

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0086	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2011 TIME 16:54

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:
 DEARBORN COUNTY HOSPITAL 15-0086
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 ECR ENCRYPTION INFORMATION
 DATE: 5/27/2011 TIME 16:54

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 PI ENCRYPTION INFORMATION
 DATE: 5/27/2011 TIME 16:54

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 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2		3	4
1	HOSPITAL	0	80,739	-24,242	-1,227,268
5	HOSPITAL-BASED SNF	0	5,244	0	0
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	85,983	-24,242	-1,227,268

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.

Health Financial Systems MCRIF32 FOR DEARBORN COUNTY HOSPITAL IN LIEU OF FORM CMS-2552-96 (04/2011)
 HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET S-2
 I I TO 12/31/2010 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 600 WILSON CREEK ROAD P.O. BOX:
 1.01 CITY: LAWRENCEBURG STATE: IN ZIP CODE: 47025- COUNTY: DEARBORN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	DEARBORN COUNTY HOSPITAL	15-0086	7/ 1/1966	N	P	O
06.00	HOSPITAL-BASED SNF	DEARBORN COUNTY HOSPITAL	15-5602	8/28/1996	N	P	N
09.00	HOSPITAL-BASED HHA	HEALTH SERVICES CORP. OF SE IN	15-7055	10/ 1/1978	N	P	N
12.00	HOSP-BASED HOSPICE	HOSPICE OF SOUTHEASTERN INDIANA	15-1531	12/22/1994			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2010 TO: 12/31/2010
 18 TYPE OF CONTROL 1 2
 9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 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? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(C)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y 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 Y 17140

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 (OR APPLICABLE EXTENSION)OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO.(SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 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 DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE 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 DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

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

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. N

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. 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 IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N

25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1. N N

25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. 0.00

IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)

25.09 0000 0.00

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 N

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

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 100 0.9483 0.9699

0.00 1 1640 17140

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)

28.03 STAFFING % Y/N 105.30% Y

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N XVIII XIX
 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? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). N
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, 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 NHCMP 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
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
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		N			
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.		N			
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			
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(c)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).					0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.					N
IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.					

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).		Y			4/ 5/2011
---	--	---	--	--	-----------

MISCELLANEOUS DATA

64.00 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO.		Y			
--	--	---	--	--	--

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	70	25,553			8,145		2,149
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	70	25,553			8,145		2,149
6 INTENSIVE CARE UNIT	8	2,920			1,032		321
11 NURSERY							580
12 TOTAL	78	28,473			9,177		3,050
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		1,056			633		
18 HOME HEALTH AGENCY					5,885		
21 HOSPICE					3,901		309
25 TOTAL	78						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	DISCHARGES OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			15,510				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			15,510				
6 INTENSIVE CARE UNIT			2,154				
11 NURSERY			938				
12 TOTAL			18,602				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			809				
18 HOME HEALTH AGENCY			9,134				
21 HOSPICE			4,557				
25 TOTAL							
26 OBSERVATION BED DAYS			1,284				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,860	1,046	4,109
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		632.16			1,860	1,046	4,109
13 RPCH VISITS							
15 SKILLED NURSING FACILITY			4.58				
18 HOME HEALTH AGENCY			19.17				
21 HOSPICE			5.15				
25 TOTAL		661.06					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

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
1 SALARIES						
2 TOTAL SALARY	33,589,828		33,589,828	1,374,914.00	24.43	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
4.01 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	2,945,733		2,945,733	12,768.00	230.71	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	247,813		247,813	9,349.00	26.51	
8.01 EXCLUDED AREA SALARIES	1,579,822	56,230	1,636,052	69,474.00	23.55	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:	159,531		159,531	3,320.00	48.05	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	175,000		175,000	833.00	210.08	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	10,171,604		10,171,604			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	527,913		527,913			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
19 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19.01 PHYSICIAN PART B	193,499		193,499			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
21 OVERHEAD COSTS - DIRECT SALARIES						
22 EMPLOYEE BENEFITS	349,651		349,651	12,008.00	29.12	
22.01 ADMINISTRATIVE & GENERAL	3,828,536	-35,586	3,792,950	169,313.00	22.40	
23 A & G UNDER CONTRACT						
24 MAINTENANCE & REPAIRS						
25 OPERATION OF PLANT	992,063	30,132	1,022,195	43,732.00	23.37	
26 LAUNDRY & LINEN SERVICE	159,444		159,444	12,694.00	12.56	
26.01 HOUSEKEEPING	769,062		769,062	66,444.00	11.57	
27 HOUSEKEEPING UNDER CONTRACT						
27.01 DIETARY	1,148,830	-655,035	493,795	26,591.00	18.57	
28 DIETARY UNDER CONTRACT						
29 CAFETERIA		655,035	655,035	47,305.00	13.85	
30 MAINTENANCE OF PERSONNEL						
31 NURSING ADMINISTRATION	793,532	-15,927	777,605	21,114.00	36.83	
32 CENTRAL SERVICE AND SUPPLY	342,586		342,586	20,279.00	16.89	
33 PHARMACY	1,414,997	5,675	1,420,672	42,041.00	33.79	
34 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	838,443		838,443	43,540.00	19.26	
35 SOCIAL SERVICE	205,237		205,237	7,836.00	26.19	
OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	30,644,095		30,644,095	1,362,146.00	22.50	
2 EXCLUDED AREA SALARIES	1,827,635	56,230	1,883,865	78,823.00	23.90	
3 SUBTOTAL SALARIES	28,816,460	-56,230	28,760,230	1,283,323.00	22.41	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	334,531		334,531	4,153.00	80.55	
5 SUBTOTAL WAGE-RELATED COSTS	10,171,604		10,171,604		35.37	
6 TOTAL	39,322,595	-56,230	39,266,365	1,287,476.00	30.50	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET S-3
 I I TO 12/31/2010 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13	TOTAL OVERHEAD COSTS	10,842,381	-15,706	10,826,675	512,897.00	21.11	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0086 I FROM 1/ 1/2010 I WORKSHEET S-4
I HHA NO: I TO 12/31/2010 I
I 15-7055 I
I COUNTY: I

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		363.00		

TOTAL
5

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.97		1.97
5 OTHER ADMINISTRATIVE PERSONEL	2.09		2.09
6 DIRECTING NURSING SERVICE	6.55		6.55
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	1.85		1.85
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.66		.66
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.13		.13
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.33		.33
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	5.68		5.68
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAS IN COL. 1 OR CBSAS IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	2	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		17140	
20.01		99915	

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

	FULL EPISODES		LUPA EPISODES	PEP ONLY EPISODES
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	3	4
21 SKILLED NURSING VISITS	2,171	41	149	17
22 SKILLED NURSING VISIT CHARGES	435,876	8,229	29,904	3,490
23 PHYSICAL THERAPY VISITS	1,699	0	58	32
24 PHYSICAL THERAPY VISIT CHARGES	374,205	0	12,755	7,048
25 OCCUPATIONAL THERAPY VISITS	399	0	10	8
26 OCCUPATIONAL THERAPY VISIT CHARGES	87,880	0	2,203	1,762
27 SPEECH PATHOLOGY VISITS	99	0	6	3
28 SPEECH PATHOLOGY VISIT CHARGES	21,805	0	1,322	661
29 MEDICAL SOCIAL SERVICE VISITS	52	0	1	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	15,391	0	300	300
31 HOME HEALTH AIDE VISITS	1,124	4	6	5
32 HOME HEALTH AIDE VISIT CHARGES	166,912	555	1,080	1,101
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	5,544	45	230	66
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	1,102,069	8,784	47,564	14,362
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	373	0	84	5
37 TOTAL NUMBER OF OUTLIER EPISODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	24,562	578	2,391	61

Health Financial Systems MCRIF32 FOR DEARBORN COUNTY HOSPITAL

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

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0086 I FROM 1/ 1/2010 I WORKSHEET S-4
I HHA NO: I TO 12/31/2010 I
I 15-7055 I
I COUNTY: I

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,378
22 SKILLED NURSING VISIT CHARGES	0	0	477,499
23 PHYSICAL THERAPY VISITS	0	0	1,789
24 PHYSICAL THERAPY VISIT CHARGES	0	0	394,008
25 OCCUPATIONAL THERAPY VISITS	0	0	417
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	91,845
27 SPEECH PATHOLOGY VISITS	0	0	108
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	23,788
29 MEDICAL SOCIAL SERVICE VISITS	0	0	54
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	15,991
31 HOME HEALTH AIDE VISITS	0	0	1,139
32 HOME HEALTH AIDE VISIT CHARGES	0	0	169,648
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	5,885
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	1,172,779
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	462
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	27,592

GROUP(1)	M3PI REVENUE CODE	SERVICES RATE	PRIOR TO 10/1 DAYS	SERVICES RATE	ON/AFTER 10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC						
5	RVB						
6	RVA						
6 .01	RVX						
6 .02	RVL		2				
7	RHC						
8	RHB		9				
9	RHA						
9 .01	RHX						
9 .02	RHL						
10	RMC						
11	RMB		18				
12	RMA		14				
12 .01	RMX		119				
12 .02	RML		417				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		17				
16	SE2		30				
17	SE1						
18	SSC						
19	SSB						
20	SSA		7				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45 .01	ES3						
45 .02	ES2						
45 .03	ES1						
45 .04	HE2						
45 .05	HE1						
45 .06	HD2						
45 .07	HD1						
45 .08	HC2						
45 .09	HC1						
45 .10	HB2						
45 .11	HB1						
45 .12	LE2						
45 .13	LE1						
45 .14	LD2						
45 .15	LD1						
45 .16	LC2						
45 .17	LC1						
45 .18	LB2						
45 .19	LB1						
45 .20	CE2						
45 .21	CE1						
45 .22	CD2						
45 .23	CD1						
46	TOTAL						633

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

Health Financial Systems MCRIF32 FOR DEARBORN COUNTY HOSPITAL IN LIEU OF FORM CMS-2552-96 (02/2011)
 PROSPECTIVE PAYMENT FOR SNF I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 STATISTICAL DATA I 15-0086 I FROM 1/ 1/2010 I WORKSHEET S-7
 I TO 12/31/2010 I

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

agree with the days reported on wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9483
 Wage Index Factor (after 10/01) : 0.9699
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1640
 SNF CBSA Code : 17140

