
15-0082	FROM 10/ 1/2007	3/ 2/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-6
15-1512		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				4,256,375
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				15,497
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				274.66
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	13,435			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	3,690,057			
6 UNDUPLICATED MEDICAID DAYS		623		
7 AGGREGATE MEDICAID COST		171,113		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			1,439	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			395,236	

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

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	7,268,607
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	549,631
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	347.12
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	16.67
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.36
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	98,853
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	5.58
	MEDI CARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	12.35
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	17.93
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.70
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	268,938
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	8,186,029
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

TITLE XIX HOSPITAL

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDI CARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	