

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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 15-0033 | PERIOD FROM 1/1/2008 TO 12/31/2008 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2009 TIME 17:40

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. FRANCIS HOSPITAL & HEALTH CENTER 15-0033 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

Table with 5 columns: TITLE V, TITLE XVIII (A, B, C), TITLE XIX. Rows include HOSPITAL, SUBPROVIDER, SUBPROVIDER II, HOSPITAL-BASED SNF, HOSPITAL-BASED HHA, and TOTAL.

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. 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: 1600 ALBANY STREET P. O. BOX:  
 1.01 CITY: BEECH GROVE STATE: IN ZIP CODE: 46107- COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00 HOSPITAL	ST. FRANCIS HOSPITAL & HEALTH CENTER	15-0033	2.01	6/1/1966	4	5	6
03.00 SUBPROVIDER	PSYCH UNIT	15-S033		1/1/1984	N	P	P
03.01 SUBPROVIDER 2	REHAB UNIT	15-T033		1/1/2005	N	P	P
06.00 HOSPITAL-BASED SNF	ST. FRANCIS TCU	15-5497		7/1/1993	N	P	P
09.00 HOSPITAL-BASED HHA	ST. FRANCIS HHA	15-7179		1/1/1984	N	P	N
12.00 HOSP-BASED HOSPICE	ST. FRANCIS HOSPICE	15-1523		4/1/1992			

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

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER 4  
 20.01 SUBPROVIDER 11 5

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? 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? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? Y

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. Y

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 IIME 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) Y Y

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N				
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			0			
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /			/ /			
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /			/ /			
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/ /				
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02	Y					
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2	3	4	
			-----	-----	-----	-----	
			0	0.0000	0.0000		
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0.00	0			
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)						
			%	Y/N			
28.03	STAFFING		0.00%				
28.04	RECRUITMENT		0.00%				
28.05	RETENTION		0.00%				
28.06	TRAINING		0.00%				
28.07	OTHER GENERAL		0.00%				
28.08	PATIENT SUPPLIES		0.00%				
28.09	EQUIPMENT		0.00%				
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N					
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N					
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70						
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)						
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).						
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II						
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).						
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).						
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).						
	MISCELLANEOUS COST REPORT INFORMATION						
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N					
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N					
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N					
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N					
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N					
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?						
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?						
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?						
		V	XVIII	XIX			
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	1	2	3			
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	Y			
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	Y	N			

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? Y  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N  
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 158014  
 40.01 NAME: SISTERS OF ST. FRANCIS HEALTH SERVIC FI/CONTRACTOR NAME FI/CONTRACTOR #  
 40.02 STREET: P.O. BOX:  
 40.03 CITY: STATE: ZIP CODE: -  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE  
 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: MDH PERIOD: BEGINNING: / / ENDING: / /  
 PREMIUMS: 723,309  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y  
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N





COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			
	NET	EMPLOYEES	NONPAID	TITLE	TITLE	TITLE	TOTAL ALL
	9	ON PAYROLL	WORKERS	V	XVIII	XIX	PATIENTS
6 INTENSIVE CARE UNIT		10	11	12	13		15
6 01 NEONATAL INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	12.25	1,566.46			5,890	829	10,076
13 RPCH VISITS							
14 SUBPROVIDER							
14 01 SUBPROVIDER II		26.16			266	9	402
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY		36.07					
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE		37.70					
23 CORF							
25 TOTAL	12.25	1,666.39					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

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	93,502,683		93,502,683	3,465,784.33	26.98	
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)	3,741,376	-2,261,418	1,479,958	54,493.00	27.16	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	24,266,243	-1,271,961	22,994,282	766,375.00	30.00	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	6,068,578		6,068,578	192,424.84	31.54	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	123,428		123,428	1,078.00	114.50	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	17,024,096		17,024,096	518,177.00	32.85	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	16,358,536		16,358,536			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	5,733,391		5,733,391			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-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS						
22 ADMINISTRATIVE & GENERAL	686,626		686,626	108,313.00	6.34	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	3,589,640		3,589,640	148,646.00	24.15	
25 LAUNDRY & LINEN SERVICE	159,524		159,524	12,773.00	12.49	
26 HOUSEKEEPING	1,902,783		1,902,783	161,185.00	11.80	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,527,080		1,527,080	114,449.00	13.34	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	545,462		545,462	42,690.00	12.78	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,670,019		2,670,019	72,163.00	37.00	
31 CENTRAL SERVICE AND SUPPLY	247,503		247,503	19,022.00	13.01	
32 PHARMACY	3,014,609		3,014,609	93,144.00	32.37	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,005,691		1,005,691	64,705.00	15.54	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	89,761,307	2,261,418	92,022,725	3,411,291.33	26.98	
2 EXCLUDED AREA SALARIES	24,266,243	-1,271,961	22,994,282	766,375.00	30.00	
3 SUBTOTAL SALARIES	65,495,064	3,533,379	69,028,443	2,644,916.33	26.10	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	23,216,102		23,216,102	711,679.84	32.62	
5 SUBTOTAL WAGE-RELATED COSTS	16,358,536		16,358,536		23.70	
6 TOTAL	105,069,702	3,533,379	108,603,081	3,356,596.17	32.36	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

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
13      TOTAL OVERHEAD COSTS	15,348,937		15,348,937	837,090.00	18.34	

HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO: 15-0033  
HHA NO: 15-7179  
COUNTY: MARION  
PERIOD: FROM 1/1/2008 TO 12/31/2008  
PREPARED 5/27/2009  
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,816	691	274
2 UNDUPLICATED CENSUS COUNT		878.00	60.00	35.00
TOTAL 5				

1 HOME HEALTH AIDE HOURS	3,781
2 UNDUPLICATED CENSUS COUNT	973.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.00		1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	15.14		15.14
6 DIRECTING NURSING SERVICE	9.44		9.44
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	4.69		4.69
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	1.29		1.29
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.12		.12
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	1.55		1.55
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.82		1.82
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD? 1 0

20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE). 3480

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	4,570	1,044	104	85
22 SKILLED NURSING VISIT CHARGES	1,076,950	246,442	24,360	20,111
23 PHYSICAL THERAPY VISITS	4,599	11	21	99
24 PHYSICAL THERAPY VISIT CHARGES	1,084,124	2,607	4,909	23,327
25 OCCUPATIONAL THERAPY VISITS	1,171	4	6	29
26 OCCUPATIONAL THERAPY VISIT CHARGES	276,609	931	1,388	6,856
27 SPEECH PATHOLOGY VISITS	112	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	26,510	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	114	2	1	5
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	35,429	626	313	1,565
31 HOME HEALTH AIDE VISITS	1,573	88	0	22
32 HOME HEALTH AIDE VISIT CHARGES	211,230	11,820	0	2,970
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	12,139	1,149	132	240
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	2,710,852	262,426	30,970	54,829
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	817	0	55	32
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	19	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	65,986	11,805	3,896	44

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPI SODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	5,803
22 SKILLED NURSING VISIT CHARGES	0	0	1,367,863
23 PHYSICAL THERAPY VISITS	0	0	4,730
24 PHYSICAL THERAPY VISIT CHARGES	0	0	1,114,967
25 OCCUPATIONAL THERAPY VISITS	0	0	1,210
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	285,784
27 SPEECH PATHOLOGY VISITS	0	0	112
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	26,510
29 MEDICAL SOCIAL SERVICE VISITS	0	0	122
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	37,933
31 HOME HEALTH AIDE VISITS	0	0	1,683
32 HOME HEALTH AIDE VISIT CHARGES	0	0	226,020
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	13,660
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	3,059,077
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	0	0	904
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	0	19
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	81,731

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE
17.01	GROSS MEDICAID REVENUES 9,770,939
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 9,770,939
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .389154
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS

DESCRIPTION

27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	44,596,338
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	17,354,843
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	2,843,432
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,106,533
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	17,354,843

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0033  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/27/2009  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- I F I C A T I O N S	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,411,352	3,411,352	1,193,920	4,605,272
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,785,138	3,785,138		3,785,138
5	0500 EMPLOYEE BENEFITS					
6.01	0640 ADMITTING					
6.02	0650 CASHIERING/ACCOUNTS RECEIVABLE					
6.03	0660 OTHER ADMINISTRATIVE AND GENERAL	686,626	2,425,452	3,112,078		3,112,078
8	0800 OPERATION OF PLANT	3,589,640	5,177,454	8,767,094		8,767,094
9	0900 LAUNDRY & LINEN SERVICE	159,524	774,564	934,088		934,088
10	1000 HOUSEKEEPING	1,902,783	833,502	2,736,285		2,736,285
11	1100 DIETARY	1,527,080	2,140,276	3,667,356		3,667,356
12	1200 CAFETERIA	545,462	621,047	1,166,509		1,166,509
14	1400 NURSING ADMINISTRATION	2,670,019	1,294,943	3,964,962		3,964,962
15	1500 CENTRAL SERVICES & SUPPLY	247,503	1,533,165	1,780,668	-1,779,076	1,592
16	1600 PHARMACY	3,014,609	1,962,618	4,977,227	-106,935	4,870,292
17	1700 MEDICAL RECORDS & LIBRARY	1,005,691	1,188,501	2,194,192		2,194,192
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	3,741,376	1,709,679	5,451,055	-3,229,475	2,221,580
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				1,423,053	1,423,053
24	2400 PARAMED ED PRGM	110,117	55,519	165,636	184,067	349,703
24.02	2402 EMERGENCY MEDICAL SERVICE	87,620	81,285	168,905		168,905
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	15,666,771	5,141,372	20,808,143	25,883	20,834,026
26	2600 INTENSIVE CARE UNIT	6,139,546	2,398,117	8,537,663	-580	8,537,083
26.01	2060 NEONATAL INTENSIVE CARE UNIT					
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	726,040	187,897	913,937	-913,937	
31.01	3101 SUBPROVIDER II	1,502,385	545,495	2,047,880	-12	2,047,868
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY		5,445	5,445		5,445
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	5,996,721	16,542,676	22,539,397	-14,759,309	7,780,088
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	3,412,041	3,080,256	6,492,297	-1,751,267	4,741,030
41.02	4102 NUCLEAR MEDICINE	160,524	85,328	245,852	-16,418	229,434
41.03	4103 ULTRA SOUND	317,680	120,369	438,049	-3	438,046
41.04	4104 ST. FRANCIS NUCLEAR MEDICINE (JV)					
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	1,120,626	14,640,078	15,760,704	-616,320	15,144,384
44.01	4401 CARDIAC CATH LABORATORY					
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY	584,746	503,345	1,088,091	-19,210	1,068,881
49	4900 RESPIRATORY THERAPY	2,938,836	1,374,965	4,313,801	-449,217	3,864,584
50	5000 PHYSICAL THERAPY	1,699,763	757,045	2,456,808	-198,696	2,258,112
50.01	5001 SPORTS MEDICINE	183,937	148,852	332,789	167	332,956
51	5100 OCCUPATIONAL THERAPY	532,784	180,907	713,691	73,896	787,587
51.01	5101 OCCUPATIONAL HEALTH				1,666,811	1,666,811
52	5200 SPEECH PATHOLOGY	194,968	140,631	335,599	-13,509	322,090
53	5300 ELECTROCARDIOLOGY	231,094	113,606	344,700		344,700
54	5400 ELECTROENCEPHALOGRAPHY	199,008	74,853	273,861	-223	273,638
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				19,501,632	19,501,632
56	5600 DRUGS CHARGED TO PATIENTS		11,983,631	11,983,631	665,663	12,649,294
57	5700 RENAL DIALYSIS	498,191	256,611	754,802	-7,130	747,672
58	5800 ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC				1,806,422	1,806,422
60.01	6001 DIABETES CLINIC	1,276,300	710,632	1,986,932		1,986,932
60.02	6002 PROMPT CARE	366,059	291,052	657,111	-120,268	536,843
60.03	6003 NEIGHBORHOOD CLINIC	938,458	448,747	1,387,205		1,387,205
60.04	6004 WOUND CARE INSTITUTE	362,116	181,740	543,856	-79,743	464,113
60.05	6005 BARIATRICS CENTER	456,527	329,100	785,627		785,627
60.06	6006 PEDIATRIC CLINIC	100,169	27,008	127,177		127,177
60.07	6007 IBMT JV	1,599,077	2,941,347	4,540,424	-434,548	4,105,876
60.08	6008 PSYCHIATRIC COUNSELING CENTER	961,550	366,680	1,328,230	887,665	2,215,895
60.09	6011 PAIN CLINIC	175,476	77,276	252,752	-1,698	251,054
60.10	6010 MEDICAL ONCOLOGY CLINIC					
61	6100 EMERGENCY	4,033,159	2,229,975	6,263,134	-64,461	6,198,673
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	OTHER REIMBURS COST CNTRS					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	2,292,790	1,985,419	4,278,209		4,278,209
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
85.01	8510 PANCREAS ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE		4,021,541	4,021,541	-1,193,920	2,827,621
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE	2,332,260	1,750,865	4,083,125	-6,234	4,076,891
95	9500 SUBTOTALS	76,287,652	100,637,356	176,925,008	1,666,990	178,591,998
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	354	77	431		431
96.01	9601 MEDICAL OFFICE & PARKING		406,535	406,535		406,535
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	16,866,422	17,966,055	34,832,477	-1,666,990	33,165,487
98.01	9801 DISCHARGE UNIT					
99	9900 NONPAID WORKERS					
99.01	9901 MEDICAL OFFICE BUILDINGS		834,800	834,800		834,800
99.02	9902 INTENSIVE		5,093	5,093		5,093
99.03	9903 HEALTH PROMOTIONS/WELLNESS	330,417	149,362	479,779		479,779
99.04	9904 ST. FRANCIS REGIONAL HEART					
99.05	9905 MORGAN COUNTY HOSPITAL					
99.06	9906 SOUTH EMERSON SURGERY CENTER					
99.07	9907 BONE MARROW JOINT VENTURE					
99.08	9908 WOMEN'S CENTER - SC					
99.09	9909 FOUNDATION	3,058	83,592	86,650		86,650
99.10	9910 INN AT ST. FRANCIS					
99.11	9911 ST. FRANCIS HEALTH NETWORK		3,059	3,059		3,059
99.12	9912 COOP MANAGED CARE SERVICES					
99.13	9913 FRANCISCAN SURGERY CENTER-JV					
99.14	9914 SOUTHEAST SURGERY CENTER-JV					
99.15	9915 FRANCISCAN CARDIOVASCULAR LAB - JV					
99.16	9916 ST. FRANCIS INSURANCE SERVICES-JV	14,780	13,411	28,191		28,191
100.02	7950 MARKETING					
101	10100 TOTAL	93,502,683	120,099,340	213,602,023	-0-	213,602,023

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
1.01 0101	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	62,358	4,667,630
3.01 0301	NEW CAP REL COSTS-BLDG & FIXT		
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	2,241,093	6,026,231
5 0500	EMPLOYEE BENEFITS	2,773,535	2,773,535
6.01 0640	ADMITTING	1,030,762	1,030,762
6.02 0650	CASHIERING/ACCOUNTS RECEIVABLE		
6.03 0660	OTHER ADMINISTRATIVE AND GENERAL	19,916,491	23,028,569
8 0800	OPERATION OF PLANT	-46,481	8,720,613
9 0900	LAUNDRY & LINEN SERVICE		934,088
10 1000	HOUSEKEEPING	-33,830	2,702,455
11 1100	DIETARY	-219,827	3,447,529
12 1200	CAFETERIA	-1,154,912	11,597
14 1400	NURSING ADMINISTRATION	673,680	4,638,642
15 1500	CENTRAL SERVICES & SUPPLY	747,546	749,138
16 1600	PHARMACY	130,540	5,000,832
17 1700	MEDICAL RECORDS & LIBRARY	-16,870	2,177,322
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD	-1,268,432	953,148
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-583,127	839,926
24 2400	PARAMED ED PRGM	-47,323	302,380
24.02 2402	EMERGENCY MEDICAL SERVICE	-91,948	76,957
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-152,418	20,681,608
26 2600	INTENSIVE CARE UNIT		8,537,083
26.01 2060	NEONATAL INTENSIVE CARE UNIT		
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER		
31.01 3101	SUBPROVIDER II	-25,000	2,022,868
33 3300	NURSERY		
34 3400	SKILLED NURSING FACILITY	-5,445	
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-810,825	6,969,263
38 3800	RECOVERY ROOM		
39 3900	DELIVERY ROOM & LABOR ROOM		
40 4000	ANESTHESIOLOGY		
41 4100	RADIOLOGY-DIAGNOSTIC	-74,061	4,666,969
41.02 4102	NUCLEAR MEDICINE		229,434
41.03 4103	ULTRA SOUND		438,046
41.04 4104	ST. FRANCIS NUCLEAR MEDICINE (JV)		
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE		
44 4400	LABORATORY	4,691,793	19,836,177
44.01 4401	CARDIAC CATH LABORATORY		
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		
48 4800	INTRAVENOUS THERAPY		1,068,881
49 4900	RESPIRATORY THERAPY	-29,366	3,835,218
50 5000	PHYSICAL THERAPY	-7,105	2,251,007
50.01 5001	SPORTS MEDICINE		332,956
51 5100	OCCUPATIONAL THERAPY		787,587
51.01 5101	OCCUPATIONAL HEALTH	-131,058	1,535,753
52 5200	SPEECH PATHOLOGY		322,090
53 5300	ELECTROCARDIOLOGY		344,700
54 5400	ELECTROENCEPHALOGRAPHY	-300	273,338
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		19,501,632
56 5600	DRUGS CHARGED TO PATIENTS	-122,268	12,527,026
57 5700	RENAL DIALYSIS		747,672
58 5800	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-310,257	1,496,165
60.01 6001	DIABETES CLINIC	-13,445	1,973,487
60.02 6002	PROMPT CARE	-6,228	530,615
60.03 6003	NEIGHBORHOOD CLINIC	-105,891	1,281,314
60.04 6004	WOUND CARE INSTITUTE	-10,466	453,647
60.05 6005	BARITRICS CENTER	-92,486	693,141
60.06 6006	PEDIATRIC CLINIC		127,177
60.07 6007	IBMT JV	-1,949,831	2,156,045
60.08 6008	PSYCHIATRIC COUNSELING CENTER	-12,039	2,203,856
60.09 6011	PAIN CLINIC	553	251,607
60.10 6010	MEDICAL ONCOLOGY CLINIC		
61 6100	EMERGENCY	-265,531	5,933,142
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	OTHER REIMBURS COST CNTRS		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	-40,966	4,237,243
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
85.01	8510 PANCREAS ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE	-2,827,621	-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		4,076,891
95	SUBTOTALS	21,812,994	200,404,992
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		431
96.01	9601 MEDICAL OFFICE & PARKING		406,535
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		33,165,487
98.01	9801 DISCHARGE UNIT		
99	9900 NONPAID WORKERS		
99.01	9901 MEDICAL OFFICE BUILDINGS		834,800
99.02	9902 INTENSIVE		5,093
99.03	9903 HEALTH PROMOTIONS/WELLNESS		479,779
99.04	9904 ST. FRANCIS REGIONAL HEART		
99.05	9905 MORGAN COUNTY HOSPITAL		
99.06	9906 SOUTH EMERSON SURGERY CENTER		
99.07	9907 BONE MARROW JOINT VENTURE		
99.08	9908 WOMEN'S CENTER - SC		
99.09	9909 FOUNDATION		86,650
99.10	9910 INN AT ST. FRANCIS		
99.11	9911 ST. FRANCIS HEALTH NETWORK		3,059
99.12	9912 COOP MANAGED CARE SERVICES		
99.13	9913 FRANCISCAN SURGERY CENTER-JV		
99.14	9914 SOUTHEAST SURGERY CENTER-JV		
99.15	9915 FRANCISCAN CARDIOVASCULAR LAB - JV		
99.16	9916 ST. FRANCIS INSURANCE SERVICES-JV		28,191
100.02	7950 MARKETING	2,811,669	2,811,669
101	TOTAL	24,624,663	238,226,686

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIXT	0101	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.02	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.03	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	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
24.02	EMERGENCY MEDICAL SERVICE	2402	PARAMED ED PRGM
INPAT ROUTINE SRVC COST			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.02	NUCLEAR MEDICINE	4102	RADIOLOGY-DIAGNOSTIC
41.03	ULTRA SOUND	4103	RADIOLOGY-DIAGNOSTIC
41.04	ST. FRANCIS NUCLEAR MEDICINE (JV)	4104	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
44.01	CARDIAC CATH LABORATORY	4401	LABORATORY
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	SPORTS MEDICINE	5001	PHYSICAL THERAPY
51	OCCUPATIONAL THERAPY	5100	
51.01	OCCUPATIONAL HEALTH	5101	OCCUPATIONAL THERAPY
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	
58	ASC (NON-DISTINCT PART)	5800	
OUTPAT SERVICE COST			
60	CLINIC	6000	
60.01	DIABETES CLINIC	6001	CLINIC
60.02	PROMPT CARE	6002	CLINIC
60.03	NEIGHBORHOOD CLINIC	6003	CLINIC
60.04	WOUND CARE INSTITUTE	6004	CLINIC
60.05	BARITRICS CENTER	6005	CLINIC
60.06	PEDIATRIC CLINIC	6006	CLINIC
60.07	IBMT JV	6007	CLINIC
60.08	PSYCHIATRIC COUNSELING CENTER	6008	CLINIC
60.09	PAIN CLINIC	6011	CLINIC
60.10	MEDICAL ONCOLOGY CLINIC	6010	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
OTHER REIMBURS COST			
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OTHER REIMBURS COST		
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	MEDICAL OFFICE & PARKING	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	DISCHARGE UNIT	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
99.01	MEDICAL OFFICE BUILDINGS	9901	NONPAID WORKERS
99.02	INTENSIVE	9902	NONPAID WORKERS
99.03	HEALTH PROMOTIONS/WELLNESS	9903	NONPAID WORKERS
99.04	ST. FRANCIS REGIONAL HEART	9904	NONPAID WORKERS
99.05	MORGAN COUNTY HOSPITAL	9905	NONPAID WORKERS
99.06	SOUTH EMERSON SURGERY CENTER	9906	NONPAID WORKERS
99.07	BONE MARROW JOINT VENTURE	9907	NONPAID WORKERS
99.08	WOMEN'S CENTER - SC	9908	NONPAID WORKERS
99.09	FOUNDATION	9909	NONPAID WORKERS
99.10	INN AT ST. FRANCIS	9910	NONPAID WORKERS
99.11	ST. FRANCIS HEALTH NETWORK	9911	NONPAID WORKERS
99.12	COOP MANAGED CARE SERVICES	9912	NONPAID WORKERS
99.13	FRANCISCAN SURGERY CENTER-JV	9913	NONPAID WORKERS
99.14	SOUTHEAST SURGERY CENTER-JV	9914	NONPAID WORKERS
99.15	FRANCISCAN CARDIOVASCULAR LAB - JV	9915	NONPAID WORKERS
99.16	ST. FRANCIS INSURANCE SERVICES-JV	9916	NONPAID WORKERS
100.02	MARKETING	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 150033	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/27/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 I&R RECLASS	A	CLINIC	60	1,117,301	689,121
2		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	1,144,117	278,936
3 BEHAVIORAL HEALTH RECLASS	B	ADULTS & PEDIATRICS	25	20,853	5,419
4 PARAMED ED RECLASS	C	PARAMED ED PRGM	24	133,382	50,685
5 IV SOLUTIONS RECLASS	D	DRUGS CHARGED TO PATIENTS INTRAVENOUS THERAPY	56 48		144,072 2
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21 ANESTHESIA RECLASS	E	DRUGS CHARGED TO PATIENTS	56		100,391
22 OCCUPATIONAL HEALTH RECLASS	F	OCCUPATIONAL HEALTH	51.01	679,303	987,508
23 THERAPY RECLASS	G	SPORTS MEDICINE	50.01	103	64
24		OCCUPATIONAL THERAPY	51	63,888	39,585
25		SPEECH PATHOLOGY	52	24,540	15,206
26 SUPPLIES RECLASS	H	MEDICAL SUPPLIES CHARGED TO PATIENTS PAIN CLINIC	55 60.09		19,488,284 122
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 SUPPLIES RECLASS	H				
2					
3					
4					
5					
6					
7 ALLOWABLE INTEREST EXPENSE	I	NEW CAP REL COSTS-BLDG & FIXT	3		1,193,920
8 O/P PSYCH	J	PSYCHIATRIC COUNCELING CENTER	60.08	726,040	187,897
9 IBMT DRUGS & SUPPLIES	K	MEDICAL SUPPLIES CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	55 56		13,348 421,200
10					
36 TOTAL RECLASSIFICATIONS				3,909,527	23,615,760

