

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		15-0003		FROM 1/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2009 TIME 16:27

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:
 ST. ELIZABETH MEDICAL CENTER 15-0003

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		TITLE XIX	
			A 2	B 3	4	
1	HOSPITAL	0	-132,333	188,769	0	
100	TOTAL	0	-132,333	188,769	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1501 HARTFORD ST. P.O. BOX:
 1.01 CITY: LAFAYETTE STATE: IN ZIP CODE: 47904- COUNTY: TIPPECANOE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	ST. ELI ZABETH MEDICAL CENTER	15-0003		7/1/1966	4	5	6
12.00 HOSP-BASED HOSPICE	ST. ELI ZABETH HOSPICE	15-1563		1/1/1984	N	P	0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2008 TO: 12/31/2008

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) in column 3 (mm/dd/yyyy) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR I ME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

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		124				16,032	1,197
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		124				16,032	1,197
6 INTENSIVE CARE UNIT		28				4,239	416
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		152				20,271	1,613
13 RPCH VISITS							
14 SUBPROVIDER							
21 HOSPICE						18,510	366
25 TOTAL		152					
26 OBSERVATION BED DAYS							191
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	DISSCHARGES / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	-- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			23,443				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			23,443				
6 INTENSIVE CARE UNIT			6,859				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			30,302				
13 RPCH VISITS							
14 SUBPROVIDER							
21 HOSPICE			21,479				
25 TOTAL							
26 OBSERVATION BED DAYS		35	2,023	578	1,445		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
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	DISSCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					4,339	342	7,017
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		723.23			4,339	342	7,017
13 RPCH VISITS							
14 SUBPROVIDER							
21 HOSPICE							
25 TOTAL		750.46					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	41,799,835	6,672,460	48,472,295	1,930,548.67	25.11	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	9,693,972		9,693,972	301,927.80	32.11	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	826,699		826,699	13,323.34	62.05	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	169,125		169,125	1,570.50	107.69	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	3,054,996		3,054,996	70,823.58	43.14	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	10,965,207		10,965,207			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,655,701		2,655,701			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS		430,831	430,831	20,504.57	21.01	
22 ADMINISTRATIVE & GENERAL		4,037,718	4,037,718	192,167.41	21.01	
22.01 A & G UNDER CONTRACT	86,209		86,209	803.96	107.23	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT		1,911,857	1,911,857	90,991.16	21.01	
25 LAUNDRY & LINEN SERVICE		90,682	90,682	4,315.84	21.01	
26 HOUSEKEEPING	1,095,964		1,095,964	93,072.40	11.78	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	792,261	-360,463	431,798	31,728.87	13.61	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	269,758	360,463	630,221	50,109.01	12.58	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	929,499		929,499	25,389.07	36.61	
31 CENTRAL SERVICE AND SUPPLY	247,748		247,748	14,045.27	17.64	
32 PHARMACY	2,020,534		2,020,534	59,446.39	33.99	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY		954,452	954,452	45,425.31	21.01	
34 SOCIAL SERVICE		317,182	317,182	15,095.68	21.01	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	41,886,044	6,672,460	48,558,504	1,931,352.63	25.14	
2 EXCLUDED AREA SALARIES	9,693,972		9,693,972	301,927.80	32.11	
3 SUBTOTAL SALARIES	32,192,072	6,672,460	38,864,532	1,629,424.83	23.85	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	4,050,820		4,050,820	85,717.42	47.26	
5 SUBTOTAL WAGE-RELATED COSTS	10,965,207		10,965,207		28.21	
6 TOTAL	47,208,099	6,672,460	53,880,559	1,715,142.25	31.41	
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	5,441,973	7,742,722	13,184,695	643,094.94	20.50	

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET S-9
15-1563		

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			1	
2 ROUTINE HOME CARE	18,284	346		
3 INPATIENT RESPIRE CARE	115	8		
4 GENERAL INPATIENT CARE	111	11		
5 TOTAL HOSPICE DAYS	18,510	366		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		1
2 ROUTINE HOME CARE	2,515	21,145
3 INPATIENT RESPIRE CARE	88	211
4 GENERAL INPATIENT CARE		122
5 TOTAL HOSPICE DAYS	2,603	21,479

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	349	15		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	53.04	24.40		
9 UNDUPLICATED CENSUS COUNT	306	14		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	50	414
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	52.06	51.88
9 UNDUPLICATED CENSUS COUNT	43	363

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	8,240,494
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	19,039,800
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	6,123,885
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	10,266,800

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0003

PERIOD: FROM 1/1/2008 TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				254,140	254,140
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				300,764	300,764
5	0500 EMPLOYEE BENEFITS					
6.01	0620 DATA PROCESSING					
6.02	0630 PURCHASING, RECEIVING AND STORES					
6.03	0640 ADMITTING					
6.04	0650 CASHIERING/ACCOUNTS RECEIVABLE					
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL					
8	0800 OPERATION OF PLANT					
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	1,095,964	464,662	1,560,626	-11,374	1,549,252
11	1100 DIETARY	792,261	501,320	1,293,581	-502,563	791,018
12	1200 CAFETERIA	269,758	529,854	799,612	471,178	1,270,790
14	1400 NURSING ADMINISTRATION	929,499	8,288	937,787		937,787
15	1500 CENTRAL SERVICES & SUPPLY	247,748	651,045	898,793	-636,726	262,067
16	1600 PHARMACY	2,020,534	6,688,744	8,709,278	-6,017,691	2,691,587
17	1700 MEDICAL RECORDS & LIBRARY					
18	1800 SOCIAL SERVICE					
21	2100 NURSING SCHOOL	2,209,743	322,837	2,532,580	-4,910	2,527,670
24	2400 PARAMED ED PRGM	86,018	8,071	94,089	-107	93,982
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	7,164,869	1,073,238	8,238,107	-477,149	7,760,958
26	2600 INTENSIVE CARE UNIT	3,716,245	726,058	4,442,303	-246,825	4,195,478
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
33	3300 NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	818,016	11,303,253	12,121,269	-10,625,928	1,495,341
37.01	3701 OPHTHALMOLOGY	193,118	16,624	209,742	-2,580	207,162
38	3800 RECOVERY ROOM		8,707	8,707	-6,618	2,089
41	4100 RADIOLOGY-DIAGNOSTIC	2,194,079	1,518,118	3,712,197	-1,357,262	2,354,935
41.01	3230 CAT SCAN	580,223	367,948	948,171	-92,163	856,008
43	4300 RADIOISOTOPE	338,368	322,279	660,647	-20,234	640,413
43.01	4301 CARDIAC CATH LAB	939,901	7,305,392	8,245,293	-2,328	8,242,965
43.02	4302 MRI	138,827	124,823	263,650	-4,915	258,735
43.03	4303 ULTRASOUND	263,494	23,224	286,718	-22,228	264,490
44	4400 LABORATORY		7,977,821	7,977,821		7,977,821
49	4900 RESPIRATORY THERAPY	1,106,038	360,293	1,466,331	-293,683	1,172,648
50	5000 PHYSICAL THERAPY	2,720,782	395,930	3,116,712	-308,442	2,808,270
51	5100 OCCUPATIONAL THERAPY	1,223,958	135,860	1,359,818	-84,521	1,275,297
52	5200 SPEECH PATHOLOGY	433,137	28,346	461,483	-1,286	460,197
53	5300 ELECTROCARDIOLOGY	838,113	65,965	904,078	-29,784	874,294
54	5400 ELECTROENCEPHALOGRAPHY	553,947	77,647	631,594	-27,201	604,393
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				14,709,989	14,709,989
56	5600 DRUGS CHARGED TO PATIENTS				5,908,940	5,908,940
57	5700 RENAL DIALYSIS		1,061,599	1,061,599		1,061,599
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	3,238,424	953,351	4,191,775	-645,585	3,546,190
61.01	6101 WOUND CARE	288,560	277,608	566,168	-109,025	457,143
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	1,960,791	628,824	2,589,615	-113,883	2,475,732
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
93	9300 HOSPICE	1,343,592	1,137,601	2,481,193		2,481,193
95	SUBTOTALS	37,706,007	45,065,330	82,771,337	-0-	82,771,337
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	3,739,459	1,757,351	5,496,810		5,496,810
98.01	9801 PATIENT TRANSPORT	23,227	4,427	27,654		27,654
98.02	9802 SETON LEASE 1 NORTH	331,142	16,692	347,834		347,834
101	TOTAL	41,799,835	46,843,800	88,643,635	-0-	88,643,635

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0003
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	777,953	777,953
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	1,859	1,859
3	0300 NEW CAP REL COSTS-BLDG & FIXT	9,417,599	9,671,739
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	4,151,083	4,451,847
5	0500 EMPLOYEE BENEFITS	11,942,068	11,942,068
6.01	0620 DATA PROCESSING	445,596	445,596
6.02	0630 PURCHASING, RECEIVING AND STORES	451,435	451,435
6.03	0640 ADMITTING		
6.04	0650 CASHIERING/ACCOUNTS RECEIVABLE	2,464,595	2,464,595
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	12,071,027	12,071,027
8	0800 OPERATION OF PLANT	4,731,089	4,731,089
9	0900 LAUNDRY & LINEN SERVICE	605,444	605,444
10	1000 HOUSEKEEPING		1,549,252
11	1100 DIETARY		791,018
12	1200 CAFETERIA	-657,804	612,986
14	1400 NURSING ADMINISTRATION		937,787
15	1500 CENTRAL SERVICES & SUPPLY		262,067
16	1600 PHARMACY	42,943	2,734,530
17	1700 MEDICAL RECORDS & LIBRARY	1,369,135	1,369,135
18	1800 SOCIAL SERVICE	320,698	320,698
21	2100 NURSING SCHOOL	-2,555,822	-28,152
24	2400 PARAMED ED PRGM		93,982
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	627	7,761,585
26	2600 INTENSIVE CARE UNIT		4,195,478
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,495,341
37.01	3701 OPHTHALMOLOGY	-2,840	204,322
38	3800 RECOVERY ROOM		2,089
41	4100 RADIOLOGY-DIAGNOSTIC	-10,957	2,343,978
41.01	3230 CAT SCAN		856,008
43	4300 RADIOISOTOPE	-219,510	420,903
43.01	4301 CARDIAC CATH LAB		8,242,965
43.02	4302 MRI		258,735
43.03	4303 ULTRASOUND		264,490
44	4400 LABORATORY		7,977,821
49	4900 RESPIRATORY THERAPY		1,172,648
50	5000 PHYSICAL THERAPY	-575,448	2,232,822
51	5100 OCCUPATIONAL THERAPY	-716,430	558,867
52	5200 SPEECH PATHOLOGY		460,197
53	5300 ELECTROCARDIOLOGY	1,706,533	2,580,827
54	5400 ELECTROENCEPHALOGRAPHY		604,393
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-409,723	14,300,266
56	5600 DRUGS CHARGED TO PATIENTS	-510,504	5,398,436
57	5700 RENAL DIALYSIS		1,061,599
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-8,807	3,537,383
61.01	6101 WOUND CARE		457,143
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-15,893	2,459,839
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
93	9300 HOSPICE		2,481,193
95	SUBTOTALS	44,815,946	127,587,283
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES	-5,646	5,491,164
98.01	9801 PATIENT TRANSPORT		27,654
98.02	9802 SETON LEASE 1 NORTH		347,834
101	TOTAL	44,810,300	133,453,935

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	DATA PROCESSING	0620	DATA PROCESSING
6.02	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.03	ADMITTING	0640	ADMITTING
6.04	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.05	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
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	
21	NURSING SCHOOL	2100	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	OPHTHALMOLOGY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
43	RADIOISOTOPE	4300	
43.01	CARDIAC CATH LAB	4301	RADIOISOTOPE
43.02	MRI	4302	RADIOISOTOPE
43.03	ULTRASOUND	4303	RADIOISOTOPE
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
61.01	WOUND CARE	6101	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PATIENT TRANSPORT	9801	PHYSICIANS' PRIVATE OFFICES
98.02	SETON LEASE 1 NORTH	9802	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150003

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 BUILDING RENTAL	C	NEW CAP REL COSTS-BLDG & FIXT	3		254,140
2 LEASED EQUIPMENT	D	NEW CAP REL COSTS-MVBLE EQUIP	4		211
3		NEW CAP REL COSTS-MVBLE EQUIP	4		1,994
4		NEW CAP REL COSTS-MVBLE EQUIP	4		69,092
5		NEW CAP REL COSTS-MVBLE EQUIP	4		49,057
6		NEW CAP REL COSTS-MVBLE EQUIP	4		4,200
7		NEW CAP REL COSTS-MVBLE EQUIP	4		22,750
8		NEW CAP REL COSTS-MVBLE EQUIP	4		91,283
9		NEW CAP REL COSTS-MVBLE EQUIP	4		2,328
10		NEW CAP REL COSTS-MVBLE EQUIP	4		45,968
11		NEW CAP REL COSTS-MVBLE EQUIP	4		11,262
12		NEW CAP REL COSTS-MVBLE EQUIP	4		1,619
13		NEW CAP REL COSTS-MVBLE EQUIP	4		1,000
14 CAFETERIA	E	CAFETERIA	12	360,463	115,957
15 MED SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		11,374
16		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		25,932
17		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		3,248
18		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		567,634
19		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		59,694
20		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,910
21		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		107
22		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		472,949
23		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		246,825
24		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		10,603,178
25		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,580
26		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		6,618
27		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,011,839
28		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		92,163
29		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		20,234
30		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,915
31		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		22,228
32		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		247,715
33		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		297,180
34		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		84,521
35		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,286
1 MED SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		29,784
2		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		25,582
3		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		645,585
4		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		109,025
5		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		112,883
6 SERH SALARY ALLOCATIONS	G	EMPLOYEE BENEFITS	5	430,831	
7		DATA PROCESSING	6.01	93,693	
8		PURCHASING, RECEIVING AND STORES	6.02	269,899	
9		ADMINISTRATIVE	6.03	312,684	
10		CASHIERING/ACCOUNTS RECEIVABLE	6.04	551,554	
11		OTHER ADMINISTRATIVE AND GENERAL	6.05	2,809,888	
12		OPERATION OF PLANT	8	1,911,857	
13		LAUNDRY & LINEN SERVICE	9	90,682	
14		MEDICAL RECORDS & LIBRARY	17	954,452	
15		SOCIAL SERVICE	18	317,182	
16		PHYSICAL THERAPY	50	91,610	
17		ELECTROCARDIOLOGY	53	100,635	
18 CHARGEABLE DRUGS	H	DRUGS CHARGED TO PATIENTS	56		5,908,940
19 PT/OT ALLOCATION SALARIES	I	PHYSICAL THERAPY	50		617,110
20		OCCUPATIONAL THERAPY	51		645,397
36 TOTAL RECLASSIFICATIONS				8,295,430	22,552,297