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA			
12 .01	RMX			
12 .02	RML			
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	AAA			
45 .01	ES3			
45 .02	ES2			
45 .03	ES1			
45 .04	HE2			
45 .05	HE1			
45 .06	HD2			
45 .07	HD1			
45 .08	HC2			
45 .09	HC1			
45 .10	HB2			
45 .11	HB1			
45 .12	LE2			
45 .13	LE1			
45 .14	LD2			
45 .15	LD1			

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	3,922	294	573	48
3 INPATIENT RESPITE CARE				
4 GENERAL INPATIENT CARE	83	15		
5 TOTAL HOSPICE DAYS	4,005	309	573	48

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	203	4,419
3 INPATIENT RESPITE CARE		
4 GENERAL INPATIENT CARE	40	138
5 TOTAL HOSPICE DAYS	243	4,557

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	126	11	19	2
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	31.79	28.09	30.16	24.00
9 UNDUPLICATED CENSUS COUNT	124	11	19	2

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	21	158
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	11.57	28.84
9 UNDUPLICATED CENSUS COUNT	21	156

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET S-10
 I I TO 12/31/2010 I
 I I I

DESCRIPTION

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

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .357103
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/27/2011
I	15-0086	I	FROM 1/ 1/2010	I	WORKSHEET S-10
I		I	TO 12/31/2010	I	
I		I		I	

DESCRIPTION

- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET A
 I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,645,332	3,645,332	96,972	3,742,304
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,006,111	3,006,111		3,006,111
5	0500 EMPLOYEE BENEFITS	349,651	10,731,989	11,081,640		11,081,640
6.01	0610 NONPATIENT TELEPHONES	120,679	218,775	339,454		339,454
6.02	0620 DATA PROCESSING	599,581	497,967	1,097,548		1,097,548
6.03	0630 PURCHASING, RECEIVING AND STORES	241,291	91,825	333,116		333,116
6.04	0640 ADMITTING	824,111	87,932	912,043		912,043
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	747,612	451,789	1,199,401	-49,600	1,149,801
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	1,295,262	3,133,551	4,428,813	-91,437	4,337,376
8	0800 OPERATION OF PLANT	992,063	2,036,815	3,028,878	-12,223	3,016,655
9	0900 LAUNDRY & LINEN SERVICE	159,444	116,162	275,606		275,606
10	1000 HOUSEKEEPING	769,062	254,154	1,023,216	12,077	1,035,293
11	1100 DIETARY	1,148,830	803,239	1,952,069	-1,153,445	798,624
12	1200 CAFETERIA				1,153,445	1,153,445
14	1400 NURSING ADMINISTRATION	793,532	38,153	831,685	-15,927	815,758
15	1500 CENTRAL SERVICES & SUPPLY	342,586	100,692	443,278		443,278
16	1600 PHARMACY	1,414,997	89,695	1,504,692	5,675	1,510,367
17	1700 MEDICAL RECORDS & LIBRARY	838,443	104,571	943,014	-14,708	928,306
18	1800 SOCIAL SERVICE	205,237	2,738	207,975		207,975
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,969,324	926,721	6,896,045	-668,274	6,227,771
26	2600 INTENSIVE CARE UNIT	1,309,300	99,905	1,409,205		1,409,205
33	3300 NURSERY				432,304	432,304
34	3400 SKILLED NURSING FACILITY	247,813	11,970	259,783		259,783
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,693,537	2,042,821	3,736,358		3,736,358
38	3800 RECOVERY ROOM	802,664	35,655	838,319		838,319
39	3900 DELIVERY ROOM & LABOR ROOM				235,970	235,970
40	4000 ANESTHESIOLOGY		745,499	745,499		745,499
41	4100 RADIOLOGY-DIAGNOSTIC	2,534,269	2,237,163	4,771,432	-69,698	4,701,734
41.01	4101 ULTRASOUND	209,408	35,744	245,152		245,152
42	4200 RADIOLOGY-THERAPEUTIC	390,062	436,514	826,576	1,582	828,158
44	4400 LABORATORY	2,193,413	2,939,717	5,133,130	14,242	5,147,372
49	4900 RESPIRATORY THERAPY	850,879	125,838	976,717	4,454	981,171
50	5000 PHYSICAL THERAPY	967,013	32,101	999,114	4,624	1,003,738
51	5100 OCCUPATIONAL THERAPY	219,288	20,437	239,725	1,021	240,746
52	5200 SPEECH PATHOLOGY	166,540	4,331	170,871	585	171,456
53	5300 ELECTROCARDIOLOGY	483,586	818,719	1,302,305	2,666	1,304,971
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		631,439	631,439		631,439
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		1,392,278	1,392,278		1,392,278
56	5600 DRUGS CHARGED TO PATIENTS		3,584,943	3,584,943		3,584,943
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	3,130,529	238,437	3,368,966		3,368,966
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	1,068,084	139,661	1,207,745	12,553	1,220,298
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	318,022	273,782	591,804	3,374	595,178
95	9500 SUBTOTALS	33,396,112	42,185,165	75,581,277	-93,768	75,487,509
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	93,194	3,149	96,343		96,343
98	9800 PHYSICIANS' PRIVATE OFFICES		99,082	99,082	93,768	192,850
98.01	9801 PHYSICIAN CLINIC	89,295	41,521	130,816		130,816
98.02	9802 LIFELINE		70,048	70,048		70,048
98.03	9803 CREDIT UNION	11,227	145,943	157,170		157,170
98.04	9804 BREAST MRI STUDY					
100	7950 COMMUNITY MENTAL HEALTH					
101	TOTAL	33,589,828	42,544,908	76,134,736	-0-	76,134,736

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0086 I FROM 1/ 1/2010 I WORKSHEET A
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-428,546	3,313,758
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-10,595	2,995,516
5 0500	EMPLOYEE BENEFITS	-21,676	11,059,964
6.01 0610	NONPATIENT TELEPHONES	-18,148	321,306
6.02 0620	DATA PROCESSING		1,097,548
6.03 0630	PURCHASING, RECEIVING AND STORES		333,116
6.04 0640	ADMITTING		912,043
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE		1,149,801
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	-2,504,158	1,833,218
8 0800	OPERATION OF PLANT	-84,421	2,932,234
9 0900	LAUNDRY & LINEN SERVICE		275,606
10 1000	HOUSEKEEPING		1,035,293
11 1100	DIETARY	-2,966	795,658
12 1200	CAFETERIA	-340,796	812,649
14 1400	NURSING ADMINISTRATION		815,758
15 1500	CENTRAL SERVICES & SUPPLY		443,278
16 1600	PHARMACY	-4	1,510,363
17 1700	MEDICAL RECORDS & LIBRARY	-10,655	917,651
18 1800	SOCIAL SERVICE		207,975
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-262,998	5,964,773
26 2600	INTENSIVE CARE UNIT		1,409,205
33 3300	NURSERY		432,304
34 3400	SKILLED NURSING FACILITY	-3,750	256,033
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-19,117	3,717,241
38 3800	RECOVERY ROOM		838,319
39 3900	DELIVERY ROOM & LABOR ROOM		235,970
40 4000	ANESTHESIOLOGY	-650,000	95,499
41 4100	RADIOLOGY-DIAGNOSTIC	-175,239	4,526,495
41.01 4101	ULTRASOUND		245,152
42 4200	RADIOLOGY-THERAPEUTIC		828,158
44 4400	LABORATORY	-88,616	5,058,756
49 4900	RESPIRATORY THERAPY	-15,543	965,628
50 5000	PHYSICAL THERAPY		1,003,738
51 5100	OCCUPATIONAL THERAPY		240,746
52 5200	SPEECH PATHOLOGY		171,456
53 5300	ELECTROCARDIOLOGY	-345,163	959,808
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		631,439
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		1,392,278
56 5600	DRUGS CHARGED TO PATIENTS	-996,771	2,588,172
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-1,490,351	1,878,615
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71 7100	HOME HEALTH AGENCY		1,220,298
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
93 9300	HOSPICE	-4,565	590,613
95	SUBTOTALS	-7,474,078	68,013,431
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		96,343
98 9800	PHYSICIANS' PRIVATE OFFICES		192,850
98.01 9801	PHYSICIAN CLINIC		130,816
98.02 9802	LIFELINE		70,048
98.03 9803	CREDIT UNION		157,170
98.04 9804	BREAST MRI STUDY		
100 7950	COMMUNITY MENTAL HEALTH		
101	TOTAL	-7,474,078	68,660,658

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	4101	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PHYSICIAN CLINIC	9801	PHYSICIANS' PRIVATE OFFICES
98.02	LIFELINE	9802	PHYSICIANS' PRIVATE OFFICES
98.03	CREDIT UNION	9803	PHYSICIANS' PRIVATE OFFICES
98.04	BREAST MRI STUDY	9804	PHYSICIANS' PRIVATE OFFICES
100	COMMUNITY MENTAL HEALTH	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150086	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA COST	A	CAFETERIA	12	655,035	498,410
2 OB, LABOR, NURSERY COST	B	NURSERY	33	432,304	
3		DELIVERY ROOM & LABOR ROOM	39	235,970	
4 RADIOLOGY	C	OPERATION OF PLANT	8	34,849	
5		PHARMACY	16	5,675	
6		RADIOLOGY-THERAPEUTIC	42	1,582	
7		LABORATORY	44	14,242	
8		RESPIRATORY THERAPY	49	4,454	
9		PHYSICAL THERAPY	50	4,624	
10		OCCUPATIONAL THERAPY	51	1,021	
11		SPEECH PATHOLOGY	52	585	
12		ELECTROCARDIOLOGY	53	2,666	
13 UTILIZATION REVIEW	D	OTHER ADMINISTRATIVE AND GENERAL	6.06		14,708
14 SECURITY GUARD	E	PHYSICIANS' PRIVATE OFFICES	98	4,717	26,586
15 POB HOUSEKEEPING COSTS	G	HOUSEKEEPING	10		12,077
16		PHYSICIANS' PRIVATE OFFICES	98		8,524
17 PHYSICIAN & AMBULANCE BILLING	H	PHYSICIANS' PRIVATE OFFICES	98	35,586	14,014
18 NURSING ADMIN	J	HOME HEALTH AGENCY	71	12,553	
19		HOSPICE	93	3,374	
20 INSURANCE	L	NEW CAP REL COSTS-BLDG & FIXT	3		96,972
21		PHYSICIANS' PRIVATE OFFICES	98		9,173
36 TOTAL RECLASSIFICATIONS				1,449,237	680,464