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 I&R RECLASS	A	I&R SERVICES-SALARY & FRINGES APPRVD	22	2,261,418	968,057	
2						
3 BEHAVIORAL HEALTH RECLASS	B	PSYCHIATRIC COUNSELING CENTER	60.08	20,853	5,419	
4 PARAMED ED RECLASS	C	LABORATORY	44	133,382	50,685	
5 IV SOLUTIONS RECLASS	D	CENTRAL SERVICES & SUPPLY	15		1,223	
6		PHARMACY	16		106,935	
7		ADULTS & PEDIATRICS	25		389	
8		INTENSIVE CARE UNIT	26		580	
9		SUBPROVIDER II	31.01		12	
10		OPERATING ROOM	37		21,534	
11		RADIOLOGY-DIAGNOSTIC	41		1,109	
12		NUCLEAR MEDICINE	41.02		18	
13		LABORATORY	44		493	
14		RESPIRATORY THERAPY	49		1,662	
15		RENAL DIALYSIS	57		60	
16		PROMPT CARE	60.02		110	
17		PAIN CLINIC	60.09		1,820	
18		EMERGENCY	61		1,716	
19		HOSPICE	93		6,234	
20		PHYSICIANS' PRIVATE OFFICES	98		179	
21 ANESTHESIA RECLASS	E	OPERATING ROOM	37		100,391	
22 OCCUPATIONAL HEALTH RECLASS	F	PHYSICIANS' PRIVATE OFFICES	98	679,303	987,508	
23 THERAPY RECLASS	G	PHYSICAL THERAPY	50	88,531	54,855	
24						
25						
26 SUPPLIES RECLASS	H	CENTRAL SERVICES & SUPPLY	15		1,777,853	
27		OPERATING ROOM	37		14,637,384	
28		RADIOLOGY-DIAGNOSTIC	41		1,750,158	
29		NUCLEAR MEDICINE	41.02		16,400	
30		ULTRASOUND	41.03		3	
31		LABORATORY	44		431,760	
32		INTRAVENOUS THERAPY	48		19,212	
33		RESPIRATORY THERAPY	49		447,555	
34		PHYSICAL THERAPY	50		55,310	
35		OCCUPATIONAL THERAPY	51		29,577	
1 SUPPLIES RECLASS	H	SPEECH PATHOLOGY	52		53,255	
2		ELECTROENCEPHALOGRAPHY	54		223	
3		RENAL DIALYSIS	57		7,070	
4		PROMPT CARE	60.02		120,158	
5		WOUND CARE INSTITUTE	60.04		79,743	
6		EMERGENCY	61		62,745	
7 ALLOWABLE INTEREST EXPENSE	I	INTEREST EXPENSE	88		1,193,920	9
8 O/P PSYCH	J	SUBPROVIDER	31	726,040	187,897	
9 IBMT DRUGS & SUPPLIES	K	IBMT JV	60.07		434,548	
10						
36 TOTAL RECLASSIFICATIONS				3,909,527	23,615,760	

(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:	PERIOD:	PREPARED
150033	FROM 1/ 1/2008	5/27/2009
	TO 12/31/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : I&R RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	1,806,422	I&R SERVICES-SALARY & FRINGES	22	3,229,475	
2.00	I&R SERVICES-OTHER PRGM COSTS	23	1,423,053			0	
TOTAL RECLASSIFICATIONS FOR CODE A			3,229,475			3,229,475	

RECLASS CODE: B  
EXPLANATION : BEHAVIORAL HEALTH RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	26,272	PSYCHIATRIC COUNSELING CENTER	60.08	26,272	
TOTAL RECLASSIFICATIONS FOR CODE B			26,272			26,272	

RECLASS CODE: C  
EXPLANATION : PARAMED ED RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED ED PRGM	24	184,067	LABORATORY	44	184,067	
TOTAL RECLASSIFICATIONS FOR CODE C			184,067			184,067	

RECLASS CODE: D  
EXPLANATION : IV SOLUTIONS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	144,072	CENTRAL SERVICES & SUPPLY	15	1,223	
2.00	INTRAVENOUS THERAPY	48	2	PHARMACY	16	106,935	
3.00			0	ADULTS & PEDIATRICS	25	389	
4.00			0	INTENSIVE CARE UNIT	26	580	
5.00			0	SUBPROVIDER II	31.01	12	
6.00			0	OPERATING ROOM	37	21,534	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	1,109	
8.00			0	NUCLEAR MEDICINE	41.02	18	
9.00			0	LABORATORY	44	493	
10.00			0	RESPIRATORY THERAPY	49	1,662	
11.00			0	RENAL DIALYSIS	57	60	
12.00			0	PROMPT CARE	60.02	110	
13.00			0	PAIN CLINIC	60.09	1,820	
14.00			0	EMERGENCY	61	1,716	
15.00			0	HOSPICE	93	6,234	
16.00			0	PHYSICIANS' PRIVATE OFFICES	98	179	
TOTAL RECLASSIFICATIONS FOR CODE D			144,074			144,074	

RECLASS CODE: E  
EXPLANATION : ANESTHESIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	100,391	OPERATING ROOM	37	100,391	
TOTAL RECLASSIFICATIONS FOR CODE E			100,391			100,391	

RECLASS CODE: F  
EXPLANATION : OCCUPATIONAL HEALTH RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL HEALTH	51.01	1,666,811	PHYSICIANS' PRIVATE OFFICES	98	1,666,811	
TOTAL RECLASSIFICATIONS FOR CODE F			1,666,811			1,666,811	

RECLASS CODE: G  
EXPLANATION : THERAPY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SPORTS MEDICINE	50.01	167	PHYSICAL THERAPY	50	143,386	
2.00	OCCUPATIONAL THERAPY	51	103,473			0	
3.00	SPEECH PATHOLOGY	52	39,746			0	
TOTAL RECLASSIFICATIONS FOR CODE G			143,386			143,386	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150033	FROM 1/ 1/2008	5/27/2009
	TO 12/31/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: H  
EXPLANATION : SUPPLIES RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	19,488,284	CENTRAL SERVICES & SUPPLY	15	1,777,853	
2.00	PAIN CLINIC	60.09	122	OPERATING ROOM	37	14,637,384	
3.00			0	RADIOLOGY-DIAGNOSTIC	41	1,750,158	
4.00			0	NUCLEAR MEDICINE	41.02	16,400	
5.00			0	ULTRA SOUND	41.03	3	
6.00			0	LABORATORY	44	431,760	
7.00			0	INTRAVENOUS THERAPY	48	19,212	
8.00			0	RESPIRATORY THERAPY	49	447,555	
9.00			0	PHYSICAL THERAPY	50	55,310	
10.00			0	OCCUPATIONAL THERAPY	51	29,577	
11.00			0	SPEECH PATHOLOGY	52	53,255	
12.00			0	ELECTROENCEPHALOGRAPHY	54	223	
13.00			0	RENAL DIALYSIS	57	7,070	
14.00			0	PROMPT CARE	60.02	120,158	
15.00			0	WOUND CARE INSTITUTE	60.04	79,743	
16.00			0	EMERGENCY	61	62,745	
TOTAL RECLASSIFICATIONS FOR CODE H			19,488,406	19,488,406			

RECLASS CODE: I  
EXPLANATION : ALLOWABLE INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,193,920	INTEREST EXPENSE	88	1,193,920	
TOTAL RECLASSIFICATIONS FOR CODE I			1,193,920	1,193,920			

RECLASS CODE: J  
EXPLANATION : O/P PSYCH

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PSYCHIATRIC COUNSELING CENTER	60.08	913,937	SUBPROVIDER	31	913,937	
TOTAL RECLASSIFICATIONS FOR CODE J			913,937	913,937			

RECLASS CODE: K  
EXPLANATION : IBMT DRUGS & SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	13,348	IBMT JV	60.07	434,548	
2.00	DRUGS CHARGED TO PATIENTS	56	421,200			0	
TOTAL RECLASSIFICATIONS FOR CODE K			434,548	434,548			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCR IPTION	BEG I N N I N G BALANCES 1	PURCHASES 2	ACQUI S I T I O N S		TOTAL 4	DI SPOSALS AND RETI REMENTS 5	END I N G BALANCE 6	FULLY DEPRECI ATED ASSETS 7
				DONATI ON 3					
1	LAND								
2	LAND I MPROVEMENTS								
3	BUI LD I N G S & FI XTURE								
4	BUI LD I N G I MPROVEMEN								
5	FI XED EQUI PMENT								
6	MOVABLE EQUI PMENT								
7	SUBTOTAL								
8	RECONCI LI N G I T E M S								
9	TOTAL								

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCR IPTION	BEG I N N I N G BALANCES 1	PURCHASES 2	ACQUI S I T I O N S		TOTAL 4	DI SPOSALS AND RETI REMENTS 5	END I N G BALANCE 6	FULLY DEPRECI ATED ASSETS 7
				DONATI ON 3					
1	LAND	534,909						534,909	
2	LAND I MPROVEMENTS	3,389,248						3,389,248	
3	BUI LD I N G S & FI XTURE	57,725,892	1,000,058			1,000,058		58,725,950	
4	BUI LD I N G I MPROVEMEN	301,600	25,058			25,058		326,658	
5	FI XED EQUI PMENT	65,414,225	764,997			764,997		66,179,222	
6	MOVABLE EQUI PMENT	80,752,474	14,285,999			14,285,999		95,038,473	
7	SUBTOTAL	208,118,348	16,076,112			16,076,112		224,194,460	
8	RECONCI LI N G I T E M S								
9	TOTAL	208,118,348	16,076,112			16,076,112		224,194,460	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	129,155,987		129,155,987	.576089			
3 01	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	95,038,473		95,038,473	.423911			
5	TOTAL	224,194,460		224,194,460	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,667,630						4,667,630
3 01	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	6,026,231						6,026,231
5	TOTAL	10,693,861						10,693,861

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4  
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	3,411,352						3,411,352
3 01	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	3,785,138						3,785,138
5	TOTAL	7,196,490						7,196,490

\* 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).



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	3	NEW CAP REL COSTS-BLDG & BUILDING DEPRECIATION - S	55,581		55,581	9
2	4	NEW CAP REL COSTS-MVBLE E EQUIPMENT DEPRECIATION -	263,434		263,434	9
3	5	EMPLOYEE BENEFITS	2,773,535		2,773,535	
4	6	1 ADMITTING	1,030,762		1,030,762	
4.01	6	3 OTHER ADMINISTRATIVE AND OTHER A&G - SHARED SERVIC	12,195,147		12,195,147	
4.02	8	OPERATION OF PLANT	38,748		38,748	
4.03	14	NURSING ADMINISTRATION	675,680		675,680	
4.04	15	CENTRAL SERVICES & SUPPLY	747,546		747,546	
4.05	88	INTEREST EXPENSE	1,222,056	5,243,597	-4,021,541	
4.06	100	2 MARKETING	2,811,669		2,811,669	
4.07	3	NEW CAP REL COSTS-BLDG & BUILDING DEPRECIATION - H	6,777		6,777	9
4.08	4	NEW CAP REL COSTS-MVBLE E EQUIPMENT DEPRECIATION -	1,977,659		1,977,659	9
4.09	6	3 OTHER ADMINISTRATIVE AND OTHER A&G - HOME OFFICE	10,114,025		10,114,025	
4.10	88	INTEREST EXPENSE	4,845,322		4,845,322	
4.11	16	PHARMACY	130,574		130,574	
4.12	44	LABORATORY	13,603,554	8,751,073	4,852,481	
4.13	22	I&R SERVICES-SALARY & FRI INDY & MOORESVILLE RESIDE		1,108,901	-1,108,901	
4.14	23	I&R SERVICES-OTHER PRGM C INDY & MOORESVILLE RESIDE		583,127	-583,127	
5		TOTALS	52,492,069	15,686,698	36,805,371	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	SISTERS OF ST. FRANCIS	100.00		0.00
2			0.00		0.00
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.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

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 16	AGGREGATE	34	34					
2 24	AGGREGATE	10,000	10,000					
3 24	2 AGGREGATE	15,000	15,000					
4 25	AGGREGATE	155,918	143,583	12,335	138,700	135	9,002	450
5 31	1 AGGREGATE	60,000	25,000	35,000	154,100	616	45,637	2,282
6 37	AGGREGATE	825,675	804,490	21,185	208,000	149	14,900	745
7 41	AGGREGATE	35,625	35,625					
8 44	AGGREGATE	57,900	38,995	18,905	215,700	100	10,370	519
9 49	AGGREGATE	29,232	18,117	11,115	138,700	59	3,934	197
10 54	AGGREGATE	300	300					
11 60	AGGREGATE	310,257	310,257					
12 60	1 AGGREGATE	12,001	6,051	5,950	138,700	60	4,001	200
13 60	2 AGGREGATE	10,000	2,800	7,200	138,700	72	4,801	240
14 60	3 AGGREGATE	210	210					
15 60	4 AGGREGATE	9,996	9,996					
16 60	5 AGGREGATE	83,848	58,048	25,800	138,700	271	18,071	904
17 60	8 AGGREGATE	10,000	10,000			66		
18 61	AGGREGATE	276,734	255,796	20,938	138,700	168	11,203	560
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,902,730	1,744,302	158,428		1,696	121,919	6,097

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	16	AGGREGATE						34
2	24	AGGREGATE						10,000
3	24	2 AGGREGATE						15,000
4	25	AGGREGATE				9,002	3,333	146,916
5	31	1 AGGREGATE				45,637		25,000
6	37	AGGREGATE				14,900	6,285	810,775
7	41	AGGREGATE						35,625
8	44	AGGREGATE				10,370	8,535	47,530
9	49	AGGREGATE				3,934	7,181	25,298
10	54	AGGREGATE						300
11	60	AGGREGATE						310,257
12	60	1 AGGREGATE				4,001	1,949	8,000
13	60	2 AGGREGATE				4,801	2,399	5,199
14	60	3 AGGREGATE						210
15	60	4 AGGREGATE						9,996
16	60	5 AGGREGATE						65,777
17	60	8 AGGREGATE				18,071	7,729	10,000
18	61	AGGREGATE				11,203	9,735	265,531
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				121,919	47,146	1,791,448

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT	2	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	4	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT	5	SQUARE	FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6.01	ADMITTING	C	GROSS	CHARGES	NOT ENTERED
6.02	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	NOT ENTERED
6.03	OTHER ADMINISTRATIVE AND GENERAL	-8	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	4	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	4	SQUARE	FEET	ENTERED
11	DIETARY	12	PATIENT	DAYS	ENTERED
12	CAFETERIA	13	MANHOURS		ENTERED
14	NURSING ADMINISTRATION	12	PATIENT	DAYS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	16	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	16	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	17	ASSIGNED	TIME	ENTERED
24.02	EMERGENCY MEDICAL SERVICE	18	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-MVBLE E 4
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	4,667,630				4,667,630		
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E	6,026,231						6,026,231
005 EMPLOYEE BENEFITS	2,773,535						
006 01 ADMINISTRATION	1,030,762						
006 02 CASHIERING/ACCOUNTS RECEI							
006 03 OTHER ADMINISTRATIVE AND	23,028,569				56,299		72,686
008 OPERATION OF PLANT	8,720,613				679,705		877,545
009 LAUNDRY & LINEN SERVICE	934,088				48,039		62,022
010 HOUSEKEEPING	2,702,455				101,928		131,597
011 DIETARY	3,447,529				116,371		150,242
012 CAFETERIA	11,597				76,699		99,023
014 NURSING ADMINISTRATION	4,638,642				35,557		45,906
015 CENTRAL SERVICES & SUPPLY	749,138				20,576		26,565
016 PHARMACY	5,000,832				39,300		50,739
017 MEDICAL RECORDS & LIBRARY	2,177,322				55,858		72,117
022 I&R SERVICES-SALARY & FRI	953,148				112,667		145,461
023 I&R SERVICES-OTHER PRGM C	839,926						
024 PARAMED ED PRGM	302,380				7,397		9,551
024 02 EMERGENCY MEDICAL SERVICE	76,957						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	20,681,608				605,662		781,951
026 INTENSIVE CARE UNIT	8,537,083				202,916		261,979
026 01 NEONATAL INTENSIVE CARE U							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II	2,022,868				118,624		153,152
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,969,263				450,256		581,312
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	4,666,969				196,420		253,592
041 02 NUCLEAR MEDICINE	229,434				61,580		79,504
041 03 ULTRA SOUND	438,046				22,310		28,804
041 04 ST. FRANCIS NUCLEAR MEDIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	19,836,177				181,811		234,731
044 01 CARDIAC CATH LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY	1,068,881				32,128		41,479
049 RESPIRATORY THERAPY	3,835,218				32,637		42,137
050 PHYSICAL THERAPY	2,251,007				79,922		103,185
050 01 SPORTS MEDICINE	332,956				32,226		41,605
051 OCCUPATIONAL THERAPY	787,587				19,508		25,186
051 01 OCCUPATIONAL HEALTH	1,535,753						
052 SPEECH PATHOLOGY	322,090				10,621		13,712
053 ELECTROCARDIOLOGY	344,700				38,967		50,309
054 ELECTROENCEPHALOGRAPHY	273,338				53,546		69,132
055 MEDICAL SUPPLIES CHARGED	19,501,632						
056 DRUGS CHARGED TO PATIENTS	12,527,026						
057 RENAL DIALYSIS	747,672				27,513		35,521
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,496,165						
060 01 DIABETES CLINIC	1,973,487				2,469		3,188
060 02 PROMPT CARE	530,615						
060 03 NEIGHBORHOOD CLINIC	1,281,314				41,573		53,673
060 04 WOUND CARE INSTITUTE	453,647				41,416		53,471
060 05 BARIATRICS CENTER	693,141						
060 06 PEDIATRIC CLINIC	127,177						
060 07 IBMT JV	2,156,045				24,309		31,384
060 08 PSYCHIATRIC COUNSELING CE	2,203,856				72,544		93,660
060 09 PAIN CLINIC	251,607				66,372		85,690
060 10 MEDICAL ONCOLOGY CLINIC							
061 EMERGENCY	5,933,142				157,796		203,726
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-MVBLE E 4
	0						
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY	4,237,243				70,398		90,889
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
085 01 LIVER ACQUISITION							
086 01 HEART ACQUISITION							
086 01 PANCREAS ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE	4,076,891				37,252		48,095
095 SUBTOTALS	200,404,992				4,031,172		5,204,521
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	431				14,717		19,000
097 01 MEDICAL OFFICE & PARKING	406,535						
097 RESEARCH							
098 01 PHYSICIANS' PRIVATE OFFIC	33,165,487				390,969		504,768
098 01 DISCHARGE UNIT							
099 01 NONPAID WORKERS							
099 01 MEDICAL OFFICE BUI LDINGS	834,800						
099 02 INTENSI VA	5,093				221,464		285,925
099 03 HEALTH PROMOTIONS/WELLNES	479,779						
099 04 ST. FRANCIS REGIONAL HEAR							
099 05 MORGAN COUNTY HOSPITAL							
099 06 SOUTH EMERSON SURGERY CEN							
099 07 BONE MARROW JOINT VENTURE							
099 08 WOMEN'S CENTER - SC							
099 09 FOUNDATION	86,650						
099 10 INN AT ST. FRANCIS							
099 11 ST. FRANCIS HEALTH NETWOR	3,059				9,308		12,017
099 12 COOP MANAGED CARE SERVI CE							
099 13 FRANCI SCAN SURGERY CENTER							
099 14 SOUTHEAST SURGERY CENTER-							
099 15 FRANCI SCAN CARDIOVASCULAR							
099 16 ST. FRANCIS INSURANCE SER	28,191						
100 02 MARKETING	2,811,669						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	238,226,686				4,667,630		6,026,231

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE AND OPERATIONAL PLANT	LAUNDRY & LINEN SERVICE	
	5	6.01	6.02	6a.02	6.03	8	9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	2,773,535						
006 01 ADMITTING		1,030,762					
006 02 CASHIERING/ACCOUNTS RECEI				23,177,921	23,177,921		
006 03 OTHER ADMINISTRATIVE AND	20,367						
008 OPERATION OF PLANT	106,479			10,384,342	1,119,224	11,503,566	
009 LAUNDRY & LINEN SERVICE	4,732			1,048,881	113,048	140,559	1,302,488
010 HOUSEKEEPING	56,442			2,992,422	322,523	298,233	
011 DIETARY	45,298			3,759,440	405,192	340,489	
012 CAFETERIA	16,180			203,499	21,933	224,413	
014 NURSING ADMINISTRATION	79,201			4,799,306	517,269	104,036	
015 CENTRAL SERVICES & SUPPLY	7,342			803,621	86,614	60,203	
016 PHARMACY	89,422			5,180,293	558,332	114,987	
017 MEDICAL RECORDS & LIBRARY	29,832			2,335,129	251,680	163,436	
022 I&R SERVICES-SALARY & FRI	43,900			1,255,176	135,283	329,653	8,166
023 I&R SERVICES-OTHER PRGM C	33,938			873,864	94,185		
024 PARAMED ED PRGM	7,223			326,551	35,196	21,644	
024 02 EMERGENCY MEDICAL SERVICE	2,599			79,556	8,575		
025 ADULTS & PEDIATRICS	465,342	103,057		22,637,620	2,439,883	1,772,109	617,159
026 INTENSIVE CARE UNIT	182,117	28,419		9,212,514	992,925	593,714	196,879
026 01 NEONATAL INTENSIVE CARE U							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II	44,565	11,316		2,350,525	253,340	347,083	52,132
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	177,881	77,319		8,256,031	889,835	1,317,408	125,192
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
041 02 RADIOLOGY-DIAGNOSTIC	101,211	106,902		5,325,094	573,939	574,707	56,656
041 03 NUCLEAR MEDICINE	4,762	2,735		378,015	40,742	180,178	1,939
041 04 ULTRA SOUND	9,423	11,696		510,279	54,998	65,277	5,153
042 ST. FRANCIS NUCLEAR MEDIC							
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
044 01 LABORATORY	29,285	149,140		20,431,144	2,202,069	531,963	144
045 CARDIAC CATH LABORATORY							
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
048 01 INTRAVENOUS THERAPY	17,345	5,954		1,165,787	125,649	94,002	
049 RESPIRATORY THERAPY	87,175	36,181		4,033,348	434,714	95,493	396
050 PHYSICAL THERAPY	47,794	20,898		2,502,806	269,752	233,845	13,528
050 01 SPORTS MEDICINE	5,459	2,240		414,486	44,673	94,289	
051 OCCUPATIONAL THERAPY	17,699	4,579		854,559	92,104	57,078	3,908
051 01 OCCUPATIONAL HEALTH	20,150	4,652		1,560,555	168,197		
052 SPEECH PATHOLOGY	6,511	1,787		354,721	38,232	31,076	
053 ELECTROCARDIOLOGY	6,855	8,147		448,978	48,391	114,013	760
054 ELECTROENCEPHALOGRAPHY	5,903	1,811		403,730	43,514	156,670	5,575
055 MEDICAL SUPPLIES CHARGED		129,967		19,631,599	2,115,894		
056 DRUGS CHARGED TO PATIENTS		149,368		12,676,394	1,366,262		
057 RENAL DIALYSIS	14,778	4,023		829,507	89,404	80,500	5,073
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	33,142	6,773		1,536,080	165,559		
060 02 DIABETES CLINIC	37,859	4,040		2,021,043	217,828	7,224	
060 03 PROMPT CARE	10,858	3,092		544,565	58,693		52
060 04 NEIGHBORHOOD CLINIC	27,837	921		1,405,318	151,465	121,638	
060 05 WOUND CARE INSTITUTE	10,741	2,566		561,841	60,555	121,179	3,614
060 06 BARIATRICS CENTER	13,542	726		707,409	76,245		
060 07 PEDIATRIC CLINIC	2,971	207		130,355	14,050		
060 08 IBMT JV	47,433	14,697		2,273,868	245,077	71,125	
060 09 PSYCHIATRIC COUNSELING CE	49,440	10,201		2,429,701	261,873	212,258	
060 10 PAIN CLINIC	5,205	2,453		411,327	44,333	194,197	8,233
061 MEDICAL ONCOLOGY CLINIC							
061 01 EMERGENCY	119,636	124,895		6,539,195	704,794	461,698	196,133
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	5	6.01	6.02	6a.02	6.03	8	9
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY	68,011			4,466,541	481,404	205,979	
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
085 01 LIVER ACQUISITION							
086 01 HEART ACQUISITION							
092 01 PANCREAS ACQUISITION							
093 01 OTHER ORGAN ACQUISITION							
095 AMBULATORY SURGICAL CENTE							
095 HOSPICE	69,182			4,231,420	456,062	108,996	
095 SUBTOTALS	2,283,067	1,030,762		198,456,356	18,891,509	9,641,352	1,300,692
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	11			34,159	3,682	43,059	
097 01 MEDICAL OFFICE & PARKING				406,535	43,816		
098 01 RESEARCH							
098 01 PHYSICIANS' PRIVATE OFFIC	480,127			34,541,351	3,722,832	1,143,938	1,796
099 01 DISCHARGE UNIT							
099 01 NONPAID WORKERS							
099 01 MEDICAL OFFICE BUI LDINGS				834,800	89,975		
099 02 INTENSI VA				512,482	55,235	647,982	
099 03 HEALTH PROMOTIONS/WELLNES	9,801			489,580	52,767		
099 04 ST. FRANCIS REGIONAL HEAR							
099 05 MORGAN COUNTY HOSPITAL							
099 06 SOUTH EMERSON SURGERY CEN							
099 07 BONE MARROW JOINT VENTURE							
099 08 WOMEN'S CENTER - SC							
099 09 FOUNDATION	91			86,741	9,349		
099 10 INN AT ST. FRANCIS							
099 11 ST. FRANCIS HEALTH NETWORK				24,384	2,628	27,235	
099 12 COOP MANAGED CARE SERVICE							
099 13 FRANCI SCAN SURGERY CENTER							
099 14 SOUTHEAST SURGERY CENTER-							
099 15 FRANCI SCAN CARDIOVASCULAR							
099 16 ST. FRANCIS INSURANCE SER	438			28,629	3,086		
100 02 MARKETING				2,811,669	303,042		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,773,535	1,030,762		238,226,686	23,177,921	11,503,566	1,302,488