(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:
150003

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	10
1 BUILDING RENTAL	C	RADIOLOGY-DIAGNOSTIC	41		254,140	10
2 LEASED EQUIPMENT	D	DIETARY	11		211	10
3		CAFETERIA	12		1,994	10
4		CENTRAL SERVICES & SUPPLY	15		69,092	10
5		PHARMACY	16		49,057	10
6		ADULTS & PEDIATRICS	25		4,200	10
7		OPERATING ROOM	37		22,750	10
8		RADIOLOGY-DIAGNOSTIC	41		91,283	10
9		CARDIAC CATH LAB	43.01		2,328	10
10		RESPIRATORY THERAPY	49		45,968	10
11		PHYSICAL THERAPY	50		11,262	10
12		ELECTROENCEPHALOGRAPHY	54		1,619	10
13		AMBULANCE SERVICES	65		1,000	10
14 CAFETERIA	E	DIETARY	11	360,463	115,957	
15 MED SUPPLIES	F	HOUSEKEEPING	10		11,374	
16		DIETARY	11		25,932	
17		CAFETERIA	12		3,248	
18		CENTRAL SERVICES & SUPPLY	15		567,634	
19		PHARMACY	16		59,694	
20		NURSING SCHOOL	21		4,910	
21		PARAMED ED PRGM	24		107	
22		ADULTS & PEDIATRICS	25		472,949	
23		INTENSIVE CARE UNIT	26		246,825	
24		OPERATING ROOM	37		10,603,178	
25		OPHTHALMOLOGY	37.01		2,580	
26		RECOVERY ROOM	38		6,618	
27		RADIOLOGY-DIAGNOSTIC	41		1,011,839	
28		CAT SCAN	41.01		92,163	
29		RADIOISOTOPE	43		20,234	
30		MRI	43.02		4,915	
31		ULTRASOUND	43.03		22,228	
32		RESPIRATORY THERAPY	49		247,715	
33		PHYSICAL THERAPY	50		297,180	
34		OCCUPATIONAL THERAPY	51		84,521	
35		SPEECH PATHOLOGY	52		1,286	
1 MED SUPPLIES	F	ELECTROCARDIOLOGY	53		29,784	
2		ELECTROENCEPHALOGRAPHY	54		25,582	
3		EMERGENCY	61		645,585	
4		WOUND CARE	61.01		109,025	
5		AMBULANCE SERVICES	65		112,883	
6 SERH SALARY ALLOCATIONS	G	EMPLOYEE BENEFITS	5		430,831	
7		DATA PROCESSING	6.01		93,693	
8		PURCHASING, RECEIVING AND STORES	6.02		269,899	
9		ADMINISTRATIVE	6.03		312,684	
10		CASHIERING/ACCOUNTS RECEIVABLE	6.04		551,554	
11		OTHER ADMINISTRATIVE AND GENERAL	6.05		2,809,888	
12		OPERATION OF PLANT	8		1,911,857	
13		LAUNDRY & LINEN SERVICE	9		90,682	
14		MEDICAL RECORDS & LIBRARY	17		954,452	
15		SOCIAL SERVICE	18		317,182	
16		PHYSICAL THERAPY	50		91,610	
17		ELECTROCARDIOLOGY	53		100,635	
18 CHARGEABLE DRUGS	H	PHARMACY	16		5,908,940	
19 PT/OT ALLOCATION SALARIES	I	PHYSICAL THERAPY	50	617,110		
20		OCCUPATIONAL THERAPY	51	645,397		
36 TOTAL RECLASSIFICATIONS				1,622,970	29,224,757	

(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: 150003

PERIOD: FROM 1/1/2008 TO 12/31/2008

PREPARED 5/28/2009 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: C
EXPLANATION: BUILDING RENTAL

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Row 1: 1.00 NEW CAP REL COSTS-BLDG & FIXT 3 254,140. Total: 254,140.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: RADIOLOGY-DIAGNOSTIC 41 254,140. Total: 254,140.

RECLASS CODE: D
EXPLANATION: LEASED EQUIPMENT

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Rows 1-12 listing various equipment categories. Total: 300,764.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Rows 1-12 listing various equipment categories. Total: 300,764.

RECLASS CODE: E
EXPLANATION: CAFETERIA

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Row 1: 1.00 CAFETERIA 12 476,420. Total: 476,420.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Row 1: DIETARY 11 476,420. Total: 476,420.

RECLASS CODE: F
EXPLANATION: MED SUPPLIES

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Rows 1-26 listing medical supplies. Total: 14,709,989.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Rows 1-26 listing medical supplies. Total: 14,709,989.

RECLASS CODE: G
EXPLANATION: SERH SALARY ALLOCATIONS

Table with columns: LINE, COST CENTER, INCREASE, LINE, AMOUNT. Rows 1-3 listing salary allocations. Total: 269,899.

Table with columns: COST CENTER, DECREASE, LINE, AMOUNT. Rows 1-3 listing salary allocations. Total: 269,899.

RECLASSIFICATIONS

PROVIDER NO:
150003

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: G
EXPLANATION : SERH SALARY ALLOCATIONS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
4.00	ADMITTING	6.03	312,684	ADMITTING	6.03	312,684	
5.00	CASHIERING/ACCOUNTS RECEIVABLE	6.04	551,554	CASHIERING/ACCOUNTS RECEIVABLE	6.04	551,554	
6.00	OTHER ADMINISTRATIVE AND GENER	6.05	2,809,888	OTHER ADMINISTRATIVE AND GENER	6.05	2,809,888	
7.00	OPERATION OF PLANT	8	1,911,857	OPERATION OF PLANT	8	1,911,857	
8.00	LAUNDRY & LINEN SERVICE	9	90,682	LAUNDRY & LINEN SERVICE	9	90,682	
9.00	MEDICAL RECORDS & LIBRARY	17	954,452	MEDICAL RECORDS & LIBRARY	17	954,452	
10.00	SOCIAL SERVICE	18	317,182	SOCIAL SERVICE	18	317,182	
11.00	PHYSICAL THERAPY	50	91,610	PHYSICAL THERAPY	50	91,610	
12.00	ELECTROCARDIOLOGY	53	100,635	ELECTROCARDIOLOGY	53	100,635	
TOTAL RECLASSIFICATIONS FOR CODE G			7,934,967	TOTAL RECLASSIFICATIONS FOR CODE G			7,934,967

RECLASS CODE: H
EXPLANATION : CHARGEABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	5,908,940	PHARMACY	16	5,908,940	
TOTAL RECLASSIFICATIONS FOR CODE H			5,908,940	TOTAL RECLASSIFICATIONS FOR CODE H			5,908,940

RECLASS CODE: I
EXPLANATION : PT/OT ALLOCATION SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	617,110	PHYSICAL THERAPY	50	617,110	
2.00	OCCUPATIONAL THERAPY	51	645,397	OCCUPATIONAL THERAPY	51	645,397	
TOTAL RECLASSIFICATIONS FOR CODE I			1,262,507	TOTAL RECLASSIFICATIONS FOR CODE I			1,262,507

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	3,582,228					3,582,228	
2	LAND IMPROVEMENTS	39,802					39,802	
3	BUILDINGS & FIXTURE	2,672,759					2,672,759	
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	26,893					26,893	
7	SUBTOTAL	6,321,682					6,321,682	
8	RECONCILING ITEMS							
9	TOTAL	6,321,682					6,321,682	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	3,445,428					3,445,428	
2	LAND IMPROVEMENTS	383,528				5,002	378,526	
3	BUILDINGS & FIXTURE	44,561,975	471,531		471,531	6,040	45,027,466	
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	21,718,065	3,528,671		3,528,671	6,532,526	18,714,210	
7	SUBTOTAL	70,108,996	4,000,202		4,000,202	6,543,568	67,565,630	
8	RECONCILING ITEMS							
9	TOTAL	70,108,996	4,000,202		4,000,202	6,543,568	67,565,630	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	2,712,561		2,712,561	.040571				
2	OLD CAP REL COSTS-MV	26,893		26,893	.000402				
3	NEW CAP REL COSTS-BL	45,405,992		45,405,992	.679124				
4	NEW CAP REL COSTS-MV	18,714,210		18,714,210	.279903				
5	TOTAL	66,859,656		66,859,656	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	614,606		163,347				777,953
2	OLD CAP REL COSTS-MV	1,469		390				1,859
3	NEW CAP REL COSTS-BL	7,440,189	254,140	1,977,410				9,671,739
4	NEW CAP REL COSTS-MV	3,279,481	300,764	871,602				4,451,847
5	TOTAL	11,335,745	554,904	3,012,749				14,903,398

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON	LINE NO 4	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3		
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-409,723	MEDICAL SUPPLIES CHARGED	55	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT	B	-56,714	OPERATION OF PLANT	8	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-40,296			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	51,600,438			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-657,992	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	B	-2,555,822	NURSING SCHOOL	21	
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 RENTAL ADMIN FEE	B	-397,608	OPERATION OF PLANT	8	
38 RENT -- DIALYSIS DOCTORS	B	-295,800	OPERATION OF PLANT	8	
39 RENT LHI -- ARNETT	B	-270,168	OPERATION OF PLANT	8	
40 RENT -- THE CARE GROUP	B	-227,920	OPERATION OF PLANT	8	
41 RENT LHI -- CATH LAB	B	-145,345	OPERATION OF PLANT	8	
42 RENT -- UTILITIES	B	-126,873	OPERATION OF PLANT	8	
43 SILVER RECOVERY	B	-295	OTHER ADMINISTRATIVE AND	6.05	
44 VENDING MACHINE	B	188	CAFETERIA	12	
45 YAG LASER SERVICE	B	-2,840	OPHTHALMOLOGY	37.01	
46 RADIOLOGY LEASE FEE/SERVICE	B	-219,510	RADIOISOTOPE	43	
47 ATHLETIC TRAINING REVENUE	B	-1,875	PHYSICAL THERAPY	50	
48 MISCELLANEOUS - OTHER OPERATING	B	627	ADULTS & PEDIATRICS	25	
49 MISCELLANEOUS - OTHER OPERATING	B	606	OCCUPATIONAL THERAPY	51	
49.01 MISCELLANEOUS - OTHER OPERATING	B	93	OTHER ADMINISTRATIVE AND	6.05	
49.02 PT/OT ALLOCATION	A	-665,835	PHYSICAL THERAPY	50	
49.03 PT/OT ALLOCATION	A	-717,036	OCCUPATIONAL THERAPY	51	
50 TOTAL (SUM OF LINES 1 THRU 49)		44,810,300			

(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	1	OLD CAP REL COSTS-BLDG & SERH DEPRECIATION	614,606		614,606	9
2	2	OLD CAP REL COSTS-MVBLE E SERH DEPRECIATION	1,469		1,469	9
3	3	NEW CAP REL COSTS-BLDG & SERH DEPRECIATION	7,440,189		7,440,189	9
4	4	NEW CAP REL COSTS-MVBLE E SERH DEPRECIATION	3,279,481		3,279,481	9
4.01	1	OLD CAP REL COSTS-BLDG & SERH INTEREST	163,347		163,347	11
4.02	2	OLD CAP REL COSTS-MVBLE E SERH INTEREST	390		390	11
4.03	3	NEW CAP REL COSTS-BLDG & SERH INTEREST	1,977,410		1,977,410	11
4.04	4	NEW CAP REL COSTS-MVBLE E SERH INTEREST	871,602		871,602	11
4.05	5	EMPLOYEE BENEFITS SERH-BENEFIT SALARIES	430,831		430,831	
4.06	5	EMPLOYEE BENEFITS SERH-BENEFIT OTHER	11,511,237		11,511,237	
4.07	6	1 DATA PROCESSING SERH-MGMT INFO SYSTEMS -	93,693		93,693	
4.08	6	1 DATA PROCESSING SERH-MGMT INFO SYSTEMS -	351,903		351,903	
4.09	6	2 PURCHASING, RECEIVING AND SERH-PURCHASING - SALARIES	269,899		269,899	
4.10	6	2 PURCHASING, RECEIVING AND SERH-PURCHASING - OTHER	181,536		181,536	
4.11	6	4 CASHIERING/ACCOUNTS RECEI SERH-PT. ACCTG - SALARIES	864,238		864,238	
4.12	6	4 CASHIERING/ACCOUNTS RECEI SERH-PT. ACCTG - OTHER	1,600,357		1,600,357	
4.13	6	5 OTHER ADMINISTRATIVE AND SERH-A&G - SALARIES	2,511,435		2,511,435	
4.14	6	5 OTHER ADMINISTRATIVE AND SERH-A&G - OTHER	8,558,443		8,558,443	
4.15	8	OPERATION OF PLANT SERH-PLANT - SALARIES	1,911,857		1,911,857	
4.21	8	OPERATION OF PLANT SERH-PLANT - OTHER	4,339,660		4,339,660	
4.22	9	LAUNDRY & LINEN SERVICE SERH-LAUNDRY - SALARIES	90,682		90,682	
4.23	9	LAUNDRY & LINEN SERVICE SERH-LAUNDRY - OTHER	514,762		514,762	
4.24	6	5 OTHER ADMINISTRATIVE AND SERH-INFECTI ON CTRL - SAL	45,206		45,206	
4.25	6	5 OTHER ADMINISTRATIVE AND SERH-INFECTI ON CTRL - OTH	18,276		18,276	
4.26	17	MEDICAL RECORDS & LIBRARY SERH-MED REC - SALARIES	954,452		954,452	
4.27	17	MEDICAL RECORDS & LIBRARY SERH-MED REC - OTHER	414,683		414,683	
4.28	6	5 OTHER ADMINISTRATIVE AND SERH-MED STAFF - SALARIES	51,553		51,553	
4.29	6	5 OTHER ADMINISTRATIVE AND SERH-MED STAFF - OTHER	308,065		308,065	
4.30	6	5 OTHER ADMINISTRATIVE AND SERH-COMM - SALARIES	201,694		201,694	
4.31	6	5 OTHER ADMINISTRATIVE AND SERH-COMM - OTHER	376,557		376,557	
4.32	53	ELECTROCARDIOLOGY SERH-CARD SRVC LN ADMIN -	100,635		100,635	
4.33	53	ELECTROCARDIOLOGY SERH-CARD SRVC LN ADMIN -	1,610,537		1,610,537	
4.34	18	SOCIAL SERVICE SERH-SOCIAL WORK - SALARI	317,182		317,182	
4.35	18	SOCIAL SERVICE SERH-SOCIAL WORK - OTHER	3,516		3,516	
4.36	50	PHYSICAL THERAPY SERH-PT/OT ADMIN - SALARI	91,610		91,610	
4.37	50	PHYSICAL THERAPY SERH-PT/OT ADMIN - OTHER	652		652	
4.38	16	PHARMACY COEP / PHARMACY - OTHER	42,943		42,943	
4.39	56	DRUGS CHARGED TO PATIENTS INTERCO-COEP		510,504	-510,504	
4.40	98	PHYSICIANS' PRIVATE OFFIC INTERCO-AIS		5,646	-5,646	
5		TOTALS	52,116,588	516,150	51,600,438	