(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
150086	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1) COST CENTER		LINE NO	SALARY		OTHER
1 CAFETERIA COST	A	DIETARY	11	655,035	498,410	
2 OB, LABOR, NURSERY COST	B	ADULTS & PEDIATRICS	25	668,274		
3						
4 RADIOLOGY	C	RADIOLOGY-DIAGNOSTIC	41	69,698		
5						
6						
7						
8						
9						
10						
11						
12						
13 UTILIZATION REVIEW	D	MEDICAL RECORDS & LIBRARY	17		14,708	
14 SECURITY GUARD	E	OPERATION OF PLANT	8	4,717	26,586	
15 POB HOUSEKEEPING COSTS	G	OPERATION OF PLANT	8		15,769	
16		PHYSICIANS' PRIVATE OFFICES	98		4,832	
17 PHYSICIAN & AMBULANCE BILLING	H	CASHIERING/ACCOUNTS RECEIVABLE	6.05	35,586	14,014	
18 NURSING ADMIN	J	NURSING ADMINISTRATION	14	15,927		
19						
20 INSURANCE	L	OTHER ADMINISTRATIVE AND GENERAL	6.06		106,145	12
21						
36 TOTAL RECLASSIFICATIONS				1,449,237	680,464	

(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
150086	FROM 1/ 1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAFETERIA COST

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	1,153,445	DIETARY	11	1,153,445
TOTAL RECLASSIFICATIONS FOR CODE A		1,153,445			

RECLASS CODE: B
EXPLANATION : OB, LABOR, NURSERY COST

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NURSERY	432,304	ADULTS & PEDIATRICS	25	668,274
2.00	DELIVERY ROOM & LABOR ROOM	235,970			0
TOTAL RECLASSIFICATIONS FOR CODE B		668,274			

RECLASS CODE: C
EXPLANATION : RADIOLOGY

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	34,849	RADIOLOGY-DIAGNOSTIC	41	69,698
2.00	PHARMACY	5,675			0
3.00	RADIOLOGY-THERAPEUTIC	1,582			0
4.00	LABORATORY	14,242			0
5.00	RESPIRATORY THERAPY	4,454			0
6.00	PHYSICAL THERAPY	4,624			0
7.00	OCCUPATIONAL THERAPY	1,021			0
8.00	SPEECH PATHOLOGY	585			0
9.00	ELECTROCARDIOLOGY	2,666			0
TOTAL RECLASSIFICATIONS FOR CODE C		69,698			

RECLASS CODE: D
EXPLANATION : UTILIZATION REVIEW

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	14,708	MEDICAL RECORDS & LIBRARY	17	14,708
TOTAL RECLASSIFICATIONS FOR CODE D		14,708			

RECLASS CODE: E
EXPLANATION : SECURITY GUARD

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	31,303	OPERATION OF PLANT	8	31,303
TOTAL RECLASSIFICATIONS FOR CODE E		31,303			

RECLASS CODE: G
EXPLANATION : POB HOUSEKEEPING COSTS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	HOUSEKEEPING	12,077	OPERATION OF PLANT	8	15,769
2.00	PHYSICIANS' PRIVATE OFFICES	8,524	PHYSICIANS' PRIVATE OFFICES	98	4,832
TOTAL RECLASSIFICATIONS FOR CODE G		20,601			

RECLASS CODE: H
EXPLANATION : PHYSICIAN & AMBULANCE BILLING

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	49,600	CASHIERING/ACCOUNTS RECEIVABLE	6.05	49,600
TOTAL RECLASSIFICATIONS FOR CODE H		49,600			

RECLASS CODE: J
EXPLANATION : NURSING ADMIN

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	HOME HEALTH AGENCY	12,553	NURSING ADMINISTRATION	14	15,927

Health Financial Systems MCRIF32 FOR DEARBORN COUNTY HOSPITAL
 RECLASSIFICATIONS

IN LIEU OF FORM CMS-2552-96 (09/1996)
 PROVIDER NO: 150086 PERIOD: FROM 1/ 1/2010 TO 12/31/2010
 PREPARED 5/27/2011 WORKSHEET A-6
 NOT A CMS WORKSHEET

RECLASS CODE: J
 EXPLANATION : NURSING ADMIN

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	HOSPICE	3,374			0
TOTAL RECLASSIFICATIONS FOR CODE J		15,927			15,927

RECLASS CODE: L
 EXPLANATION : INSURANCE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	96,972	OTHER ADMINISTRATIVE AND GENER	6.06	106,145
2.00	PHYSICIANS' PRIVATE OFFICES	9,173			0
TOTAL RECLASSIFICATIONS FOR CODE L		106,145			106,145

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		BALANCE
		1	2	3	4	5	6	7
1	LAND	75,208					75,208	
2	LAND IMPROVEMENTS	1,481,310	3,962		3,962		1,485,272	
3	BUILDINGS & FIXTURE	51,693,140	50,391		50,391		51,743,531	
4	BUILDING IMPROVEMEN	8,525,239	71,183		71,183		8,596,422	
5	FIXED EQUIPMENT	14,444,393	21,589		21,589	146,640	14,319,342	
6	MOVABLE EQUIPMENT	28,878,167	664,110		664,110	810,599	28,731,678	
7	SUBTOTAL	105,097,457	811,235		811,235	957,239	104,951,453	
8	RECONCILING ITEMS							
9	TOTAL	105,097,457	811,235		811,235	957,239	104,951,453	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL				1.00000			

*	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							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	3,499,830	-7,300	-275,744	96,972			3,313,758
4	NEW CAP REL COSTS-MV	2,995,516						2,995,516
5	TOTAL	6,495,346	-7,300	-275,744	96,972			6,309,274

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

*	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							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	3,645,332						3,645,332
4	NEW CAP REL COSTS-MV	3,006,111						3,006,111
5	TOTAL	6,651,443						6,651,443

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET A-8
 I I TO 12/31/2010 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER			
	1	2	3	4	5	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-14,902	OTHER ADMINISTRATIVE AND	6.06		
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	A	-18,148	NONPATIENT TELEPHONES	6.01		
10 TELEVISION AND RADIO SERVICE	A	-10,595	NEW CAP REL COSTS-MVBLE E	4		9
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,034,348				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-340,796	CAFETERIA	12		
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-996,771	DRUGS CHARGED TO PATIENTS	56		
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-10,655	MEDICAL RECORDS & LIBRARY	17		
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49		
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50		
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89		
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20		
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51		
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52		
37 RENT - HARRISON	B	-7,300	NEW CAP REL COSTS-BLDG &	3		10
38 REV - FITNESS CENTER	B	-21,676	EMPLOYEE BENEFITS	5		
39 RENT - 600 WILSON CREEK ROAD	B	-22,680	OTHER ADMINISTRATIVE AND	6.06		
40 MISCELLANEOUS INCOME	B	-3,321	OTHER ADMINISTRATIVE AND	6.06		
41 HEALTH SERV/WIC MANAGMNT FEE	B	-2,313	OTHER ADMINISTRATIVE AND	6.06		
42 DIET - NUTRITION COUNSELING	B	-2,966	DIETARY	11		
43 REV - COMMUNITY EDUCATION PROGRAM	B	-11,322	ADULTS & PEDIATRICS	25		
44 CLINIC INCOME	B	-5,107	ADULTS & PEDIATRICS	25		
45 ADVERTISING	A	-123,881	OTHER ADMINISTRATIVE AND	6.06		
46 AHA & IHA DUES	A	-6,805	OTHER ADMINISTRATIVE AND	6.06		
47 MISC. OFFSET	A	-82,306	OTHER ADMINISTRATIVE AND	6.06		
48 ADVERTISING STAFF	A	-82,734	OTHER ADMINISTRATIVE AND	6.06		
49 NON ALLOWABLE REPAIRS	A	-56,357	OPERATION OF PLANT	8		
49.01 PHYSICIAN RECRUITMENT	A	-2,144,587	OTHER ADMINISTRATIVE AND	6.06		
49.02 MENTAL HEALTH UTILITIES	A	-28,064	OPERATION OF PLANT	8		
49.03 MENTAL HEALTH PHARMACY	A	-4	PHARMACY	16		
49.04 LUDLOW HILL CLINIC	A	-10,325	NEW CAP REL COSTS-BLDG &	3		9
49.05 LUDLOW HILL PROFESSIONAL BUILDING	A	-73,001	NEW CAP REL COSTS-BLDG &	3		9
49.06 LEASED BUILDING MILAN	A	-1,819	NEW CAP REL COSTS-BLDG &	3		9
49.07 AMBULANCE BILLING	B	-20,629	OTHER ADMINISTRATIVE AND	6.06		
49.08						
49.09 NON ALLOWABLE INTEREST	A	-275,744	NEW CAP REL COSTS-BLDG &	3		11
49.10 MISC NONALLOWABLE	A	-4,565	HOSPICE	93		
49.11 WILSON CREEK	A	-60,357	NEW CAP REL COSTS-BLDG &	3		9
49.12						
49.13						
49.14						
50 TOTAL (SUM OF LINES 1 THRU 49)		-7,474,078				

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET A-8-2
 I I TO 12/31/2010 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & PEDS	246,569	246,569					
2 34	SNF	3,750	3,750					
3 37	OPERATING ROOM	19,117	19,117					
4 40	ANESTHESIA	650,000	650,000					
5 41	RADIOLOGY	175,239	175,239					
6 44	LAB	175,000		175,000	215,700	833	86,384	4,319
7 49	RESPIRATORY THERAPY	15,543	15,543					
8 53	EKG	345,163	345,163					
9 61	ER	1,490,351	1,490,351					
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,120,732	2,945,732	175,000		833	86,384	4,319

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET A-8-2
 I I TO 12/31/2010 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	25 ADULTS & PEDS							246,569
2	34 SNF							3,750
3	37 OPERATING ROOM							19,117
4	40 ANESTHESIA							650,000
5	41 RADIOLOGY							175,239
6	44 LAB					86,384	88,616	88,616
7	49 RESPIRATORY THERAPY							15,543
8	53 EKG							345,163
9	61 ER							1,490,351
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					86,384	88,616	3,034,348