COST ALLOCATION - GENERAL SERVICE 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							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMINISTRATION							
006 02 CASHIERING/ACCOUNTS RECEI							
006 03 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	3,613,178						
011 DIETARY	111,186	4,616,307					
012 CAFETERIA	73,282		523,127				
014 NURSING ADMINISTRATION	33,973		13,118	5,467,702			
015 CENTRAL SERVICES & SUPPLY	19,659		3,458		973,555		
016 PHARMACY	37,549					5,891,161	
017 MEDICAL RECORDS & LIBRARY	53,370		11,762				2,815,377
022 I&R SERVICES-SALARY & FRI	107,647		9,906				
023 I&R SERVICES-OTHER PRGM C			2,599				
024 PARAMED ED PRGM	7,068		1,645				
024 02 EMERGENCY MEDICAL SERVICE			575				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	578,679	3,501,471	96,514	4,147,254	482,580	2,920,188	281,445
026 INTENSIVE CARE UNIT	193,876	749,778	35,053	888,061	54,553	330,108	77,612
026 01 NEONATAL INTENSIVE CARE U							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II	113,339	365,058	9,893	432,387	41,964	253,929	30,904
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	430,197		39,107		142,676	863,360	211,155
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	187,669		24,347				291,944
041 02 NUCLEAR MEDICINE	58,837		817				7,470
041 03 ULTRA SOUND	21,316		1,521				31,942
041 04 ST. FRANCIS NUCLEAR MEDIC			4,664				
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	173,711						407,296
044 01 CARDIAC CATH LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY	30,696		3,388				16,260
049 RESPIRATORY THERAPY	31,183		19,263		4,196	25,393	98,808
050 PHYSICAL THERAPY	76,361		11,366		37,767	228,536	57,071
050 01 SPORTS MEDICINE	30,790		1,188		8,393	50,786	6,117
051 OCCUPATIONAL THERAPY	18,639		4,377				12,504
051 01 OCCUPATIONAL HEALTH			6,949				12,705
052 SPEECH PATHOLOGY	10,148		1,574				4,880
053 ELECTROCARDIOLOGY	37,231		1,819		41,964	253,929	22,248
054 ELECTROENCEPHALOGRAPHY	51,160		1,368		33,571	203,143	4,944
055 MEDICAL SUPPLIES CHARGED							354,934
056 DRUGS CHARGED TO PATIENTS			16,932				408,327
057 RENAL DIALYSIS	26,287		2,183				10,986
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			8,340		96,516	584,038	18,498
060 01 DIABETES CLINIC	2,359		6,442				11,034
060 02 PROMPT CARE			2,427				8,445
060 03 NEIGHBORHOOD CLINIC	39,721		7,086				2,515
060 04 WOUND CARE INSTITUTE	39,571		2,266				7,008
060 05 BARIATRICS CENTER			3,760				1,982
060 06 PEDIATRIC CLINIC			672				566
060 07 IBMT JV	23,226		2,507				40,136
060 08 PSYCHIATRIC COUNSELING CE	69,312		10,132				27,858
060 09 PAIN CLINIC	63,415		1,129				6,699
060 10 MEDICAL ONCOLOGY CLINIC							
061 EMERGENCY	150,766		29,491		29,375	177,751	341,084
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY	67,262		13,636				
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
085 01 LIVER ACQUISITION							
086 01 HEART ACQUISITION							
086 01 PANCREAS ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE	35,592		14,252				
095 SUBTOTALS	3,005,077	4,616,307	427,526	5,467,702	973,555	5,891,161	2,815,377
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	14,061		107				
097 01 MEDICAL OFFICE & PARKING							
098 RESEARCH							
098 01 PHYSICIANS' PRIVATE OFFIC	373,550		92,105				
099 01 DISCHARGE UNIT							
099 01 NONPAID WORKERS							
099 02 MEDICAL OFFICE BUILDINGS							
099 02 INTENSIVA	211,597						
099 03 HEALTH PROMOTIONS/WELLNES			2,858				
099 04 ST. FRANCIS REGIONAL HEAR							
099 05 MORGAN COUNTY HOSPITAL							
099 06 SOUTH EMERSON SURGERY CEN							
099 07 BONE MARROW JOINT VENTURE							
099 08 WOMEN'S CENTER - SC							
099 09 FOUNDATION			324				
099 10 INN AT ST. FRANCIS							
099 11 ST. FRANCIS HEALTH NETWORK	8,893						
099 12 COOP MANAGED CARE SERVICE							
099 13 FRANCSAN SURGERY CENTER							
099 14 SOUTHEAST SURGERY CENTER-							
099 15 FRANCSAN CARDIOVASCULAR							
099 16 ST. FRANCIS INSURANCE SER			207				
100 02 MARKETING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,613,178	4,616,307	523,127	5,467,702	973,555	5,891,161	2,815,377

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED PR GM	EMERGENCY MED I CAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	22	23	24	24.02	25	26	27
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING/ACCOUNTS RECEI							
006 03 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							
022 I&R SERVICES-SALARY & FRI	1,845,831						
023 I&R SERVICES-OTHER PRGM C		970,648					
024 PARAMED PRGM			392,104				
024 02 EMERGENCY MEDICAL SERVICE				88,706			
025 ADULTS & PEDIATRICS	914,959	481,140			40,871,001	-1,396,099	39,474,902
026 INTENSIVE CARE UNIT	103,430	54,390			13,482,893	-157,820	13,325,073
026 01 NEONATAL INTENSIVE CARE U							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II	79,562	41,838			4,371,954	-121,400	4,250,554
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	270,510	142,250			12,687,721	-412,760	12,274,961
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC					7,034,356		7,034,356
041 02 NUCLEAR MEDICINE					667,998		667,998
041 03 ULTRA SOUND					690,486		690,486
041 04 ST. FRANCIS NUCLEAR MEDIC					4,664		4,664
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY			392,104		24,138,431		24,138,431
044 01 CARDIAC CATH LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY					1,435,782		1,435,782
049 RESPIRATORY THERAPY	7,956	4,184			4,754,934	-12,140	4,742,794
050 PHYSICAL THERAPY	71,606	37,654			3,540,292	-109,260	3,431,032
050 01 SPORTS MEDICINE	15,912	8,368			675,002	-24,280	650,722
051 OCCUPATIONAL THERAPY					1,043,169		1,043,169
051 01 OCCUPATIONAL HEALTH					1,748,406		1,748,406
052 SPEECH PATHOLOGY					440,631		440,631
053 ELECTROCARDIOLOGY	79,562	41,838			1,090,733	-121,400	969,333
054 ELECTROENCEPHALOGRAPHY	63,649	33,471			1,000,795	-97,120	903,675
055 MEDICAL SUPPLIES CHARGED					22,102,427		22,102,427
056 DRUGS CHARGED TO PATIENTS					14,467,915		14,467,915
057 RENAL DIALYSIS					1,043,940		1,043,940
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	182,992	96,228			2,688,251	-279,220	2,409,031
060 01 DIABETES CLINIC					2,265,930		2,265,930
060 02 PROMPT CARE					614,182		614,182
060 03 NEIGHBORHOOD CLINIC					1,727,743		1,727,743
060 04 WOUND CARE INSTITUTE					796,034		796,034
060 05 BARIATRICS CENTER					789,396		789,396
060 06 PEDIATRIC CLINIC					145,643		145,643
060 07 IBMT JV					2,655,939		2,655,939
060 08 PSYCHIATRIC COUNSELING CE					3,011,134		3,011,134
060 09 PAIN CLINIC					729,333		729,333
060 10 MEDICAL ONCOLOGY CLINIC							
061 EMERGENCY	55,693	29,287		88,706	8,803,973	-84,980	8,718,993
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	EMERGENCY MED I CAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	22	23	24	24.02	25		27
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY					5,234,822		5,234,822
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
085 01 LIVER ACQUISITION							
086 01 HEART ACQUISITION							
092 01 PANCREAS ACQUISITION							
093 01 OTHER ORGAN ACQUISITION							
095 01 AMBULATORY SURGICAL CENTE							
095 01 HOSPICE					4,846,322		4,846,322
095 01 SUBTOTALS	1,845,831	970,648	392,104	88,706	191,602,232	-2,816,479	188,785,753
096 01 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP					95,068		95,068
097 01 MEDICAL OFFICE & PARKING					450,351		450,351
098 01 RESEARCH							
099 01 PHYSICIANS' PRIVATE OFFIC					39,875,572		39,875,572
099 01 DISCHARGE UNIT							
099 01 NONPAID WORKERS							
099 01 MEDICAL OFFICE BUI LDINGS					924,775		924,775
099 02 INTENSI VA					1,427,296		1,427,296
099 03 HEALTH PROMOTIONS/WELLNES					545,205		545,205
099 04 ST. FRANCIS REGIONAL HEAR							
099 05 MORGAN COUNTY HOSPITAL							
099 06 SOUTH EMERSON SURGERY CEN							
099 07 BONE MARROW JOINT VENTURE							
099 08 WOMEN'S CENTER - SC							
099 09 FOUNDATION					96,414		96,414
099 10 INN AT ST. FRANCIS							
099 11 ST. FRANCIS HEALTH NETWOR					63,140		63,140
099 12 COOP MANAGED CARE SERVI CE							
099 13 FRANCI SCAN SURGERY CENTER							
099 14 SOUTHEAST SURGERY CENTER-							
099 15 FRANCI SCAN CARDIOVASCULAR							
099 16 ST. FRANCIS INSURANCE SER					31,922		31,922
100 02 MARKETING					3,114,711		3,114,711
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,845,831	970,648	392,104	88,706	238,226,686	-2,816,479	235,410,207

ALLOCATION OF NEW CAPITAL RELATED COSTS

15-0033

FROM 1/ 1/2008

WORKSHEET B

TO 12/31/2008

PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OST S-BLDG & 1	OLD CAP REL C OST S-BLDG & 1.01	OLD CAP REL C OST S-MVBLE E 2	NEW CAP REL C OST S-BLDG & 3	NEW CAP REL C OST S-BLDG & 3.01	NEW CAP REL C OST S-MVBLE E 4
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMIN TTING							
006 02 CASHIERING/ACCOUNTS RECEI							
006 03 OTHER ADMINISTRATIVE AND					56,299		72,686
008 OPERATION OF PLANT					679,705		877,545
009 LAUNDRY & LINEN SERVICE					48,039		62,022
010 HOUSEKEEPING					101,928		131,597
011 DIETARY					116,371		150,242
012 CAFETERIA					76,699		99,023
014 NURSING ADMINISTRATION					35,557		45,906
015 CENTRAL SERVICES & SUPPLY					20,576		26,565
016 PHARMACY					39,300		50,739
017 MEDICAL RECORDS & LIBRARY					55,858		72,117
022 I&R SERVICES-SALARY & FRI					112,667		145,461
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM					7,397		9,551
024 02 EMERGENCY MEDICAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					605,662		781,951
026 INTENSIVE CARE UNIT					202,916		261,979
026 01 NEONATAL INTENSIVE CARE U							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II					118,624		153,152
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					450,256		581,312
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC					196,420		253,592
041 02 NUCLEAR MEDICINE					61,580		79,504
041 03 ULTRA SOUND					22,310		28,804
041 04 ST. FRANCIS NUCLEAR MEDIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY					181,811		234,731
044 01 CARDIAC CATH LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY					32,128		41,479
049 RESPIRATORY THERAPY					32,637		42,137
050 PHYSICAL THERAPY					79,922		103,185
050 01 SPORTS MEDICINE					32,226		41,605
051 OCCUPATIONAL THERAPY					19,508		25,186
051 01 OCCUPATIONAL HEALTH							
052 SPEECH PATHOLOGY					10,621		13,712
053 ELECTROCARDIOLOGY					38,967		50,309
054 ELECTROENCEPHALOGRAPHY					53,546		69,132
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS					27,513		35,521
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 DIABETES CLINIC					2,469		3,188
060 02 PROMPT CARE							
060 03 NEIGHBORHOOD CLINIC					41,573		53,673
060 04 WOUND CARE INSTITUTE					41,416		53,471
060 05 BARIATRICS CENTER							
060 06 PEDIATRIC CLINIC							
060 07 IBMT JV					24,309		31,384
060 08 PSYCHIATRIC COUNSELING CE					72,544		93,660
060 09 PAIN CLINIC					66,372		85,690
060 10 MEDICAL ONCOLOGY CLINIC							
061 EMERGENCY					157,796		203,726
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-MVBLE E 4
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY					70,398		90,889
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
085 01 LIVER ACQUISITION							
086 01 HEART ACQUISITION							
092 01 PANCREAS ACQUISITION							
093 01 OTHER ORGAN ACQUISITION							
095 01 AMBULATORY SURGICAL CENTE							
095 HOSPICE					37,252		48,095
095 SUBTOTALS					4,031,172		5,204,521
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP					14,717		19,000
097 01 MEDICAL OFFICE & PARKING							
098 01 RESEARCH							
098 01 PHYSICIANS' PRIVATE OFFIC					390,969		504,768
099 01 DISCHARGE UNIT							
099 01 NONPAID WORKERS							
099 01 MEDICAL OFFICE BUILDINGS							
099 02 INTENSIVA					221,464		285,925
099 03 HEALTH PROMOTIONS/WELLNES							
099 04 ST. FRANCIS REGIONAL HEAR							
099 05 MORGAN COUNTY HOSPITAL							
099 06 SOUTH EMERSON SURGERY CEN							
099 07 BONE MARROW JOINT VENTURE							
099 08 WOMEN'S CENTER - SC							
099 09 FOUNDATION							
099 10 INN AT ST. FRANCIS							
099 11 ST. FRANCIS HEALTH NETWORK					9,308		12,017
099 12 COOP MANAGED CARE SERVICE							
099 13 FRANCI SCAN SURGERY CENTER							
099 14 SOUTHEAST SURGERY CENTER-							
099 15 FRANCI SCAN CARDIOVASCULAR							
099 16 ST. FRANCIS INSURANCE SER							
100 02 MARKETING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL					4,667,630		6,026,231

ALLOCATION OF NEW CAPITAL RELATED COSTS

15-0033

FROM 1/ 1/2008

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TO 12/31/2008

PART III

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	4a	5	6.01	6.02	8	9
001 GENERAL SERVICE COST CNTR						
001 01 OLD CAP REL COSTS-BLDG &						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
003 01 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 ADMINISTRATION						
006 02 CASHIERING/ACCOUNTS RECEI						
006 03 OTHER ADMINISTRATIVE AND	128,985				128,985	
008 OPERATION OF PLANT	1,557,250				6,231	1,563,481
009 LAUNDRY & LINEN SERVICE	110,061				629	19,104
010 HOUSEKEEPING	233,525				1,795	40,534
011 DIETARY	266,613				2,256	46,277
012 CAFETERIA	175,722				122	30,501
014 NURSING ADMINISTRATION	81,463				2,880	14,140
015 CENTRAL SERVICES & SUPPLY	47,141				482	8,182
016 PHARMACY	90,039				3,108	15,628
017 MEDICAL RECORDS & LIBRARY	127,975				1,401	22,213
022 I&R SERVICES-SALARY & FRI	258,128				753	44,804
023 I&R SERVICES-OTHER PRGM C					524	814
024 PARAMED ED PRGM	16,948				196	2,942
024 02 EMERGENCY MEDICAL SERVICE					48	
025 ADULTS & PEDIATRICS	1,387,613				13,583	240,848
026 INTENSIVE CARE UNIT	464,895				5,528	80,693
026 01 NEONATAL INTENSIVE CARE U						61,502
027 CORONARY CARE UNIT						19,619
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER						
031 01 SUBPROVIDER II	271,776				1,410	47,173
033 NURSERY						5,195
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	1,031,568				4,954	179,052
038 RECOVERY ROOM						12,475
039 DELIVERY ROOM & LABOR ROO						
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	450,012				3,195	78,110
041 02 NUCLEAR MEDICINE	141,084				227	24,489
041 03 ULTRA SOUND	51,114				306	8,872
041 04 ST. FRANCIS NUCLEAR MEDIC						513
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY	416,542				12,259	72,301
044 01 CARDIAC CATH LABORATORY						14
045 PBP CLINICAL LAB SERVICES						
046 WHOLE BLOOD & PACKED RED						
047 BLOOD STORING, PROCESSING						
048 INTRAVENOUS THERAPY	73,607				699	12,776
049 RESPIRATORY THERAPY	74,774				2,420	12,979
050 PHYSICAL THERAPY	183,107				1,502	31,782
050 01 SPORTS MEDICINE	73,831				249	12,815
051 OCCUPATIONAL THERAPY	44,694				513	7,758
051 01 OCCUPATIONAL HEALTH					936	389
052 SPEECH PATHOLOGY	24,333				213	4,224
053 ELECTROCARDIOLOGY	89,276				269	15,496
054 ELECTROENCEPHALOGRAPHY	122,678				242	21,294
055 MEDICAL SUPPLIES CHARGED					11,779	556
056 DRUGS CHARGED TO PATIENTS					7,606	
057 RENAL DIALYSIS	63,034				498	10,941
058 ASC (NON-DISTINCT PART)						506
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC					922	
060 01 DIABETES CLINIC	5,657				1,213	982
060 02 PROMPT CARE					327	
060 03 NEIGHBORHOOD CLINIC	95,246				843	16,532
060 04 WOUND CARE INSTITUTE	94,887				337	16,470
060 05 BARIATRICS CENTER					424	
060 06 PEDIATRIC CLINIC					78	
060 07 IBMT JV	55,693				1,364	9,667
060 08 PSYCHIATRIC COUNSELING CE	166,204				1,458	28,849
060 09 PAIN CLINIC	152,062				247	26,394
060 10 MEDICAL ONCOLOGY CLINIC						820
061 EMERGENCY	361,522				3,924	62,751
062 OBSERVATION BEDS (NON-DIS						19,545
064 OTHER REIMBURS COST CNTRS						
065 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	4a	5	6.01	6.02	6.03	8	9
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY	161,287				2,680	27,995	
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE	85,347				2,539	14,814	
095 SUBTOTALS	9,235,693				105,169	1,310,382	129,615
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	33,717				20	5,852	
096 01 MEDICAL OFFICE & PARKING					244		
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	895,737				20,679	155,476	179
098 01 DISCHARGE UNIT							
099 NONPAID WORKERS							
099 01 MEDICAL OFFICE BUI LDINGS					501		
099 02 INTENSI VA	507,389				307	88,069	
099 03 HEALTH PROMOTIONS/WELLNES					294		
099 04 ST. FRANCIS REGIONAL HEAR							
099 05 MORGAN COUNTY HOSPITAL							
099 06 SOUTH EMERSON SURGERY CEN							
099 07 BONE MARROW JOINT VENTURE							
099 08 WOMEN'S CENTER - SC							
099 09 FOUNDATION						52	
099 10 INN AT ST. FRANCIS							
099 11 ST. FRANCIS HEALTH NETWOR	21,325				15	3,702	
099 12 COOP MANAGED CARE SERVI CE							
099 13 FRANCI SCAN SURGERY CENTER							
099 14 SOUTHEAST SURGERY CENTER-							
099 15 FRANCI SCAN CARDIOVASCULAR							
099 16 ST. FRANCIS INSURANCE SER					17		
100 02 MARKETING					1,687		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	10,693,861				128,985	1,563,481	129,794

ALLOCATION OF NEW CAPITAL RELATED COSTS

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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							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMINISTRATION							
006 02 CASHIERING/ACCOUNTS RECEI							
006 03 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	275,854						
011 DIETARY	8,489	323,635					
012 CAFETERIA	5,595		211,940				
014 NURSING ADMINISTRATION	2,594		5,315	106,392			
015 CENTRAL SERVICES & SUPPLY	1,501		1,401		58,707		
016 PHARMACY	2,867					111,642	
017 MEDICAL RECORDS & LIBRARY	4,075		4,765				160,429
022 I&R SERVICES-SALARY & FRI	8,219		4,013				
023 I&R SERVICES-OTHER PRGM C			1,053				
024 PARAMED ED PRGM	540		666				
024 02 EMERGENCY MEDICAL SERVICE			233				
025 ADULTS & PEDIATRICS	44,177	245,477	39,102	80,699	29,102	55,340	16,021
026 INTENSIVE CARE UNIT	14,802	52,565	14,201	17,280	3,290	6,256	4,418
026 01 NEONATAL INTENSIVE CARE U							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II	8,653	25,593	4,008	8,413	2,530	4,812	1,759
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	32,844		15,844		8,604	16,361	12,020
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	14,328		9,864				16,619
041 02 NUCLEAR MEDICINE	4,492		331				425
041 03 ULTRA SOUND	1,627		616				1,818
041 04 ST. FRANCIS NUCLEAR MEDIC			1,890				
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	13,262						23,185
044 01 CARDIAC CATH LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY	2,344		1,373				926
049 RESPIRATORY THERAPY	2,381		7,804		253	481	5,625
050 PHYSICAL THERAPY	5,830		4,605		2,277	4,331	3,249
050 01 SPORTS MEDICINE	2,351		481		506	962	348
051 OCCUPATIONAL THERAPY	1,423		1,773				712
051 01 OCCUPATIONAL HEALTH			2,816				723
052 SPEECH PATHOLOGY	775		638				278
053 ELECTROCARDIOLOGY	2,842		737		2,530	4,812	1,266
054 ELECTROENCEPHALOGRAPHY	3,906		554		2,024	3,850	281
055 MEDICAL SUPPLIES CHARGED							20,204
056 DRUGS CHARGED TO PATIENTS			6,860				23,410
057 RENAL DIALYSIS	2,007		884				625
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			3,379		5,820	11,068	1,053
060 01 DIABETES CLINIC	180		2,610				628
060 02 PROMPT CARE			983				481
060 03 NEIGHBORHOOD CLINIC	3,033		2,871				143
060 04 WOUND CARE INSTITUTE	3,021		918				399
060 05 BARIATRICS CENTER			1,523				113
060 06 PEDIATRIC CLINIC			272				32
060 07 IBMT JV	1,773		1,016				2,285
060 08 PSYCHIATRIC COUNSELING CE	5,292		4,105				1,586
060 09 PAIN CLINIC	4,841		457				381
060 10 MEDICAL ONCOLOGY CLINIC							
061 EMERGENCY	11,511		11,948		1,771	3,369	19,416
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							

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
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY	5,135		5,525				
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
085 01 LIVER ACQUISITION							
086 01 HEART ACQUISITION							
092 01 PANCREAS ACQUISITION							
093 01 OTHER ORGAN ACQUISITION							
095 AMBULATORY SURGICAL CENTE							
096 HOSPICE	2,717		5,774				
099 SUBTOTALS	229,427	323,635	173,208	106,392	58,707	111,642	160,429
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	1,074		43				
097 01 MEDICAL OFFICE & PARKING							
098 RESEARCH							
098 01 PHYSICIANS' PRIVATE OFFIC	28,519		37,316				
099 01 DISCHARGE UNIT							
099 01 NONPAID WORKERS							
099 01 MEDICAL OFFICE BUILDINGS							
099 02 INTENSIVA	16,155						
099 03 HEALTH PROMOTIONS/WELLNES			1,158				
099 04 ST. FRANCIS REGIONAL HEAR							
099 05 MORGAN COUNTY HOSPITAL							
099 06 SOUTH EMERSON SURGERY CEN							
099 07 BONE MARROW JOINT VENTURE							
099 08 WOMEN'S CENTER - SC							
099 09 FOUNDATION				131			
099 10 INN AT ST. FRANCIS							
099 11 ST. FRANCIS HEALTH NETWORK	679						
099 12 COOP MANAGED CARE SERVICE							
099 13 FRANCISCAN SURGERY CENTER							
099 14 SOUTHEAST SURGERY CENTER-							
099 15 FRANCISCAN CARDIOVASCULAR							
099 16 ST. FRANCIS INSURANCE SER			84				
100 02 MARKETING							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	275,854	323,635	211,940	106,392	58,707	111,642	160,429