* 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 XVIIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	G	ST. ELIZABETH REGIONAL HE	0.00	SERH	0.00 HOME OFFICE
2	B		0.00	APHL	0.00 LAB
3			0.00		0.00
4			0.00		0.00
5			0.00		0.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
15-0003

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/28/2009
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 25	AGGREGATE	8,400		8,400	231,100	238	26,443	1,322
2 41	AGGREGATE	50,400		50,400	231,100	355	39,443	1,972
3 43	AGGREGATE	6,225		6,225	231,100	58	6,444	322
4 53	AGGREGATE	8,100		8,100	171,400	42	3,461	173
5 54	AGGREGATE	18,000		18,000	171,400	222	18,294	915
6 61	AGGREGATE	36,000		36,000	171,400	330	27,193	1,360
7 61 1	AGGREGATE	6,000		6,000	171,400	82	6,757	338
8 65	AGGREGATE	36,000		36,000	171,400	244	20,107	1,005
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	169,125		169,125		1,571	148,142	7,407

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
15-0003

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/28/2009
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 25	AGGREGATE					26,443		
2 41	AGGREGATE					39,443	10,957	10,957
3 43	AGGREGATE					6,444		
4 53	AGGREGATE					3,461	4,639	4,639
5 54	AGGREGATE					18,294		
6 61	AGGREGATE					27,193	8,807	8,807
7 61 1	AGGREGATE					6,757		
8 65	AGGREGATE					20,107	15,893	15,893
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					148,142	40,296	40,296

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS SALARIES	ENTERED
6.01	DATA PROCESSING	5	MANHRS	ENTERED
6.02	PURCHASING, RECEIVING AND STORES	6	COSTED REQUISITION	ENTERED
6.03	ADMITTING	7	I/P REV	ENTERED
6.04	CASHIERING/ACCOUNTS RECEIVABLE	8	GROSS CHARGES	ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	14	MEALS SERVED	ENTERED
12	CAFETERIA	5	MANHRS	ENTERED
14	NURSING ADMINISTRATION	17	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	18	COSTED REQUIS.	ENTERED
16	PHARMACY	19	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	8	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	8	GROSS CHARGES	ENTERED
21	NURSING SCHOOL	22	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM	25	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	DATA PROCESSING
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	777,953	777,953					
003 OLD CAP REL COSTS-MVBLE E	1,859		1,859				
004 NEW CAP REL COSTS-BLDG &	9,671,739			9,671,739			
005 NEW CAP REL COSTS-MVBLE E	4,451,847				4,451,847		
006 EMPLOYEE BENEFITS	11,942,068	4,671		58,074	2,210	12,007,023	
006 01 DATA PROCESSING	445,596	2,183		27,134			474,913
006 02 PURCHASING, RECEIVING AND	451,435	9,191		114,264	94,886		
006 03 ADMINITTING		2,498		31,055	17,505		
006 04 CASHIERING/ACCOUNTS RECEI	2,464,595	1,785		22,196	2,724		
006 05 OTHER ADMINISTRATIVE AND	12,071,027	58,800		731,013	317,320		
008 OPERATION OF PLANT	4,731,089	190,771		2,371,715	219,457		
009 LAUNDRY & LINEN SERVICE	605,444	23,268		289,273			
010 HOUSEKEEPING	1,549,252	13,371		166,227	8,828	324,621	28,464
011 DIETARY	791,018	14,919		185,482	126,045	127,897	9,703
012 CAFETERIA	612,986	8,910		110,767	6,399	186,670	15,325
014 NURSING ADMINISTRATION	937,787	2,082		25,885	33,116	275,315	7,765
015 CENTRAL SERVICES & SUPPLY	262,067	7,090		88,148	42,278	73,382	4,295
016 PHARMACY	2,734,530	5,221		64,915	31,052	598,476	18,180
017 MEDICAL RECORDS & LIBRARY	1,369,135	6,314	1,859	78,501	7,253		
018 SOCIAL SERVICE	320,698	2,696		33,514			
021 NURSING SCHOOL	-28,152	82,089		1,020,555	76,889	654,519	22,507
024 PARAMED PRGM	93,982					25,478	1,370
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	7,761,585	57,050		709,259	51,190	2,122,201	88,858
026 INTENSIVE CARE UNIT	4,195,478	23,282		289,446	94,267	1,100,741	42,345
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	1,495,341	28,006		348,173	442,029	242,294	8,945
037 01 OPHTHALMOLOGY	204,322	8,811		109,537	30,299	57,201	1,979
038 RECOVERY ROOM	2,089	2,272		28,249	18,582		
041 RADIOLOGY-DIAGNOSTIC	2,343,978	21,948		272,862	671,311	649,880	29,896
041 01 CAT SCAN	856,008	2,847		35,398	598,116	171,860	5,431
043 RADIOISOTOPE	420,903	4,308		53,558	120,542	100,223	3,658
043 01 CARDIAC CATH LAB	8,242,965	10,526		130,867	617,090	278,396	9,318
043 02 MRI	258,735	2,563		31,862	9,970	41,120	1,119
043 03 ULTRASOUND	264,490	994		12,357	31,906	78,046	1,881
044 LABORATORY	7,977,821	16,828		209,215	173,645		
049 RESPIRATORY THERAPY	1,172,648	4,697		58,400	128,451	327,605	13,410
050 PHYSICAL THERAPY	2,232,822	9,701		120,606	43,386	431,937	23,561
051 OCCUPATIONAL THERAPY	558,867	7,761		96,488	21,519	362,533	6,091
052 SPEECH PATHOLOGY	460,197	3,793		47,158	28,799	128,294	4,886
053 ELECTROCARDIOLOGY	2,580,827	7,177		89,224	83,373	248,247	10,901
054 ELECTROENCEPHALOGRAPHY	604,393	5,739		71,353	75,860	164,077	7,486
055 MEDICAL SUPPLIES CHARGED	14,300,266						
056 DRUGS CHARGED TO PATIENTS	5,398,436						
057 RENAL DIALYSIS	1,061,599	21,350		265,425			
061 OUTPAT SERVICE COST CNTRS							
061 01 EMERGENCY	3,537,383	27,594		343,061	118,776	959,211	35,115
062 WOUND CARE	457,143	15,024		186,789	11,694	85,471	3,964
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	2,459,839	5,517		68,585	65,610	580,780	31,055
065 SPEC PURPOSE COST CENTERS							
093 HOSPICE	2,481,193	10,138		126,044	4,239	397,968	17,230
095 SUBTOTALS	127,587,283	733,785	1,859	9,122,634	4,426,616	10,794,443	454,738
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		2,350		29,210			
098 PHYSICIANS' PRIVATE OFFIC	5,491,164	28,893		359,203	18,350	1,107,617	14,591
098 01 PATIENT TRANSPORT	27,654				6,881	6,880	651
098 02 SETON LEASE 1 NORTH	347,834	12,925		160,692		98,083	4,933
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	133,453,935	777,953	1,859	9,671,739	4,451,847	12,007,023	474,913

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.02	6.03	6.04	6a.04	6.05	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND	669,776						
006 03 ADMINISTRATION		51,058					
006 04 CASHIERING/ACCOUNTS RECEI			2,491,300				
006 05 OTHER ADMINISTRATIVE AND				13,178,160	13,178,160		
008 OPERATION OF PLANT				7,513,032	823,173	8,336,205	
009 LAUNDRY & LINEN SERVICE				917,985	100,580	381,781	1,400,346
010 HOUSEKEEPING	307			2,091,070	229,110	219,385	42,025
011 DIETARY	737			1,255,801	137,593	244,798	11,046
012 CAFETERIA	92			941,149	103,118	146,189	
014 NURSING ADMINISTRATION				1,281,950	140,458	34,163	
015 CENTRAL SERVICES & SUPPLY	16,138			493,398	54,060	116,338	49,379
016 PHARMACY	1,697			3,454,071	378,449	85,674	
017 MEDICAL RECORDS & LIBRARY				1,463,062	160,302	103,606	
018 SOCIAL SERVICE				356,908	39,105	44,232	
021 NURSING SCHOOL	140			1,828,547	200,347	1,346,924	
024 PARAMEDICAL PRGM	3			120,833	13,239		
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	13,446	4,041	114,248	10,921,878	1,196,666	936,077	470,741
026 INTENSIVE CARE UNIT	7,017	3,592	101,557	5,857,725	641,807	382,009	148,857
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	304,745	3,209	113,154	2,985,896	327,153	459,517	152,310
037 01 OPHTHALMOLOGY	140		6,533	418,822	45,889	144,566	
038 RECOVERY ROOM	188	302	12,228	63,910	7,002	37,283	
041 RADIOLOGY-DIAGNOSTIC	25,764	1,969	137,177	4,154,785	455,223	360,121	68,134
041 01 CAT SCAN	2,620	2,095	171,143	1,845,518	202,206	46,718	
043 RADIOISOTOPE	7,436	427	38,679	749,734	82,145	70,685	5,320
043 01 CARDIAC CATH LAB	207,064	6,958	372,446	9,875,630	1,082,033	172,718	9,056
043 02 MRI	140	643	32,454	378,606	41,482	42,051	7,720
043 03 ULTRASOUND	632	311	18,776	409,393	44,856	16,308	22,842
044 LABORATORY	41,662	6,730	350,590	8,776,491	961,605	276,121	350
049 RESPIRATORY THERAPY	8,357	1,617	55,695	1,770,880	194,028	77,076	
050 PHYSICAL THERAPY	2,386	351	45,071	2,909,821	318,817	159,175	45,681
051 OCCUPATIONAL THERAPY	2,403	161	17,392	1,073,215	117,588	127,345	
052 SPEECH PATHOLOGY	37	93	6,022	679,279	74,426	62,239	
053 ELECTROCARDIOLOGY	847	1,509	85,175	3,107,280	340,452	117,758	14,756
054 ELECTROENCEPHALOGRAPHY	727	265	24,365	954,265	104,555	94,171	
055 MEDICAL SUPPLIES CHARGED		10,729	347,983	14,658,978	1,606,152		
056 DRUGS CHARGED TO PATIENTS		4,594	188,678	5,591,708	612,661		
057 RENAL DIALYSIS		365	10,305	1,359,044	148,905	350,306	93,505
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	18,355	1,097	156,809	5,197,401	569,458	452,770	225,211
061 01 WOUND CARE	3,100		10,938	774,123	84,818	246,523	33,413
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	3,209		41,044	3,255,639	356,707	90,519	
065 SPEC PURPOSE COST CENTERS							
093 HOSPICE	18		32,838	3,069,668	336,331	166,352	
095 SUBTOTALS	669,407	51,058	2,491,300	125,735,655	12,332,499	7,611,498	1,400,346
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				31,560	3,458	38,551	
098 PHYSICIANS' PRIVATE OFFIC	369			7,020,187	769,174	474,075	
098 01 PATIENT TRANSPORT				42,066	4,609		
098 02 SETON LEASE 1 NORTH				624,467	68,420	212,081	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	669,776	51,058	2,491,300	133,453,935	13,178,160	8,336,205	1,400,346

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINISTRATION							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,581,590						
011 DIETARY	81,702	1,730,940					
012 CAFETERIA	48,791		1,239,247				
014 NURSING ADMINISTRATION	11,402		22,833	1,490,806			
015 CENTRAL SERVICES & SUPPLY	38,828		12,631		764,634		
016 PHARMACY	28,594		53,461			4,000,249	
017 MEDICAL RECORDS & LIBRARY	34,579						1,761,549
018 SOCIAL SERVICE	14,763						
021 NURSING SCHOOL	449,538		66,184	103,048			
024 PARAMEDICAL PRGM			4,028				
025 INPATIENT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	312,418	1,339,136	261,299	411,953			80,777
027 INTENSIVE CARE UNIT	127,497	391,804	124,522	196,737			71,804
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	153,365		26,305	42,052			80,003
038 OPHTHALMOLOGY	48,249		5,820	9,092			4,619
041 RECOVERY ROOM	12,443						8,645
041 01 RADIOLOGY-DIAGNOSTIC	120,191		87,912				96,988
043 CAT SCAN	15,592		15,970				121,003
043 01 RADIOISOTOPE	23,591		10,756	6,338			27,347
043 02 CARDIAC CATH LAB	57,645		27,400				263,458
043 03 MRI	14,035		3,291				22,946
044 ULTRASOUND	5,443		5,532				13,275
049 LABORATORY	92,156						247,877
050 RESPIRATORY THERAPY	25,724		39,434	62,095			39,378
051 PHYSICAL THERAPY	53,125		69,285	139,056			31,866
052 OCCUPATIONAL THERAPY	42,502		17,912	59,526			12,297
053 SPEECH PATHOLOGY	20,773		14,367	22,632			4,257
054 ELECTROCARDIOLOGY	39,302		32,056				60,222
055 ELECTROENCEPHALOGRAPHY	31,430		22,013	34,530			17,227
056 MEDICAL SUPPLIES CHARGED					764,634		246,034
057 DRUGS CHARGED TO PATIENTS						4,000,249	133,401
061 RENAL DIALYSIS	116,916						7,286
061 01 OUTPAT SERVICE COST CNTRS							
061 01 EMERGENCY	151,113		103,262	161,353			110,869
062 WOUND CARE	82,278		11,658	18,249			7,734
065 OBSERVATION BEDS (NON-DIS							
065 01 OTHER REIMBURS COST CNTRS							
093 AMBULANCE SERVICES	30,211		91,321	142,110			29,019
095 SPEC PURPOSE COST CENTERS							
096 HOSPICE	55,521		50,669	79,016			23,217
095 SUBTOTALS	2,339,717	1,730,940	1,179,921	1,487,787	764,634	4,000,249	1,761,549
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	12,866						
098 01 PHYSICIANS' PRIVATE OFFIC	158,224		42,905				
098 02 PATIENT TRANSPORT			1,915	3,019			
101 SETON LEASE 1 NORTH	70,783		14,506				
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	2,581,590	1,730,940	1,239,247	1,490,806	764,634	4,000,249	1,761,549