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	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	23	PHONES		ENTERED
6.02	DATA PROCESSING	24	DP EQUIPMENT		ENTERED
6.03	PURCHASING, RECEIVING AND STORES	25	SUPPLY EXPENSE		ENTERED
6.04	ADMITTING	26	ADMISSIONS		ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	27	GROSS CHARGES		ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MAN HOURS		ENTERED
14	NURSING ADMINISTRATION	13	GROSS HOURS		ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	100%		ENTERED
17	MEDICAL RECORDS & LIBRARY	16	ADJUSTED CHARGES		ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED

Health Financial Systems		MCRIF32	FOR DEARBORN COUNTY HOSPITAL		IN LIEU OF FORM CMS-2552-96(7/2009)			
COST ALLOCATION - GENERAL SERVICE COSTS			I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/27/2011
			I	15-0086	I	FROM 1/ 1/2010	I	WORKSHEET B
			I		I	TO 12/31/2010	I	PART I
COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL OSTS-BLDG &	C OLD CAP REL OSTS-MVBLE E	C NEW CAP REL OSTS-BLDG &	C NEW CAP REL OSTS-MVBLE E	EMPLOYEE FITS	BENE	NONPATIENT TELEPHONES
	0	1	2	3	4	5		6.01
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &	3,313,758			3,313,758				
005 NEW CAP REL COSTS-MVBLE E	2,995,516				2,995,516			
006 EMPLOYEE BENEFITS	11,059,964			19,165	18,692	11,097,821		
006 01 NONPATIENT TELEPHONES	321,306			3,614	3,525	40,291		368,736
006 02 DATA PROCESSING	1,097,548			21,733	21,196	200,181		19,087
006 03 PURCHASING, RECEIVING AND	333,116			75,984	74,106	80,559		4,873
006 04 ADMITTING	912,043			41,077	40,062	275,144		10,965
006 05 CASHIERING/ACCOUNTS RECEI	1,149,801			41,113	40,097	237,676		17,868
006 06 OTHER ADMINISTRATIVE AND	1,833,218			125,146	122,052	432,447		14,619
008 OPERATION OF PLANT	2,932,234			1,088,779	759,305	341,278		28,833
009 LAUNDRY & LINEN SERVICE	275,606			18,928	18,460	53,233		406
010 HOUSEKEEPING	1,035,293			14,005	13,659	256,765		5,279
011 DIETARY	795,658			47,557	46,381	164,862		8,528
012 CAFETERIA	812,649			33,730	32,896	218,695		
014 NURSING ADMINISTRATION	815,758			7,134	6,957	259,617		4,467
015 CENTRAL SERVICES & SUPPLY	443,278			66,437	64,794	114,379		4,061
016 PHARMACY	1,510,363			13,887	13,543	474,317		9,746
017 MEDICAL RECORDS & LIBRARY	917,651			57,151	55,739	279,929		32,488
018 SOCIAL SERVICE	207,975			6,931	6,760	68,522		3,655
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	5,964,773			618,785	590,873	1,769,844		46,701
026 INTENSIVE CARE UNIT	1,409,205			87,980	85,805	437,133		4,467
033 NURSERY	432,304			4,756	4,638	144,332		
034 SKILLED NURSING FACILITY	256,033			28,677	111,848	82,737		7,716
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	3,717,241			263,393	167,262	565,418		17,462
038 RECOVERY ROOM	838,319			13,827	88,982	267,984		4,467
039 DELIVERY ROOM & LABOR ROO	235,970			5,992	5,844	78,783		
040 ANESTHESIOLOGY	95,499			190	186			812
041 RADIOLOGY-DIAGNOSTIC	4,526,495			146,641	198,175	822,841		25,178
041 01 ULTRASOUND	245,152			7,371	2,505	69,915		812
042 RADIOLOGY-THERAPEUTIC	828,158			13,732	13,393	130,757		2,437
044 LABORATORY	5,058,756			68,185	53,477	737,065		15,432
049 RESPIRATORY THERAPY	965,628			13,839	13,497	285,568		2,843
050 PHYSICAL THERAPY	1,003,738			89,930	87,707	324,399		7,310
051 OCCUPATIONAL THERAPY	240,746			9,440	9,207	73,554		4,061
052 SPEECH PATHOLOGY	171,456			5,041	4,916	55,798		406
053 ELECTROCARDIOLOGY	959,808			56,604	55,205	162,344		12,589
055 MEDICAL SUPPLIES CHARGED	631,439							
055 30 IMPL. DEV. CHARGED TO PAT	1,392,278							
056 DRUGS CHARGED TO PATIENTS	2,588,172							
061 OUTPAT SERVICE COST CNTRS								
061 EMERGENCY	1,878,615			115,135	112,289	1,045,183		11,371
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
071 HOME HEALTH AGENCY	1,220,298			36,678	35,771	360,790		2,437
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE	590,613			3,745	3,653	107,304		
095 SUBTOTALS	68,013,431			3,272,312	2,983,457	11,019,644		331,376
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	96,343			29,010		31,114		2,030
098 PHYSICIANS' PRIVATE OFFIC	192,850				12,059	13,502		26,802
098 01 PHYSICIAN CLINIC	130,816					29,813		4,467
098 02 LIFELINE	70,048							
098 03 CREDIT UNION	157,170			12,436		3,748		4,061
098 04 BREAST MRI STUDY								
100 COMMUNITY MENTAL HEALTH								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	68,660,658			3,313,758	2,995,516	11,097,821		368,736

Health Financial Systems		MCRIF32	FOR DEARBORN COUNTY HOSPITAL		IN LIEU OF FORM CMS-2552-96(7/2009)CONTD			
COST ALLOCATION - GENERAL SERVICE COSTS					PROVIDER NO: 15-0086	I PERIOD: I FROM 1/ 1/2010 I TO 12/31/2010	I PREPARED 5/27/2011 I WORKSHEET B I PART I	
COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	
	6.02	6.03	6.04	6.05	6a.05	6.06	8	
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006 01	NONPATIENT TELEPHONES							
006 02	DATA PROCESSING	1,359,745						
006 03	PURCHASING, RECEIVING AND	17,677	586,315					
006 04	ADMITTING	50,311	4,180	1,333,782				
006 05	CASHIERING/ACCOUNTS RECEI	73,426	1,347		1,561,328			
006 06	OTHER ADMINISTRATIVE AND	61,189	1,282			2,589,953	2,589,953	
008	OPERATION OF PLANT	28,555	9,364			5,188,348	203,383	5,391,731
009	LAUNDRY & LINEN SERVICE		4,725			371,358	14,557	53,793
010	HOUSEKEEPING	8,158	6,947			1,340,106	52,532	39,804
011	DIETARY	35,353	9,421			1,107,760	43,424	135,157
012	CAFETERIA					1,097,970	43,040	95,860
014	NURSING ADMINISTRATION	17,677	637			1,112,247	43,600	20,274
015	CENTRAL SERVICES & SUPPLY	23,116	4,041			720,106	28,228	188,815
016	PHARMACY	35,353	4,121			2,061,330	80,804	39,466
017	MEDICAL RECORDS & LIBRARY	70,707	1,398			1,415,063	55,470	162,425
018	SOCIAL SERVICE	9,518	159			303,520	11,898	19,699
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	284,186	18,989	1,045,207	114,275	10,453,633	409,765	1,758,597
026	INTENSIVE CARE UNIT	31,274		129,669	23,696	2,209,229	86,602	250,041
033	NURSERY			138,603	5,237	729,870	28,611	13,516
034	SKILLED NURSING FACILITY	5,439	156	20,303	1,692	514,601	20,172	81,500
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	92,463	134,720		152,449	5,110,408	200,328	748,569
038	RECOVERY ROOM		2,332		17,422	1,233,333	48,347	39,297
039	DELIVERY ROOM & LABOR ROO				17,262	343,851	13,479	17,030
040	ANESTHESIOLOGY		3,555		11,001	111,243	4,361	541
041	RADIOLOGY-DIAGNOSTIC	114,219	71,307		408,659	6,313,515	247,490	416,758
041 01	ULTRASOUND		1,356		33,707	360,818	14,144	20,949
042	RADIOLOGY-THERAPEUTIC	23,116	30,564		56,380	1,098,537	43,063	39,027
044	LABORATORY	107,420	105,356		278,632	6,424,323	251,833	193,782
049	RESPIRATORY THERAPY	46,231	4,365		35,731	1,367,702	53,614	39,331
050	PHYSICAL THERAPY	24,475	1,796		44,483	1,583,838	62,086	255,583
051	OCCUPATIONAL THERAPY		977		6,039	344,024	13,486	26,829
052	SPEECH PATHOLOGY		50		3,257	240,924	9,444	14,327
053	ELECTROCARDIOLOGY		2,438		69,074	1,318,062	51,668	160,871
055	MEDICAL SUPPLIES CHARGED		43,114		79,408	753,961	29,555	
055 30	IMPL. DEV. CHARGED TO PAT		101,258		14,462	1,507,998	59,114	
056	DRUGS CHARGED TO PATIENTS				102,300	2,690,472	105,467	
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	70,707	5,150		63,234	3,301,684	129,426	327,216
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	19,036	2,883		14,937	1,692,830	66,359	104,240
	SPEC PURPOSE COST CENTERS							
093	HOSPICE		4,720		7,991	718,026	28,147	10,644
095	SUBTOTALS	1,249,606	582,708	1,333,782	1,561,328	67,730,643	2,553,497	5,273,941
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		229			158,726	6,222	82,446
098	PHYSICIANS' PRIVATE OFFIC	93,822	303			339,338	13,302	
098 01	PHYSICIAN CLINIC	16,317	755			182,168	7,141	
098 02	LIFELINE		59			70,107	2,748	
098 03	CREDIT UNION		2,261			179,676	7,043	35,344
098 04	BREAST MRI STUDY							
100	COMMUNITY MENTAL HEALTH							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	1,359,745	586,315	1,333,782	1,561,328	68,660,658	2,589,953	5,391,731