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COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	EMERGENCY MED ICAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	24	24.02	25	26	27
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 ADMINISTRATION							
006 02 CASHIERING/ACCOUNTS RECEI							
006 03 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							
022 I&R SERVICES-SALARY & FRI	316,731						
023 I&R SERVICES-OTHER PRGM C		1,577					
024 PARAMED ED PRGM			21,292				
024 02 EMERGENCY MEDICAL SERVICE				281			
025 INPAT ROUTINE SRVC CNTRS					2,213,464		2,213,464
026 ADULTS & PEDIATRICS					683,547		683,547
026 01 INTENSIVE CARE UNIT							
027 NEONATAL INTENSIVE CARE U							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
031 01 SUBPROVIDER II					381,322		381,322
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM					1,313,722		1,313,722
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
041 02 RADIOLOGY-DIAGNOSTIC					577,774		577,774
041 03 NUCLEAR MEDICINE					171,241		171,241
041 04 ULTRA SOUND					64,866		64,866
041 04 ST. FRANCIS NUCLEAR MEDIC					1,890		1,890
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY					537,563		537,563
044 01 CARDIAC CATH LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY					91,725		91,725
049 RESPIRATORY THERAPY					106,756		106,756
050 PHYSICAL THERAPY					238,031		238,031
050 01 SPORTS MEDICINE					91,543		91,543
051 OCCUPATIONAL THERAPY					57,262		57,262
051 01 OCCUPATIONAL HEALTH					4,475		4,475
052 SPEECH PATHOLOGY					30,461		30,461
053 ELECTROCARDIOLOGY					117,304		117,304
054 ELECTROENCEPHALOGRAPHY					155,385		155,385
055 MEDICAL SUPPLIES CHARGED					31,983		31,983
056 DRUGS CHARGED TO PATIENTS					37,876		37,876
057 RENAL DIALYSIS					78,495		78,495
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC					22,242		22,242
060 01 DIABETES CLINIC					11,270		11,270
060 02 PROMPT CARE					1,796		1,796
060 03 NEIGHBORHOOD CLINIC					118,668		118,668
060 04 WOUND CARE INSTITUTE					116,392		116,392
060 05 BARIATRICS CENTER					2,060		2,060
060 06 PEDIATRIC CLINIC					382		382
060 07 IBMT JV					71,798		71,798
060 08 PSYCHIATRIC COUNSELING CE					207,494		207,494
060 09 PAIN CLINIC					185,202		185,202
060 10 MEDICAL ONCOLOGY CLINIC							
061 EMERGENCY					495,757		495,757
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	EMERGENCY MEDICAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	24	24.02	25	26	27
066 OTHER REIMBURS COST CNTRS							
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY					202,622		202,622
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
085 01 LIVER ACQUISITION							
086 HEART ACQUISITION							
086 01 PANCREAS ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE					111,191		111,191
095 SUBTOTALS					8,533,559		8,533,559
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					40,706		40,706
096 01 MEDICAL OFFICE & PARKING					244		244
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC					1,137,906		1,137,906
098 01 DISCHARGE UNIT							
099 NONPAID WORKERS							
099 01 MEDICAL OFFICE BUI LDINGS					501		501
099 02 INTENSI VA					611,920		611,920
099 03 HEALTH PROMOTIONS/WELLNES					1,452		1,452
099 04 ST. FRANCIS REGIONAL HEAR							
099 05 MORGAN COUNTY HOSPITAL							
099 06 SOUTH EMERSON SURGERY CEN							
099 07 BONE MARROW JOINT VENTURE							
099 08 WOMEN'S CENTER - SC							
099 09 FOUNDATION					183		183
099 10 INN AT ST. FRANCIS							
099 11 ST. FRANCIS HEALTH NETWOR					25,721		25,721
099 12 COOP MANAGED CARE SERVI CE							
099 13 FRANCI SCAN SURGERY CENTER							
099 14 SOUTHEAST SURGERY CENTER-							
099 15 FRANCI SCAN CARDIOVASCULAR							
099 16 ST. FRANCIS INSURANCE SER					101		101
100 02 MARKETING					1,687		1,687
101 CROSS FOOT ADJUSTMENTS	316,731	1,577	21,292	281	339,881		339,881
102 NEGATIVE COST CENTER							
103 TOTAL	316,731	1,577	21,292	281	10,693,861		10,693,861

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:	PERIOD:	PREPARED
15-0033	FROM 1/ 1/2008	5/27/2009
	TO 12/31/2008	WORKSHEET B
		PART III

- 001 GENERAL SERVICE COST CNTR
- 001 01 OLD CAP REL COSTS-BLDG &
- 002 OLD CAP REL COSTS-MVBLE E
- 003 NEW CAP REL COSTS-BLDG &
- 003 01 NEW CAP REL COSTS-BLDG &
- 004 NEW CAP REL COSTS-MVBLE E
- 005 EMPLOYEE BENEFITS
- 006 01 ADMINISTRATION
- 006 02 CASHIERING/ACCOUNTS RECEI
- 006 03 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
- 022 I&R SERVICES-SALARY & FRI
- 023 I&R SERVICES-OTHER PRGM C
- 024 PARAMEDICAL PRGM
- 024 02 EMERGENCY MEDICAL SERVICE
- INPAT ROUTINE SRVC CNTRS
- 025 ADULTS & PEDIATRICS
- 026 INTENSIVE CARE UNIT
- 026 01 NEONATAL INTENSIVE CARE U
- 027 CORONARY CARE UNIT
- 028 BURN INTENSIVE CARE UNIT
- 029 SURGICAL INTENSIVE CARE U
- 031 SUBPROVIDER
- 031 01 SUBPROVIDER II
- 033 NURSERY
- 034 SKILLED NURSING FACILITY
- 035 NURSING FACILITY
- 035 01 ICF/MR
- 036 OTHER LONG TERM CARE
- ANCILLARY SRVC COST CNTRS
- 037 OPERATING ROOM
- 038 RECOVERY ROOM
- 039 DELIVERY ROOM & LABOR ROO
- 040 ANESTHESIOLOGY
- 041 RADIOLOGY-DIAGNOSTIC
- 041 02 NUCLEAR MEDICINE
- 041 03 ULTRASOUND
- 041 04 ST. FRANCIS NUCLEAR MEDIC
- 042 RADIOLOGY-THERAPEUTIC
- 043 RADIOISOTOPE
- 044 LABORATORY
- 044 01 CARDIAC CATH LABORATORY
- 045 PBP CLINICAL LAB SERVICES
- 046 WHOLE BLOOD & PACKED RED
- 047 BLOOD STORAGE, PROCESSING
- 048 INTRAVENOUS THERAPY
- 049 RESPIRATORY THERAPY
- 050 PHYSICAL THERAPY
- 050 01 SPORTS MEDICINE
- 051 OCCUPATIONAL THERAPY
- 051 01 OCCUPATIONAL HEALTH
- 052 SPEECH PATHOLOGY
- 053 ELECTROCARDIOLOGY
- 054 ELECTROENCEPHALOGRAPHY
- 055 MEDICAL SUPPLIES CHARGED
- 056 DRUGS CHARGED TO PATIENTS
- 057 RENAL DIALYSIS
- 058 ASC (NON-DISTINCT PART)
- OUTPAT SERVICE COST CNTRS
- 060 CLINIC
- 060 01 DIABETES CLINIC
- 060 02 PROMPT CARE
- 060 03 NEIGHBORHOOD CLINIC
- 060 04 WOUND CARE INSTITUTE
- 060 05 BARIATRICS CENTER
- 060 06 PEDIATRIC CLINIC
- 060 07 IBMT JV
- 060 08 PSYCHIATRIC COUNSELING CE
- 060 09 PAIN CLINIC
- 060 10 MEDICAL ONCOLOGY CLINIC
- 061 EMERGENCY
- 062 OBSERVATION BEDS (NON-DIS
- OTHER REIMBURS COST CNTRS
- 064 HOME PROGRAM DIALYSIS
- 065 AMBULANCE SERVICES

ALLOCATION OF NEW CAPITAL RELATED COSTS

- 066 OTHER REIMBURS COST CNTRS
- 067 DURABLE MEDICAL EQUIP-REN
- 069 DURABLE MEDICAL EQUIP-SOL
- 070 CORF
- 071 I&R SERVICES-NOT APPRVD P
- 071 HOME HEALTH AGENCY
- 082 LUNG ACQUISITION
- 083 SPEC PURPOSE COST CENTERS
- 083 KIDNEY ACQUISITION
- 084 LIVER ACQUISITION
- 085 HEART ACQUISITION
- 085 01 PANCREAS ACQUISITION
- 086 OTHER ORGAN ACQUISITION
- 092 AMBULATORY SURGICAL CENTE
- 093 HOSPICE
- 095 SUBTOTALS
- 096 NONREIMBURS COST CENTERS
- 096 GIFT, FLOWER, COFFEE SHOP
- 096 01 MEDICAL OFFICE & PARKING
- 097 RESEARCH
- 098 PHYSICIANS' PRIVATE OFFIC
- 098 01 DISCHARGE UNIT
- 099 NONPAID WORKERS
- 099 01 MEDICAL OFFICE BUILDINGS
- 099 02 INTENSIVA
- 099 03 HEALTH PROMOTIONS/WELLNES
- 099 04 ST. FRANCIS REGIONAL HEAR
- 099 05 MORGAN COUNTY HOSPITAL
- 099 06 SOUTH EMERSON SURGERY CEN
- 099 07 BONE MARROW JOINT VENTURE
- 099 08 WOMEN'S CENTER - SC
- 099 09 FOUNDATION
- 099 10 INN AT ST. FRANCIS
- 099 11 ST. FRANCIS HEALTH NETWORK
- 099 12 COOP MANAGED CARE SERVICE
- 099 13 FRANCISCAN SURGERY CENTER
- 099 14 SOUTHEAST SURGERY CENTER-
- 099 15 FRANCISCAN CARDIOVASCULAR
- 099 16 ST. FRANCIS INSURANCE SER
- 100 02 MARKETING
- 101 CROSS FOOT ADJUSTMENTS
- 102 NEGATIVE COST CENTER
- 103 TOTAL

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG & (SQUARE FEET	OLD CAP REL C OSTS-BLDG & (SQUARE )FEET	OLD CAP REL C OSTS-MVBLE E (SQUARE )FEET	NEW CAP REL C OSTS-BLDG & (SQUARE )FEET	NEW CAP REL C OSTS-BLDG & (SQUARE )FEET	NEW CAP REL C OSTS-MVBLE E (SQUARE )FEET
		1	1.01	2	3	3.01	4
001	GENERAL SERVICE COST						
001	01 OLD CAP REL COSTS-BLD						
002	01 OLD CAP REL COSTS-MVB						
003	NEW CAP REL COSTS-BLD				476,387		
003	01 NEW CAP REL COSTS-BLD						
004	NEW CAP REL COSTS-MVB						476,387
005	EMPLOYEE BENEFITS						
006	01 ADMITTING						
006	02 CASHIERING/ACCOUNTS R						
006	03 OTHER ADMINISTRATIVE				5,746		5,746
008	OPERATION OF PLANT				69,372		69,372
009	LAUNDRY & LINEN SERVI				4,903		4,903
010	HOUSEKEEPING				10,403		10,403
011	DIETARY				11,877		11,877
012	CAFETERIA				7,828		7,828
014	NURSING ADMINISTRATIO				3,629		3,629
015	CENTRAL SERVICES & SU				2,100		2,100
016	PHARMACY				4,011		4,011
017	MEDICAL RECORDS & LIB				5,701		5,701
022	I&R SERVICES-SALARY &				11,499		11,499
023	I&R SERVICES-OTHER PR						
024	PARAMED PRGM				755		755
024	02 EMERGENCY MEDICAL SER						
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS				61,815		61,815
026	INTENSIVE CARE UNIT				20,710		20,710
026	01 NEONATAL INTENSIVE CA						
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE U						
029	SURGICAL INTENSIVE CA						
031	SUBPROVIDER						
031	01 SUBPROVIDER II				12,107		12,107
033	NURSERY						
034	SKILLED NURSING FACIL						
035	NURSING FACILITY						
035	01 ICF/MR						
036	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST C						
037	OPERATING ROOM				45,954		45,954
038	RECOVERY ROOM						
039	DELIVERY ROOM & LABOR						
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC				20,047		20,047
041	02 NUCLEAR MEDICINE				6,285		6,285
041	03 ULTRA SOUND				2,277		2,277
041	04 ST. FRANCIS NUCLEAR M						
042	RADIOLOGY-THERAPEUTIC						
043	RADIOISOTOPE						
044	LABORATORY				18,556		18,556
044	01 CARDIAC CATH LABORATO						
045	PBP CLINICAL LAB SERV						
046	WHOLE BLOOD & PACKED						
047	BLOOD STORING, PROCES						
048	INTRAVENOUS THERAPY				3,279		3,279
049	RESPIRATORY THERAPY				3,331		3,331
050	PHYSICAL THERAPY				8,157		8,157
050	01 SPORTS MEDICINE				3,289		3,289
051	OCCUPATIONAL THERAPY				1,991		1,991
051	01 OCCUPATIONAL HEALTH						
052	SPEECH PATHOLOGY				1,084		1,084
053	ELECTROCARDIOLOGY				3,977		3,977
054	ELECTROENCEPHALOGRAPH				5,465		5,465
055	MEDICAL SUPPLIES CHAR						
056	DRUGS CHARGED TO PATI						
057	RENAL DIALYSIS				2,808		2,808
058	ASC (NON-DISTINCT PAR						
	OUTPAT SERVICE COST C						
060	CLINIC						
060	01 DIABETES CLINIC				252		252
060	02 PROMPT CARE						
060	03 NEIGHBORHOOD CLINIC				4,243		4,243
060	04 WOUND CARE INSTITUTE				4,227		4,227
060	05 BARIATRICS CENTER						
060	06 PEDIATRIC CLINIC						
060	07 IBMT JV				2,481		2,481
060	08 PSYCHIATRIC COUNSELIN				7,404		7,404
060	09 PAIN CLINIC				6,774		6,774
060	10 MEDICAL ONCOLOGY CLIN						
061	EMERGENCY				16,105		16,105

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0033  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/27/2009  
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)
	1	1.01	2	3	3.01	4
062 OUTPAT SERVICE COST C						
OBSERVATION BEDS (NON OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY				7,185		7,185
082 LUNG ACQUISITION						
SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
085 01 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE				3,802		3,802
095 SUBTOTALS				411,429		411,429
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE				1,502		1,502
096 01 MEDICAL OFFICE & PARK						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O				39,903		39,903
098 01 DISCHARGE UNIT						
099 NONPAID WORKERS						
099 01 MEDICAL OFFICE BUI LDI						
099 02 INTENSIVA				22,603		22,603
099 03 HEALTH PROMOTIONS/WEL						
099 04 ST. FRANCIS REGIONAL						
099 05 MORGAN COUNTY HOSPITA						
099 06 SOUTH EMERSON SURGERY						
099 07 BONE MARROW JOINT VEN						
099 08 WOMEN'S CENTER - SC						
099 09 FOUNDATION						
099 10 INN AT ST. FRANCIS						
099 11 ST. FRANCIS HEALTH NE				950		950
099 12 COOP MANAGED CARE SER						
099 13 FRANCISCAN SURGERY CE						
099 14 SOUTHEAST SURGERY CEN						
099 15 FRANCISCAN CARDIOVASC						
099 16 ST. FRANCIS INSURANCE						
100 02 MARKETING						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED				4,667,630		6,026,231
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER						
(WRKSHT B, PT I)				9.797979		12.649865
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

15-0033

FROM 1/ 1/2008

WORKSHEET B-1

TO 12/31/2008

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		CASHIERING/ACCOUNTS RECEIVABLE		OTHER ADMINISTRATIVE AND OPERATIONAL PLANT		LAUNDRY & LINEN SERVICE	
	(GROSS SALARIES)	(GROSS CHARGES)	(GROSS CHARGES)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	
	5	6.01	6.02	6a.03	6.03	8	9	
GENERAL SERVICE COST								
001 01 OLD CAP REL COSTS-BLD								
002 01 OLD CAP REL COSTS-MVB								
003 01 NEW CAP REL COSTS-BLD								
004 01 NEW CAP REL COSTS-MVB								
005 01 EMPLOYEE BENEFITS	93,502,683							
006 01 ADMITTING		459,212,716						
006 02 CASHIERING/ACCOUNTS R			459,212,716					
006 03 OTHER ADMINISTRATIVE	686,626			-23,177,921	215,048,765			
008 03 OPERATION OF PLANT	3,589,640				10,384,342	401,269		
009 03 LAUNDRY & LINEN SERVI	159,524				1,048,881	4,903	1,228,020	
010 03 HOUSEKEEPING	1,902,783				2,992,422	10,403		
011 03 DIETARY	1,527,080				3,759,440	11,877		
012 03 CAFETERIA	545,462				203,499	7,828		
014 03 NURSING ADMINISTRATIO	2,670,019				4,799,306	3,629		
015 03 CENTRAL SERVICES & SU	247,503				803,621	2,100		
016 03 PHARMACY	3,014,609				5,180,293	4,011		
017 03 MEDICAL RECORDS & LIB	1,005,691				2,335,129	5,701		
022 03 I&R SERVICES-SALARY &	1,479,958				1,255,176	11,499	7,699	
023 03 I&R SERVICES-OTHER PR	1,144,117				873,864			
024 03 PARAMED ED PRGM	243,499				326,551	755		
024 02 EMERGENCY MEDICAL SER	87,620				79,556			
025 02 INPAT ROUTINE SRVC CN								
025 02 ADULTS & PEDIATRICS	15,687,624	45,905,287	45,905,287		22,637,620	61,815	581,875	
026 02 INTENSIVE CARE UNIT	6,139,546	12,658,926	12,658,926		9,212,514	20,710	185,623	
026 01 NEONATAL INTENSIVE CA								
027 01 CORONARY CARE UNIT								
028 01 BURN INTENSIVE CARE U								
029 01 SURGICAL INTENSIVE CA								
031 01 SUBPROVIDER II	1,502,385	5,040,642	5,040,642		2,350,525	12,107	49,151	
033 01 NURSERY								
034 01 SKILLED NURSING FACIL								
035 01 NURSING FACILITY								
035 01 ICF/MR								
036 01 OTHER LONG TERM CARE								
037 01 ANCILLARY SRVC COST C								
037 01 OPERATING ROOM	5,996,721	34,440,513	34,440,513		8,256,031	45,954	118,034	
038 01 RECOVERY ROOM								
039 01 DELIVERY ROOM & LABOR								
040 01 ANESTHESIOLOGY								
041 01 RADIOLOGY-DIAGNOSTIC	3,412,041	47,617,739	47,617,739		5,325,094	20,047	53,417	
041 02 NUCLEAR MEDICINE	160,524	1,218,329	1,218,329		378,015	6,285	1,828	
041 03 ULTRA SOUND	317,680	5,209,837	5,209,837		510,279	2,277	4,858	
041 04 ST. FRANCIS NUCLEAR M								
042 04 RADIOLOGY-THERAPEUTIC								
043 04 RADIOISOTOPE								
044 04 LABORATORY	987,244	66,432,198	66,432,198		20,431,144	18,556	136	
044 01 CARDIAC CATH LABORATO								
045 01 PBP CLINICAL LAB SERV								
046 01 WHOLE BLOOD & PACKED								
047 01 BLOOD STORING, PROCES								
048 01 INTRAVENOUS THERAPY	584,746	2,652,059	2,652,059		1,165,787	3,279		
049 01 RESPIRATORY THERAPY	2,938,836	16,116,194	16,116,194		4,033,348	3,331	373	
050 01 PHYSICAL THERAPY	1,611,232	9,308,648	9,308,648		2,502,806	8,157	12,755	
050 01 SPORTS MEDICINE	184,040	997,744	997,744		414,486	3,289		
051 01 OCCUPATIONAL THERAPY	596,672	2,039,433	2,039,433		854,559	1,991	3,685	
051 01 OCCUPATIONAL HEALTH	679,303	2,072,258	2,072,258		1,560,555			
052 01 SPEECH PATHOLOGY	219,508	795,907	795,907		354,721	1,084		
053 01 ELECTROCARDIOLOGY	231,094	3,628,791	3,628,791		448,978	3,977	717	
054 01 ELECTROENCEPHALOGRAPH	199,008	806,465	806,465		403,730	5,465	5,256	
055 01 MEDICAL SUPPLIES CHAR		57,891,700	57,891,700		19,631,599			
056 01 DRUGS CHARGED TO PATI		66,609,531	66,609,531		12,676,394			
057 01 RENAL DIALYSIS	498,191	1,791,815	1,791,815		829,507	2,808	4,783	
058 01 ASC (NON-DISTINCT PAR								
060 01 OUTPAT SERVICE COST C								
060 01 CLINIC	1,117,301	3,017,134	3,017,134		1,536,080			
060 01 DIABETES CLINIC	1,276,300	1,799,668	1,799,668		2,021,043	252		
060 02 PROMPT CARE	366,059	1,377,372	1,377,372		544,565		49	
060 03 NEIGHBORHOOD CLINIC	938,458	410,160	410,160		1,405,318	4,243		
060 04 WOUND CARE INSTITUTE	362,116	1,143,111	1,143,111		561,841	4,227	3,407	
060 05 BARIATRICS CENTER	456,527	323,313	323,313		707,409			
060 06 PEDIATRIC CLINIC	100,169	92,345	92,345		130,355			
060 07 IBMT JV	1,599,077	6,546,451	6,546,451		2,273,868	2,481		
060 08 PSYCHIATRIC COUNSELIN	1,666,737	4,543,757	4,543,757		2,429,701	7,404		
060 09 PAIN CLINIC	175,476	1,092,695	1,092,695		411,327	6,774	7,762	
060 10 MEDICAL ONCOLOGY CLIN								
061 01 EMERGENCY	4,033,159	55,632,694	55,632,694		6,539,195	16,105	184,919	

COST ALLOCATION - STATISTICAL BASIS

15-0033

FROM 1/ 1/2008

WORKSHEET B-1

TO 12/31/2008

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		CASHIERING/AC COUNTS RECEI		OTHER ADMINISTRATIVE AND OPERATIONS PLANT		LAUNDRY & LINEN SERVICE
	( GROSS SALARIES )	( GROSS CHARGES )	( GROSS CHARGES )	RECONCILIATION	( ACCUM. COST )	( SQUARE FEET )	( POUNDS OF LAUNDRY )
	5	6.01	6.02	6a.03	6.03	8	9
062 OUTPAT SERVICE COST C OBSERVATION BEDS (NON OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY	2,292,790				4,466,541	7,185	
082 LUNG ACQUISITION SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE	2,332,260				4,231,420	3,802	
095 SUBTOTALS	76,966,955	459,212,716	459,212,716	-23,177,921	175,278,435	336,311	1,226,327
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	354				34,159	1,502	
096 01 MEDICAL OFFICE & PARK					406,535		
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	16,187,119				34,541,351	39,903	1,693
098 01 DISCHARGE UNIT NONPAID WORKERS							
099 01 MEDICAL OFFICE BUI LDI					834,800		
099 02 INTENSIVA					512,482	22,603	
099 03 HEALTH PROMOTIONS/WEL	330,417				489,580		
099 04 ST. FRANCIS REGIONAL							
099 05 MORGAN COUNTY HOSPITA							
099 06 SOUTH EMERSON SURGERY							
099 07 BONE MARROW JOINT VEN							
099 08 WOMEN'S CENTER - SC							
099 09 FOUNDATION	3,058				86,741		
099 10 INN AT ST. FRANCIS							
099 11 ST. FRANCIS HEALTH NE					24,384	950	
099 12 COOP MANAGED CARE SER							
099 13 FRANCISCAN SURGERY CE							
099 14 SOUTHEAST SURGERY CEN							
099 15 FRANCISCAN CARDIOVASC							
099 16 ST. FRANCIS INSURANCE	14,780				28,629		
100 02 MARKETING					2,811,669		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,773,535	1,030,762			23,177,921	11,503,566	1,302,488
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.002245				28.667966	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	.029663				.107780		1.060641
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					128,985	1,563,481	129,794
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000600	3.896341	.105694

COST CENTER DESCRIPTION	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (PATIENT DAYS)	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							
001 01 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 CASHIERING/ACCOUNTS R							
006 03 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	385,963						
011 DIETARY	11,877	55,880					
012 CAFETERIA	7,828		2,877,723				
014 NURSING ADMINISTRATION	3,629		72,163	55,880			
015 CENTRAL SERVICES & SUPPLY	2,100		19,022		232		
016 PHARMACY	4,011					232	
017 MEDICAL RECORDS & LIBRARY	5,701		64,705				459,212,716
022 I&R SERVICES-SALARY & BENEFITS	11,499		54,493				
023 I&R SERVICES-OTHER PERSONNEL			14,296				
024 PARAMEDICAL PROGRAM	755		9,049				
024 02 EMERGENCY MEDICAL SERVICE			3,161				
025 ADULTS & PEDIATRICS	61,815	42,385	530,912	42,385	115	115	45,905,287
026 INTENSIVE CARE UNIT	20,710	9,076	192,826	9,076	13	13	12,658,926
026 01 NEONATAL INTENSIVE CARE							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
031 SUBPROVIDER							
031 01 SUBPROVIDER II	12,107	4,419	54,420	4,419	10	10	5,040,642
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTER	45,954		215,130		34	34	34,440,513
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	20,047		133,933				47,617,739
041 02 NUCLEAR MEDICINE	6,285		4,492				1,218,329
041 03 ULTRASOUND	2,277		8,365				5,209,837
041 04 ST. FRANCIS NUCLEAR MEDICINE			25,658				
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	18,556						66,432,198
044 01 CARDIAC CATH LABORATORY							
045 PBP CLINICAL LABORATORY							
046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING							
047 INTRAVENOUS THERAPY	3,279		18,640				2,652,059
049 RESPIRATORY THERAPY	3,331		105,968		1	1	16,116,194
050 PHYSICAL THERAPY	8,157		62,524		9	9	9,308,648
050 01 SPORTS MEDICINE	3,289		6,537		2	2	997,744
051 OCCUPATIONAL THERAPY	1,991		24,076				2,039,433
051 01 OCCUPATIONAL HEALTH			38,229				2,072,258
052 SPEECH PATHOLOGY	1,084		8,660				795,907
053 ELECTROCARDIOLOGY	3,977		10,008		10	10	3,628,791
054 ELECTROENCEPHALOGRAPHY	5,465		7,528		8	8	806,465
055 MEDICAL SUPPLIES CHARACTERIZED BY							57,891,700
056 DRUGS CHARGED TO PATIENTS			93,144				66,609,531
057 RENAL DIALYSIS	2,808		12,007				1,791,815
058 ASC (NON-DISTINCT PARADISE)							
060 OUTPAT SERVICE COST CENTER			45,878		23	23	3,017,134
060 01 DIABETES CLINIC	252		35,439				1,799,668
060 02 PROMPT CARE			13,352				1,377,372
060 03 NEIGHBORHOOD CLINIC	4,243		38,982				410,160
060 04 WOUND CARE INSTITUTE	4,227		12,467				1,143,111
060 05 BARIATRICS CENTER			20,684				323,313
060 06 PEDIATRIC CLINIC			3,698				92,345
060 07 IBMT JV	2,481		13,789				6,546,451
060 08 PSYCHIATRIC COUNSELING	7,404		55,735				4,543,757
060 09 PAIN CLINIC	6,774		6,210				1,092,695
060 10 MEDICAL ONCOLOGY CLINIC							
061 EMERGENCY	16,105		162,232		7	7	55,632,694