COST CENTER DESCRIPTION	SOCI AL SERVIC E	NURSING SCHOO L	PARAMED ED PR GM	PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	18	21	24	25	26	27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 DATA PROCESSING						
006 02 PURCHASING, RECEIVING AND						
006 03 ADMINITTING						
006 04 CASHIERING/ACCOUNTS RECEI						
006 05 OTHER ADMINISTRATIVE AND						
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	455,008					
021 NURSING SCHOOL		3,994,588				
024 PARAMED ED PRGM			138,100			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	20,863	3,994,588		19,946,396		19,946,396
026 INTENSIVE CARE UNIT	18,546			7,961,308		7,961,308
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER						
033 NURSERY						
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	20,664			4,247,265		4,247,265
037 01 OPHTHALMOLOGY	1,193			678,250		678,250
038 RECOVERY ROOM	2,233			131,516		131,516
041 RADIOLOGY-DIAGNOSTIC	25,051			5,368,405		5,368,405
041 01 CAT SCAN	31,253			2,278,260		2,278,260
043 RADIOISOTOPE	7,063			982,979		982,979
043 01 CARDIAC CATH LAB	68,072			11,556,012		11,556,012
043 02 MRI	5,927			516,058		516,058
043 03 ULTRASOUND	3,429			521,078		521,078
044 LABORATORY	64,023			10,418,623		10,418,623
049 RESPIRATORY THERAPY	10,171			2,218,786		2,218,786
050 PHYSICAL THERAPY	8,231			3,735,057		3,735,057
051 OCCUPATIONAL THERAPY	3,176			1,453,561		1,453,561
052 SPEECH PATHOLOGY	1,100			879,073		879,073
053 ELECTROCARDIOLOGY	15,554			3,727,380		3,727,380
054 ELECTROENCEPHALOGRAPHY	4,449			1,262,640		1,262,640
055 MEDICAL SUPPLIES CHARGED	63,547			17,339,345		17,339,345
056 DRUGS CHARGED TO PATIENTS	34,455		138,100	10,510,574		10,510,574
057 RENAL DIALYSIS	1,882			2,077,844		2,077,844
061 OUTPAT SERVICE COST CNTRS						
061 EMERGENCY	28,636			7,000,073		7,000,073
061 01 WOUND CARE	1,998			1,260,794		1,260,794
062 OBSERVATION BEDS (NON-DIS						
062 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES	7,495			4,003,021		4,003,021
065 SPEC PURPOSE COST CENTERS						
093 HOSPICE	5,997			3,786,771		3,786,771
095 SUBTOTALS	455,008	3,994,588	138,100	123,861,069		123,861,069
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				86,435		86,435
098 PHYSICIANS' PRIVATE OFFIC				8,464,565		8,464,565
098 01 PATIENT TRANSPORT				51,609		51,609
098 02 SETON LEASE 1 NORTH				990,257		990,257
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	455,008	3,994,588	138,100	133,453,935		133,453,935

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
	OLD CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		4,671				4,671	4,671
006 01 DATA PROCESSING		2,183				2,183	
006 02 PURCHASING, RECEIVING AND		9,191				9,191	
006 03 ADMINITTING		2,498				2,498	
006 04 CASHIERING/ACCOUNTS RECEI		1,785				1,785	
006 05 OTHER ADMINISTRATIVE AND		58,800				58,800	
008 OPERATION OF PLANT		190,771				190,771	
009 LAUNDRY & LINEN SERVICE		23,268				23,268	
010 HOUSEKEEPING		13,371				13,371	126
011 DIETARY		14,919				14,919	50
012 CAFETERIA		8,910				8,910	72
014 NURSING ADMINISTRATION		2,082				2,082	107
015 CENTRAL SERVICES & SUPPLY		7,090				7,090	28
016 PHARMACY		5,221				5,221	232
017 MEDICAL RECORDS & LIBRARY		6,314		1,859		8,173	
018 SOCIAL SERVICE		2,696				2,696	
021 NURSING SCHOOL		82,089				82,089	254
024 PARAMED ED PRGM							10
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		57,050				57,050	835
027 INTENSIVE CARE UNIT		23,282				23,282	427
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		28,006				28,006	94
038 OPHTHALMOLOGY		8,811				8,811	22
041 RECOVERY ROOM		2,272				2,272	
041 01 RADIOLOGY-DIAGNOSTIC		21,948				21,948	252
043 CAT SCAN		2,847				2,847	67
043 01 RADIOISOTOPE		4,308				4,308	39
043 02 CARDIAC CATH LAB		10,526				10,526	108
043 03 MRI		2,563				2,563	16
044 ULTRASOUND		994				994	30
049 LABORATORY		16,828				16,828	
050 RESPIRATORY THERAPY		4,697				4,697	127
051 PHYSICAL THERAPY		9,701				9,701	168
052 OCCUPATIONAL THERAPY		7,761				7,761	141
053 SPEECH PATHOLOGY		3,793				3,793	50
054 ELECTROCARDIOLOGY		7,177				7,177	96
055 ELECTROENCEPHALOGRAPHY		5,739				5,739	64
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS							
061 RENAL DIALYSIS		21,350				21,350	
061 01 OUTPAT SERVICE COST CNTRS							
061 02 EMERGENCY		27,594				27,594	372
062 01 WOUND CARE		15,024				15,024	33
065 OBSERVATION BEDS (NON-DIS							
065 01 OTHER REIMBURS COST CNTRS							
093 AMBULANCE SERVICES		5,517				5,517	225
095 SPEC PURPOSE COST CENTERS							
096 HOSPICE		10,138				10,138	155
095 01 SUBTOTALS		733,785		1,859		735,644	4,200
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		2,350				2,350	
098 01 PHYSICIANS' PRIVATE OFFIC		28,893				28,893	430
098 02 PATIENT TRANSPORT							3
101 SETON LEASE 1 NORTH		12,925				12,925	38
102 CROSS FOOT ADJUSTMENTS							
102 01 NEGATIVE COST CENTER							
103 TOTAL		777,953		1,859		779,812	4,671

ALLOCATION OF OLD CAPITAL RELATED COSTS

15-0003

FROM 1/ 1/2008

WORKSHEET B

TO 12/31/2008

PART II

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	6.05	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING	2,183						
006 02 PURCHASING, RECEIVING AND		9,191					
006 03 ADMINISTRATION			2,498				
006 04 CASHIERING/ACCOUNTS RECEI				1,785			
006 05 OTHER ADMINISTRATIVE AND					58,800		
008 OPERATION OF PLANT					3,674	194,445	
009 LAUNDRY & LINEN SERVICE					449	8,905	32,622
010 HOUSEKEEPING	131	4			1,023	5,117	979
011 DIETARY	45	10			614	5,710	257
012 CAFETERIA	70	1			460	3,410	
014 NURSING ADMINISTRATION	36				627	797	
015 CENTRAL SERVICES & SUPPLY	20	221			241	2,714	1,150
016 PHARMACY	84	23			1,689	1,998	
017 MEDICAL RECORDS & LIBRARY					715	2,417	
018 SOCIAL SERVICE					175	1,032	
021 NURSING SCHOOL	103	2			894	31,417	
024 PARAMEDICAL PRGM	6				59		
025 INPATIENT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	409	184	190	86	5,341	21,834	10,968
027 INTENSIVE CARE UNIT	195	96	169	77	2,864	8,910	3,468
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	41	4,184	151	86	1,460	10,718	3,548
037 01 OPHTHALMOLOGY	9	2		5	205	3,372	
038 RECOVERY ROOM		3	14	9	31	870	
041 RADIOLOGY-DIAGNOSTIC	137	353	93	104	2,032	8,400	1,587
041 01 CAT SCAN	25	36	99	129	902	1,090	
043 RADIOISOTOPE	17	102	20	29	367	1,649	124
043 01 CARDIAC CATH LAB	43	2,840	327	183	4,829	4,029	211
043 02 MRI	5	2	30	25	185	981	180
043 03 ULTRASOUND	9	9	15	14	200	380	532
044 LABORATORY		571	316	265	4,292	6,441	8
049 RESPIRATORY THERAPY	62	115	76	42	866	1,798	
050 PHYSICAL THERAPY	108	33	17	34	1,423	3,713	1,064
051 OCCUPATIONAL THERAPY	28	33	8	13	525	2,970	
052 SPEECH PATHOLOGY	22	1	4	5	332	1,452	
053 ELECTROCARDIOLOGY	50	12	71	64	1,519	2,747	344
054 ELECTROENCEPHALOGRAPHY	34	10	12	18	467	2,197	
055 MEDICAL SUPPLIES CHARGED			601	263	7,153		
056 DRUGS CHARGED TO PATIENTS			216	143	2,734		
057 RENAL DIALYSIS			17	8	665	8,171	2,178
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	161	252	52	119	2,542	10,561	5,246
061 01 WOUND CARE	18	43		8	379	5,750	778
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	143	44		31	1,592	2,111	
065 SPEC PURPOSE COST CENTERS							
093 HOSPICE	79			25	1,501	3,880	
095 SUBTOTALS	2,090	9,186	2,498	1,785	55,026	177,541	32,622
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					15	899	
098 PHYSICIANS' PRIVATE OFFIC	67	5			3,433	11,058	
098 01 PATIENT TRANSPORT	3				21		
098 02 SETON LEASE 1 NORTH	23				305	4,947	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,183	9,191	2,498	1,785	58,800	194,445	32,622

ALLOCATION OF OLD CAPITAL RELATED COSTS

15-0003

FROM 1/ 1/2008

WORKSHEET B

TO 12/31/2008

PART II

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINITTING							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	20,751						
011 DIETARY	657	22,262					
012 CAFETERIA	392		13,315				
014 NURSING ADMINISTRATION	92		245	3,986			
015 CENTRAL SERVICES & SUPPLY	312		136		11,912		
016 PHARMACY	230		574			10,051	
017 MEDICAL RECORDS & LIBRARY	278						11,583
018 SOCIAL SERVICE	119						
021 NURSING SCHOOL	3,611		711	275			
024 PARAMED ED PRGM			43				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRCS	2,511	17,223	2,808	1,103			535
026 INTENSIVE CARE UNIT	1,025	5,039	1,338	526			476
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	1,233		283	112			530
037 01 OPHTHALMOLOGY	388		63	24			31
038 RECOVERY ROOM	100						57
041 RADIOLOGY-DIAGNOSTIC	966		945				643
041 01 CAT SCAN	125		172				802
043 RADIOISOTOPE	190		116	17			181
043 01 CARDIAC CATH LAB	463		294				1,655
043 02 MRI	113		35				152
043 03 ULTRASOUND	44		59				88
044 LABORATORY	741						1,643
049 RESPIRATORY THERAPY	207		424	166			261
050 PHYSICAL THERAPY	427		744	372			211
051 OCCUPATIONAL THERAPY	342		192	159			82
052 SPEECH PATHOLOGY	167		154	61			28
053 ELECTROCARDIOLOGY	316		344				399
054 ELECTROENCEPHALOGRAPHY	253		237	92			114
055 MEDICAL SUPPLIES CHARGED					11,912		1,631
056 DRUGS CHARGED TO PATIENTS						10,051	884
057 RENAL DIALYSIS	940						48
061 OUTPAT SERVICE COST CNTRS							
061 01 EMERGENCY	1,215		1,110	431			735
062 01 WOUND CARE	661		125	49			51
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	243		981	380			192
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	446		544	211			154
095 SUBTOTALS	18,807	22,262	12,677	3,978	11,912	10,051	11,583
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	103						
098 PHYSICIANS' PRIVATE OFFIC	1,272		461				
098 01 PATIENT TRANSPORT			21	8			
098 02 SETON LEASE 1 NORTH	569		156				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	20,751	22,262	13,315	3,986	11,912	10,051	11,583

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SOCIAL SERVICE	NURSING SCHOOL		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	21		25	26	27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 DATA PROCESSING						
006 02 PURCHASING, RECEIVING AND						
006 03 ADMINITTING						
006 04 CASHIERING/ACCOUNTS RECEI						
006 05 OTHER ADMINISTRATIVE AND						
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	4,022					
021 NURSING SCHOOL		118,519				
024 PARAMED ED PRGM			118			
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS	190			121,267		121,267
027 INTENSIVE CARE UNIT	169			48,061		48,061
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER						
033 NURSERY						
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	188			50,634		50,634
037 01 OPHTHALMOLOGY	11			12,943		12,943
038 RECOVERY ROOM	20			3,376		3,376
041 RADIOLOGY-DIAGNOSTIC	228			37,688		37,688
041 01 CAT SCAN	285			6,579		6,579
043 RADIOISOTOPE	64			7,223		7,223
043 01 CARDIAC CATH LAB	497			26,005		26,005
043 02 MRI	54			4,341		4,341
043 03 ULTRASOUND	31			2,405		2,405
044 LABORATORY	583			31,688		31,688
049 RESPIRATORY THERAPY	93			8,934		8,934
050 PHYSICAL THERAPY	75			18,090		18,090
051 OCCUPATIONAL THERAPY	29			12,283		12,283
052 SPEECH PATHOLOGY	10			6,079		6,079
053 ELECTROCARDIOLOGY	142			13,281		13,281
054 ELECTROENCEPHALOGRAPHY	41			9,278		9,278
055 MEDICAL SUPPLIES CHARGED	579			22,139		22,139
056 DRUGS CHARGED TO PATIENTS	314			14,342		14,342
057 RENAL DIALYSIS	17			33,394		33,394
061 OUTPAT SERVICE COST CNTRS						
061 EMERGENCY	261			50,651		50,651
061 01 WOUND CARE	18			22,937		22,937
062 OBSERVATION BEDS (NON-DIS						
062 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES	68			11,527		11,527
065 SPEC PURPOSE COST CENTERS						
093 HOSPICE	55			17,188		17,188
095 SUBTOTALS	4,022			592,333		592,333
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				3,367		3,367
098 PHYSICIANS' PRIVATE OFFIC				45,619		45,619
098 01 PATIENT TRANSPORT				56		56
098 02 SETON LEASE 1 NORTH				18,963		18,963
101 CROSS FOOT ADJUSTMENTS		118,519	118	118,637		118,637
102 NEGATIVE COST CENTER		837		837		837
103 TOTAL	4,022	119,356	118	779,812		779,812