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10		11	12	14	15	16
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING AND								
006 04 ADMITTING								
006 05 CASHIERING/ACCOUNTS RECEI								
006 06 OTHER ADMINISTRATIVE AND								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	439,708							
010 HOUSEKEEPING	54,829	1,487,271						
011 DIETARY	18,540			1,342,822				
012 CAFETERIA					1,263,780			
014 NURSING ADMINISTRATION					26,830	1,208,642		
015 CENTRAL SERVICES & SUPPLY	5,928				25,769	49,741	1,071,590	
016 PHARMACY					53,580		4,620	2,250,879
017 MEDICAL RECORDS & LIBRARY					55,328			
018 SOCIAL SERVICE					9,958			
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	157,328	493,665		1,015,101	291,155	617,677	37,124	
033 INTENSIVE CARE UNIT	22,934	70,191		88,500	58,485	112,939	6,744	
034 NURSERY		3,794			18,600			
037 SKILLED NURSING FACILITY	8,737	22,878		53,860	12,096	23,356	228	
038 ANCILLARY SRVC COST CNTRS								
039 OPERATING ROOM	30,258	210,135			72,711	141,222	552,755	
040 RECOVERY ROOM	15,032	11,031		2,684	33,522	65,022	3,966	
041 DELIVERY ROOM & LABOR ROO		4,781			10,153			
042 ANESTHESIOLOGY		152					14,796	
044 RADIOLOGY-DIAGNOSTIC	21,591	116,991			125,782		62,989	
041 01 ULTRASOUND	8,055	5,881			8,041		1,831	
042 RADIOLOGY-THERAPEUTIC	3,664	10,955			14,936		114,339	
044 LABORATORY	34	54,398			134,409		21,404	
049 RESPIRATORY THERAPY	5,110	11,041			42,042		10,363	
050 PHYSICAL THERAPY	7,530	71,746			43,677		5,056	
051 OCCUPATIONAL THERAPY	454	7,531			9,649		3,286	
052 SPEECH PATHOLOGY		4,022			5,533		3	
053 ELECTROCARDIOLOGY	1,571	45,159			25,172		828	
055 MEDICAL SUPPLIES CHARGED							195,794	
055 30 IMPL. DEV. CHARGED TO PAT								
056 DRUGS CHARGED TO PATIENTS								2,250,879
061 OUTPAT SERVICE COST CNTRS								
062 EMERGENCY	70,886	91,855		14,471	102,917	198,685	9,555	
071 OBSERVATION BEDS (NON-DIS								
071 OTHER REIMBURS COST CNTRS								
093 HOME HEALTH AGENCY		29,262			50,672		5,608	
095 SPEC PURPOSE COST CENTERS								
096 HOSPICE		2,988			13,619		20,087	
098 SUBTOTALS	432,481	1,454,205		1,174,616	1,244,636	1,208,642	1,071,376	2,250,879
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP		23,144			10,791			
098 01 PHYSICIANS' PRIVATE OFFIC	562				222			
098 02 PHYSICIAN CLINIC					8,131		214	
098 03 LIFELINE								
098 04 CREDIT UNION		9,922						
100 BREAST MRI STUDY								
101 COMMUNITY MENTAL HEALTH	6,665			168,206				
102 CROSS FOOT ADJUSTMENT								
103 NEGATIVE COST CENTER								
103 TOTAL	439,708	1,487,271		1,342,822	1,263,780	1,208,642	1,071,590	2,250,879

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	18	25	26	27
GENERAL SERVICE COST CNTR					
001 OLD CAP REL COSTS-BLDG &					
002 OLD CAP REL COSTS-MVBLE E					
003 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 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	1,733,881				
018 SOCIAL SERVICE		350,605			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	128,790	337,332	15,700,167		15,700,167
026 INTENSIVE CARE UNIT	26,706	8,619	2,940,990		2,940,990
033 NURSERY	5,902		800,293		800,293
034 SKILLED NURSING FACILITY	1,907		739,335		739,335
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	171,812		7,238,198		7,238,198
038 RECOVERY ROOM	19,634	862	1,472,730		1,472,730
039 DELIVERY ROOM & LABOR ROO	19,454		408,748		408,748
040 ANESTHESIOLOGY	12,398		143,491		143,491
041 RADIOLOGY-DIAGNOSTIC	460,644		7,765,760		7,765,760
041 01 ULTRASOUND	37,989		457,708		457,708
042 RADIOLOGY-THERAPEUTIC	63,542		1,388,063		1,388,063
044 LABORATORY	314,023		7,394,206		7,394,206
049 RESPIRATORY THERAPY	40,269		1,569,472		1,569,472
050 PHYSICAL THERAPY	50,133		2,079,649		2,079,649
051 OCCUPATIONAL THERAPY	6,806		412,065		412,065
052 SPEECH PATHOLOGY	3,671		277,924		277,924
053 ELECTROCARDIOLOGY	77,847		1,681,178		1,681,178
055 MEDICAL SUPPLIES CHARGED	89,495		1,068,805		1,068,805
055 30 IMPL. DEV. CHARGED TO PAT	16,299		1,583,411		1,583,411
056 DRUGS CHARGED TO PATIENTS	115,294		5,162,112		5,162,112
OUTPAT SERVICE COST CNTRS					
061 EMERGENCY	71,266	3,792	4,321,753		4,321,753
062 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY			1,948,971		1,948,971
SPEC PURPOSE COST CENTERS					
093 HOSPICE			793,511		793,511
095 SUBTOTALS	1,733,881	350,605	67,348,540		67,348,540
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			281,329		281,329
098 PHYSICIANS' PRIVATE OFFIC			353,424		353,424
098 01 PHYSICIAN CLINIC			197,654		197,654
098 02 LIFELINE			72,855		72,855
098 03 CREDIT UNION			231,985		231,985
098 04 BREAST MRI STUDY					
100 COMMUNITY MENTAL HEALTH			174,871		174,871
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	1,733,881	350,605	68,660,658		68,660,658

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET B
 I I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				19,165	18,692	37,857	37,857
006 01 NONPATIENT TELEPHONES				3,614	3,525	7,139	137
006 02 DATA PROCESSING				21,733	21,196	42,929	683
006 03 PURCHASING, RECEIVING AND				75,984	74,106	150,090	275
006 04 ADMITTING				41,077	40,062	81,139	939
006 05 CASHIERING/ACCOUNTS RECEI				41,113	40,097	81,210	811
006 06 OTHER ADMINISTRATIVE AND				125,146	122,052	247,198	1,475
008 OPERATION OF PLANT				1,088,779	759,305	1,848,084	1,164
009 LAUNDRY & LINEN SERVICE				18,928	18,460	37,388	182
010 HOUSEKEEPING				14,005	13,659	27,664	876
011 DIETARY				47,557	46,381	93,938	562
012 CAFETERIA				33,730	32,896	66,626	746
014 NURSING ADMINISTRATION				7,134	6,957	14,091	886
015 CENTRAL SERVICES & SUPPLY				66,437	64,794	131,231	390
016 PHARMACY				13,887	13,543	27,430	1,618
017 MEDICAL RECORDS & LIBRARY				57,151	55,739	112,890	955
018 SOCIAL SERVICE				6,931	6,760	13,691	234
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				618,785	590,873	1,209,658	6,034
026 INTENSIVE CARE UNIT				87,980	85,805	173,785	1,491
033 NURSERY				4,756	4,638	9,394	492
034 SKILLED NURSING FACILITY				28,677	111,848	140,525	282
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				263,393	167,262	430,655	1,929
038 RECOVERY ROOM				13,827	88,982	102,809	914
039 DELIVERY ROOM & LABOR ROO				5,992	5,844	11,836	269
040 ANESTHESIOLOGY				190	186	376	
041 RADIOLOGY-DIAGNOSTIC				146,641	198,175	344,816	2,807
041 01 ULTRASOUND				7,371	2,505	9,876	239
042 RADIOLOGY-THERAPEUTIC				13,732	13,393	27,125	446
044 LABORATORY				68,185	53,477	121,662	2,515
049 RESPIRATORY THERAPY				13,839	13,497	27,336	974
050 PHYSICAL THERAPY				89,930	87,707	177,637	1,107
051 OCCUPATIONAL THERAPY				9,440	9,207	18,647	251
052 SPEECH PATHOLOGY				5,041	4,916	9,957	190
053 ELECTROCARDIOLOGY				56,604	55,205	111,809	554
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
056 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				115,135	112,289	227,424	3,566
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY				36,678	35,771	72,449	1,231
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE				3,745	3,653	7,398	366
095 SUBTOTALS				3,272,312	2,983,457	6,255,769	37,590
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				29,010		29,010	106
098 PHYSICIANS' PRIVATE OFFIC					12,059	12,059	46
098 01 PHYSICIAN CLINIC							102
098 02 LIFELINE							
098 03 CREDIT UNION				12,436		12,436	13
098 04 BREAST MRI STUDY							
100 COMMUNITY MENTAL HEALTH							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				3,313,758	2,995,516	6,309,274	37,857

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	6.06	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	7,276						
006 02 DATA PROCESSING	377	43,989					
006 03 PURCHASING, RECEIVING AND	96	572	151,033				
006 04 ADMITTING	216	1,628	1,077	84,999			
006 05 CASHIERING/ACCOUNTS RECEI	353	2,375	347		85,096		
006 06 OTHER ADMINISTRATIVE AND	288	1,980	330			251,271	
008 OPERATION OF PLANT	569	924	2,412			19,731	1,872,884
009 LAUNDRY & LINEN SERVICE	8		1,217			1,412	18,686
010 HOUSEKEEPING	104	264	1,790			5,096	13,826
011 DIETARY	168	1,144	2,427			4,213	46,949
012 CAFETERIA						4,176	33,298
014 NURSING ADMINISTRATION	88	572	164			4,230	7,042
015 CENTRAL SERVICES & SUPPLY	80	748	1,041			2,739	65,587
016 PHARMACY	192	1,144	1,062			7,839	13,709
017 MEDICAL RECORDS & LIBRARY	641	2,287	360			5,381	56,420
018 SOCIAL SERVICE	72	308	41			1,154	6,843
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	924	9,192	4,892	66,608	6,232	39,759	610,870
026 INTENSIVE CARE UNIT	88	1,012		8,264	1,292	8,402	86,855
033 NURSERY				8,833	286	2,776	4,695
034 SKILLED NURSING FACILITY	152	176	40	1,294	92	1,957	28,310
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	345	2,991	34,700		8,314	19,435	260,025
038 RECOVERY ROOM	88		601		950	4,690	13,650
039 DELIVERY ROOM & LABOR ROO					941	1,308	5,916
040 ANESTHESIOLOGY	16		916		600	423	188
041 RADIOLOGY-DIAGNOSTIC	497	3,695	18,369		22,232	24,010	144,766
041 01 ULTRASOUND	16		349		1,838	1,372	7,277
042 RADIOLOGY-THERAPEUTIC	48	748	7,873		3,075	4,178	13,556
044 LABORATORY	305	3,475	27,140		15,196	24,432	67,313
049 RESPIRATORY THERAPY	56	1,496	1,124		1,949	5,201	13,662
050 PHYSICAL THERAPY	144	792	463		2,426	6,023	88,780
051 OCCUPATIONAL THERAPY	80		252		329	1,308	9,319
052 SPEECH PATHOLOGY	8		13		178	916	4,977
053 ELECTROCARDIOLOGY	248		628		3,767	5,013	55,881
055 MEDICAL SUPPLIES CHARGED			11,106		4,331	2,867	
055 30 IMPL. DEV. CHARGED TO PAT			26,084		789	5,735	
056 DRUGS CHARGED TO PATIENTS					5,579	10,232	
056 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	224	2,287	1,327		3,449	12,556	113,662
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	48	616	743		815	6,438	36,209
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE			1,216		436	2,731	3,697
095 SUBTOTALS	6,539	40,426	150,104	84,999	85,096	247,733	1,831,968
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	40		59			604	28,639
098 PHYSICIANS' PRIVATE OFFIC	529	3,035	78			1,291	
098 01 PHYSICIAN CLINIC	88	528	195			693	
098 02 LIFELINE			15			267	
098 03 CREDIT UNION	80		582			683	12,277
098 04 BREAST MRI STUDY							
100 COMMUNITY MENTAL HEALTH							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	7,276	43,989	151,033	84,999	85,096	251,271	1,872,884