COST CENTER DESCRIPTION	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	10	11	12	14	15	16	17
062 OUTPAT SERVICE COST C OBSERVATION BEDS (NON OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY	7,185		75,013				
082 LUNG ACQUISITION SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE	3,802		78,398				
095 SUBTOTALS	321,005	55,880	2,351,823	55,880	232	232	459,212,716
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	1,502		586				
096 01 MEDICAL OFFICE & PARK							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	39,903		506,671				
098 01 DISCHARGE UNIT							
099 NONPAID WORKERS							
099 01 MEDICAL OFFICE BUI LDI							
099 02 INTENSIVA	22,603						
099 03 HEALTH PROMOTIONS/WEL			15,723				
099 04 ST. FRANCIS REGIONAL							
099 05 MORGAN COUNTY HOSPITA							
099 06 SOUTH EMERSON SURGERY							
099 07 BONE MARROW JOINT VEN							
099 08 WOMEN'S CENTER - SC							
099 09 FOUNDATION			1,784				
099 10 INN AT ST. FRANCIS							
099 11 ST. FRANCIS HEALTH NE	950						
099 12 COOP MANAGED CARE SER							
099 13 FRANCISCAN SURGERY CE							
099 14 SOUTHEAST SURGERY CEN							
099 15 FRANCISCAN CARDIOVASC							
099 16 ST. FRANCIS INSURANCE			1,136				
100 02 MARKETING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,613,178	4,616,307	523,127	5,467,702	973,555	5,891,161	2,815,377
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		82.611077		97.847208		25,392.935345	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	9.361462		.181785		4,196.357759		.006131
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	275,854	323,635	211,940	106,392	58,707	111,642	160,429
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.714716	5.791607	.073649	1.903937	253.047414	481.215517	.000349

COST CENTER DESCRIPTION		I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	EMERGENCY MED ICAL SERVICE
		(ASSIGNED TIME	(ASSIGNED )TIME	(ASSIGNED )TIME	(ASSIGNED )TIME
	GENERAL SERVICE COST	22	23	24	24.02
001	01 OLD CAP REL COSTS-BLD				
002	01 OLD CAP REL COSTS-MVB				
003	01 NEW CAP REL COSTS-BLD				
004	01 NEW CAP REL COSTS-MVB				
005	EMPLOYEE BENEFITS				
006	01 ADMITTING				
006	02 CASHIERING/ACCOUNTS R				
006	03 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				
022	I&R SERVICES-SALARY &	232			
023	I&R SERVICES-OTHER PR		232		
024	PARAMED ED PRGM			100	
024	02 EMERGENCY MEDICAL SER				100
	INPAT ROUTINE SRVC CN				
025	ADULTS & PEDIATRICS	115	115		
026	INTENSIVE CARE UNIT	13	13		
026	01 NEONATAL INTENSIVE CA				
027	CORONARY CARE UNIT				
028	BURN INTENSIVE CARE U				
029	SURGICAL INTENSIVE CA				
031	SUBPROVIDER				
031	01 SUBPROVIDER II	10	10		
033	NURSERY				
034	SKILLED NURSING FACIL				
035	NURSING FACILITY				
035	01 ICF/MR				
036	OTHER LONG TERM CARE				
037	ANCILLARY SRVC COST C				
037	OPERATING ROOM	34	34		
038	RECOVERY ROOM				
039	DELIVERY ROOM & LABOR				
040	ANESTHESIOLOGY				
041	RADIOLOGY-DIAGNOSTIC				
041	02 NUCLEAR MEDICINE				
041	03 ULTRA SOUND				
041	04 ST. FRANCIS NUCLEAR M				
042	RADIOLOGY-THERAPEUTIC				
043	RADIOISOTOPE				
044	LABORATORY			100	
044	01 CARDIAC CATH LABORATO				
045	PBP CLINICAL LAB SERV				
046	WHOLE BLOOD & PACKED				
047	BLOOD STORING, PROCES				
048	INTRAVENOUS THERAPY				
049	RESPIRATORY THERAPY	1	1		
050	PHYSICAL THERAPY	9	9		
050	01 SPORTS MEDICINE	2	2		
051	OCCUPATIONAL THERAPY				
051	01 OCCUPATIONAL HEALTH				
052	SPEECH PATHOLOGY				
053	ELECTROCARDIOLOGY	10	10		
054	ELECTROENCEPHALOGRAPH	8	8		
055	MEDICAL SUPPLIES CHAR				
056	DRUGS CHARGED TO PATI				
057	RENAL DIALYSIS				
058	ASC (NON-DISTINCT PAR				
060	OUTPAT SERVICE COST C				
060	CLINIC	23	23		
060	01 DIABETES CLINIC				
060	02 PROMPT CARE				
060	03 NEIGHBORHOOD CLINIC				
060	04 WOUND CARE INSTITUTE				
060	05 BARIATRICS CENTER				
060	06 PEDIATRIC CLINIC				
060	07 IBMT JV				
060	08 PSYCHIATRIC COUNSELIN				
060	09 PAIN CLINIC				
060	10 MEDICAL ONCOLOGY CLIN				
061	EMERGENCY	7	7		100

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	EMERGENCY MED ICAL SERVICE
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
062 OUTPAT SERVICE COST C OBSERVATION BEDS (NON OTHER REIMBURS COST C	22	23	24	24.02
064 HOME PROGRAM DIALYSIS				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIP				
067 DURABLE MEDICAL EQUIP				
069 CORF				
070 I&R SERVICES-NOT APPR				
071 HOME HEALTH AGENCY				
082 LUNG ACQUISITION SPEC PURPOSE COST CEN				
083 KIDNEY ACQUISITION				
084 LIVER ACQUISITION				
085 HEART ACQUISITION				
085 01 PANCREAS ACQUISITION				
086 OTHER ORGAN ACQUISITI				
092 AMBULATORY SURGICAL C				
093 HOSPICE				
095 SUBTOTALS	232	232	100	100
096 NONREIMBURS COST CENT				
096 01 GIFT, FLOWER, COFFEE				
096 01 MEDICAL OFFICE & PARK				
097 RESEARCH				
098 PHYSICIANS' PRIVATE O				
098 01 DISCHARGE UNIT				
099 NONPAID WORKERS				
099 01 MEDICAL OFFICE BUI LDI				
099 02 INTENSIVA				
099 03 HEALTH PROMOTIONS/WEL				
099 04 ST. FRANCIS REGIONAL				
099 05 MORGAN COUNTY HOSPITA				
099 06 SOUTH EMERSON SURGERY				
099 07 BONE MARROW JOINT VEN				
099 08 WOMEN'S CENTER - SC				
099 09 FOUNDATION				
099 10 INN AT ST. FRANCIS				
099 11 ST. FRANCIS HEALTH NE				
099 12 COOP MANAGED CARE SER				
099 13 FRANCISCAN SURGERY CE				
099 14 SOUTHEAST SURGERY CEN				
099 15 FRANCISCAN CARDIOVASC				
099 16 ST. FRANCIS INSURANCE				
100 02 MARKETING				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I)	1,845,831	970,648	392,104	88,706
104 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I)	7,956,168103	4,183,827586	3,921,040000	887,060000
105 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT II)	316,731	1,577	21,292	281
106 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)	1,365,219828	6,797414	212,920000	2,810000

## COMPUTATION OF RATIO OF COSTS TO CHARGES

15-0033

FROM 1/ 1/2008

WORKSHEET C

I

I TO 12/31/2008

I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	39,474,902		39,474,902	3,333	39,478,235
26	INTENSIVE CARE UNIT	13,325,073		13,325,073		13,325,073
26	01 NEONATAL INTENSIVE CARE U					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
31	01 SUBPROVIDER II	4,250,554		4,250,554		4,250,554
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	12,274,961		12,274,961	6,285	12,281,246
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	7,034,356		7,034,356		7,034,356
41	02 NUCLEAR MEDICINE	667,998		667,998		667,998
41	03 ULTRA SOUND	690,486		690,486		690,486
41	04 ST. FRANCIS NUCLEAR MEDIC	4,664		4,664		4,664
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	24,138,431		24,138,431	8,535	24,146,966
44	01 CARDIAC CATH LABORATORY					
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY	1,435,782		1,435,782		1,435,782
49	RESPIRATORY THERAPY	4,742,794		4,742,794	7,181	4,749,975
50	PHYSICAL THERAPY	3,431,032		3,431,032		3,431,032
50	01 SPORTS MEDICINE	650,722		650,722		650,722
51	OCCUPATIONAL THERAPY	1,043,169		1,043,169		1,043,169
51	01 OCCUPATIONAL HEALTH	1,748,406		1,748,406		1,748,406
52	SPEECH PATHOLOGY	440,631		440,631		440,631
53	ELECTROCARDIOLOGY	969,333		969,333		969,333
54	ELECTROENCEPHALOGRAPHY	903,675		903,675		903,675
55	MEDICAL SUPPLIES CHARGED	22,102,427		22,102,427		22,102,427
56	DRUGS CHARGED TO PATIENTS	14,467,915		14,467,915		14,467,915
57	RENAL DIALYSIS	1,043,940		1,043,940		1,043,940
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,409,031		2,409,031		2,409,031
60	01 DIABETES CLINIC	2,265,930		2,265,930	1,949	2,267,879
60	02 PROMPT CARE	614,182		614,182	2,399	616,581
60	03 NEIGHBORHOOD CLINIC	1,727,743		1,727,743		1,727,743
60	04 WOUND CARE INSTITUTE	796,034		796,034		796,034
60	05 BARIATRICS CENTER	789,396		789,396	7,729	797,125
60	06 PEDIATRIC CLINIC	145,643		145,643		145,643
60	07 IBMT JV	2,655,939		2,655,939		2,655,939
60	08 PSYCHIATRIC COUNSELING CE	3,011,134		3,011,134		3,011,134
60	09 PAIN CLINIC	729,333		729,333		729,333
60	10 MEDICAL ONCOLOGY CLINIC					
61	EMERGENCY	8,718,993		8,718,993	9,735	8,728,728
62	OBSERVATION BEDS (NON-DIS	959,672		959,672		959,672
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	179,664,281		179,664,281	47,146	179,711,427
102	LESS OBSERVATION BEDS	959,672		959,672		959,672
103	TOTAL	178,704,609		178,704,609	47,146	178,751,755

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	44,405,261		44,405,261			
26	INTENSIVE CARE UNIT	12,658,926		12,658,926			
26	01 NEONATAL INTENSIVE CARE U						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER II	5,040,642		5,040,642			
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	20,259,767	14,180,746	34,440,513	.356411	.356411	.356593
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	21,706,014	25,911,725	47,617,739	.147726	.147726	.147726
41	02 NUCLEAR MEDICINE	620,367	597,962	1,218,329	.548290	.548290	.548290
41	03 ULTRASOUND	1,854,465	3,355,372	5,209,837	.132535	.132535	.132535
41	04 ST. FRANCIS NUCLEAR MEDIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	32,626,550	33,805,648	66,432,198	.363354	.363354	.363483
44	01 CARDIAC CATH LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	1,529,169	1,122,890	2,652,059	.541384	.541384	.541384
49	RESPIRATORY THERAPY	14,904,794	1,211,400	16,116,194	.294287	.294287	.294733
50	PHYSICAL THERAPY	6,991,968	2,316,680	9,308,648	.368585	.368585	.368585
50	01 SPORTS MEDICINE	3,215	994,529	997,744	.652193	.652193	.652193
51	OCCUPATIONAL THERAPY	1,455,168	584,265	2,039,433	.511500	.511500	.511500
51	01 OCCUPATIONAL HEALTH		2,072,258	2,072,258	.843720	.843720	.843720
52	SPEECH PATHOLOGY	396,538	399,369	795,907	.553621	.553621	.553621
53	ELECTROCARDIOLOGY	2,955,036	673,755	3,628,791	.267123	.267123	.267123
54	ELECTROENCEPHALOGRAPHY	721,658	84,807	806,465	1.120538	1.120538	1.120538
55	MEDICAL SUPPLIES CHARGED	43,344,923	14,546,777	57,891,700	.381789	.381789	.381789
56	DRUGS CHARGED TO PATIENTS	53,558,540	13,050,991	66,609,531	.217205	.217205	.217205
57	RENAL DIALYSIS	1,742,287	49,528	1,791,815	.582616	.582616	.582616
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	182,688	2,834,446	3,017,134	.798450	.798450	.798450
60	01 DIABETES CLINIC	176	1,799,492	1,799,668	1.259082	1.259082	1.260165
60	02 PROMPT CARE	5,155	1,372,217	1,377,372	.445909	.445909	.447650
60	03 NEIGHBORHOOD CLINIC		410,160	410,160	4.212363	4.212363	4.212363
60	04 WOUND CARE INSTITUTE	425,921	717,190	1,143,111	.696375	.696375	.696375
60	05 BARIATRICS CENTER		323,313	323,313	2.441584	2.441584	2.465490
60	06 PEDIATRIC CLINIC		92,345	92,345	1.577162	1.577162	1.577162
60	07 IBMT JV	128,225	6,418,226	6,546,451	.405707	.405707	.405707
60	08 PSYCHIATRIC COUNSELING CE	14,484	4,529,273	4,543,757	.662697	.662697	.662697
60	09 PAIN CLINIC	16,136	1,076,559	1,092,695	.667463	.667463	.667463
60	10 MEDICAL ONCOLOGY CLINIC						
61	EMERGENCY	14,981,724	40,650,970	55,632,694	.156724	.156724	.156899
62	OBSERVATION BEDS (NON-DIS	151,738	1,348,288	1,500,026	.639770	.639770	.639770
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	282,681,535	176,531,181	459,212,716			
102	LESS OBSERVATION BEDS						
103	TOTAL	282,681,535	176,531,181	459,212,716			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	40,871,001		40,871,001	3,333	40,874,334
26	INTENSIVE CARE UNIT	13,482,893		13,482,893		13,482,893
26	01 NEONATAL INTENSIVE CARE U					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
31	01 SUBPROVIDER II	4,371,954		4,371,954		4,371,954
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	12,687,721		12,687,721	6,285	12,694,006
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	7,034,356		7,034,356		7,034,356
41	02 NUCLEAR MEDICINE	667,998		667,998		667,998
41	03 ULTRASOUND	690,486		690,486		690,486
41	04 ST. FRANCIS NUCLEAR MEDIC	4,664		4,664		4,664
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	24,138,431		24,138,431	8,535	24,146,966
44	01 CARDIAC CATH LABORATORY					
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY	1,435,782		1,435,782		1,435,782
49	RESPIRATORY THERAPY	4,754,934		4,754,934	7,181	4,762,115
50	PHYSICAL THERAPY	3,540,292		3,540,292		3,540,292
50	01 SPORTS MEDICINE	675,002		675,002		675,002
51	OCCUPATIONAL THERAPY	1,043,169		1,043,169		1,043,169
51	01 OCCUPATIONAL HEALTH	1,748,406		1,748,406		1,748,406
52	SPEECH PATHOLOGY	440,631		440,631		440,631
53	ELECTROCARDIOLOGY	1,090,733		1,090,733		1,090,733
54	ELECTROENCEPHALOGRAPHY	1,000,795		1,000,795		1,000,795
55	MEDICAL SUPPLIES CHARGED	22,102,427		22,102,427		22,102,427
56	DRUGS CHARGED TO PATIENTS	14,467,915		14,467,915		14,467,915
57	RENAL DIALYSIS	1,043,940		1,043,940		1,043,940
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,688,251		2,688,251		2,688,251
60	01 DIABETES CLINIC	2,265,930		2,265,930	1,949	2,267,879
60	02 PROMPT CARE	614,182		614,182	2,399	616,581
60	03 NEIGHBORHOOD CLINIC	1,727,743		1,727,743		1,727,743
60	04 WOUND CARE INSTITUTE	796,034		796,034		796,034
60	05 BARIATRICS CENTER	789,396		789,396	7,729	797,125
60	06 PEDIATRIC CLINIC	145,643		145,643		145,643
60	07 IBMT JV	2,655,939		2,655,939		2,655,939
60	08 PSYCHIATRIC COUNSELING CE	3,011,134		3,011,134		3,011,134
60	09 PAIN CLINIC	729,333		729,333		729,333
60	10 MEDICAL ONCOLOGY CLINIC					
61	EMERGENCY	8,803,973		8,803,973	9,735	8,813,708
62	OBSERVATION BEDS (NON-DIS	959,672		959,672		959,672
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	182,480,760		182,480,760	47,146	182,527,906
102	LESS OBSERVATION BEDS	959,672		959,672		959,672
103	TOTAL	181,521,088		181,521,088	47,146	181,568,234



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						
38	OPERATING ROOM	12,274,961	1,313,722	10,961,239			12,274,961
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	7,034,356	577,774	6,456,582			7,034,356
41	02 NUCLEAR MEDICINE	667,998	171,241	496,757			667,998
41	03 ULTRA SOUND	690,486	64,866	625,620			690,486
41	04 ST. FRANCIS NUCLEAR MEDIC	4,664	1,890	2,774			4,664
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	24,138,431	537,563	23,600,868			24,138,431
44	01 CARDIAC CATH LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	1,435,782	91,725	1,344,057			1,435,782
49	RESPIRATORY THERAPY	4,742,794	106,756	4,636,038			4,742,794
50	PHYSICAL THERAPY	3,431,032	238,031	3,193,001			3,431,032
50	01 SPORTS MEDICINE	650,722	91,543	559,179			650,722
51	OCCUPATIONAL THERAPY	1,043,169	57,262	985,907			1,043,169
51	01 OCCUPATIONAL HEALTH	1,748,406	4,475	1,743,931			1,748,406
52	SPEECH PATHOLOGY	440,631	30,461	410,170			440,631
53	ELECTROCARDIOLOGY	969,333	117,304	852,029			969,333
54	ELECTROENCEPHALOGRAPHY	903,675	155,385	748,290			903,675
55	MEDICAL SUPPLIES CHARGED	22,102,427	31,983	22,070,444			22,102,427
56	DRUGS CHARGED TO PATIENTS	14,467,915	37,876	14,430,039			14,467,915
57	RENAL DIALYSIS	1,043,940	78,495	965,445			1,043,940
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,409,031	22,242	2,386,789			2,409,031
60	01 DIABETES CLINIC	2,265,930	11,270	2,254,660			2,265,930
60	02 PROMPT CARE	614,182	1,796	612,386			614,182
60	03 NEIGHBORHOOD CLINIC	1,727,743	118,668	1,609,075			1,727,743
60	04 WOUND CARE INSTITUTE	796,034	116,392	679,642			796,034
60	05 BARIATRICS CENTER	789,396	2,060	787,336			789,396
60	06 PEDIATRIC CLINIC	145,643	382	145,261			145,643
60	07 IBMT JV	2,655,939	71,798	2,584,141			2,655,939
60	08 PSYCHIATRIC COUNSELING CE	3,011,134	207,494	2,803,640			3,011,134
60	09 PAIN CLINIC	729,333	185,202	544,131			729,333
60	10 MEDICAL ONCOLOGY CLINIC						
61	EMERGENCY	8,718,993	495,757	8,223,236			8,718,993
62	OBSERVATION BEDS (NON-DIS	959,672	53,807	905,865			959,672
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	122,613,752	4,995,220	117,618,532			122,613,752
102	LESS OBSERVATION BEDS	959,672	53,807	905,865			959,672
103	TOTAL	121,654,080	4,941,413	116,712,667			121,654,080

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	34,440,513	.356411	.356411
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	47,617,739	.147726	.147726
41	02 NUCLEAR MEDICINE	1,218,329	.548290	.548290
41	03 ULTRA SOUND	5,209,837	.132535	.132535
41	04 ST. FRANCIS NUCLEAR MEDIC			
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	66,432,198	.363354	.363354
44	01 CARDIAC CATH LABORATORY			
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY	2,652,059	.541384	.541384
49	RESPIRATORY THERAPY	16,116,194	.294287	.294287
50	PHYSICAL THERAPY	9,308,648	.368585	.368585
50	01 SPORTS MEDICINE	997,744	.652193	.652193
51	OCCUPATIONAL THERAPY	2,039,433	.511500	.511500
51	01 OCCUPATIONAL HEALTH	2,072,258	.843720	.843720
52	SPEECH PATHOLOGY	795,907	.553621	.553621
53	ELECTROCARDIOLOGY	3,628,791	.267123	.267123
54	ELECTROENCEPHALOGRAPHY	806,465	1.120538	1.120538
55	MEDICAL SUPPLIES CHARGED	57,891,700	.381789	.381789
56	DRUGS CHARGED TO PATIENTS	66,609,531	.217205	.217205
57	RENAL DIALYSIS	1,791,815	.582616	.582616
58	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,017,134	.798450	.798450
60	01 DIABETES CLINIC	1,799,668	1.259082	1.259082
60	02 PROMPT CARE	1,377,372	.445909	.445909
60	03 NEIGHBORHOOD CLINIC	410,160	4.212363	4.212363
60	04 WOUND CARE INSTITUTE	1,143,111	.696375	.696375
60	05 BARIATRICS CENTER	323,313	2.441584	2.441584
60	06 PEDIATRIC CLINIC	92,345	1.577162	1.577162
60	07 IBMT JV	6,546,451	.405707	.405707
60	08 PSYCHIATRIC COUNSELING CE	4,543,757	.662697	.662697
60	09 PAIN CLINIC	1,092,695	.667463	.667463
60	10 MEDICAL ONCOLOGY CLINIC			
61	EMERGENCY	55,632,694	.156724	.156724
62	OBSERVATION BEDS (NON-DIS	1,500,026	.639770	.639770
64	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	397,107,887		
102	LESS OBSERVATION BEDS	1,500,026		
103	TOTAL	395,607,861		

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						
38	OPERATING ROOM	12,687,721	1,313,722	11,373,999			12,687,721
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	02 RADIOLOGY-DIAGNOSTIC	7,034,356	577,774	6,456,582			7,034,356
41	03 NUCLEAR MEDICINE	667,998	171,241	496,757			667,998
41	04 ULTRA SOUND	690,486	64,866	625,620			690,486
41	04 ST. FRANCIS NUCLEAR MEDIC	4,664	1,890	2,774			4,664
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	24,138,431	537,563	23,600,868			24,138,431
44	01 CARDIAC CATH LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	1,435,782	91,725	1,344,057			1,435,782
49	RESPIRATORY THERAPY	4,754,934	106,756	4,648,178			4,754,934
50	PHYSICAL THERAPY	3,540,292	238,031	3,302,261			3,540,292
50	01 SPORTS MEDICINE	675,002	91,543	583,459			675,002
51	OCCUPATIONAL THERAPY	1,043,169	57,262	985,907			1,043,169
51	01 OCCUPATIONAL HEALTH	1,748,406	4,475	1,743,931			1,748,406
52	SPEECH PATHOLOGY	440,631	30,461	410,170			440,631
53	ELECTROCARDIOLOGY	1,090,733	117,304	973,429			1,090,733
54	ELECTROENCEPHALOGRAPHY	1,000,795	155,385	845,410			1,000,795
55	MEDICAL SUPPLIES CHARGED	22,102,427	31,983	22,070,444			22,102,427
56	DRUGS CHARGED TO PATIENTS	14,467,915	37,876	14,430,039			14,467,915
57	RENAL DIALYSIS	1,043,940	78,495	965,445			1,043,940
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,688,251	22,242	2,666,009			2,688,251
60	01 DIABETES CLINIC	2,265,930	11,270	2,254,660			2,265,930
60	02 PROMPT CARE	614,182	1,796	612,386			614,182
60	03 NEIGHBORHOOD CLINIC	1,727,743	118,668	1,609,075			1,727,743
60	04 WOUND CARE INSTITUTE	796,034	116,392	679,642			796,034
60	05 BARIATRICS CENTER	789,396	2,060	787,336			789,396
60	06 PEDIATRIC CLINIC	145,643	382	145,261			145,643
60	07 IBMT JV	2,655,939	71,798	2,584,141			2,655,939
60	08 PSYCHIATRIC COUNSELING CE	3,011,134	207,494	2,803,640			3,011,134
60	09 PAIN CLINIC	729,333	185,202	544,131			729,333
60	10 MEDICAL ONCOLOGY CLINIC						
61	EMERGENCY	8,803,973	495,757	8,308,216			8,803,973
62	OBSERVATION BEDS (NON-DIS	959,672	53,807	905,865			959,672
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	123,754,912	4,995,220	118,759,692			123,754,912
102	LESS OBSERVATION BEDS	959,672	53,807	905,865			959,672
103	TOTAL	122,795,240	4,941,413	117,853,827			122,795,240