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				58,074	2,210	60,284	60,284
006 01 DATA PROCESSING				27,134		27,134	
006 02 PURCHASING, RECEIVING AND				114,264	94,886	209,150	
006 03 ADMINITTING				31,055	17,505	48,560	
006 04 CASHIERING/ACCOUNTS RECEI				22,196	2,724	24,920	
006 05 OTHER ADMINISTRATIVE AND				731,013	317,320	1,048,333	
008 OPERATION OF PLANT				2,371,715	219,457	2,591,172	
009 LAUNDRY & LINEN SERVICE				289,273		289,273	
010 HOUSEKEEPING				166,227	8,828	175,055	1,630
011 DIETARY				185,482	126,045	311,527	642
012 CAFETERIA				110,767	6,399	117,166	937
014 NURSING ADMINISTRATION				25,885	33,116	59,001	1,382
015 CENTRAL SERVICES & SUPPLY				88,148	42,278	130,426	368
016 PHARMACY				64,915	31,052	95,967	3,005
017 MEDICAL RECORDS & LIBRARY				78,501	7,253	85,754	
018 SOCIAL SERVICE				33,514		33,514	
021 NURSING SCHOOL				1,020,555	76,889	1,097,444	3,286
024 PARAMED ED PRGM							128
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				709,259	51,190	760,449	10,658
026 INTENSIVE CARE UNIT				289,446	94,267	383,713	5,526
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				348,173	442,029	790,202	1,216
037 01 OPHTHALMOLOGY				109,537	30,299	139,836	287
038 RECOVERY ROOM				28,249	18,582	46,831	
041 RADIOLOGY-DIAGNOSTIC				272,862	671,311	944,173	3,263
041 01 CAT SCAN				35,398	598,116	633,514	863
043 RADIOISOTOPE				53,558	120,542	174,100	503
043 01 CARDIAC CATH LAB				130,867	617,090	747,957	1,398
043 02 MRI				31,862	9,970	41,832	206
043 03 ULTRASOUND				12,357	31,906	44,263	392
044 LABORATORY				209,215	173,645	382,860	
049 RESPIRATORY THERAPY				58,400	128,451	186,851	1,645
050 PHYSICAL THERAPY				120,606	43,386	163,992	2,168
051 OCCUPATIONAL THERAPY				96,488	21,519	118,007	1,820
052 SPEECH PATHOLOGY				47,158	28,799	75,957	644
053 ELECTROCARDIOLOGY				89,224	83,373	172,597	1,246
054 ELECTROENCEPHALOGRAPHY				71,353	75,860	147,213	824
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS				265,425		265,425	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				343,061	118,776	461,837	4,816
061 01 WOUND CARE				186,789	11,694	198,483	429
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				68,585	65,610	134,195	2,916
065 SPEC PURPOSE COST CENTERS							
093 HOSPICE				126,044	4,239	130,283	1,998
095 SUBTOTALS				9,122,634	4,426,616	13,549,250	54,196
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				29,210		29,210	
098 PHYSICIANS' PRIVATE OFFIC				359,203	18,350	377,553	5,561
098 01 PATIENT TRANSPORT					6,881	6,881	35
098 02 SETON LEASE 1 NORTH				160,692		160,692	492
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				9,671,739	4,451,847	14,123,586	60,284

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	6.05	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING	27,134						
006 02 PURCHASING, RECEIVING AND		209,150					
006 03 ADMINISTRATION			48,560				
006 04 CASHIERING/ACCOUNTS RECEI				24,920			
006 05 OTHER ADMINISTRATIVE AND					1,048,333		
008 OPERATION OF PLANT					65,484	2,656,656	
009 LAUNDRY & LINEN SERVICE					8,001	121,669	418,943
010 HOUSEKEEPING	1,626	96			18,226	69,916	12,573
011 DIETARY	554	230			10,946	78,015	3,305
012 CAFETERIA	876	29			8,203	46,589	
014 NURSING ADMINISTRATION	444				11,173	10,887	
015 CENTRAL SERVICES & SUPPLY	245	5,039			4,300	37,075	14,773
016 PHARMACY	1,039	530			30,106	27,303	
017 MEDICAL RECORDS & LIBRARY					12,752	33,018	
018 SOCIAL SERVICE					3,111	14,096	
021 NURSING SCHOOL	1,286	44			15,938	429,251	
024 PARAMEDICAL PRGM	78	1			1,053		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	5,079	4,199	3,851	1,140	95,195	298,317	140,829
026 INTENSIVE CARE UNIT	2,419	2,191	3,424	1,013	51,056	121,742	44,534
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	511	95,165	3,059	1,129	26,025	146,443	45,567
037 01 OPHTHALMOLOGY	113	44		65	3,650	46,072	
038 RECOVERY ROOM		59	288	122	557	11,882	
041 RADIOLOGY-DIAGNOSTIC	1,708	8,045	1,876	1,369	36,213	114,767	20,384
041 01 CAT SCAN	310	818	1,997	1,708	16,086	14,888	
043 RADIOISOTOPE	209	2,322	407	386	6,535	22,527	1,592
043 01 CARDIAC CATH LAB	532	64,659	6,631	3,776	86,076	55,043	2,709
043 02 MRI	64	44	613	324	3,300	13,401	2,310
043 03 ULTRASOUND	107	197	296	187	3,568	5,197	6,834
044 LABORATORY		13,009	6,414	3,498	76,496	87,997	105
049 RESPIRATORY THERAPY	766	2,609	1,541	556	15,435	24,563	
050 PHYSICAL THERAPY	1,346	745	335	450	25,362	50,727	13,666
051 OCCUPATIONAL THERAPY	348	750	153	174	9,354	40,583	
052 SPEECH PATHOLOGY	279	11	88	60	5,921	19,835	
053 ELECTROCARDIOLOGY	623	264	1,438	850	27,083	37,528	4,415
054 ELECTROENCEPHALOGRAPHY	428	227	253	243	8,317	30,011	
055 MEDICAL SUPPLIES CHARGED			10,125	3,472	127,777		
056 DRUGS CHARGED TO PATIENTS			4,378	1,883	48,737		
057 RENAL DIALYSIS			347	103	11,845		
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	2,006	5,732	1,046	1,565	45,301	144,293	67,377
061 01 WOUND CARE	227	968		109	6,747	78,564	9,996
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1,774	1,002		410	28,376	28,847	
065 SPEC PURPOSE COST CENTERS							
093 HOSPICE	984	6		328	26,755	53,015	
095 SUBTOTALS	25,981	209,035	48,560	24,920	981,060	2,425,700	418,943
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					275	12,286	
098 PHYSICIANS' PRIVATE OFFIC	834	115			61,188	151,082	
098 01 PATIENT TRANSPORT	37				367		
098 02 SETON LEASE 1 NORTH	282				5,443	67,588	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	27,134	209,150	48,560	24,920	1,048,333	2,656,656	418,943

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMINITTING							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	279,122						
011 DIETARY	8,834	414,053					
012 CAFETERIA	5,275		179,075				
014 NURSING ADMINISTRATION	1,233		3,299	87,419			
015 CENTRAL SERVICES & SUPPLY	4,198		1,825		198,249		
016 PHARMACY	3,092		7,725			168,767	
017 MEDICAL RECORDS & LIBRARY	3,739						135,263
018 SOCIAL SERVICE	1,596						
021 NURSING SCHOOL	48,605		9,564	6,043			
024 PARAMED ED PRGM			582				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	33,779	320,331	37,759	24,156			6,200
027 INTENSIVE CARE UNIT	13,785	93,722	17,994	11,536			5,512
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	16,582		3,801	2,466			6,141
038 RECOVERY ROOM	5,217		841	533			355
041 RADIOLOGY-DIAGNOSTIC	1,345						664
041 01 CAT SCAN	12,995		12,704				7,445
043 RADIOISOTOPE	1,686		2,308				9,288
043 01 CARDIAC CATH LAB	2,551		1,554	372			2,099
043 02 MRI	6,233		3,959				20,270
043 03 ULTRASOUND	1,517		476				1,761
044 LABORATORY	588		799				1,019
049 RESPIRATORY THERAPY	9,964						19,027
050 PHYSICAL THERAPY	2,781		5,698	3,641			3,023
051 OCCUPATIONAL THERAPY	5,744		10,012	8,154			2,446
052 SPEECH PATHOLOGY	4,595		2,588	3,491			944
053 ELECTROCARDIOLOGY	2,246		2,076	1,327			327
054 ELECTROENCEPHALOGRAPHY	4,249		4,632				4,623
055 MEDICAL SUPPLIES CHARGED	3,398		3,181	2,025			1,322
056 DRUGS CHARGED TO PATIENTS					198,249		18,885
057 RENAL DIALYSIS						168,767	10,240
061 OUTPAT SERVICE COST CNTRS	12,641						559
061 01 EMERGENCY	16,338		14,922	9,462			8,510
062 WOUND CARE	8,896		1,685	1,070			594
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
093 AMBULANCE SERVICES	3,266		13,196	8,333			2,227
095 SPEC PURPOSE COST CENTERS							
096 HOSPICE	6,003		7,322	4,633			1,782
095 SUBTOTALS	252,971	414,053	170,502	87,242	198,249	168,767	135,263
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	1,391						
098 01 PHYSICIANS' PRIVATE OFFIC	17,107		6,200				
098 02 PATIENT TRANSPORT			277	177			
101 SETON LEASE 1 NORTH	7,653		2,096				
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	279,122	414,053	179,075	87,419	198,249	168,767	135,263

ALLOCATION OF NEW CAPITAL RELATED COSTS

15-0003

FROM 1/ 1/2008

WORKSHEET B

TO 12/31/2008

PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	NURSING SCHOOL	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	21	24	25	26	27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 DATA PROCESSING						
006 02 PURCHASING, RECEIVING AND						
006 03 ADMINITTING						
006 04 CASHIERING/ACCOUNTS RECEI						
006 05 OTHER ADMINISTRATIVE AND						
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	52,317					
021 NURSING SCHOOL		1,600,184				
024 PARAMED ED PRGM			1,842			
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS	2,401			1,744,343		1,744,343
027 INTENSIVE CARE UNIT	2,134			760,301		760,301
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER						
033 NURSERY						
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	2,378			1,140,685		1,140,685
037 01 OPHTHALMOLOGY	137			197,150		197,150
038 RECOVERY ROOM	257			62,005		62,005
041 RADIOLOGY-DIAGNOSTIC	2,882			1,167,824		1,167,824
041 01 CAT SCAN	3,596			687,062		687,062
043 RADIOISOTOPE	813			215,970		215,970
043 01 CARDIAC CATH LAB	7,793			1,007,036		1,007,036
043 02 MRI	682			66,530		66,530
043 03 ULTRASOUND	395			63,842		63,842
044 LABORATORY	7,367			606,737		606,737
049 RESPIRATORY THERAPY	1,170			250,279		250,279
050 PHYSICAL THERAPY	947			286,094		286,094
051 OCCUPATIONAL THERAPY	365			183,172		183,172
052 SPEECH PATHOLOGY	127			108,898		108,898
053 ELECTROCARDIOLOGY	1,790			261,338		261,338
054 ELECTROENCEPHALOGRAPHY	512			197,954		197,954
055 MEDICAL SUPPLIES CHARGED	7,312			365,820		365,820
056 DRUGS CHARGED TO PATIENTS	3,965			237,970		237,970
057 RENAL DIALYSIS	217			430,750		430,750
061 OUTPAT SERVICE COST CNTRS						
061 EMERGENCY	3,295			786,500		786,500
061 01 WOUND CARE	230			307,998		307,998
062 OBSERVATION BEDS (NON-DIS						
062 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES	862			225,404		225,404
065 SPEC PURPOSE COST CENTERS						
093 HOSPICE	690			233,799		233,799
095 SUBTOTALS	52,317			11,595,461		11,595,461
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				43,162		43,162
098 PHYSICIANS' PRIVATE OFFIC				619,640		619,640
098 01 PATIENT TRANSPORT				7,774		7,774
098 02 SETON LEASE 1 NORTH				244,246		244,246
101 CROSS FOOT ADJUSTMENTS		1,600,184	1,842	1,602,026		1,602,026
102 NEGATIVE COST CENTER		11,277		11,277		11,277
103 TOTAL	52,317	1,611,461	1,842	14,123,586		14,123,586