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	58,893						
010 HOUSEKEEPING	7,344	56,964					
011 DIETARY	2,483	1,453	153,337				
012 CAFETERIA		1,031		105,877			
014 NURSING ADMINISTRATION		218		2,248	29,539		
015 CENTRAL SERVICES & SUPPLY	794	2,030		2,159	1,216	208,015	
016 PHARMACY		424		4,489		897	58,804
017 MEDICAL RECORDS & LIBRARY		1,746		4,635			
018 SOCIAL SERVICE		212		834			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	21,072	18,910	115,916	24,393	15,096	7,206	
026 INTENSIVE CARE UNIT	3,072	2,688	10,106	4,900	2,760	1,309	
033 NURSERY		145		1,558			
034 SKILLED NURSING FACILITY	1,170	876	6,150	1,013	571	44	
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	4,053	8,048		6,092	3,451	107,300	
038 RECOVERY ROOM	2,013	423	306	2,808	1,589	770	
039 DELIVERY ROOM & LABOR ROO		183		851			
040 ANESTHESIOLOGY		6				2,872	
041 RADIOLOGY-DIAGNOSTIC	2,892	4,481		10,538		12,227	
041 01 ULTRASOUND	1,079	225		674		355	
042 RADIOLOGY-THERAPEUTIC	491	420		1,251		22,195	
044 LABORATORY	4	2,083		11,260		4,155	
049 RESPIRATORY THERAPY	684	423		3,522		2,012	
050 PHYSICAL THERAPY	1,009	2,748		3,659		981	
051 OCCUPATIONAL THERAPY	61	288		808		638	
052 SPEECH PATHOLOGY		154		464		1	
053 ELECTROCARDIOLOGY	210	1,730		2,109		161	
055 MEDICAL SUPPLIES CHARGED						38,007	
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							58,804
056 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	9,494	3,518	1,652	8,622	4,856	1,855	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		1,121		4,245		1,089	
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE		114		1,141		3,899	
095 SUBTOTALS	57,925	55,698	134,130	104,273	29,539	207,973	58,804
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		886		904			
098 PHYSICIANS' PRIVATE OFFIC	75			19			
098 01 PHYSICIAN CLINIC				681		42	
098 02 LIFELINE							
098 03 CREDIT UNION		380					
098 04 BREAST MRI STUDY							
100 COMMUNITY MENTAL HEALTH	893		19,207				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	58,893	56,964	153,337	105,877	29,539	208,015	58,804

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET B
 I TO 12/31/2010 I PART III

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 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	185,315				
018 SOCIAL SERVICE		23,389			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	13,763	22,504	2,193,029		2,193,029
033 INTENSIVE CARE UNIT	2,854	575	309,453		309,453
034 NURSERY	631		28,810		28,810
037 SKILLED NURSING FACILITY	204		182,856		182,856
038 ANCILLARY SRVC COST CNTRS					
039 OPERATING ROOM	18,361		905,699		905,699
040 RECOVERY ROOM	2,098	57	133,766		133,766
041 DELIVERY ROOM & LABOR ROO	2,079		23,383		23,383
042 ANESTHESIOLOGY	1,325		6,722		6,722
044 RADIOLOGY-DIAGNOSTIC	49,250		640,580		640,580
049 01 ULTRASOUND	4,060		27,360		27,360
050 RADIOLOGY-THERAPEUTIC	6,790		88,196		88,196
051 LABORATORY	33,558		313,098		313,098
052 RESPIRATORY THERAPY	4,303		62,742		62,742
053 PHYSICAL THERAPY	5,358		291,127		291,127
055 OCCUPATIONAL THERAPY	727		32,708		32,708
056 SPEECH PATHOLOGY	392		17,250		17,250
061 ELECTROCARDIOLOGY	8,319		190,429		190,429
062 MEDICAL SUPPLIES CHARGED	9,564		65,875		65,875
071 30 IMPL. DEV. CHARGED TO PAT	1,742		34,350		34,350
072 DRUGS CHARGED TO PATIENTS	12,321		86,936		86,936
073 OUTPAT SERVICE COST CNTRS					
074 EMERGENCY	7,616	253	402,361		402,361
075 OBSERVATION BEDS (NON-DIS					
076 OTHER REIMBURS COST CNTRS					
077 HOME HEALTH AGENCY			125,004		125,004
078 SPEC PURPOSE COST CENTERS					
079 HOSPICE			20,998		20,998
080 SUBTOTALS	185,315	23,389	6,182,732		6,182,732
081 NONREIMBURS COST CENTERS					
082 GIFT, FLOWER, COFFEE SHOP			60,248		60,248
083 PHYSICIANS' PRIVATE OFFIC			17,132		17,132
084 01 PHYSICIAN CLINIC			2,329		2,329
085 02 LIFELINE			282		282
086 03 CREDIT UNION			26,451		26,451
087 04 BREAST MRI STUDY					
088 COMMUNITY MENTAL HEALTH			20,100		20,100
089 CROSS FOOT ADJUSTMENTS					
090 NEGATIVE COST CENTER					
091 TOTAL	185,315	23,389	6,309,274		6,309,274