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	34,440,513	.368395	.368395
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	47,617,739	.147726	.147726
41	02 NUCLEAR MEDICINE	1,218,329	.548290	.548290
41	03 ULTRA SOUND	5,209,837	.132535	.132535
41	04 ST. FRANCIS NUCLEAR MEDIC			
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	66,432,198	.363354	.363354
44	01 CARDIAC CATH LABORATORY			
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY	2,652,059	.541384	.541384
49	RESPIRATORY THERAPY	16,116,194	.295041	.295041
50	PHYSICAL THERAPY	9,308,648	.380323	.380323
50	01 SPORTS MEDICINE	997,744	.676528	.676528
51	OCCUPATIONAL THERAPY	2,039,433	.511500	.511500
51	01 OCCUPATIONAL HEALTH	2,072,258	.843720	.843720
52	SPEECH PATHOLOGY	795,907	.553621	.553621
53	ELECTROCARDIOLOGY	3,628,791	.300578	.300578
54	ELECTROENCEPHALOGRAPHY	806,465	1.240965	1.240965
55	MEDICAL SUPPLIES CHARGED	57,891,700	.381789	.381789
56	DRUGS CHARGED TO PATIENTS	66,609,531	.217205	.217205
57	RENAL DIALYSIS	1,791,815	.582616	.582616
58	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,017,134	.890995	.890995
60	01 DIABETES CLINIC	1,799,668	1.259082	1.259082
60	02 PROMPT CARE	1,377,372	.445909	.445909
60	03 NEIGHBORHOOD CLINIC	410,160	4.212363	4.212363
60	04 WOUND CARE INSTITUTE	1,143,111	.696375	.696375
60	05 BARIATRICS CENTER	323,313	2.441584	2.441584
60	06 PEDIATRIC CLINIC	92,345	1.577162	1.577162
60	07 IBMT JV	6,546,451	.405707	.405707
60	08 PSYCHIATRIC COUNSELING CE	4,543,757	.662697	.662697
60	09 PAIN CLINIC	1,092,695	.667463	.667463
60	10 MEDICAL ONCOLOGY CLINIC			
61	EMERGENCY	55,632,694	.158252	.158252
62	OBSERVATION BEDS (NON-DIS	1,500,026	.639770	.639770
64	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	397,107,887		
102	LESS OBSERVATION BEDS	1,500,026		
103	TOTAL	395,607,861		

TITLE XVIII, PART A

PPS

WKST A	COST CENTER DESCRIPTION	CAPITAL REL COST (B, I I)	OLD CAPITAL SWING BED ADJUSTMENT	REDUCED CAP RELATED COST	CAPITAL REL COST (B, I I I)	NEW CAPITAL SWING BED ADJUSTMENT	REDUCED CAP RELATED COST
LINE NO.		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,213,464		2,213,464
26	INTENSIVE CARE UNIT				683,547		683,547
26	01 NEONATAL INTENSIVE CARE U						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER II				381,322		381,322
33	NURSERY						
101	TOTAL				3,278,333		3,278,333

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	43,441	24,160			50.95	1,230,952
26	INTENSIVE CARE UNIT	9,076	6,446			75.31	485,448
26	01 NEONATAL INTENSIVE CARE U						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER II	4,419	2,967			86.29	256,022
33	NURSERY						
101	TOTAL	56,936	33,573				1,972,422





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

PROVIDER NO: 15-0033  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/27/2009  
 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						
26		INTENSIVE CARE UNIT						
26	01	NEONATAL INTENSIVE CARE U						
27		CORONARY CARE UNIT						
28		BURN INTENSIVE CARE UNIT						
29		SURGICAL INTENSIVE CARE U						
31		SUBPROVIDER						
31	01	SUBPROVIDER II						
33		NURSERY						
34		SKILLED NURSING FACILITY						
35		NURSING FACILITY						
35	01	ICF/MR						
101		TOTAL						

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

PROVIDER NO: 15-0033  
PERIOD: FROM 1/1/2008 TO 12/31/2008  
PREPARED 5/27/2009  
WORKSHEET D  
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	43,441		24,160	
26	INTENSIVE CARE UNIT	9,076		6,446	
26 01	NEONATAL INTENSIVE CARE U				
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER				
31 01	SUBPROVIDER II	4,419		2,967	
33	NURSERY				
34	SKILLED NURSING FACILITY				
35	NURSING FACILITY				
35 01	ICF/MR				
101	TOTAL	56,936		33,573	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
38	OPERATING ROOM											
39	RECOVERY ROOM											
40	DELIVERY ROOM & LABOR ROO											
41	ANESTHESIOLOGY											
41	02 RADIOLOGY-DIAGNOSTIC											
41	03 NUCLEAR MEDICINE											
41	04 ULTRA SOUND											
42	ST. FRANCIS NUCLEAR MEDIC											
43	RADIOLOGY-THERAPEUTIC											
44	RADIOISOTOPE											
44	LABORATORY							392,104				
45	01 CARDIAC CATH LABORATORY											
46	PBP CLINICAL LAB SERVICES											
47	WHOLE BLOOD & PACKED RED											
48	BLOOD STORING, PROCESSING											
49	INTRAVENOUS THERAPY											
50	RESPIRATORY THERAPY											
50	01 PHYSICAL THERAPY											
51	SPORTS MEDICINE											
51	01 OCCUPATIONAL THERAPY											
52	OCCUPATIONAL HEALTH											
53	SPEECH PATHOLOGY											
54	ELECTROCARDIOLOGY											
55	ELECTROENCEPHALOGRAPHY											
56	MEDICAL SUPPLIES CHARGED											
57	DRUGS CHARGED TO PATIENTS											
58	RENAL DIALYSIS											
60	ASC (NON-DISTINCT PART)											
60	01 OUTPAT SERVICE COST CNTRS											
60	02 CLINIC											
60	03 DIABETES CLINIC											
60	04 PROMPT CARE											
60	05 NEIGHBORHOOD CLINIC											
60	06 WOUND CARE INSTITUTE											
60	07 BARIATRICS CENTER											
60	08 PEDIATRIC CLINIC											
60	09 IBMT JV											
60	10 PSYCHIATRIC COUNSELING CE											
61	PAIN CLINIC											
61	01 MEDICAL ONCOLOGY CLINIC											
62	EMERGENCY							88,706				
64	OBSERVATION BEDS (NON-DIS											
65	OTHER REIMBURS COST CNTRS											
66	HOME PROGRAM DIALYSIS											
67	AMBULANCE SERVICES											
67	01 DURABLE MEDICAL EQUIP-REN											
67	02 DURABLE MEDICAL EQUIP-SOL											
101	TOTAL							480,810				

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							
38	OPERATING ROOM			34,440,513			8,519,312	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY							
41	02 RADIOLOGY-DIAGNOSTIC			47,617,739			12,686,185	
41	03 NUCLEAR MEDICINE			1,218,329			397,608	
41	04 ULTRA SOUND			5,209,837			1,122,250	
42	ST. FRANCIS NUCLEAR MEDIC							
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
44	LABORATORY	392,104	392,104	66,432,198	.005902	.005902	16,174,647	95,463
44	01 CARDIAC CATH LABORATORY							
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY			2,652,059			813,835	
49	RESPIRATORY THERAPY			16,116,194			5,475,141	
50	PHYSICAL THERAPY			9,308,648			3,025,688	
50	01 SPORTS MEDICINE			997,744			1,250	
51	OCCUPATIONAL THERAPY			2,039,433			558,416	
51	01 OCCUPATIONAL HEALTH			2,072,258				
52	SPEECH PATHOLOGY			795,907			139,090	
53	ELECTROCARDIOLOGY			3,628,791			2,076,300	
54	ELECTROENCEPHALOGRAPHY			806,465			273,173	
55	MEDICAL SUPPLIES CHARGED			57,891,700			23,367,450	
56	DRUGS CHARGED TO PATIENTS			66,609,531			27,766,566	
57	RENAL DIALYSIS			1,791,815			1,345,957	
58	ASC (NON-DISTINCT PART)							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,017,134			182,688	
60	01 DIABETES CLINIC			1,799,668				
60	02 PROMPT CARE			1,377,372			4,815	
60	03 NEIGHBORHOOD CLINIC			410,160				
60	04 WOUND CARE INSTITUTE			1,143,111			46,146	
60	05 BARIATRICS CENTER			323,313				
60	06 PEDIATRIC CLINIC			92,345				
60	07 IBMT JV			6,546,451			67,593	
60	08 PSYCHIATRIC COUNSELING CE			4,543,757				
60	09 PAIN CLINIC			1,092,695			13,948	
60	10 MEDICAL ONCOLOGY CLINIC							
61	EMERGENCY	88,706	88,706	55,632,694	.001594	.001594	9,732,866	15,514
62	OBSERVATION BEDS (NON-DIS			1,500,026			131,790	
62	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	480,810	480,810	397,107,887			113,922,714	110,977

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	3,916,328					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	6,987,127					
41	02 NUCLEAR MEDICINE	202,547					
41	03 ULTRA SOUND	671,912					
41	04 ST. FRANCIS NUCLEAR MEDIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,473,942			8,699		
44	01 CARDIAC CATH LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY	509,485					
49	RESPIRATORY THERAPY	219,327					
50	PHYSICAL THERAPY	25,264					
50	01 SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY						
51	01 OCCUPATIONAL HEALTH						
52	SPEECH PATHOLOGY	1,899					
53	ELECTROCARDIOLOGY	184,340					
54	ELECTROENCEPHALOGRAPHY	8,346					
55	MEDICAL SUPPLIES CHARGED	4,511,729					
56	DRUGS CHARGED TO PATIENTS	5,442,398					
57	RENAL DIALYSIS	8,915					
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	116,067					
60	01 DIABETES CLINIC						
60	02 PROMPT CARE	457,355					
60	03 NEIGHBORHOOD CLINIC						
60	04 WOUND CARE INSTITUTE	224,590					
60	05 BARIATRICAL CENTER	14,992					
60	06 PEDIATRIC CLINIC	8,016					
60	07 IBMT JV	240,037					
60	08 PSYCHIATRIC COUNSELING CE	420,558					
60	09 PAIN CLINIC	406,160					
60	10 MEDICAL ONCOLOGY CLINIC						
61	EMERGENCY	6,744,067			10,750		
62	OBSERVATION BEDS (NON-DIS	326,005					
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	33,121,406			19,449		



TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All Other (1)		PPS Services	Non-PPS	PPS Services	Outpatient
	5	5.01	FYB to 12/31	Services	1/1 to FYE	Ambulatory Surgical Ctr
(A) ANCILLARY SRVC COST CNTRS						
37 OPERATING ROOM			3,916,328		3	
38 RECOVERY ROOM						
39 DELIVERY ROOM & LABOR ROOM						
40 ANESTHESIOLOGY						
41 RADIOLOGY-DIAGNOSTIC			6,987,127		445	
41 02 NUCLEAR MEDICINE			202,547			
41 03 ULTRA SOUND			671,912			
41 04 ST. FRANCIS NUCLEAR MEDICINE (JV)						
42 RADIOLOGY-THERAPEUTIC						
43 RADIOISOTOPE						
44 LABORATORY			1,473,942		537	
44 01 CARDIAC CATH LABORATORY						
45 PBP CLINICAL LAB SERVICES-PRGM ONLY						
46 WHOLE BLOOD & PACKED RED BLOOD CELLS						
47 BLOOD STORING, PROCESSING & TRANS.						
48 INTRAVENOUS THERAPY			509,485		1,574	
49 RESPIRATORY THERAPY			219,327		2	
50 PHYSICAL THERAPY			25,264		504	
50 01 SPORTS MEDICINE						
51 OCCUPATIONAL THERAPY						
51 01 OCCUPATIONAL HEALTH						
52 SPEECH PATHOLOGY			1,899			
53 ELECTROCARDIOLOGY			184,340			
54 ELECTROENCEPHALOGRAPHY			8,346			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			4,511,729			
56 DRUGS CHARGED TO PATIENTS			5,442,398		32,178	
57 RENAL DIALYSIS			8,915		178	
58 ASC (NON-DISTINCT PART)						
60 OUTPAT SERVICE COST CNTRS						
60 CLINIC			116,067		2,317	
60 01 DIABETES CLINIC						
60 02 PROMPT CARE			457,355		1,773	
60 03 NEIGHBORHOOD CLINIC						
60 04 WOUND CARE INSTITUTE			224,590		4,483	
60 05 BARIATRICS CENTER			14,992		164	
60 06 PEDIATRIC CLINIC			8,016		159	
60 07 IBMT JV			240,037		1,752	
60 08 PSYCHIATRIC COUNCELING CENTER			420,558		7	
60 09 PAIN CLINIC			406,160		105	
60 10 MEDICAL ONCOLOGY CLINIC						
61 EMERGENCY			6,744,067			
62 OBSERVATION BEDS (NON-DISTINCT PART)			326,005		215	
64 OTHER REIMBURS COST CNTRS						
64 HOME PROGRAM DIALYSIS						
65 AMBULANCE SERVICES						
66 DURABLE MEDICAL EQUIP-RENTED						
67 DURABLE MEDICAL EQUIP-SOLD						
101 SUBTOTAL			33,121,406		46,396	
102 CRNA CHARGES						
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES						
104 NET CHARGES			33,121,406		46,396	

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	7	8	9	9.01	9.02
(A) ANCI LLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,395,822	1
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				1,032,180	66
41 02 NUCLEAR MEDICINE				111,054	
41 03 ULTRA SOUND				89,052	
41 04 ST. FRANCIS NUCLEAR MEDICINE (JV)					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY				535,563	195
44 01 CARDIAC CATH LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY				275,827	852
49 RESPIRATORY THERAPY				64,545	1
50 PHYSICAL THERAPY				9,312	186
50 01 SPORTS MEDICINE					
51 OCCUPATIONAL THERAPY					
51 01 OCCUPATIONAL HEALTH					
52 SPEECH PATHOLOGY				1,051	
53 ELECTROCARDIOLOGY				49,241	
54 ELECTROENCEPHALOGRAPHY				9,352	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,722,529	
56 DRUGS CHARGED TO PATIENTS				1,182,116	6,989
57 RENAL DIALYSIS				5,194	104
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				92,674	1,850
60 01 DIABETES CLINIC					
60 02 PROMPT CARE				203,939	791
60 03 NEIGHBORHOOD CLINIC					
60 04 WOUND CARE INSTITUTE				156,399	3,122
60 05 BARIATRICS CENTER				36,604	400
60 06 PEDIATRIC CLINIC				12,643	251
60 07 IBMT JV				97,385	711
60 08 PSYCHIATRIC COUNSELING CENTER				278,703	5
60 09 PAIN CLINIC				271,097	70
60 10 MEDICAL ONCOLOGY CLINIC					
61 EMERGENCY				1,056,957	
62 OBSERVATION BEDS (NON-DISTINCT PART)				208,568	138
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				8,897,807	15,732
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				8,897,807	15,732

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

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P  
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 02 NUCLEAR MEDICINE
- 41 03 ULTRA SOUND
- 41 04 ST. FRANCIS NUCLEAR MEDICINE (JV)
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 44 01 CARDIAC CATH LABORATORY
- 45 PBP CLINICAL LAB SERVICES-PRGM ONLY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 47 BLOOD STORING, PROCESSING & TRANS.
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 50 01 SPORTS MEDICINE
- 51 OCCUPATIONAL THERAPY
- 51 01 OCCUPATIONAL HEALTH
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 DIABETES CLINIC
- 60 02 PROMPT CARE
- 60 03 NEIGHBORHOOD CLINIC
- 60 04 WOUND CARE INSTITUTE
- 60 05 BARIATRICS CENTER
- 60 06 PEDIATRIC CLINIC
- 60 07 IBMT JV
- 60 08 PSYCHIATRIC COUNSELING CENTER
- 60 09 PAIN CLINIC
- 60 10 MEDICAL ONCOLOGY CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 64 OTHER REIMBURS COST CNTRS
- 64 HOME PROGRAM DIALYSIS
- 65 AMBULANCE SERVICES
- 66 DURABLE MEDICAL EQUIP-RENTED
- 67 DURABLE MEDICAL EQUIP-SOLD
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		1,313,722	34,440,513	6,021		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	02 RADIOLOGY-DIAGNOSTIC		577,774	47,617,739	107,504		
41	03 NUCLEAR MEDICINE		171,241	1,218,329	6,953		
41	04 ULTRA SOUND		64,866	5,209,837	17,738		
41	04 ST. FRANCIS NUCLEAR MEDIC		1,890				
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY		537,563	66,432,198	266,669		
44	01 CARDIAC CATH LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY		91,725	2,652,059	15,045		
49	RESPIRATORY THERAPY		106,756	16,116,194	53,752		
50	PHYSICAL THERAPY		238,031	9,308,648	2,252,039		
50	01 SPORTS MEDICINE		91,543	997,744			
51	OCCUPATIONAL THERAPY		57,262	2,039,433	64,120		
51	01 OCCUPATIONAL HEALTH		4,475	2,072,258			
52	SPEECH PATHOLOGY		30,461	795,907	56,317		
53	ELECTROCARDIOLOGY		117,304	3,628,791	16,007		
54	ELECTROENCEPHALOGRAPHY		155,385	806,465	2,368		
55	MEDICAL SUPPLIES CHARGED		31,983	57,891,700	362,311		
56	DRUGS CHARGED TO PATIENTS		37,876	66,609,531	824,779		
57	RENAL DIALYSIS		78,495	1,791,815	27,717		
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		22,242	3,017,134			
60	01 DIABETES CLINIC		11,270	1,799,668			
60	02 PROMPT CARE		1,796	1,377,372			
60	03 NEIGHBORHOOD CLINIC		118,668	410,160			
60	04 WOUND CARE INSTITUTE		116,392	1,143,111	13,880		
60	05 BARIATRICS CENTER		2,060	323,313			
60	06 PEDIATRIC CLINIC		382	92,345			
60	07 IBMT JV		71,798	6,546,451			
60	08 PSYCHIATRIC COUNSELING CE		207,494	4,543,757			
60	09 PAIN CLINIC		185,202	1,092,695			
60	10 MEDICAL ONCOLOGY CLINIC						
61	EMERGENCY		495,757	55,632,694	5,115		
62	OBSERVATION BEDS (NON-DIS		53,807	1,500,026			
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		4,995,220	397,107,887	4,098,335		



TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
38	OPERATING ROOM											
39	RECOVERY ROOM											
40	DELIVERY ROOM & LABOR ROO											
41	ANESTHESIOLOGY											
41	02 RADIOLOGY-DIAGNOSTIC											
41	03 NUCLEAR MEDICINE											
41	04 ULTRA SOUND											
42	ST. FRANCIS NUCLEAR MEDIC											
43	RADIOLOGY-THERAPEUTIC											
44	RADIOISOTOPE											
44	LABORATORY							392,104				
44	01 CARDIAC CATH LABORATORY											
45	PBP CLINICAL LAB SERVICES											
46	WHOLE BLOOD & PACKED RED											
47	BLOOD STORING, PROCESSING											
48	INTRAVENOUS THERAPY											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
50	01 SPORTS MEDICINE											
51	OCCUPATIONAL THERAPY											
51	01 OCCUPATIONAL HEALTH											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
58	ASC (NON-DISTINCT PART)											
60	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60	01 DIABETES CLINIC											
60	02 PROMPT CARE											
60	03 NEIGHBORHOOD CLINIC											
60	04 WOUND CARE INSTITUTE											
60	05 BARIATRICS CENTER											
60	06 PEDIATRIC CLINIC											
60	07 IBMT JV											
60	08 PSYCHIATRIC COUNSELING CE											
60	09 PAIN CLINIC											
60	10 MEDICAL ONCOLOGY CLINIC											
61	EMERGENCY							88,706				
62	OBSERVATION BEDS (NON-DIS											
64	OTHER REIMBURS COST CNTRS											
64	HOME PROGRAM DIALYSIS											
65	AMBULANCE SERVICES											
66	DURABLE MEDICAL EQUIP-REN											
67	DURABLE MEDICAL EQUIP-SOL											
101	TOTAL							480,810				

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			34,440,513			6,021	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY							
41	02 RADIOLOGY-DIAGNOSTIC			47,617,739			107,504	
41	03 NUCLEAR MEDICINE			1,218,329			6,953	
41	04 ULTRA SOUND			5,209,837			17,738	
42	ST. FRANCIS NUCLEAR MEDIC							
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
44	LABORATORY	392,104	392,104	66,432,198	.005902	.005902	266,669	1,574
44	01 CARDIAC CATH LABORATORY							
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY			2,652,059			15,045	
49	RESPIRATORY THERAPY			16,116,194			53,752	
50	PHYSICAL THERAPY			9,308,648			2,252,039	
50	01 SPORTS MEDICINE			997,744				
51	OCCUPATIONAL THERAPY			2,039,433			64,120	
51	01 OCCUPATIONAL HEALTH			2,072,258				
52	SPEECH PATHOLOGY			795,907			56,317	
53	ELECTROCARDIOLOGY			3,628,791			16,007	
54	ELECTROENCEPHALOGRAPHY			806,465			2,368	
55	MEDICAL SUPPLIES CHARGED			57,891,700			362,311	
56	DRUGS CHARGED TO PATIENTS			66,609,531			824,779	
57	RENAL DIALYSIS			1,791,815			27,717	
58	ASC (NON-DISTINCT PART)							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			3,017,134				
60	01 DIABETES CLINIC			1,799,668				
60	02 PROMPT CARE			1,377,372				
60	03 NEIGHBORHOOD CLINIC			410,160				
60	04 WOUND CARE INSTITUTE			1,143,111			13,880	
60	05 BARIATRICS CENTER			323,313				
60	06 PEDIATRIC CLINIC			92,345				
60	07 IBMT JV			6,546,451				
60	08 PSYCHIATRIC COUNSELING CE			4,543,757				
60	09 PAIN CLINIC			1,092,695				
60	10 MEDICAL ONCOLOGY CLINIC							
61	EMERGENCY	88,706	88,706	55,632,694	.001594	.001594	5,115	8
62	OBSERVATION BEDS (NON-DIS			1,500,026				
64	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	480,810	480,810	397,107,887			4,098,335	1,582

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 02	NUCLEAR MEDICINE						
41 03	ULTRA SOUND						
41 04	ST. FRANCIS NUCLEAR MEDIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
44 01	CARDIAC CATH LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50 01	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY						
51 01	OCCUPATIONAL HEALTH						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS		204				
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	DIABETES CLINIC						
60 02	PROMPT CARE						
60 03	NEIGHBORHOOD CLINIC						
60 04	WOUND CARE INSTITUTE						
60 05	BARITRICS CENTER						
60 06	PEDIATRIC CLINIC						
60 07	IBMT JV						
60 08	PSYCHIATRIC COUNSELING CE						
60 09	PAIN CLINIC						
60 10	MEDICAL ONCOLOGY CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		204				



TITLE XVIII, PART B

SUBPROVIDER 2

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCI LLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 02 NUCLEAR MEDICINE					
41 03 ULTRA SOUND					
41 04 ST. FRANCIS NUCLEAR MEDICINE (JV)					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
44 01 CARDIAC CATH LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
50 01 SPORTS MEDICINE					
51 OCCUPATIONAL THERAPY					
51 01 OCCUPATIONAL HEALTH					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		204	1,061		
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 DIABETES CLINIC					
60 02 PROMPT CARE					
60 03 NEIGHBORHOOD CLINIC					
60 04 WOUND CARE INSTITUTE					
60 05 BARIATRICS CENTER					
60 06 PEDIATRIC CLINIC					
60 07 IBMT JV					
60 08 PSYCHIATRIC COUNSELING CENTER					
60 09 PAIN CLINIC					
60 10 MEDICAL ONCOLOGY CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		204	1,061		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		204	1,061		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B SUBPROVIDER 2

Cost Center Description	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 02 NUCLEAR MEDICINE					
41 03 ULTRA SOUND					
41 04 ST. FRANCIS NUCLEAR MEDICINE (JV)					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
44 01 CARDIAC CATH LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
50 01 SPORTS MEDICINE					
51 OCCUPATIONAL THERAPY					
51 01 OCCUPATIONAL HEALTH					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				44	230
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 DIABETES CLINIC					
60 02 PROMPT CARE					
60 03 NEIGHBORHOOD CLINIC					
60 04 WOUND CARE INSTITUTE					
60 05 BARIATRICS CENTER					
60 06 PEDIATRIC CLINIC					
60 07 IBMT JV					
60 08 PSYCHIATRIC COUNSELING CENTER					
60 09 PAIN CLINIC					
60 10 MEDICAL ONCOLOGY CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				44	230
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				44	230