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND		CASHIERING/ACCOUNTS RECEIVABLE		OTHER ADMINISTRATIVE AND OPERATIONS OF PLANT		LAUNDRY & LINEN SERVICE	
	(COSTED REQUISITION)	(I/P REV)	(GROSS CHARGES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	
	6.02	6.03	6.04	6a.05	6.05	8	9	
GENERAL SERVICE COST								
001 OLD CAP REL COSTS-BLD								
002 OLD CAP REL COSTS-MVB								
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 01 DATA PROCESSING								
006 02 PURCHASING, RECEIVING	23,558,343							
006 03 ADMITTING		217,851,048						
006 04 CASHIERING/ACCOUNTS R			376,640,690					
006 05 OTHER ADMINISTRATIVE				-13,178,160	120,275,775			
008 OPERATION OF PLANT						7,513,032	328,683	
009 LAUNDRY & LINEN SERVI						917,985	15,053	979,727
010 HOUSEKEEPING	10,796					2,091,070	8,650	29,402
011 DIETARY	25,932					1,255,801	9,652	7,728
012 CAFETERIA	3,248					941,149	5,764	
014 NURSING ADMINISTRATIO						1,281,950	1,347	
015 CENTRAL SERVICES & SU	567,634					493,398	4,587	34,547
016 PHARMACY	59,694					3,454,071	3,378	
017 MEDICAL RECORDS & LIB						1,463,062	4,085	
018 SOCIAL SERVICE						356,908	1,744	
021 NURSING SCHOOL	4,910					1,828,547	53,107	
024 PARAMED ED PRGM	107					120,833		
025 INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	472,949	17,271,096	17,271,096		10,921,878	36,908	329,345	
026 INTENSIVE CARE UNIT	246,825	15,352,527	15,352,527		5,857,725	15,062	104,145	
027 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE U								
029 SURGICAL INTENSIVE CA								
031 SUBPROVIDER								
033 NURSERY								
037 ANCILLARY SRVC COST C								
037 OPERATING ROOM	10,719,123	13,715,378	17,105,680		2,985,896	18,118	106,561	
037 01 OPHTHALMOLOGY	4,927		987,633		418,822	5,700		
038 RECOVERY ROOM	6,618	1,291,885	1,848,470		63,910	1,470		
041 RADIOLOGY-DIAGNOSTIC	906,193	8,412,895	20,737,250		4,154,785	14,199	47,669	
041 01 CAT SCAN	92,163	8,955,029	25,872,001		1,845,518	1,842		
043 RADIOISOTOPE	261,538	1,825,142	5,847,092		749,734	2,787	3,722	
043 01 CARDIAC CATH LAB	7,283,052	29,735,881	56,330,100		9,875,630	6,810	6,336	
043 02 MRI	4,915	2,749,954	4,906,058		378,606	1,658	5,401	
043 03 ULTRASOUND	22,228	1,328,193	2,838,409		409,393	643	15,981	
044 LABORATORY	1,465,361	28,760,108	52,999,234		8,776,491	10,887	245	
049 RESPIRATORY THERAPY	293,927	6,908,309	8,419,552		1,770,880	3,039		
050 PHYSICAL THERAPY	83,923	1,500,155	6,813,386		2,909,821	6,276	31,960	
051 OCCUPATIONAL THERAPY	84,521	687,422	2,629,213		1,073,215	5,021		
052 SPEECH PATHOLOGY	1,286	396,555	910,303		679,279	2,454		
053 ELECTROCARDIOLOGY	29,784	6,450,374	12,876,101		3,107,280	4,643	10,324	
054 ELECTROENCEPHALOGRAPH	25,582	1,133,241	3,683,359		954,265	3,713		
055 MEDICAL SUPPLIES CHAR		45,495,667	52,605,158		14,658,978			
056 DRUGS CHARGED TO PATI		19,634,408	28,522,757		5,591,708			
057 RENAL DIALYSIS		1,557,799	1,557,799		1,359,044	13,812	65,419	
061 OUTPAT SERVICE COST C								
061 EMERGENCY	645,585	4,689,030	23,705,108		5,197,401	17,852	157,565	
061 01 WOUND CARE	109,025		1,653,575		774,123	9,720	23,377	
062 OBSERVATION BEDS (NON								
062 OTHER REIMBURS COST C								
065 AMBULANCE SERVICES	112,883		6,204,661		3,255,639	3,569		
065 SPEC PURPOSE COST CEN								
093 HOSPICE	624		4,964,168		3,069,668	6,559		
095 SUBTOTALS	23,545,353	217,851,048	376,640,690	-13,178,160	112,557,495	300,109	979,727	
096 NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE					31,560	1,520		
098 PHYSICIANS' PRIVATE O	12,990				7,020,187	18,692		
098 01 PATIENT TRANSPORT					42,066			
098 02 SETON LEASE 1 NORTH					624,467	8,362		
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	669,776	51,058	2,491,300		13,178,160	8,336,205	1,400,346	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		.000234				25.362446		
(WRKSHT B, PT I)	.028431		.006615		.109566		1.429323	
105 COST TO BE ALLOCATED	9,191	2,498	1,785		58,800	194,445	32,622	
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER		.000011				.591588		
(WRKSHT B, PT II)	.000390		.000005		.000489		.033297	
107 COST TO BE ALLOCATED	209,150	48,560	24,920		1,048,333	2,656,656	418,943	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.000223				8.082730		
(WRKSHT B, PT III)	.008878		.000066		.008716		.427612	

COST CENTER DESCRIPTION	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHRS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED) REQUIS.	PHARMACY (COSTED) REQUIS.	MEDICAL RECORDS & LIBRARY (GROSS) CHARGES
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING							
006 03 ADMITTING							
006 04 CASHIERING/ACCOUNTS R							
006 05 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING	304,980						
011 DIETARY	9,652	145,984					
012 CAFETERIA	5,764		1,385,126				
014 NURSING ADMINISTRATION	1,347		25,521	1,062,519			
015 CENTRAL SERVICES & SU	4,587		14,118		100		
016 PHARMACY	3,378		59,754			100	
017 MEDICAL RECORDS & LIB	4,085						376,640,690
018 SOCIAL SERVICE	1,744						
021 NURSING SCHOOL	53,107		73,975	73,444			
024 PARAMED ED PRGM			4,502				
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	36,908	112,940	292,062	293,605			17,271,096
026 INTENSIVE CARE UNIT	15,062	33,044	139,180	140,217			15,352,527
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	18,118		29,401	29,971			17,105,680
037 01 OPHTHALMOLOGY	5,700		6,505	6,480			987,633
038 RECOVERY ROOM	1,470						1,848,470
041 RADIOLOGY-DIAGNOSTIC	14,199		98,261				20,737,250
041 01 CAT SCAN	1,842		17,850				25,872,001
043 RADIOISOTOPE	2,787		12,022	4,517			5,847,092
043 01 CARDIAC CATH LAB	6,810		30,625				56,330,100
043 02 MRI	1,658		3,678				4,906,058
043 03 ULTRASOUND	643		6,183				2,838,409
044 LABORATORY	10,887						52,999,234
049 RESPIRATORY THERAPY	3,039		44,076	44,256			8,419,552
050 PHYSICAL THERAPY	6,276		77,441	99,107			6,813,386
051 OCCUPATIONAL THERAPY	5,021		20,020	42,425			2,629,213
052 SPEECH PATHOLOGY	2,454		16,058	16,130			910,303
053 ELECTROCARDIOLOGY	4,643		35,829				12,876,101
054 ELECTROENCEPHALOGRAPH	3,713		24,604	24,610			3,683,359
055 MEDICAL SUPPLIES CHAR					100		52,605,158
056 DRUGS CHARGED TO PATI						100	28,522,757
057 RENAL DIALYSIS	13,812						1,557,799
061 OUTPAT SERVICE COST C							
061 01 EMERGENCY	17,852		115,417	114,999			23,705,108
062 01 WOUND CARE	9,720		13,030	13,006			1,653,575
065 OBSERVATION BEDS (NON							
065 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	3,569		102,071	101,284			6,204,661
093 SPEC PURPOSE COST CEN							
093 HOSPICE	6,559		56,633	56,316			4,964,168
095 SUBTOTALS	276,406	145,984	1,318,816	1,060,367	100	100	376,640,690
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	1,520						
098 PHYSICIANS' PRIVATE O	18,692		47,956				
098 01 PATIENT TRANSPORT			2,140	2,152			
098 02 SETON LEASE 1 NORTH	8,362		16,214				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,581,590	1,730,940	1,239,247	1,490,806	764,634	4,000,249	1,761,549
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		11.857053		1.403086		40.002.490000	
(WRKSHT B, PT I)	8.464785		.894682		7.646.340000		.004677
105 COST TO BE ALLOCATED	20,751	22,262	13,315	3,986	11,912	10,051	11,583
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.152496		.003751		100.510000	
(WRKSHT B, PT II)	.068041		.009613		119.120000		.000031
107 COST TO BE ALLOCATED	279,122	414,053	179,075	87,419	198,249	168,767	135,263
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		2.836290		.082275		1,687.670000	
(WRKSHT B, PT III)	.915214		.129284		1,982.490000		.000359

COST CENTER DESCRIPTION	SOCIAL SERVICE	NURSING SCHOOL	PARAMEDICAL PRGM
	(GROSS CHARGES)	(ASSIGNED TIME)	(ASSIGNED TIME)
	18	21	24
001 GENERAL SERVICE COST			
002 OLD CAP REL COSTS-BLD			
003 OLD CAP REL COSTS-MVB			
004 NEW CAP REL COSTS-BLD			
005 NEW CAP REL COSTS-MVB			
006 EMPLOYEE BENEFITS			
006 01 DATA PROCESSING			
006 02 PURCHASING, RECEIVING			
006 03 ADMINITTING			
006 04 CASHIERING/ACCOUNTS R			
006 05 OTHER ADMINISTRATIVE			
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	376,640,690		
021 NURSING SCHOOL		100	
024 PARAMEDICAL PRGM			100
025 INPAT ROUTINE SRVC CN			
025 ADULTS & PEDIATRICS	17,271,096	100	
026 INTENSIVE CARE UNIT	15,352,527		
027 CORONARY CARE UNIT			
028 BURN INTENSIVE CARE U			
029 SURGICAL INTENSIVE CA			
031 SUBPROVIDER			
033 NURSERY			
037 ANCILLARY SRVC COST C			
037 01 OPERATING ROOM	17,105,680		
037 01 OPHTHALMOLOGY	987,633		
038 RECOVERY ROOM	1,848,470		
041 RADIOLOGY-DIAGNOSTIC	20,737,250		
041 01 CAT SCAN	25,872,001		
043 RADIOISOTOPE	5,847,092		
043 01 CARDIAC CATH LAB	56,330,100		
043 02 MRI	4,906,058		
043 03 ULTRASOUND	2,838,409		
044 LABORATORY	52,999,234		
049 RESPIRATORY THERAPY	8,419,552		
050 PHYSICAL THERAPY	6,813,386		
051 OCCUPATIONAL THERAPY	2,629,213		
052 SPEECH PATHOLOGY	910,303		
053 ELECTROCARDIOLOGY	12,876,101		
054 ELECTROENCEPHALOGRAPH	3,683,359		
055 MEDICAL SUPPLIES CHAR	52,605,158		
056 DRUGS CHARGED TO PATI	28,522,757		100
057 RENAL DIALYSIS	1,557,799		
061 OUTPAT SERVICE COST C			
061 01 EMERGENCY	23,705,108		
062 01 WOUND CARE	1,653,575		
062 OBSERVATION BEDS (NON			
062 OTHER REIMBURS COST C			
065 AMBULANCE SERVICES	6,204,661		
065 SPEC PURPOSE COST CEN			
093 HOSPICE	4,964,168		
095 SUBTOTALS	376,640,690	100	100
096 NONREIMBURS COST CENT			
096 GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE O			
098 01 PATIENT TRANSPORT			
098 02 SETON LEASE 1 NORTH			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	455,008	3,994,588	138,100
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER		39,945.880000	1,381.000000
(WRKSHT B, PT I)	.001208		
105 COST TO BE ALLOCATED	4,022	118,519	118
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER		1,185.190000	1.180000
(WRKSHT B, PT II)	.000011		
107 COST TO BE ALLOCATED	52,317	1,600,184	1,842
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER		16,001.840000	18.420000
(WRKSHT B, PT III)	.000139		

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	19,946,396		19,946,396		19,946,396
26	INTENSIVE CARE UNIT	7,961,308		7,961,308		7,961,308
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,247,265		4,247,265		4,247,265
37	01 OPHTHALMOLOGY	678,250		678,250		678,250
38	RECOVERY ROOM	131,516		131,516		131,516
41	RADIOLOGY-DIAGNOSTIC	5,368,405		5,368,405	10,957	5,379,362
41	01 CAT SCAN	2,278,260		2,278,260		2,278,260
43	RADIOISOTOPE	982,979		982,979		982,979
43	01 CARDIAC CATH LAB	11,556,012		11,556,012		11,556,012
43	02 MRI	516,058		516,058		516,058
43	03 ULTRASOUND	521,078		521,078		521,078
44	LABORATORY	10,418,623		10,418,623		10,418,623
49	RESPIRATORY THERAPY	2,218,786		2,218,786		2,218,786
50	PHYSICAL THERAPY	3,735,057		3,735,057		3,735,057
51	OCCUPATIONAL THERAPY	1,453,561		1,453,561		1,453,561
52	SPEECH PATHOLOGY	879,073		879,073		879,073
53	ELECTROCARDIOLOGY	3,727,380		3,727,380	4,639	3,732,019
54	ELECTROENCEPHALOGRAPHY	1,262,640		1,262,640		1,262,640
55	MEDICAL SUPPLIES CHARGED	17,339,345		17,339,345		17,339,345
56	DRUGS CHARGED TO PATIENTS	10,510,574		10,510,574		10,510,574
57	RENAL DIALYSIS	2,077,844		2,077,844		2,077,844
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	7,000,073		7,000,073	8,807	7,008,880
61	01 WOUND CARE	1,260,794		1,260,794		1,260,794
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,584,535		1,584,535		1,584,535
65	AMBULANCE SERVICES	4,003,021		4,003,021	15,893	4,018,914
101	SUBTOTAL	121,658,833		121,658,833	40,296	121,699,129
102	LESS OBSERVATION BEDS	1,584,535		1,584,535		1,584,535
103	TOTAL	120,074,298		120,074,298	40,296	120,114,594