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	FITS (GROSS SALARIES)	LEPHONES (PHONES)
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	278,720					
003 OLD CAP REL COSTS-MVB		278,720				
004 NEW CAP REL COSTS-BLD			278,720			
005 NEW CAP REL COSTS-MVB				258,339		
006 EMPLOYEE BENEFITS	1,612	1,612	1,612	1,612	33,240,177	
006 01 NONPATIENT TELEPHONES	304	304	304	304	120,679	908
006 02 DATA PROCESSING	1,828	1,828	1,828	1,828	599,581	47
006 03 PURCHASING, RECEIVING	6,391	6,391	6,391	6,391	241,291	12
006 04 ADMITTING	3,455	3,455	3,455	3,455	824,111	27
006 05 CASHIERING/ACCOUNTS R	3,458	3,458	3,458	3,458	711,887	44
006 06 OTHER ADMINISTRATIVE	10,526	10,526	10,526	10,526	1,295,262	36
008 OPERATION OF PLANT	91,577	91,577	91,577	65,484	1,022,195	71
009 LAUNDRY & LINEN SERVI	1,592	1,592	1,592	1,592	159,444	1
010 HOUSEKEEPING	1,178	1,178	1,178	1,178	769,062	13
011 DIETARY	4,000	4,000	4,000	4,000	493,795	21
012 CAFETERIA	2,837	2,837	2,837	2,837	655,035	
014 NURSING ADMINISTRATIO	600	600	600	600	777,605	11
015 CENTRAL SERVICES & SU	5,588	5,588	5,588	5,588	342,586	10
016 PHARMACY	1,168	1,168	1,168	1,168	1,420,672	24
017 MEDICAL RECORDS & LIB	4,807	4,807	4,807	4,807	838,443	80
018 SOCIAL SERVICE	583	583	583	583	205,237	9
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	52,046	52,046	52,046	50,958	5,301,050	115
033 INTENSIVE CARE UNIT	7,400	7,400	7,400	7,400	1,309,300	11
034 NURSERY	400	400	400	400	432,304	
037 SKILLED NURSING FACIL	2,412	2,412	2,412	9,646	247,813	19
038 ANCILLARY SRVC COST C						
038 OPERATING ROOM	22,154	22,154	22,154	14,425	1,693,537	43
039 RECOVERY ROOM	1,163	1,163	1,163	7,674	802,664	11
040 DELIVERY ROOM & LABOR	504	504	504	504	235,970	
041 ANESTHESIOLOGY	16	16	16	16		2
041 RADIOLOGY-DIAGNOSTIC	12,334	12,334	12,334	17,091	2,464,571	62
041 01 ULTRASOUND	620	620	620	216	209,408	2
042 RADIOLOGY-THERAPEUTIC	1,155	1,155	1,155	1,155	391,644	6
044 LABORATORY	5,735	5,735	5,735	4,612	2,207,655	38
049 RESPIRATORY THERAPY	1,164	1,164	1,164	1,164	855,333	7
050 PHYSICAL THERAPY	7,564	7,564	7,564	7,564	971,637	18
051 OCCUPATIONAL THERAPY	794	794	794	794	220,309	10
052 SPEECH PATHOLOGY	424	424	424	424	167,125	1
053 ELECTROCARDIOLOGY	4,761	4,761	4,761	4,761	486,252	31
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
061 OUTPAT SERVICE COST C						
062 EMERGENCY	9,684	9,684	9,684	9,684	3,130,529	28
071 OBSERVATION BEDS (NON						
093 OTHER REIMBURS COST C						
095 HOME HEALTH AGENCY	3,085	3,085	3,085	3,085	1,080,637	6
096 SPEC PURPOSE COST CEN						
096 HOSPICE	315	315	315	315	321,396	
095 SUBTOTALS	275,234	275,234	275,234	257,299	33,006,019	816
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE	2,440	2,440	2,440		93,194	5
098 PHYSICIANS' PRIVATE O				1,040	40,442	66
098 01 PHYSICIAN CLINIC					89,295	11
098 02 LIFELINE						
098 03 CREDIT UNION	1,046	1,046	1,046		11,227	10
098 04 BREAST MRI STUDY						
100 COMMUNITY MENTAL HEAL						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			3,313,758	2,995,516	11,097,821	368,736
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			11.889201		.333868	
105 (WRKSHT B, PT I)				11.595291		406.096916
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					37,857	7,276
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001139	8.013216
108 (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	DATA PROCESSING (DP EQUIPMENT)	PURCHASING, RECEIVING AND (SUPPLY EXPENSE)	R ADMITTING (ADMISSIONS)	CASHIERING/AC COUNTS RECEI (GROSS CHARGES)	OTHER ADMINIS TRATIVE AND (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	6.02	6.03	6.04	6.05	6a.06	8
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD						
005 NEW CAP REL COSTS-MVB						
006 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING	1,000					
006 03 PURCHASING, RECEIVING	13	8,061,711				
006 04 ADMITTING	37	57,477	4,927			
006 05 CASHIERING/ACCOUNTS R	54	18,518		186,740,296		
006 06 OTHER ADMINISTRATIVE	45	17,624			-2,589,953	66,070,705
008 OPERATION OF PLANT	21	128,753				5,188,348
009 LAUNDRY & LINEN SERVI		64,974				371,358
010 HOUSEKEEPING	6	95,524				1,340,106
011 DIETARY	26	129,542				1,107,760
012 CAFETERIA						1,097,970
014 NURSING ADMINISTRATIO	13	8,762				1,112,247
015 CENTRAL SERVICES & SU	17	55,558				720,106
016 PHARMACY	26	56,664				2,061,330
017 MEDICAL RECORDS & LIB	52	19,228				1,415,063
018 SOCIAL SERVICE	7	2,184				303,520
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	209	261,098	3,861	13,667,612		10,453,633
033 INTENSIVE CARE UNIT	23		479	2,834,170		2,209,229
034 NURSERY			512	626,317		729,870
037 SKILLED NURSING FACIL	4	2,139	75	202,351		514,601
038 ANCILLARY SRVC COST C						
039 OPERATING ROOM	68	1,852,329		18,233,297		5,110,408
040 RECOVERY ROOM		32,067		2,083,667		1,233,333
041 DELIVERY ROOM & LABOR				2,064,535		343,851
042 ANESTHESIOLOGY		48,882		1,315,705		111,243
044 RADIOLOGY-DIAGNOSTIC	84	980,464		48,877,939		6,313,515
041 01 ULTRASOUND		18,643		4,031,475		360,818
042 RADIOLOGY-THERAPEUTIC	17	420,250		6,743,247		1,098,537
044 LABORATORY	79	1,448,628		33,325,143		6,424,323
049 RESPIRATORY THERAPY	34	60,013		4,273,505		1,367,702
050 PHYSICAL THERAPY	18	24,701		5,320,316		1,583,838
051 OCCUPATIONAL THERAPY		13,428		722,250		344,024
052 SPEECH PATHOLOGY		691		389,595		240,924
053 ELECTROCARDIOLOGY		33,519		8,261,431		1,318,062
055 MEDICAL SUPPLIES CHAR		592,818		9,497,458		753,961
055 30 IMPL. DEV. CHARGED TO		1,392,278		1,729,666		1,507,998
056 DRUGS CHARGED TO PATI				12,235,352		2,690,472
061 OUTPAT SERVICE COST C						
062 EMERGENCY	52	70,814		7,562,964		3,301,684
071 OBSERVATION BEDS (NON						
071 OTHER REIMBURS COST C	14	39,640		1,786,550		1,692,830
093 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CEN						
093 HOSPICE		64,899		955,751		718,026
095 SUBTOTALS	919	8,012,109	4,927	186,740,296	-2,589,953	65,140,690
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE		3,149				158,726
098 PHYSICIANS' PRIVATE O	69	4,170				339,338
098 01 PHYSICIAN CLINIC	12	10,388				182,168
098 02 LIFELINE		812				70,107
098 03 CREDIT UNION		31,083				179,676
098 04 BREAST MRI STUDY						
100 COMMUNITY MENTAL HEAL						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,359,745	586,315	1,333,782	1,561,328		2,589,953
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER		.072728		.008361		.039200
(WRKSHT B, PT I)	1,359.745000		270.708748			33.789339
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	43,989	151,033	84,999	85,096		251,271
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER		.018735		.000456		.003803
(WRKSHT B, PT III)	43.989000		17.251674			11.737142

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(MAN HOURS)	(GROSS HOURS)	(COSTED)EQUIS.	R(100%)
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI	825,298						
010 HOUSEKEEPING	102,909	156,799					
011 DIETARY	34,799	4,000	65,047				
012 CAFETERIA		2,837		994,522			
014 NURSING ADMINISTRATIO		600		21,114	492,752		
015 CENTRAL SERVICES & SU	11,127	5,588		20,279	20,279	3,244,528	
016 PHARMACY		1,168		42,164		13,987	100
017 MEDICAL RECORDS & LIB		4,807		43,540			
018 SOCIAL SERVICE		583		7,836			
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	295,292	52,046	49,172	229,122	251,821	112,403	
033 INTENSIVE CARE UNIT	43,046	7,400	4,287	46,024	46,044	20,419	
034 NURSERY		400		14,637			
037 SKILLED NURSING FACIL	16,398	2,412	2,609	9,519	9,522	691	
038 ANCILLARY SRVC COST C							
039 OPERATING ROOM	56,792	22,154		57,219	57,575	1,673,622	
040 RECOVERY ROOM	28,214	1,163	130	26,380	26,509	12,008	
041 DELIVERY ROOM & LABOR		504		7,990			
042 ANESTHESIOLOGY		16				44,798	
044 RADIOLOGY-DIAGNOSTIC	40,525	12,334		98,983		190,715	
041 01 ULTRASOUND	15,119	620		6,328		5,543	
042 RADIOLOGY-THERAPEUTIC	6,877	1,155		11,754		346,192	
044 LABORATORY	63	5,735		105,772		64,805	
049 RESPIRATORY THERAPY	9,591	1,164		33,085		31,377	
050 PHYSICAL THERAPY	14,133	7,564		34,371		15,307	
051 OCCUPATIONAL THERAPY	853	794		7,593		9,950	
052 SPEECH PATHOLOGY		424		4,354		8	
053 ELECTROCARDIOLOGY	2,948	4,761		19,809		2,508	
055 MEDICAL SUPPLIES CHAR						592,818	
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI							100
061 OUTPAT SERVICE COST C							
062 EMERGENCY	133,048	9,684	701	80,990	81,002	28,930	
071 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C		3,085		39,876		16,980	
093 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CEN		315		10,717		60,818	
HOSPICE							
096 SUBTOTALS	811,734	153,313	56,899	979,456	492,752	3,243,879	100
098 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE		2,440		8,492			
098 01 PHYSICIANS' PRIVATE O	1,055			175			
098 02 PHYSICIAN CLINIC				6,399		649	
098 03 LIFELINE							
098 04 CREDIT UNION		1,046					
100 BREAST MRI STUDY							
101 COMMUNITY MENTAL HEAL	12,509		8,148				
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
104 COST TO BE ALLOCATED	439,708	1,487,271	1,342,822	1,263,780	1,208,642	1,071,590	2,250,879
(WRKSHT B, PART I)							
105 UNIT COST MULTIPLIER		9.485207	20.643873	1.270741		.330276	22,508.790000
(WRKSHT B, PT I)	.532787				2.452840		
106 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
107 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
108 COST TO BE ALLOCATED	58,893	56,964	153,337	105,877	29,539	208,015	58,804
(WRKSHT B, PART III)							
109 UNIT COST MULTIPLIER		.363293	2.357326	.106460	.059947	.064113	588.040000
(WRKSHT B, PT III)	.071360						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET B-1
 I TO 12/31/2010 I

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E
	(ADJUSTED GES	CHAR(TIME) SPENT)
	17	18
001 GENERAL SERVICE COST		
002 OLD CAP REL COSTS-BLD		
003 OLD CAP REL COSTS-MVB		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
006 01 NONPATIENT TELEPHONES		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING		
006 04 ADMITTING		
006 05 CASHIERING/ACCOUNTS R		
006 06 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	183,997,995	
018 SOCIAL SERVICE		2,034
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS	13,667,612	1,957
026 INTENSIVE CARE UNIT	2,834,170	50
033 NURSERY	626,317	
034 SKILLED NURSING FACIL	202,351	
ANCILLARY SRVC COST C		
037 OPERATING ROOM	18,233,297	
038 RECOVERY ROOM	2,083,667	5
039 DELIVERY ROOM & LABOR	2,064,535	
040 ANESTHESIOLOGY	1,315,705	
041 RADIOLOGY-DIAGNOSTIC	48,877,939	
041 01 ULTRASOUND	4,031,475	
042 RADIOLOGY-THERAPEUTIC	6,743,247	
044 LABORATORY	33,325,143	
049 RESPIRATORY THERAPY	4,273,505	
050 PHYSICAL THERAPY	5,320,316	
051 OCCUPATIONAL THERAPY	722,250	
052 SPEECH PATHOLOGY	389,595	
053 ELECTROCARDIOLOGY	8,261,431	
055 MEDICAL SUPPLIES CHAR	9,497,458	
055 30 IMPL. DEV. CHARGED TO	1,729,666	
056 DRUGS CHARGED TO PATI	12,235,352	
OUTPAT SERVICE COST C		
061 EMERGENCY	7,562,964	22
062 OBSERVATION BEDS (NON		
OTHER REIMBURS COST C		
071 HOME HEALTH AGENCY		
SPEC PURPOSE COST CEN		
093 HOSPICE		
095 SUBTOTALS	183,997,995	2,034
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
098 PHYSICIANS' PRIVATE O		
098 01 PHYSICIAN CLINIC		
098 02 LIFELINE		
098 03 CREDIT UNION		
098 04 BREAST MRI STUDY		
100 COMMUNITY MENTAL HEAL		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	1,733,881	350,605
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		172.372173
(WRKSHT B, PT I)	.009423	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		
107 COST TO BE ALLOCATED	185,315	23,389
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		11.499017
(WRKSHT B, PT III)	.001007	