TITLE XVIII, PART B

SUBPROVIDER 2

PPS Services Hospital I/P Hospital I/P  
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 02 NUCLEAR MEDICINE
- 41 03 ULTRA SOUND
- 41 04 ST. FRANCIS NUCLEAR MEDICINE (JV)
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 44 01 CARDIAC CATH LABORATORY
- 45 PBP CLINICAL LAB SERVICES-PRGM ONLY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 47 BLOOD STORING, PROCESSING & TRANS.
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 50 01 SPORTS MEDICINE
- 51 OCCUPATIONAL THERAPY
- 51 01 OCCUPATIONAL HEALTH
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 DIABETES CLINIC
- 60 02 PROMPT CARE
- 60 03 NEIGHBORHOOD CLINIC
- 60 04 WOUND CARE INSTITUTE
- 60 05 BARIATRICS CENTER
- 60 06 PEDIATRIC CLINIC
- 60 07 IBMT JV
- 60 08 PSYCHIATRIC COUNSELING CENTER
- 60 09 PAIN CLINIC
- 60 10 MEDICAL ONCOLOGY CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 64 OTHER REIMBURS COST CNTRS
- 64 HOME PROGRAM DIALYSIS
- 65 AMBULANCE SERVICES
- 66 DURABLE MEDICAL EQUIP-RENTED
- 67 DURABLE MEDICAL EQUIP-SOLD
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,213,464		2,213,464
26	INTENSIVE CARE UNIT				683,547		683,547
26	01 NEONATAL INTENSIVE CARE U						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER II				381,322		381,322
33	NURSERY						
101	TOTAL				3,278,333		3,278,333

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	43,441	3,320			50.95	169,154
26	INTENSIVE CARE UNIT	9,076	984			75.31	74,105
26	01 NEONATAL INTENSIVE CARE U						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER II	4,419	117			86.29	10,096
33	NURSERY						
101	TOTAL	56,936	4,421				253,355

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
		OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2				
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		1,313,722	34,440,513	1,056,425		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	02 RADIOLOGY-DIAGNOSTIC		577,774	47,617,739	1,755,525		
41	03 NUCLEAR MEDICINE		171,241	1,218,329	67,040		
41	04 ULTRA SOUND		64,866	5,209,837	163,989		
41	04 ST. FRANCIS NUCLEAR MEDIC		1,890				
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY		537,563	66,432,198	2,753,582		
44	01 CARDIAC CATH LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY		91,725	2,652,059	132,510		
49	RESPIRATORY THERAPY		106,756	16,116,194	966,371		
50	PHYSICAL THERAPY		238,031	9,308,648	330,566		
50	01 SPORTS MEDICINE		91,543	997,744	292		
51	OCCUPATIONAL THERAPY		57,262	2,039,433	77,011		
51	01 OCCUPATIONAL HEALTH		4,475	2,072,258			
52	SPEECH PATHOLOGY		30,461	795,907	16,278		
53	ELECTROCARDIOLOGY		117,304	3,628,791	191,651		
54	ELECTROENCEPHALOGRAPHY		155,385	806,465	84,940		
55	MEDICAL SUPPLIES CHARGED		31,983	57,891,700	2,818,731		
56	DRUGS CHARGED TO PATIENTS		37,876	66,609,531	5,771,559		
57	RENAL DIALYSIS		78,495	1,791,815	123,999		
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		22,242	3,017,134			
60	01 DIABETES CLINIC		11,270	1,799,668			
60	02 PROMPT CARE		1,796	1,377,372	340		
60	03 NEIGHBORHOOD CLINIC		118,668	410,160			
60	04 WOUND CARE INSTITUTE		116,392	1,143,111	82,736		
60	05 BARIATRICS CENTER		2,060	323,313			
60	06 PEDIATRIC CLINIC		382	92,345			
60	07 IBMT JV		71,798	6,546,451	60,632		
60	08 PSYCHIATRIC COUNSELING CE		207,494	4,543,757			
60	09 PAIN CLINIC		185,202	1,092,695			
60	10 MEDICAL ONCOLOGY CLINIC						
61	EMERGENCY		495,757	55,632,694	1,322,330		
62	OBSERVATION BEDS (NON-DIS		53,807	1,500,026	17,801		
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		4,995,220	397,107,887	17,794,308		



APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XIX

PROVIDER NO: 15-0033  
 PERIOD: FROM 1/1/2008 TO 12/31/2008  
 PREPARED 5/27/2009  
 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						
26		INTENSIVE CARE UNIT						
26	01	NEONATAL INTENSIVE CARE U						
27		CORONARY CARE UNIT						
28		BURN INTENSIVE CARE UNIT						
29		SURGICAL INTENSIVE CARE U						
31		SUBPROVIDER						
31	01	SUBPROVIDER II						
33		NURSERY						
34		SKILLED NURSING FACILITY						
35		NURSING FACILITY						
35	01	ICF/MR						
101		TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XIX

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	43,441		3,320	
26	INTENSIVE CARE UNIT	9,076		984	
26 01	NEONATAL INTENSIVE CARE U				
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER				
31 01	SUBPROVIDER II	4,419		117	
33	NURSERY				
34	SKILLED NURSING FACILITY				
35	NURSING FACILITY				
35 01	ICF/MR				
101	TOTAL	56,936		4,421	

TITLE XIX		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
LINE NO.		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM			412,760			
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 02	NUCLEAR MEDICINE						
41 03	ULTRA SOUND						
41 04	ST. FRANCIS NUCLEAR MEDIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY				392,104		
44 01	CARDIAC CATH LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY			12,140			
50	PHYSICAL THERAPY			109,260			
50 01	SPORTS MEDICINE			24,280			
51	OCCUPATIONAL THERAPY						
51 01	OCCUPATIONAL HEALTH						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY			121,400			
54	ELECTROENCEPHALOGRAPHY			97,120			
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC			279,220			
60 01	DIABETES CLINIC						
60 02	PROMPT CARE						
60 03	NEIGHBORHOOD CLINIC						
60 04	WOUND CARE INSTITUTE						
60 05	BARIATRICS CENTER						
60 06	PEDIATRIC CLINIC						
60 07	IBMT JV						
60 08	PSYCHIATRIC COUNSELING CE						
60 09	PAIN CLINIC						
60 10	MEDICAL ONCOLOGY CLINIC						
61	EMERGENCY			84,980	88,706		
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL			1,141,160	480,810		

TITLE XIX		HOSPITAL		PPS					
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT CHARGE	INPAT PASS THRU COST	
LINE NO.		3	3.01	4	5	5.01	6	7	
37	ANCILLARY SRVC COST CNTRS								
38	OPERATING ROOM	412,760	412,760	34,440,513	.011985	.011985	1,056,425	12,661	
39	RECOVERY ROOM								
40	DELIVERY ROOM & LABOR ROO								
41	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC			47,617,739			1,755,525		
41	02 NUCLEAR MEDICINE			1,218,329			67,040		
41	03 ULTRA SOUND			5,209,837			163,989		
41	04 ST. FRANCIS NUCLEAR MEDIC								
42	RADIOLOGY-THERAPEUTIC								
43	RADIOISOTOPE								
44	LABORATORY	392,104	392,104	66,432,198	.005902	.005902	2,753,582	16,252	
44	01 CARDIAC CATH LABORATORY								
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
47	BLOOD STORING, PROCESSING								
48	INTRAVENOUS THERAPY			2,652,059			132,510		
49	RESPIRATORY THERAPY	12,140	12,140	16,116,194	.000753	.000753	966,371	728	
50	PHYSICAL THERAPY	109,260	109,260	9,308,648	.011737	.011737	330,566	3,880	
50	01 SPORTS MEDICINE	24,280	24,280	997,744	.024335	.024335	292	7	
51	OCCUPATIONAL THERAPY			2,039,433			77,011		
51	01 OCCUPATIONAL HEALTH			2,072,258					
52	SPEECH PATHOLOGY			795,907			16,278		
53	ELECTROCARDIOLOGY	121,400	121,400	3,628,791	.033455	.033455	191,651	6,412	
54	ELECTROENCEPHALOGRAPHY	97,120	97,120	806,465	.120427	.120427	84,940	10,229	
55	MEDICAL SUPPLIES CHARGED			57,891,700			2,818,731		
56	DRUGS CHARGED TO PATIENTS			66,609,531			5,771,559		
57	RENAL DIALYSIS			1,791,815			123,999		
58	ASC (NON-DISTINCT PART)								
60	OUTPAT SERVICE COST CNTRS								
60	CLINIC	279,220	279,220	3,017,134	.092545	.092545			
60	01 DIABETES CLINIC			1,799,668					
60	02 PROMPT CARE			1,377,372			340		
60	03 NEIGHBORHOOD CLINIC			410,160					
60	04 WOUND CARE INSTITUTE			1,143,111			82,736		
60	05 BARIATRICS CENTER			323,313					
60	06 PEDIATRIC CLINIC			92,345					
60	07 IBMT JV			6,546,451			60,632		
60	08 PSYCHIATRIC COUNSELING CE			4,543,757					
60	09 PAIN CLINIC			1,092,695					
60	10 MEDICAL ONCOLOGY CLINIC								
61	EMERGENCY	173,686	173,686	55,632,694	.003122	.003122	1,322,330	4,128	
62	OBSERVATION BEDS (NON-DIS			1,500,026			17,801		
62	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
101	TOTAL	1,621,970	1,621,970	397,107,887			17,794,308	54,297	

TITLE XIX		HOSPITAL				PPS		COL 8.01	COL 8.02
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	PASS THRU COST	* COL 5	* COL 5	
LINE NO.		CHARGES	D, V COL 5.03	D, V COL 5.04			9.01	9.02	
		8	8.01	8.02		9			
37	ANCILLARY SRVC COST CNTRS								
38	OPERATING ROOM	302,138				3,621			
39	RECOVERY ROOM								
40	DELIVERY ROOM & LABOR ROO								
41	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC	1,663,334							
41	02 NUCLEAR MEDICINE	9,687							
41	03 ULTRA SOUND	391,854							
41	04 ST. FRANCIS NUCLEAR MEDIC								
42	RADIOLOGY-THERAPEUTIC								
43	RADIOISOTOPE								
44	LABORATORY	1,603,244				9,462			
44	01 CARDIAC CATH LABORATORY								
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
47	BLOOD STORING, PROCESSING								
48	INTRAVENOUS THERAPY	132,842							
49	RESPIRATORY THERAPY	69,121				52			
50	PHYSICAL THERAPY	105,454				1,238			
50	01 SPORTS MEDICINE								
51	OCCUPATIONAL THERAPY	51,172							
51	01 OCCUPATIONAL HEALTH								
52	SPEECH PATHOLOGY	29,108							
53	ELECTROCARDIOLOGY	16,236				543			
54	ELECTROENCEPHALOGRAPHY	7,118				857			
55	MEDICAL SUPPLIES CHARGED	404,722							
56	DRUGS CHARGED TO PATIENTS	1,456,570							
57	RENAL DIALYSIS								
58	ASC (NON-DISTINCT PART)								
60	OUTPAT SERVICE COST CNTRS								
60	CLINIC	359				33			
60	01 DIABETES CLINIC								
60	02 PROMPT CARE	6,233							
60	03 NEIGHBORHOOD CLINIC								
60	04 WOUND CARE INSTITUTE	22,908							
60	05 BARIATRICS CENTER	313							
60	06 PEDIATRIC CLINIC	1,800							
60	07 IBMT JV	236,983							
60	08 PSYCHIATRIC COUNSELING CE	17,771							
60	09 PAIN CLINIC	16,380							
60	10 MEDICAL ONCOLOGY CLINIC								
61	EMERGENCY	6,519,797				20,355			
62	OBSERVATION BEDS (NON-DIS	146,203							
64	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
101	TOTAL	13,211,347				36,161			



TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 02 NUCLEAR MEDICINE					
41 03 ULTRA SOUND					
41 04 ST. FRANCIS NUCLEAR MEDICINE (JV)					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
44 01 CARDIAC CATH LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
50 01 SPORTS MEDICINE					
51 OCCUPATIONAL THERAPY					
51 01 OCCUPATIONAL HEALTH					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 DIABETES CLINIC					
60 02 PROMPT CARE					
60 03 NEIGHBORHOOD CLINIC					
60 04 WOUND CARE INSTITUTE					
60 05 BARIATRICS CENTER					
60 06 PEDIATRIC CLINIC					
60 07 IBMT JV					
60 08 PSYCHIATRIC COUNSELING CENTER					
60 09 PAIN CLINIC					
60 10 MEDICAL ONCOLOGY CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XIX

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		1,313,722	34,440,513			
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	02 RADIOLOGY-DIAGNOSTIC		577,774	47,617,739	757		
41	03 NUCLEAR MEDICINE		171,241	1,218,329			
41	04 ULTRA SOUND		64,866	5,209,837			
42	ST. FRANCIS NUCLEAR MEDIC		1,890				
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
44	01 LABORATORY		537,563	66,432,198	11,835		
45	CARDIAC CATH LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY		91,725	2,652,059	2,148		
49	RESPIRATORY THERAPY		106,756	16,116,194	284		
50	PHYSICAL THERAPY		238,031	9,308,648	87,008		
50	01 SPORTS MEDICINE		91,543	997,744			
51	OCCUPATIONAL THERAPY		57,262	2,039,433	1,537		
51	01 OCCUPATIONAL HEALTH		4,475	2,072,258			
52	SPEECH PATHOLOGY		30,461	795,907	763		
53	ELECTROCARDIOLOGY		117,304	3,628,791	134		
54	ELECTROENCEPHALOGRAPHY		155,385	806,465			
55	MEDICAL SUPPLIES CHARGED		31,983	57,891,700	18,002		
56	DRUGS CHARGED TO PATIENTS		37,876	66,609,531	57,478		
57	RENAL DIALYSIS		78,495	1,791,815			
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC		22,242	3,017,134			
60	02 DIABETES CLINIC		11,270	1,799,668			
60	03 PROMPT CARE		1,796	1,377,372			
60	04 NEIGHBORHOOD CLINIC		118,668	410,160			
60	05 WOUND CARE INSTITUTE		116,392	1,143,111	2,640		
60	06 BARIATRICS CENTER		2,060	323,313			
60	07 PEDIATRIC CLINIC		382	92,345			
60	08 IBMT JV		71,798	6,546,451			
60	09 PSYCHIATRIC COUNSELING CE		207,494	4,543,757			
60	10 PAIN CLINIC		185,202	1,092,695			
61	MEDICAL ONCOLOGY CLINIC						
61	EMERGENCY		495,757	55,632,694	3,396		
62	OBSERVATION BEDS (NON-DIS		53,807	1,500,026			
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		4,995,220	397,107,887	185,982		



TITLE XIX

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37		ANCILLARY SRVC COST CNTRS											
		OPERATING ROOM				412,760							
38		RECOVERY ROOM											
39		DELIVERY ROOM & LABOR ROO											
40		ANESTHESIOLOGY											
41		RADIOLOGY-DIAGNOSTIC											
41	02	NUCLEAR MEDICINE											
41	03	ULTRA SOUND											
41	04	ST. FRANCIS NUCLEAR MEDIC											
42		RADIOLOGY-THERAPEUTIC											
43		RADIOISOTOPE											
44		LABORATORY						392,104					
44	01	CARDIAC CATH LABORATORY											
45		PBP CLINICAL LAB SERVICES											
46		WHOLE BLOOD & PACKED RED											
47		BLOOD STORING, PROCESSING											
48		INTRAVENOUS THERAPY											
49		RESPIRATORY THERAPY				12,140							
50		PHYSICAL THERAPY				109,260							
50	01	SPORTS MEDICINE				24,280							
51		OCCUPATIONAL THERAPY											
51	01	OCCUPATIONAL HEALTH											
52		SPEECH PATHOLOGY											
53		ELECTROCARDIOLOGY				121,400							
54		ELECTROENCEPHALOGRAPHY				97,120							
55		MEDICAL SUPPLIES CHARGED											
56		DRUGS CHARGED TO PATIENTS											
57		RENAL DIALYSIS											
58		ASC (NON-DISTINCT PART)											
60		OUTPAT SERVICE COST CNTRS											
60		CLINIC				279,220							
60	01	DIABETES CLINIC											
60	02	PROMPT CARE											
60	03	NEIGHBORHOOD CLINIC											
60	04	WOUND CARE INSTITUTE											
60	05	BIATRICS CENTER											
60	06	PEDIATRIC CLINIC											
60	07	IBMT JV											
60	08	PSYCHIATRIC COUNSELING CE											
60	09	PAIN CLINIC											
60	10	MEDICAL ONCOLOGY CLINIC											
61		EMERGENCY				84,980		88,706					
62		OBSERVATION BEDS (NON-DIS											
		OTHER REIMBURS COST CNTRS											
64		HOME PROGRAM DIALYSIS											
65		AMBULANCE SERVICES											
66		DURABLE MEDICAL EQUIP-REN											
67		DURABLE MEDICAL EQUIP-SOL											
101		TOTAL				1,141,160		480,810					

TITLE XIX

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM	412,760	412,760	34,440,513	.011985	.011985		
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY							
41	02 RADIOLOGY-DIAGNOSTIC			47,617,739			757	
41	03 NUCLEAR MEDICINE			1,218,329				
41	04 ULTRA SOUND			5,209,837				
42	ST. FRANCIS NUCLEAR MEDIC							
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
44	01 LABORATORY	392,104	392,104	66,432,198	.005902	.005902	11,835	70
45	CARDIAC CATH LABORATORY							
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY			2,652,059			2,148	
50	RESPIRATORY THERAPY	12,140	12,140	16,116,194	.000753	.000753	284	
50	01 PHYSICAL THERAPY	109,260	109,260	9,308,648	.011737	.011737	87,008	1,021
51	SPORTS MEDICINE	24,280	24,280	997,744	.024335	.024335		
51	01 OCCUPATIONAL THERAPY			2,039,433			1,537	
52	OCCUPATIONAL HEALTH			2,072,258				
53	SPEECH PATHOLOGY			795,907			763	
54	ELECTROCARDIOLOGY	121,400	121,400	3,628,791	.033455	.033455	134	4
55	ELECTROENCEPHALOGRAPHY	97,120	97,120	806,465	.120427	.120427		
56	MEDICAL SUPPLIES CHARGED			57,891,700			18,002	
57	DRUGS CHARGED TO PATIENTS			66,609,531			57,478	
58	RENAL DIALYSIS			1,791,815				
60	ASC (NON-DISTINCT PART)							
60	01 OUTPAT SERVICE COST CNTRS	279,220	279,220	3,017,134	.092545	.092545		
60	02 CLINIC			1,799,668				
60	03 PROMPT CARE			1,377,372				
60	04 NEIGHBORHOOD CLINIC			410,160				
60	05 WOUND CARE INSTITUTE			1,143,111			2,640	
60	06 BARIATRICS CENTER			323,313				
60	07 PEDIATRIC CLINIC			92,345				
60	08 IBMT JV			6,546,451				
60	09 PSYCHIATRIC COUNSELING CE			4,543,757				
60	10 PAIN CLINIC			1,092,695				
61	MEDICAL ONCOLOGY CLINIC							
61	EMERGENCY	173,686	173,686	55,632,694	.003122	.003122	3,396	11
62	OBSERVATION BEDS (NON-DIS			1,500,026				
64	OTHER REIMBURS COST CNTRS							
65	HOME PROGRAM DIALYSIS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	1,621,970	1,621,970	397,107,887			185,982	1,106

TITLE XIX

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 02	NUCLEAR MEDICINE						
41 03	ULTRA SOUND						
41 04	ST. FRANCIS NUCLEAR MEDIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
44 01	CARDIAC CATH LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50 01	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY						
51 01	OCCUPATIONAL HEALTH						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	DIABETES CLINIC						
60 02	PROMPT CARE						
60 03	NEIGHBORHOOD CLINIC						
60 04	WOUND CARE INSTITUTE						
60 05	BARITRICS CENTER						
60 06	PEDIATRIC CLINIC						
60 07	IBMT JV						
60 08	PSYCHIATRIC COUNSELING CE						
60 09	PAIN CLINIC						
60 10	MEDICAL ONCOLOGY CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						



TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					908.78
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					21,956,125
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					21,956,125

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	13,325,073	9,076	1,468.17	6,446	9,463,824
43.01	NEONATAL INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

1

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					1,716,400
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					1,261,551
52	TOTAL PROGRAM EXCLUDABLE COST					2,977,951
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					61,558,585

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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











TITLE XIX - I/P HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 940.92  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,123,854  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,123,854

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	13,482,893	9,076	1,485.55	984	1,461,781
43.01 NEONATAL INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 5,107,971
49 TOTAL PROGRAM INPATIENT COSTS					9,693,606

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 243,259  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 226,236  
 52 TOTAL PROGRAM EXCLUDABLE COST 469,495  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 9,224,111

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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











TITLE XVIII, PART A      SUBPROVIDER 2      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
26	01 INTENSIVE CARE UNIT			
27	NEONATAL INTENSIVE CARE UNIT			
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
31	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II		3,431,823	
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.356593	6,021	2,147
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROOM			
41	ANESTHESIOLOGY			
41	01 RADIOLOGY-DIAGNOSTIC	.147726	107,504	15,881
41	02 NUCLEAR MEDICINE	.548290	6,953	3,812
41	03 ULTRA SOUND	.132535	17,738	2,351
41	04 ST. FRANCIS NUCLEAR MEDICINE (JV)			
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.363483	266,669	96,930
44	01 CARDIAC CATH LABORATORY			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY	.541384	15,045	8,145
49	RESPIRATORY THERAPY	.294733	53,752	15,842
50	PHYSICAL THERAPY	.368585	2,252,039	830,068
50	01 SPORTS MEDICINE	.652193		
51	OCCUPATIONAL THERAPY	.511500	64,120	32,797
51	01 OCCUPATIONAL HEALTH	.843720		
52	SPEECH PATHOLOGY	.553621	56,317	31,178
53	ELECTROCARDIOLOGY	.267123	16,007	4,276
54	ELECTROENCEPHALOGRAPHY	1.120538	2,368	2,653
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.381789	362,311	138,326
56	DRUGS CHARGED TO PATIENTS	.217205	824,779	179,146
57	RENAL DIALYSIS	.582616	27,717	16,148
58	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.798450		
60	01 DIABETES CLINIC	1.260165		
60	02 PROMPT CARE	.447650		
60	03 NEIGHBORHOOD CLINIC	4.212363		
60	04 WOUND CARE INSTITUTE	.696375	13,880	9,666
60	05 BARIATRICS CENTER	2.465490		
60	06 PEDIATRIC CLINIC	1.577162		
60	07 IBMT JV	.405707		
60	08 PSYCHIATRIC COUNSELING CENTER	.662697		
60	09 PAIN CLINIC	.667463		
60	10 MEDICAL ONCOLOGY CLINIC			
61	EMERGENCY	.156899	5,115	803
62	OBSERVATION BEDS (NON-DISTINCT PART)	.639770		
64	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		4,098,335	1,390,169
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,098,335	

















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

- 1 INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)
- 1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)
- 1.02 ENTER FROM THE PS&R, THE IRF PPS PAYMENT
- 1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)
- 1.04 INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)
- 1.05 OUTLIER PAYMENTS
- 1.06 TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)
- 1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUNCTIONS)
  
- INPATIENT PSYCHIATRIC FACILITY (IPF)
- 1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)
- 1.09 NET IPF PPS OUTLIER PAYMENTS
- 1.10 NET IPF PPS ECT PAYMENTS
- 1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)
- 1.12 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)
- 1.13 CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.14 CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)
- 1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)
- 1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR  $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .
- 1.18 MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).
- 1.19 ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)
- 1.20 STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)
- 1.21 ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)
- 1.22 STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)
- 1.23 TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)
  
- INPATIENT REHABILITATION FACILITY (IRF)
- 1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)
- 1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)
- 1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.38 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)
- 1.39 INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)
- 1.40 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)
- 1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR  $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .
- 1.42 MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).
  
- 2 ORGAN ACQUISITION
- 3 COST OF TEACHING PHYSICIANS
- 4 SUBTOTAL (SEE INSTRUCTIONS)
- 5 PRIMARY PAYER PAYMENTS
- 6 SUBTOTAL
- 7 DEDUCTIBLES
- 8 SUBTOTAL
- 9 COINSURANCE
- 10 SUBTOTAL
- 11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)
- 11.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 12 SUBTOTAL
- 13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)
- 14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION
- 15 OTHER ADJUSTMENTS (SPECIFY)

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

- 15.99 OUTLIER RECONCILIATION ADJUSTMENT
- 16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS  
RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS
- 17 TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)
- 18 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 19 INTERIM PAYMENTS
- 19.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 20 BALANCE DUE PROVIDER/PROGRAM
- 21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

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



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

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,028,388
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,198,952
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-170,564
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

50    ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)  
      OR 1.09 (IPF).

51    ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52    ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE  
      OF MONEY. (SEE INSTRUCTIONS).

53    ENTER THE TIME VALUE OF MONEY.

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

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

	TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.			