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	17,271,096		17,271,096			
26	INTENSIVE CARE UNIT	15,352,527		15,352,527			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	13,715,378	3,390,302	17,105,680	.248296	.248296	.248296
37	01 OPHTHALMOLOGY		987,633	987,633	.686743	.686743	.686743
38	RECOVERY ROOM	1,291,885	556,585	1,848,470	.071149	.071149	.071149
41	RADIOLOGY-DIAGNOSTIC	8,412,895	12,324,355	20,737,250	.258877	.258877	.259406
41	01 CAT SCAN	8,955,029	16,916,972	25,872,001	.088059	.088059	.088059
43	RADIOISOTOPE	1,825,142	4,021,950	5,847,092	.168114	.168114	.168114
43	01 CARDIAC CATH LAB	29,735,881	26,594,219	56,330,100	.205148	.205148	.205148
43	02 MRI	2,749,954	2,156,104	4,906,058	.105188	.105188	.105188
43	03 ULTRASOUND	1,328,193	1,510,216	2,838,409	.183581	.183581	.183581
44	LABORATORY	28,760,108	24,239,126	52,999,234	.196581	.196581	.196581
49	RESPIRATORY THERAPY	6,908,309	1,511,243	8,419,552	.263528	.263528	.263528
50	PHYSICAL THERAPY	1,500,155	5,313,232	6,813,387	.548194	.548194	.548194
51	OCCUPATIONAL THERAPY	687,422	1,941,791	2,629,213	.552850	.552850	.552850
52	SPEECH PATHOLOGY	396,555	513,748	910,303	.965693	.965693	.965693
53	ELECTROCARDIOLOGY	6,450,374	6,425,727	12,876,101	.289480	.289480	.289481
54	ELECTROENCEPHALOGRAPHY	1,133,241	2,550,118	3,683,359	.342796	.342796	.342796
55	MEDICAL SUPPLIES CHARGED	45,495,667	7,109,491	52,605,158	.329613	.329613	.329613
56	DRUGS CHARGED TO PATIENTS	19,634,408	8,888,349	28,522,757	.368498	.368498	.368498
57	RENAL DIALYSIS	1,557,799		1,557,799	1.333833	1.333833	1.333833
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,689,030	19,016,078	23,705,108	.295298	.295298	.295670
61	01 WOUND CARE		1,653,575	1,653,575	.762466	.762466	.762466
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		1,646,989	1,646,989	.962080	.962080	.962080
65	AMBULANCE SERVICES		6,204,661	6,204,661	.645164	.645164	.647725
101	SUBTOTAL	217,851,048	155,472,464	373,323,512			
102	LESS OBSERVATION BEDS						
103	TOTAL	217,851,048	155,472,464	373,323,512			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	4,247,265	1,191,319	3,055,946			4,247,265
37	01 OPHTHALMOLOGY	678,250	210,093	468,157			678,250
38	RECOVERY ROOM	131,516	65,381	66,135			131,516
41	RADIOLOGY-DIAGNOSTIC	5,368,405	1,205,512	4,162,893			5,368,405
41	01 CAT SCAN	2,278,260	693,641	1,584,619			2,278,260
43	RADIOISOTOPE	982,979	223,193	759,786			982,979
43	01 CARDIAC CATH LAB	11,556,012	1,033,041	10,522,971			11,556,012
43	02 MRI	516,058	70,871	445,187			516,058
43	03 ULTRASOUND	521,078	66,247	454,831			521,078
44	LABORATORY	10,418,623	638,425	9,780,198			10,418,623
49	RESPIRATORY THERAPY	2,218,786	259,213	1,959,573			2,218,786
50	PHYSICAL THERAPY	3,735,057	304,184	3,430,873			3,735,057
51	OCCUPATIONAL THERAPY	1,453,561	195,455	1,258,106			1,453,561
52	SPEECH PATHOLOGY	879,073	114,977	764,096			879,073
53	ELECTROCARDIOLOGY	3,727,380	274,619	3,452,761			3,727,380
54	ELECTROENCEPHALOGRAPHY	1,262,640	207,232	1,055,408			1,262,640
55	MEDICAL SUPPLIES CHARGED	17,339,345	387,959	16,951,386			17,339,345
56	DRUGS CHARGED TO PATIENTS	10,510,574	252,312	10,258,262			10,510,574
57	RENAL DIALYSIS	2,077,844	464,144	1,613,700			2,077,844
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,000,073	837,151	6,162,922			7,000,073
61	01 WOUND CARE	1,260,794	330,935	929,859			1,260,794
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,584,535	148,205	1,436,330			1,584,535
65	AMBULANCE SERVICES	4,003,021	236,931	3,766,090			4,003,021
101	SUBTOTAL	93,751,129	9,411,040	84,340,089			93,751,129
102	LESS OBSERVATION BEDS	1,584,535	148,205	1,436,330			1,584,535
103	TOTAL	92,166,594	9,262,835	82,903,759			92,166,594

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	17,105,680	.248296	.248296
37 01	OPHTHALMOLOGY	987,633	.686743	.686743
38	RECOVERY ROOM	1,848,470	.071149	.071149
41	RADIOLOGY-DIAGNOSTIC	20,737,250	.258877	.258877
41 01	CAT SCAN	25,872,001	.088059	.088059
43	RADIOISOTOPE	5,847,092	.168114	.168114
43 01	CARDIAC CATH LAB	56,330,100	.205148	.205148
43 02	MRI	4,906,058	.105188	.105188
43 03	ULTRASOUND	2,838,409	.183581	.183581
44	LABORATORY	52,999,234	.196581	.196581
49	RESPIRATORY THERAPY	8,419,552	.263528	.263528
50	PHYSICAL THERAPY	6,813,387	.548194	.548194
51	OCCUPATIONAL THERAPY	2,629,213	.552850	.552850
52	SPEECH PATHOLOGY	910,303	.965693	.965693
53	ELECTROCARDIOLOGY	12,876,101	.289480	.289480
54	ELECTROENCEPHALOGRAPHY	3,683,359	.342796	.342796
55	MEDICAL SUPPLIES CHARGED	52,605,158	.329613	.329613
56	DRUGS CHARGED TO PATIENTS	28,522,757	.368498	.368498
57	RENAL DIALYSIS	1,557,799	1.333833	1.333833
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	23,705,108	.295298	.295298
61 01	WOUND CARE	1,653,575	.762466	.762466
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,646,989	.962080	.962080
65	AMBULANCE SERVICES	6,204,661	.645164	.645164
101	SUBTOTAL	340,699,889		
102	LESS OBSERVATION BEDS	1,646,989		
103	TOTAL	339,052,900		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,247,265	1,191,319	3,055,946	119,132	177,245	3,950,888
37 01	OPHTHALMOLOGY	678,250	210,093	468,157	21,009	27,153	630,088
38	RECOVERY ROOM	131,516	65,381	66,135	6,538	3,836	121,142
41	RADIOLOGY-DIAGNOSTIC	5,368,405	1,205,512	4,162,893	120,551	241,448	5,006,406
41 01	CAT SCAN	2,278,260	693,641	1,584,619	69,364	91,908	2,116,988
43	RADIOISOTOPE	982,979	223,193	759,786	22,319	44,068	916,592
43 01	CARDIAC CATH LAB	11,556,012	1,033,041	10,522,971	103,304	610,332	10,842,376
43 02	MRI	516,058	70,871	445,187	7,087	25,821	483,150
43 03	ULTRASOUND	521,078	66,247	454,831	6,625	26,380	488,073
44	LABORATORY	10,418,623	638,425	9,780,198	63,843	567,251	9,787,529
49	RESPIRATORY THERAPY	2,218,786	259,213	1,959,573	25,921	113,655	2,079,210
50	PHYSICAL THERAPY	3,735,057	304,184	3,430,873	30,418	198,991	3,505,648
51	OCCUPATIONAL THERAPY	1,453,561	195,455	1,258,106	19,546	72,970	1,361,045
52	SPEECH PATHOLOGY	879,073	114,977	764,096	11,498	44,318	823,257
53	ELECTROCARDIOLOGY	3,727,380	274,619	3,452,761	27,462	200,260	3,499,658
54	ELECTROENCEPHALOGRAPHY	1,262,640	207,232	1,055,408	20,723	61,214	1,180,703
55	MEDICAL SUPPLIES CHARGED	17,339,345	387,959	16,951,386	38,796	983,180	16,317,369
56	DRUGS CHARGED TO PATIENTS	10,510,574	252,312	10,258,262	25,231	594,979	9,890,364
57	RENAL DIALYSIS	2,077,844	464,144	1,613,700	46,414	93,595	1,937,835
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,000,073	837,151	6,162,922	83,715	357,449	6,558,909
61 01	WOUND CARE	1,260,794	330,935	929,859	33,094	53,932	1,173,768
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,584,535	148,205	1,436,330	14,821	83,307	1,486,407
65	AMBULANCE SERVICES	4,003,021	236,931	3,766,090	23,693	218,433	3,760,895
101	SUBTOTAL	93,751,129	9,411,040	84,340,089	941,104	4,891,725	87,918,300
102	LESS OBSERVATION BEDS	1,584,535	148,205	1,436,330	14,821	83,307	1,486,407
103	TOTAL	92,166,594	9,262,835	82,903,759	926,283	4,808,418	86,431,893

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	17,105,680	.230969	.241331
37 01	OPHTHALMOLOGY	987,633	.637978	.665471
38	RECOVERY ROOM	1,848,470	.065536	.067612
41	RADIOLOGY-DIAGNOSTIC	20,737,250	.241421	.253064
41 01	CAT SCAN	25,872,001	.081825	.085378
43	RADIOISOTOPE	5,847,092	.156760	.164297
43 01	CARDIAC CATH LAB	56,330,100	.192479	.203314
43 02	MRI	4,906,058	.098480	.103743
43 03	ULTRASOUND	2,838,409	.171953	.181247
44	LABORATORY	52,999,234	.184673	.195376
49	RESPIRATORY THERAPY	8,419,552	.246950	.260449
50	PHYSICAL THERAPY	6,813,387	.514524	.543729
51	OCCUPATIONAL THERAPY	2,629,213	.517663	.545416
52	SPEECH PATHOLOGY	910,303	.904377	.953062
53	ELECTROCARDIOLOGY	12,876,101	.271795	.287348
54	ELECTROENCEPHALOGRAPHY	3,683,359	.320551	.337170
55	MEDICAL SUPPLIES CHARGED	52,605,158	.310186	.328876
56	DRUGS CHARGED TO PATIENTS	28,522,757	.346753	.367613
57	RENAL DIALYSIS	1,557,799	1.243957	1.304039
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	23,705,108	.276688	.291767
61 01	WOUND CARE	1,653,575	.709837	.742452
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,646,989	.902500	.953081
65	AMBULANCE SERVICES	6,204,661	.606140	.641345
101	SUBTOTAL	340,699,889		
102	LESS OBSERVATION BEDS	1,646,989		
103	TOTAL	339,052,900		

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	121,267		121,267	1,744,343		1,744,343
26	INTENSIVE CARE UNIT	48,061		48,061	760,301		760,301
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	169,328		169,328	2,504,644		2,504,644

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	25,466	16,032	4.76	76,312	68.50	1,098,192
26	INTENSIVE CARE UNIT	6,859	4,239	7.01	29,715	110.85	469,893
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	32,325	20,271		106,027		1,568,085

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

PROVIDER NO: 15-0003
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/28/2009
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		3,994,588				3,994,588
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL		3,994,588				3,994,588

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

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	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	25,466	156.86	16,032	2,514,780
26	INTENSIVE CARE UNIT	6,859		4,239	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER				
33	NURSERY				
101	TOTAL	32,325		20,271	2,514,780

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			17,105,680			7,283,278	
37	01 OPHTHALMOLOGY			987,633				
38	RECOVERY ROOM			1,848,470			857,149	
41	RADIOLOGY-DIAGNOSTIC			20,737,250			3,514,548	
41	01 CAT SCAN			25,872,001			5,105,756	
43	RADIOISOTOPE			5,847,092			968,486	
43	01 CARDIAC CATH LAB			56,330,100			11,986,992	
43	02 MRI			4,906,058			1,533,640	
43	03 ULTRASOUND			2,838,409			792,344	
44	LABORATORY			52,999,234			19,198,258	
49	RESPIRATORY THERAPY			8,419,552			3,340,647	
50	PHYSICAL THERAPY			6,813,387			896,490	
51	OCCUPATIONAL THERAPY			2,629,213			488,254	
52	SPEECH PATHOLOGY			910,303			113,147	
53	ELECTROCARDIOLOGY			12,876,101			6,253,242	
54	ELECTROENCEPHALOGRAPHY			3,683,359			377,235	
55	MEDICAL SUPPLIES CHARGED			52,605,158			26,492,176	
56	DRUGS CHARGED TO PATIENTS	138,100	138,100	28,522,757	.004842	.004842	11,878,961	57,518
57	RENAL DIALYSIS			1,557,799			1,163,515	
61	OUTPAT SERVICE COST CNTRS EMERGENCY			23,705,108			3,281,640	
61	01 WOUND CARE			1,653,575				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	317,328	317,328	1,646,989	.192672	.192672		
65	AMBULANCE SERVICES							
101	TOTAL	455,428	455,428	334,495,228			105,525,758	57,518

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		967,694	
26	INTENSIVE CARE UNIT		1,352,308	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.248296	725,329	180,096
37	01 OPHTHALMOLOGY	.686743		
38	RECOVERY ROOM	.071149	62,776	4,466
41	RADIOLOGY-DIAGNOSTIC	.258877	306,621	79,377
41	01 CAT SCAN	.088059	585,164	51,529
43	RADIOISOTOPE	.168114	75,665	12,720
43	01 CARDIAC CATH LAB	.205148	576,209	118,208
43	02 MRI	.105188	175,047	18,413
43	03 ULTRASOUND	.183581	91,546	16,806
44	LABORATORY	.196581	2,194,568	431,410
49	RESPIRATORY THERAPY	.263528	512,601	135,085
50	PHYSICAL THERAPY	.548194	82,629	45,297
51	OCCUPATIONAL THERAPY	.552850	52,813	29,198
52	SPEECH PATHOLOGY	.965693	11,945	11,535
53	ELECTROCARDIOLOGY	.289480	186,780	54,069
54	ELECTROENCEPHALOGRAPHY	.342796	88,060	30,187
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.329613	2,390,115	787,813
56	DRUGS CHARGED TO PATIENTS	.368498	1,766,184	650,835
57	RENAL DIALYSIS	1.333833	87,106	116,185
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.295298	554,561	163,761
61	01 WOUND CARE	.762466		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.962080		
65	AMBULANCE SERVICES			
101	TOTAL		10,525,719	2,936,990
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		10,525,719	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	32,227,376	
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)	32,227,376	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,727,171	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	2,514,780	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	57,518	
16 TOTAL	37,526,845	
17 PRIMARY PAYER PAYMENTS	8,249	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	37,518,596	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,117,718	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	57,856	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	686,702	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	480,691	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	573,265	
22 SUBTOTAL	34,823,713	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	34,823,713	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	34,956,046	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-132,333	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- 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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,823
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	11,694,420
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	11,134,748
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.853
1.04	LINE 1.01 TIMES LINE 1.03.	9,975,340
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.	109,345
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	1,823
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	4,947
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	4,947
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)	4,947
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	3,124
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,823
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	11,244,093
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	989
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,408,461
19	SUBTOTAL (SEE INSTRUCTIONS)	8,836,466
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	8,836,466
24	PRIMARY PAYER PAYMENTS	5,794
25	SUBTOTAL	8,830,672
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	568,499
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	397,949
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	477,975
28	SUBTOTAL	9,228,621
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	9,228,621
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	9,039,852
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	188,769
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		4,357,407	
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		4,357,407	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		4,357,407	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		967,694	
11	ANCILLARY SERVICE CHARGES		10,525,719	
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		11,493,413	
	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)		11,493,413	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		7,136,006	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		4,357,407	
	PROSPECTIVE PAYMENT AMOUNT			
24	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		4,357,407	
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		4,357,407	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		4,357,407	
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)		4,357,407	
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		4,357,407	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		4,357,407	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		4,357,407	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