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

	TITLE XIX	SUBPROVIDER 2	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		266,046	
11	ANCILLARY SERVICE CHARGES		185,982	
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		452,028	
	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)		452,028	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		452,028	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	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		1,106	
30	SUBTOTAL		1,106	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		452,028	
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		1,106	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		1,106	
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)		1,106	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDI CARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		1,106	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		1,106	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		1,106	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

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

TITLE XIX

SUBPROVIDER 2

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

- 58 BALANCE DUE PROVIDER/PROGRAM
- 59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE			
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)			
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY			
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)			
3	AGGREGATE APPROVED AMOUNT			
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96			18.56
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)			
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4	+ LINE 3.03	-6.84
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	18.56	-6.84	11.72
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS			12.25
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.			11.72
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.			12.25
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.			
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.			12.25
3.10	SEE INSTRUCTIONS			11.72
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.			
3.12	SEE INSTRUCTIONS			
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)			
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)			
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)			
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.			
3.18	SEE INSTRUCTIONS			
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)			9.81
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)			15.12
3.21	SEE INSTRUCTIONS		RES INIT YEARS	12.22
3.22	SEE INSTRUCTIONS			12.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			97,734.51
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			1,194,316
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001			1,194,316

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS			33,573
5	TOTAL INPATIENT DAYS			55,880
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11		.600805
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	717,551		717,551
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)			1,433
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.			55,880
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)			100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.			26,299
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)			
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12		100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD			

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

7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS

TITLE XVIII

8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	1,791,815
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	
10	MEDICARE OUTPATIENT ESRD CHARGES	
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS	

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST		
12	REASONABLE COST (SEE INSTRUCTIONS)	68,780,603
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	25,713
16	TOTAL PART A REASONABLE COST	68,754,890

PART B REASONABLE COST		
17	REASONABLE COST	8,913,813
18	PRIMARY PAYER PAYMENTS	1,375
19	TOTAL PART B REASONABLE COST	8,912,438
20	TOTAL REASONABLE COST	77,667,328
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.885249
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.114751

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	743,850
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	658,492
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	85,358

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	18.56	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	18.56	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	18.56	

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	16.44
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	16.44
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	16.44

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	11,112,887			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	86,916,518			
5	OTHER RECEIVABLES	1,603,349			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-54,147,433			
7	INVENTORY	1,710,246			
8	PREPAID EXPENSES	1,803,062			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	2,436,654			
11	TOTAL CURRENT ASSETS	51,435,283			
FIXED ASSETS					
12	LAND	9,975,982			
12.01	LAND IMPROVEMENTS	7,687,918			
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS	125,948,815			
14	LESS ACCUMULATED DEPRECIATION				
14.01	LEASEHOLD IMPROVEMENTS	366,461			
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT	100,643,355			
16	LESS ACCUMULATED DEPRECIATION	-181,819,789			
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT				
18	LESS ACCUMULATED DEPRECIATION				
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	62,802,742			
OTHER ASSETS					
21	INVESTMENTS				
22	DEPOSITS ON LEASES				
23	DUE FROM OWNERS/OFFICERS				
24	OTHER ASSETS	5,269,725			
25	TOTAL OTHER ASSETS	5,269,725			
26	TOTAL ASSETS	119,507,750			
27					

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	16,284,830			
29 SALARIES, WAGES & FEES PAYABLE	7,841,399			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,854,060			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,256,061			
36 TOTAL CURRENT LIABILITIES	28,236,350			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	12,005,423			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	12,005,423			
43 TOTAL LIABILITIES	40,241,773			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	79,265,977			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	79,265,977			
52 TOTAL LIABILITIES AND FUND BALANCES	119,507,750			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		111,446,740		
2	NET INCOME (LOSS)		-33,274,625		
3	TOTAL		78,172,115		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM	1,093,862			
6					
7					
8					
9					
10	TOTAL ADDITIONS		1,093,862		
11	SUBTOTAL		79,265,977		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		79,265,977		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	44,405,261		44,405,261
2 00 SUBPROVIDER			
2 01 SUBPROVIDER II	5,040,642		5,040,642
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	49,445,903		49,445,903
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	12,658,926		12,658,926
10 01 NEONATAL INTENSIVE CARE UNIT			
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	12,658,926		12,658,926
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	62,104,829		62,104,829
17 00 ANCILLARY SERVICES	220,113,681	176,994,204	397,107,885
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		6,045,622	6,045,622
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE		5,410,927	5,410,927
24 00 PHYSICIAN PRIVATE OFFICES		41,813,719	41,813,719
25 00 TOTAL PATIENT REVENUES	282,218,510	230,264,472	512,482,982

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	213,602,023		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES	213,602,023		



HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	847,392	214,485	6,234	121,871	98,680	1,288,662
HHA REIMBURSABLE SERVICES						
6	690,470	174,655	76,959	1,361	3,025	946,470
7	461,423	116,442	34,912		490	613,267
8	120,428	31,230	8,522		44	160,224
9	14,390	3,746	1,521			19,657
10	42,789	10,778	3,837	82,532	658	140,594
11	45,981	11,477	12,732		229	70,419
12						
13						
13.20						
14	69,917	17,740		947,398	3,861	1,038,916
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,292,790	580,553	144,717	1,153,162	106,987	4,278,209

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-33	1,288,629		1,288,629
HHA REIMBURSABLE SERVICES				
6		946,470		946,470
7		613,267		613,267
8		160,224		160,224
9		19,657		19,657
10		140,594		140,594
11		70,419		70,419
12				
13				
13.20				
14	-40,933	997,983		997,983
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	-40,966	4,237,243		4,237,243

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
5	1,288,629					1,288,629	1,288,629
HHA REIMBURSABLE SERVICES							
6	946,470					946,470	413,635
7	613,267					613,267	268,015
8	160,224					160,224	70,023
9	19,657					19,657	8,591
10	140,594					140,594	61,444
11	70,419					70,419	30,775
12							
13							
13.20							
14	997,983					997,983	436,146
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	4,237,243					4,237,243	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6	1,360,105						
7	881,282						
8	230,247						
9	28,248						
10	202,038						
11	101,194						
12							
13							
13.20							
14	1,434,129						
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	4,237,243						

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N 5A	ADMINISTRATIV E & GENERAL ( ACCUM. COST )
	1	2	3	4		5
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
					-1,288,629	2,948,614
HHA REIMBURSABLE SERVICES						
6						946,470
7						613,267
8						160,224
9						19,657
10						140,594
11						70,419
12						
13						
13.20						
14						997,983
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24						
25					-1,288,629	2,948,614
26						1,288,629
						.437029

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-BLDG & 1.01	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-BLDG & 3.01
1 ADMIN & GENERAL					70,398	
2 SKILLED NURSING CARE	1,360,105					
3 PHYSICAL THERAPY	881,282					
4 OCCUPATIONAL THERAPY	230,247					
5 SPEECH PATHOLOGY	28,248					
6 MEDICAL SOCIAL SERVICES	202,038					
7 HOME HEALTH AIDE	101,194					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME	1,434,129					
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	4,237,243				70,398	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	ADMITTING 6.01	CASHIERING/A CCOUNTS RECE 6.02	SUBTOTAL 6A.02	OTHER ADMINI STRATIVE AND 6.03
1 ADMIN & GENERAL	90,889	25,137			186,424	20,093
2 SKILLED NURSING CARE		20,481			1,380,586	148,800
3 PHYSICAL THERAPY		13,687			894,969	96,460
4 OCCUPATIONAL THERAPY		3,572			233,819	25,201
5 SPEECH PATHOLOGY		427			28,675	3,091
6 MEDICAL SOCIAL SERVICES		1,269			203,307	21,912
7 HOME HEALTH AIDE		1,364			102,558	11,054
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME		2,074			1,436,203	154,793
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	90,889	68,011			4,466,541	481,404
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMI NISTRATION 14
1 ADMIN & GENERAL	205,979		67,262		13,636	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	205,979		67,262		13,636	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	CENTRAL SERV ICES & SUPPL 15	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17	I&R SERVI CES -SALARY & FR 22	I&R SERVI CES -OTHER PRGM 23	PARAMED ED P RGM 24
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	EMERGENCY MEDICAL SERVICE 24.02	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		493,394		493,394		
2 SKILLED NURSING CARE		1,529,386		1,529,386	159,148	1,688,534
3 PHYSICAL THERAPY		991,429		991,429	103,168	1,094,597
4 OCCUPATIONAL THERAPY		259,020		259,020	26,954	285,974
5 SPEECH PATHOLOGY		31,766		31,766	3,306	35,072
6 MEDICAL SOCIAL SERVICES		225,219		225,219	23,436	248,655
7 HOME HEALTH AIDE		113,612		113,612	11,822	125,434
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME		1,590,996		1,590,996	165,560	1,756,556
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		5,234,822		5,234,822	493,394	5,234,822
21 UNIT COST MULTIPLIER					0.104060	

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

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET	1	OLD CAP REL COSTS-BLDG & (SQUARE FEET	1.01	OLD CAP REL COSTS-MVBLE (SQUARE FEET	2	NEW CAP REL COSTS-BLDG & (SQUARE FEET	3	NEW CAP REL COSTS-BLDG & (SQUARE FEET	3.01	NEW CAP REL COSTS-MVBLE (SQUARE FEET	4
1 ADMIN & GENERAL							7,185				7,185	
2 SKILLED NURSING CARE												
3 PHYSICAL THERAPY												
4 OCCUPATIONAL THERAPY												
5 SPEECH PATHOLOGY												
6 MEDICAL SOCIAL SERVICES												
7 HOME HEALTH AIDE												
8 SUPPLIES												
9 DRUGS												
9.20 COST ADMINISTERING DRUGS												
10 DME												
11 HOME DIALYSIS AIDE SVCS												
12 RESPIRATORY THERAPY												
13 PRIVATE DUTY NURSING												
14 CLINIC												
15 HEALTH PROM ACTIVITIES												
16 DAY CARE PROGRAM												
17 HOME DEL MEALS PROGRAM												
18 HOMEMAKER SERVICE												
19 ALL OTHER												
19.50 TELEMEDICINE												
20 TOTAL (SUM OF 1-19)							7,185				7,185	
21 COST TO BE ALLOCATED							70,398				90,889	
22 UNIT COST MULTIPLIER							9.797912				12.649826	

HHA COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES	5	ADMITTING (GROSS CHARGES	6.01	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES	6.02	RECONCILIATION	6A.03	OTHER ADMINISTRATIVE AND ACCUM. COST	6.03	OPERATION OF PLANT (SQUARE FEET	8
1 ADMIN & GENERAL	847,392								186,424		7,185	
2 SKILLED NURSING CARE	690,470								1,380,586			
3 PHYSICAL THERAPY	461,423								894,969			
4 OCCUPATIONAL THERAPY	120,428								233,819			
5 SPEECH PATHOLOGY	14,390								28,675			
6 MEDICAL SOCIAL SERVICES	42,789								203,307			
7 HOME HEALTH AIDE	45,981								102,558			
8 SUPPLIES												
9 DRUGS												
9.20 COST ADMINISTERING DRUGS												
10 DME	69,917								1,436,203			
11 HOME DIALYSIS AIDE SVCS												
12 RESPIRATORY THERAPY												
13 PRIVATE DUTY NURSING												
14 CLINIC												
15 HEALTH PROM ACTIVITIES												
16 DAY CARE PROGRAM												
17 HOME DEL MEALS PROGRAM												
18 HOMEMAKER SERVICE												
19 ALL OTHER												
19.50 TELEMEDICINE												
20 TOTAL (SUM OF 1-19)	2,292,790								4,466,541		7,185	
21 COST TO BE ALLOCATED	68,011								481,404		205,979	
22 UNIT COST MULTIPLIER	0.029663								0.107780		28.667919	

HHA 1

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)
	9	10	11	12	14	15
1 ADMIN & GENERAL		7,185		75,013		
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		7,185		75,013		
21 COST TO BE ALLOCATED		67,262		13,636		
22 UNIT COST MULTIPLIER		9.361447		0.181782		

HHA COST CENTER	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	I&R SERVICES - SALARY & FR (ASSIGNED TIME)	I&R SERVICES - OTHER PRGM (ASSIGNED TIME)	PARAMED P RGM (ASSIGNED TIME)	EMERGENCY MEDICAL SERVICES (ASSIGNED TIME)
	16	17	22	23	24	24.02
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	1,688,534	2	1,688,534	10,613	159.10	6 3,589
2 PHYSICAL THERAPY	3	1,094,597		1,094,597	6,446	169.81	3,372
3 OCCUPATIONAL THERAPY	4	285,974		285,974	1,810	158.00	912
4 SPEECH PATHOLOGY	5	35,072		35,072	213	164.66	102
5 MEDICAL SOCIAL SERVICES	6	248,655		248,655	213	1,167.39	82
6 HOME HEALTH AIDE SERVICE	7	125,434		125,434	2,260	55.50	412
7 TOTAL		3,478,266		3,478,266	21,555		8,469

	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11
1 SKILLED NURSING	2,214		571,010	352,247	923,257
2 PHYSICAL THERAPY	1,358		572,599	230,602	803,201
3 OCCUPATIONAL THERAPY	298		144,096	47,084	191,180
4 SPEECH PATHOLOGY	10		16,795	1,647	18,442
5 MEDICAL SOCIAL SERVICES	40		95,726	46,696	142,422
6 HOME HEALTH AIDE SERVICES	1,271		22,866	70,541	93,407
7 TOTAL	5,191		1,423,092	748,817	2,171,909

LIMITATION COST COMPUTATION	PROGRAM COST LIMITS					PROGRAM VISITS
	1	2	3	4	5	PART A
PATIENT SERVICES						6
8 SKILLED NURSING	3480					
9 PHYSICAL THERAPY	3480					
10 OCCUPATIONAL THERAPY	3480					
11 SPEECH PATHOLOGY	3480					
12 MEDICAL SOCIAL SERVICES	3480					
13 HOME HEALTH AIDE SERVICE	3480					
14 TOTAL						

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

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

PART I - APPORTIONMENT OF HHA COST CENTERS:  
 COMPUTATION OF THE LESSER OF AGGREGATE MEDI CARE COST OR THE AGGREGATE OF THE MEDI CARE LI MI TATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00				81,731		35,725
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----		
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
	15 COST OF MEDICAL SUPPLIES	46,006			
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNLAP CENSUS FROM WRKST S-4	3480	
17 PER BENE COST LIMITATION (FRM FI)	3480	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.368585			COL 2, LN 2
1.01 SPORTS MEDICINE	50.01	.652193			
2 OCCUPATIONAL THERAPY	51	.511500			COL 2, LN 3
2.01 OCCUPATIONAL HEALTH	51.01	.843720			
3 SPEECH PATHOLOGY	52	.553621			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.381789			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.217205			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY	1	169.81	2.01	3.01			
2 OCCUPATIONAL THERAPY	3	158.00					
3 SPEECH PATHOLOGY	4	164.66					
4 TOTAL (SUM OF LINES 1-3)							



TITLE XVIII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,705,926		793,331
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,705,926		793,331
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
TENTATIVE TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY		1,705,926		793,331

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							6
1 SKILLED NURSING	2	1,688,534	2	1,688,534	10,613	159.10	
2 PHYSICAL THERAPY	3	1,094,597		1,094,597	6,446	169.81	
3 OCCUPATIONAL THERAPY	4	285,974		285,974	1,810	158.00	
4 SPEECH PATHOLOGY	5	35,072		35,072	213	164.66	
5 MEDICAL SOCIAL SERVICES	6	248,655		248,655	213	1,167.39	
6 HOME HEALTH AIDE SERVICE	7	125,434		125,434	2,260	55.50	
7 TOTAL		3,478,266		3,478,266	21,555		

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----			TOTAL PROGRAM COST
	-----PART B-----		-----PART B-----			
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	9	10	11	12
1 SKILLED NURSING						
2 PHYSICAL THERAPY						
3 OCCUPATIONAL THERAPY						
4 SPEECH PATHOLOGY						
5 MEDICAL SOCIAL SERVICES						
6 HOME HEALTH AIDE SERVICES						
7 TOTAL						

LIMITATION COST COMPUTATION					PROGRAM COST LIMITS	PROGRAM VISITS
PATIENT SERVICES	1	2	3	4	5	PART A
						6
8 SKILLED NURSING	3480					
9 PHYSICAL THERAPY	3480					
10 OCCUPATIONAL THERAPY	3480					
11 SPEECH PATHOLOGY	3480					
12 MEDICAL SOCIAL SERVICES	3480					
13 HOME HEALTH AIDE SERVICE	3480					
14 TOTAL						

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

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

PART I - APPORTIONMENT OF HHA COST CENTERS:  
 COMPUTATION OF THE LESSER OF AGGREGATE MEDI CARE COST OR THE AGGREGATE OF THE MEDI CARE LI MI TATION

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

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----		
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES					
16 COST OF DRUGS					
16.20 COST OF DRUGS					

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UN DUP CENSUS FROM WRKST S-4	3480	
17 PER BENE COST LIMITATION (FRM FI)	3480	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.368585			COL 2, LN 2
1.01 SPORTS MEDICINE	50.01	.652193			
2 OCCUPATIONAL THERAPY	51	.511500			COL 2, LN 3
2.01 OCCUPATIONAL HEALTH	51.01	.843720			
3 SPEECH PATHOLOGY	52	.553621			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.381789			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.217205			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY	1	169.81	2.01	3.01			
2 OCCUPATIONAL THERAPY	3	158.00					
3 SPEECH PATHOLOGY	4	164.66					
4 TOTAL (SUM OF LINES 1-3)							

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0033	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
15-1523		

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	698,889	174,656		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	1,121,563	280,284		
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	900	225		
12 OCCUPATIONAL THERAPY	190	47		
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	433,829	108,416		
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	76,889	19,215		
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)	2,332,260	582,843		

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0033	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
15-1523		

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		873,545	1,168,022	2,041,567
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		1,401,847		1,401,847
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		1,125		1,125
12 OCCUPATIONAL THERAPY		237		237
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		542,245		542,245
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		96,104		96,104
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)		2,915,103	1,168,022	4,083,125

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0033	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
15-1523		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL	-6,234	2,035,333
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		1,401,847
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		1,125
12 OCCUPATIONAL THERAPY		237
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		542,245
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOME MAKER		96,104
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)	-6,234	4,076,891

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0033	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
15-1523		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL		478, 430		
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14. 20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY			433, 829	
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER				
23. 20 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27. 30 ANALGESICS				
28. 31 SEDATIVES / HYPNOTICS				
29. 32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)		478, 430	433, 829	

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0033	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
15-1523		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
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				220,459
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	1,121,563			
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY		900		
16 OCCUPATIONAL THERAPY		190		
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER			76,889	
23 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	1,121,563	1,090	76,889	220,459

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0033	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
15-1523		

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	698,889
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	1,121,563
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	900
12	OCCUPATIONAL THERAPY	190
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	433,829
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	76,889
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)	2,332,260

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0033	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
15-1523		

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		119,562		
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			108,416	
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)		119,562	108,416	

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0033	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
15-1523		

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				55,094
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	280,284			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		225		
12 OCCUPATIONAL THERAPY		47		
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			19,215	
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)	280,284	272	19,215	55,094

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0033	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-2
15-1523		

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	174,656
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	280,284
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	225
12	OCCUPATIONAL THERAPY	47
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	108,416
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	19,215
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)	582,843

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0033	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
15-1523		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	2,035,333			
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	1,401,847			
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY	1,125			
16 OCCUPATIONAL THERAPY	237			
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES	542,245			
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER	96,104			
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	4,076,891			

COST ALLOCATION -	PROVIDER NO:	PERIOD:	PREPARED
HOSPICE GENERAL SERVICE COST	15-0033	FROM 1/ 1/2008	5/27/2009
	HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
	15-1523		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			2,035,333	2,035,333
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			1,401,847	1,397,572
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			1,125	1,122
16 OCCUPATIONAL THERAPY			237	236
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			542,245	540,592
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			96,104	95,811
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			2,041,558	2,035,333

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0033	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
15-1523		PART I

HOSPICE 1

TOTAL  
(COL. 5A  
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	2,799,419
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	2,247
16	OCCUPATIONAL THERAPY	473
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	1,082,837
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	191,915
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	4,076,891

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0033	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
15-1523		PART II

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1				
2				
3				
4				
5				
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10.20				
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20.32				
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25				
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30				
31				
32				
33				
34				
35				
	.000000	.000000	.000000	.000000

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0033	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
15-1523		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE		-2,035,333	2,041,558
8 INPATIENT - GENERAL CARE			
9 INPATIENT - RESPIRE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			
12 NURSING CARE			1,401,847
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			1,125
15 OCCUPATIONAL THERAPY			237
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			542,245
18 SPIRITUAL COUNSELING			
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOMEMAKER			96,104
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			
30 PATIENT TRANSPORTATION			
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			
33 MEDICAL SUPPLIES			
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			2,035,333
45 UNIT COST MULTIPLIER	.000000		.996951

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP
		0	1	1.01	2
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	2,799,419			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	2,247			
7.00 OCCUPATIONAL THERAPY	12	473			
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	1,082,837			
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	191,915			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		4,076,891			
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
	3	3.01	4	5
1.00 ADMINISTRATIVE AND GENERAL	37,252			20,731
2.00 INPATIENT - GENERAL CARE			48,095	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				33,268
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				27
7.00 OCCUPATIONAL THERAPY				6
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				12,869
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				2,281
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)	37,252		48,095	69,182
30.00 UNIT COST MULTIPLIER				



HOSPICE 1

HOSPICE COST CENTER	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	12	14	15	16
1.00 ADMINISTRATIVE AND GENERAL	14,252			
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)	14,252			
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD	PARAMED ED PRGM
	17	22	23	24
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				



HOSPICE 1

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

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

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)
	1	1.01	2	3
1.00 ADMINISTRATIVE AND GENERAL				3,802
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)				3,802
30.00 TOTAL COST TO BE ALLOCATED				37,252
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	9.798001

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	ADMINISTRATIVE (GROSS CHARGES)
	3.01	4	5	6.01
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE			3,802	698,889
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				1,121,563
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				900
7.00 OCCUPATIONAL THERAPY				190
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				433,829
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				76,889
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				



HOSPICE 1

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MANHOURS)
	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL		3,802		78,398
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)		3,802		78,398
30.00 TOTAL COST TO BE ALLOCATED		35,592		14,252
31.00 UNIT COST MULTIPLIER	.000000	9.361389	.000000	.181790

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

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
HOSPICE COST CENTER	14	15	16	17
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	I & R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME)	I & R SERVICES-OTHER PRGM COSTS APPRVD (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)	EMERGENCY MEDICAL SERVICE (ASSIGNED TIME)
HOSPICE COST CENTER	22	23	24	24.02

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



PROVIDER NO:	PERIOD:	PREPARED
15-0033	FROM 1/ 1/2008	5/27/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-6
15-1523		

CALCULATION OF PER DIEM COST

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				4,846,322
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)				
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)				
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)				
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)				

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

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,269,240
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	208,193
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	140.60
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	8.40
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.70
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	55,577
	(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	8.36
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	8.36
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.71
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	55,904
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,588,914

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)	

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS		
	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER		
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997		
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997		
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	140.60	
	IN THE COST REPORTING PERIOD		
4 .01	NUMBER OF INTERNS AND RESIDENTS	12.25	
	(SEE INSTRUCTIONS)		
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	2.49	
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
	(SEE INSTRUCTIONS)		
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00	
	MEDICARE PART A PATIENT DAYS		
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00	
	DAYS REPORTED ON S-3, PART I		
5 .02	SUM OF 5 AND 5.01	.00	
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00	
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT		
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS		
PART II - HOLD HARMLESS METHOD			
1	NEW CAPITAL		
2	OLD CAPITAL		
3	TOTAL CAPITAL		
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000	
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE		
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT		
7	REDUCED OLD CAPITAL AMOUNT		
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL		
9	SUBTOTAL		
10	PAYMENT UNDER HOLD HARMLESS		
PART III - PAYMENT UNDER REASONABLE COST			
1	PROGRAM INPATIENT ROUTINE CAPITAL COST		
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST		
3	TOTAL INPATIENT PROGRAM CAPITAL COST		
4	CAPITAL COST PAYMENT FACTOR		
5	TOTAL INPATIENT PROGRAM CAPITAL COST		
PART IV - COMPUTATION OF EXCEPTION PAYMENTS			
1	PROGRAM INPATIENT CAPITAL COSTS		
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY		
	CIRCUMSTANCES		
3	NET PROGRAM INPATIENT CAPITAL COSTS		
4	APPLICABLE EXCEPTION PERCENTAGE	.00	
5	CAPITAL COST FOR COMPARISON TO PAYMENTS		
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00	
	CIRCUMSTANCES		
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL		
	FOR EXTRAORDINARY CIRCUMSTANCES		
8	CAPITAL MINIMUM PAYMENT LEVEL		
9	CURRENT YEAR CAPITAL PAYMENTS		
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT		
	LEVEL TO CAPITAL PAYMENTS		
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT		
	LEVEL OVER CAPITAL PAYMENT		
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL		
	TO CAPITAL PAYMENTS		
13	CURRENT YEAR EXCEPTION PAYMENT		
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT		
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD		
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT		
16	CURRENT YEAR OPERATING AND CAPITAL COSTS		
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT		
	(SEE INSTRUCTIONS)		