DESCRIPTION

1	TOTAL PATIENT REVENUES	386,960,073
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	242,273,782
3	NET PATIENT REVENUES	144,686,291
4	LESS: TOTAL OPERATING EXPENSES	157,513,668
5	NET INCOME FROM SERVICE TO PATIENTS	-12,827,377
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	7,699,517
24.02	NET ASSETS RELEASED FOR OPERATIONS	177,947
24.03	CONTRIBUTIONS	38,914
24.04	MINORITY INTEREST IN CONS AFF	1,688,349
24.05		
25	TOTAL OTHER INCOME	9,604,727
26	TOTAL	-3,222,650
	OTHER EXPENSES	
27	EQUITY IN EARNINGS OF INVESTMENTS	13,027
28	INVESTMENT INCOME	251,224
29	LOSS ON SALE OF ASSET	392,709
29.01	ROUNDING	268
30	TOTAL OTHER EXPENSES	657,228
31	NET INCOME (OR LOSS) FOR THE PERIOD	-3,879,878

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
15-1563		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	490,474		7,340	18,524
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	4,780		1,560	52,160
8 INPATIENT - RESPIRE CARE	6,068		9,276	13,018
VISITING SERVICES				
9 PHYSICIAN SERVICES				17,280
10 NURSING CARE	478,046			
10.20 NURSING CARE-CONTINUOUS HOME CARE	25,565			
11 PHYSICAL THERAPY	10,858			
12 OCCUPATIONAL THERAPY	3,343			
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	83,593			
15 SPIRITUAL COUNSELING	101,173			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	139,693			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,343,593		18,176	100,982

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
15-1563		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	417,149	933,487		933,487
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		58,500		58,500
8 INPATIENT - RESPIRE CARE		28,362		28,362
VISITING SERVICES				
9 PHYSICIAN SERVICES		17,280		17,280
10 NURSING CARE		478,046		478,046
10.20 NURSING CARE-CONTINUOUS HOME CARE		25,565		25,565
11 PHYSICAL THERAPY		10,858		10,858
12 OCCUPATIONAL THERAPY		3,343		3,343
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		83,593		83,593
15 SPIRITUAL COUNSELING		101,173		101,173
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		139,693		139,693
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	568,057	568,057		568,057
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	33,236	33,236		33,236
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,018,442	2,481,193		2,481,193

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
15-1563		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		933,487
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		58,500
8 INPATIENT - RESPIRE CARE		28,362
VISITING SERVICES		
9 PHYSICIAN SERVICES		17,280
10 NURSING CARE		478,046
10.20 NURSING CARE-CONTINUOUS HOME CARE		25,565
11 PHYSICAL THERAPY		10,858
12 OCCUPATIONAL THERAPY		3,343
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		83,593
15 SPIRITUAL COUNSELING		101,173
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOME MAKER		139,693
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		568,057
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		33,236
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		2,481,193

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
15-1563		

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		43,260		65,931
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE			872	
8 INPATIENT - RESPIRE CARE			823	
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			83,593	
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)		43,260	85,288	65,931

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
15-1563		

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				381,283
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	3,311		334	263
8 INPATIENT - RESPIRE CARE	4,642		45	558
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	478,046			
10.20 NURSING CARE-CONTINUOUS HOME CARE	25,565			
11 PHYSICAL THERAPY		10,858		
12 OCCUPATIONAL THERAPY		3,343		
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				101,173
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			139,693	
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)	511,564	14,201	140,072	483,277

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
15-1563		

HOSPICE 1

TOTAL (1)
9

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

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-3
15-1563		

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
15-0003	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-3
15-1563		

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				18,524
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				52,160
8 INPATIENT - RESPIRE CARE				13,018
VISITING SERVICES				
9 PHYSICIAN SERVICES				17,280
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)				100,982

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-3
15-1563		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	18,524
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	52,160
8	INPATIENT - RESPIRE CARE	13,018
9	VISITING SERVICES	
9	PHYSICIAN SERVICES	17,280
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	
19	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)	100,982

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2008	5/28/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
15-1563		PART I

HOSPICE 1

NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
0	1	2	3

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	933,487		
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE	58,500		
10	INPATIENT - RESPIRE CARE	28,362		
11	VISITING SERVICES			
12	PHYSICIAN SERVICES	17,280		
13	NURSING CARE	478,046		
14	NURSING CARE-CONTINUOUS HOME CARE	25,565		
15	PHYSICAL THERAPY	10,858		
16	OCCUPATIONAL THERAPY	3,343		
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES	83,593		
19	SPIRITUAL COUNSELING	101,173		
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER	139,693		
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	568,057		
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	33,236		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	2,481,193		

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			933,487	933,487
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			58,500	35,284
10 INPATIENT - RESPIRE CARE			28,362	17,106
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			17,280	10,422
13 NURSING CARE			478,046	288,330
14.20 NURSING CARE-CONTINUOUS HOME CARE			25,565	15,419
15 PHYSICAL THERAPY			10,858	6,549
16 OCCUPATIONAL THERAPY			3,343	2,016
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			83,593	50,418
19 SPIRITUAL COUNSELING			101,173	61,022
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			139,693	84,255
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			568,057	342,620
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES			33,236	20,046
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			1,547,706	933,487

COST ALLOCATION -		PROVIDER NO:		PERIOD:		PREPARED	5/28/2009
HOSPICE GENERAL SERVICE COST		15-0003		FROM 1/ 1/2008		WORKSHEET	K-4
		HOSPICE NO:		TO 12/31/2008		PART	I
		15-1563					

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	93,784
10	INPATIENT - RESPIRE CARE	45,468
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	27,702
13	NURSING CARE	766,376
14	NURSING CARE-CONTINUOUS HOME CARE	40,984
15	PHYSICAL THERAPY	17,407
16	OCCUPATIONAL THERAPY	5,359
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	134,011
19	SPIRITUAL COUNSELING	162,195
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	223,948
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	910,677
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	53,282
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	2,481,193

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
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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		
6	ADMINISTRATIVE AND GENERAL	-933,487	1,547,706
7	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		58,500
8	INPATIENT - RESPIRE CARE		28,362
9	VISITING SERVICES		
9	PHYSICIAN SERVICES		17,280
10	NURSING CARE		478,046
10.20	NURSING CARE-CONTINUOUS HOME CARE		25,565
11	PHYSICAL THERAPY		10,858
12	OCCUPATIONAL THERAPY		3,343
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		83,593
15	SPIRITUAL COUNSELING		101,173
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOME MAKER		139,693
18.20	HH AIDE & HOME MAKER-CONT. HOME CARE		
19	OTHER HOSPICE SERVICE COSTS		
19	OTHER		
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		568,057
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		33,236
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30			
31			
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)		933,487
35	UNIT COST MULTIPLIER	.000000	.603142

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
		0	1	2	3
1.00 ADMINISTRATIVE AND GENERAL	6		10,138		126,044
2.00 INPATIENT - GENERAL CARE	7	93,784			
3.00 INPATIENT - RESPIRE CARE	8	45,468			
4.00 PHYSICIAN SERVICES	9	27,702			
5.00 NURSING CARE	10	766,376			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20	40,984			
6.00 PHYSICAL THERAPY	11	17,407			
7.00 OCCUPATIONAL THERAPY	12	5,359			
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	134,011			
10.00 SPIRITUAL COUNSELING	15	162,195			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	223,948			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	910,677			
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	53,282			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		2,481,193	10,138		126,044
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES
	4	5	6.01	6.02
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	4,239	397,968	17,230	18
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)	4,239	397,968	17,230	18
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
HOSPICE COST CENTER	12	14	15	16
1.00 ADMINISTRATIVE AND GENERAL	50,669	79,016		
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)	50,669	79,016		
30.00 UNIT COST MULTIPLIER				

	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	PARAMED ED PRGM
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	17	18	21	24
HOSPICE COST CENTER				
1.00 ADMINISTRATIVE AND GENERAL	23,217	5,997		
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)	23,217	5,997		
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	1,033,724		1,033,724	
2.00 INPATIENT - GENERAL CARE	104,060		104,060	39,073
3.00 INPATIENT - RESPIRE CARE	50,450		50,450	18,943
4.00 PHYSICIAN SERVICES	30,737		30,737	11,541
5.00 NURSING CARE	850,345		850,345	319,291
5.20 NURSING CARE-CONTINUOUS HOME CARE	45,474		45,474	17,075
6.00 PHYSICAL THERAPY	19,314		19,314	7,252
7.00 OCCUPATIONAL THERAPY	5,946		5,946	2,233
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	148,694		148,694	55,832
10.00 SPIRITUAL COUNSELING	179,966		179,966	67,574
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	248,485		248,485	93,302
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	1,010,456		1,010,456	379,409
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	59,120		59,120	22,199
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)	3,786,771		3,786,771	
30.00 UNIT COST MULTIPLIER				.375484

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	SUBTOTAL
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	143,133
3.00 INPATIENT - RESPIRE CARE	69,393
4.00 PHYSICIAN SERVICES	42,278
5.00 NURSING CARE	1,169,636
5.20 NURSING CARE-CONTINUOUS HOME CARE	62,549
6.00 PHYSICAL THERAPY	26,566
7.00 OCCUPATIONAL THERAPY	8,179
8.00 SPEECH/LANGUAGE PATHOLOGY	
9.00 MEDICAL SOCIAL SERVICES	204,526
10.00 SPIRITUAL COUNSELING	247,540
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	341,787
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	1,389,865
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	81,319
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)	3,786,771
30.00 UNIT COST MULTIPLIER	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

HOSPICE 1

TOTAL HOSPICE
COSTS

HOSPICE COST CENTER

29

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

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)
	1	2	3	4
1.00 ADMINISTRATIVE AND GENERAL	6,559		6,559	2,743
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)	6,559		6,559	2,743
30.00 TOTAL COST TO BE ALLOCATED	10,138		126,044	4,239
31.00 UNIT COST MULTIPLIER	1.545662	.000000	19.216954	1.545388

HOSPICE COST CENTER	EMPLOYEE BENEFITS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING
	(GROSS SALARIES)	(MANHRS)	(COSTED REQUISTION)	(I/P REV)
	5	6.01	6.02	6.03
1.00 ADMINISTRATIVE AND GENERAL	1,343,592	56,633	624	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING
	5	6.01	6.02	6.03
29.00 TOTAL (SUM OF LINE 1 THRU 28)	1,343,592	56,633	624	
30.00 TOTAL COST TO BE ALLOCATED	397,968	17,230	18	
31.00 UNIT COST MULTIPLIER	.296197	.304240	.028846	.000000

HOSPICE COST CENTER	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)	OPERATION OF PLANT (SQUARE FEET)
	6.04	6A.05	6.05	8
1.00 ADMINISTRATIVE AND GENERAL	4,964,168		588,475	6,559
2.00 INPATIENT - GENERAL CARE			93,784	
3.00 INPATIENT - RESPIRE CARE			45,468	
4.00 PHYSICIAN SERVICES			27,702	
5.00 NURSING CARE			766,376	
5.20 NURSING CARE-CONTINUOUS HOME CARE			40,984	
6.00 PHYSICAL THERAPY			17,407	
7.00 OCCUPATIONAL THERAPY			5,359	
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES			134,011	
10.00 SPIRITUAL COUNSELING			162,195	
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			223,948	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			910,677	
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			53,282	
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)	4,964,168		3,069,668	6,559
30.00 TOTAL COST TO BE ALLOCATED	32,838		336,331	166,352
31.00 UNIT COST MULTIPLIER	.006615		.109566	25.362403

HOSPICE 1

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (SQUARE FEET) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (MANHRS) 12
1.00 ADMINISTRATIVE AND GENERAL		6,559		56,633
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)		6,559		56,633
30.00 TOTAL COST TO BE ALLOCATED		55,521		50,669
31.00 UNIT COST MULTIPLIER	.000000	8.464857	.000000	.894690

HOSPICE COST CENTER	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRARY (GROSS CHARGES) 17
1.00 ADMINISTRATIVE AND GENERAL	56,316			4,964,168
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	14	15	16	17
29.00 TOTAL (SUM OF LINE 1 THRU 28)	56,316			4,964,168
30.00 TOTAL COST TO BE ALLOCATED	79,016			23,217
31.00 UNIT COST MULTIPLIER	1.403083	.000000	.000000	.004677

SOCIAL SERVICE NURSING SCHOOL PARAMED ED PRGM

HOSPICE COST CENTER	(GROSS CHARGES)	(ASSIGNED TIME)	(ASSIGNED TIME)
	18	21	24
1.00 ADMINISTRATIVE AND GENERAL	4,964,168		
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)	4,964,168		
30.00 TOTAL COST TO BE ALLOCATED	5,997		
31.00 UNIT COST MULTIPLIER	.001208	.000000	.000000

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.548194	
2	OCCUPATIONAL THERAPY	51	.552850	
3	SPEECH PATHOLOGY	52	.965693	
4	DRUGS CHARGED TO PATIENTS	56	.368498	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.196581	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.329613	
8	EMERGENCY	61	.295298	
8.01	WOUND CARE	61.01	.762466	
9	RADIOLOGY-DIAGNOSTIC	41	.258877	
9.01	CAT SCAN	41.01	.088059	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				3,786,771
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				21,479
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				176.30
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	18,510			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	3,263,313			
6 UNDUPLICATED MEDICAID DAYS		366		
7 AGGREGATE MEDICAID COST		64,526		
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)			2,603	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			458,909	

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,605,674
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	93,095
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	82.79
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	5.34
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	5.34
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.09
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	28,402
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,727,171
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)	