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	15,700,167		15,700,167		15,700,167
26	INTENSIVE CARE UNIT	2,940,990		2,940,990		2,940,990
33	NURSERY	800,293		800,293		800,293
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	739,335		739,335		739,335
37	OPERATING ROOM	7,238,198		7,238,198		7,238,198
38	RECOVERY ROOM	1,472,730		1,472,730		1,472,730
39	DELIVERY ROOM & LABOR ROO	408,748		408,748		408,748
40	ANESTHESIOLOGY	143,491		143,491		143,491
41	RADIOLOGY-DIAGNOSTIC	7,765,760		7,765,760		7,765,760
41	01 ULTRASOUND	457,708		457,708		457,708
42	RADIOLOGY-THERAPEUTIC	1,388,063		1,388,063		1,388,063
44	LABORATORY	7,394,206		7,394,206	88,616	7,482,822
49	RESPIRATORY THERAPY	1,569,472		1,569,472		1,569,472
50	PHYSICAL THERAPY	2,079,649		2,079,649		2,079,649
51	OCCUPATIONAL THERAPY	412,065		412,065		412,065
52	SPEECH PATHOLOGY	277,924		277,924		277,924
53	ELECTROCARDIOLOGY	1,681,178		1,681,178		1,681,178
55	MEDICAL SUPPLIES CHARGED	1,068,805		1,068,805		1,068,805
55	30 IMPL. DEV. CHARGED TO PAT	1,583,411		1,583,411		1,583,411
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	5,162,112		5,162,112		5,162,112
61	EMERGENCY	4,321,753		4,321,753		4,321,753
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,200,373		1,200,373		1,200,373
101	SUBTOTAL	65,806,431		65,806,431	88,616	65,895,047
102	LESS OBSERVATION BEDS	1,200,373		1,200,373		1,200,373
103	TOTAL	64,606,058		64,606,058	88,616	64,694,674

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	12,278,733		12,278,733			
26	INTENSIVE CARE UNIT	2,834,170		2,834,170			
33	NURSERY	626,317		626,317			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	202,351		202,351			
37	OPERATING ROOM	4,852,963	13,334,668	18,187,631	.397974	.397974	.397974
38	RECOVERY ROOM	460,716	1,622,951	2,083,667	.706797	.706797	.706797
39	DELIVERY ROOM & LABOR ROO	1,903,655	160,880	2,064,535	.197986	.197986	.197986
40	ANESTHESIOLOGY	468,976	846,730	1,315,706	.109060	.109060	.109060
41	RADIOLOGY-DIAGNOSTIC	8,567,888	39,756,693	48,324,581	.160700	.160700	.160700
41	01 ULTRASOUND	747,987	3,283,488	4,031,475	.113534	.113534	.113534
42	RADIOLOGY-THERAPEUTIC	3,605,366	3,052,942	6,658,308	.208471	.208471	.208471
44	LABORATORY	10,397,226	22,927,917	33,325,143	.221881	.221881	.224540
49	RESPIRATORY THERAPY	6,470,789	1,098,856	7,569,645	.207338	.207338	.207338
50	PHYSICAL THERAPY	1,771,640	3,548,676	5,320,316	.390888	.390888	.390888
51	OCCUPATIONAL THERAPY	340,966	381,285	722,251	.570529	.570529	.570529
52	SPEECH PATHOLOGY	155,787	233,808	389,595	.713366	.713366	.713366
53	ELECTROCARDIOLOGY	2,009,434	4,102,139	6,111,573	.275081	.275081	.275081
55	MEDICAL SUPPLIES CHARGED	4,848,433	1,266,903	6,115,336	.174775	.174775	.174775
55	30 IMPL. DEV. CHARGED TO PAT	1,368,510	544,230	1,912,740	.827823	.827823	.827823
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	8,711,794	3,523,559	12,235,353	.421901	.421901	.421901
61	EMERGENCY	1,679,074	5,883,890	7,562,964	.571436	.571436	.571436
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	232,181	812,460	1,044,641	1.149077	1.149077	1.149077
101	SUBTOTAL	74,534,956	106,382,075	180,917,031			
102	LESS OBSERVATION BEDS						
103	TOTAL	74,534,956	106,382,075	180,917,031			

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	15,700,167		15,700,167		15,700,167
26	INTENSIVE CARE UNIT	2,940,990		2,940,990		2,940,990
33	NURSERY	800,293		800,293		800,293
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	739,335		739,335		739,335
37	OPERATING ROOM	7,238,198		7,238,198		7,238,198
38	RECOVERY ROOM	1,472,730		1,472,730		1,472,730
39	DELIVERY ROOM & LABOR ROO	408,748		408,748		408,748
40	ANESTHESIOLOGY	143,491		143,491		143,491
41	RADIOLOGY-DIAGNOSTIC	7,765,760		7,765,760		7,765,760
41	01 ULTRASOUND	457,708		457,708		457,708
42	RADIOLOGY-THERAPEUTIC	1,388,063		1,388,063		1,388,063
44	LABORATORY	7,394,206		7,394,206	88,616	7,482,822
49	RESPIRATORY THERAPY	1,569,472		1,569,472		1,569,472
50	PHYSICAL THERAPY	2,079,649		2,079,649		2,079,649
51	OCCUPATIONAL THERAPY	412,065		412,065		412,065
52	SPEECH PATHOLOGY	277,924		277,924		277,924
53	ELECTROCARDIOLOGY	1,681,178		1,681,178		1,681,178
55	MEDICAL SUPPLIES CHARGED	1,068,805		1,068,805		1,068,805
55	30 IMPL. DEV. CHARGED TO PAT	1,583,411		1,583,411		1,583,411
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	5,162,112		5,162,112		5,162,112
61	EMERGENCY	4,321,753		4,321,753		4,321,753
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,200,373		1,200,373		1,200,373
101	SUBTOTAL	65,806,431		65,806,431	88,616	65,895,047
102	LESS OBSERVATION BEDS	1,200,373		1,200,373		1,200,373
103	TOTAL	64,606,058		64,606,058	88,616	64,694,674

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	12,278,733		12,278,733			
26	INTENSIVE CARE UNIT	2,834,170		2,834,170			
33	NURSERY	626,317		626,317			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	202,351		202,351			
37	OPERATING ROOM	4,852,963	13,334,668	18,187,631	.397974	.397974	.397974
38	RECOVERY ROOM	460,716	1,622,951	2,083,667	.706797	.706797	.706797
39	DELIVERY ROOM & LABOR ROO	1,903,655	160,880	2,064,535	.197986	.197986	.197986
40	ANESTHESIOLOGY	468,976	846,730	1,315,706	.109060	.109060	.109060
41	RADIOLOGY-DIAGNOSTIC	8,567,888	39,756,693	48,324,581	.160700	.160700	.160700
41 01	ULTRASOUND	747,987	3,283,488	4,031,475	.113534	.113534	.113534
42	RADIOLOGY-THERAPEUTIC	3,605,366	3,052,942	6,658,308	.208471	.208471	.208471
44	LABORATORY	10,397,226	22,927,917	33,325,143	.221881	.221881	.224540
49	RESPIRATORY THERAPY	6,470,789	1,098,856	7,569,645	.207338	.207338	.207338
50	PHYSICAL THERAPY	1,771,640	3,548,676	5,320,316	.390888	.390888	.390888
51	OCCUPATIONAL THERAPY	340,966	381,285	722,251	.570529	.570529	.570529
52	SPEECH PATHOLOGY	155,787	233,808	389,595	.713366	.713366	.713366
53	ELECTROCARDIOLOGY	2,009,434	4,102,139	6,111,573	.275081	.275081	.275081
55	MEDICAL SUPPLIES CHARGED	4,848,433	1,266,903	6,115,336	.174775	.174775	.174775
55 30	IMPL. DEV. CHARGED TO PAT	1,368,510	544,230	1,912,740	.827823	.827823	.827823
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	8,711,794	3,523,559	12,235,353	.421901	.421901	.421901
61	EMERGENCY	1,679,074	5,883,890	7,562,964	.571436	.571436	.571436
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	232,181	812,460	1,044,641	1.149077	1.149077	1.149077
101	SUBTOTAL	74,534,956	106,382,075	180,917,031			
102	LESS OBSERVATION BEDS						
103	TOTAL	74,534,956	106,382,075	180,917,031			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,238,198	905,699	6,332,499			7,238,198
38	RECOVERY ROOM	1,472,730	133,766	1,338,964			1,472,730
39	DELIVERY ROOM & LABOR ROO	408,748	23,383	385,365			408,748
40	ANESTHESIOLOGY	143,491	6,722	136,769			143,491
41	RADIOLOGY-DIAGNOSTIC	7,765,760	640,580	7,125,180			7,765,760
41 01	ULTRASOUND	457,708	27,360	430,348			457,708
42	RADIOLOGY-THERAPEUTIC	1,388,063	88,196	1,299,867			1,388,063
44	LABORATORY	7,394,206	313,098	7,081,108			7,394,206
49	RESPIRATORY THERAPY	1,569,472	62,742	1,506,730			1,569,472
50	PHYSICAL THERAPY	2,079,649	291,127	1,788,522			2,079,649
51	OCCUPATIONAL THERAPY	412,065	32,708	379,357			412,065
52	SPEECH PATHOLOGY	277,924	17,250	260,674			277,924
53	ELECTROCARDIOLOGY	1,681,178	190,429	1,490,749			1,681,178
55	MEDICAL SUPPLIES CHARGED	1,068,805	65,875	1,002,930			1,068,805
55 30	IMPL. DEV. CHARGED TO PAT	1,583,411	34,350	1,549,061			1,583,411
56	DRUGS CHARGED TO PATIENTS	5,162,112	86,936	5,075,176			5,162,112
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,321,753	402,361	3,919,392			4,321,753
62	OBSERVATION BEDS (NON-DIS	1,200,373	167,671	1,032,702			1,200,373
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	45,625,646	3,490,253	42,135,393			45,625,646
102	LESS OBSERVATION BEDS	1,200,373	167,671	1,032,702			1,200,373
103	TOTAL	44,425,273	3,322,582	41,102,691			44,425,273

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	18,187,631	.397974	.397974
38	RECOVERY ROOM	2,083,667	.706797	.706797
39	DELIVERY ROOM & LABOR ROO	2,064,535	.197986	.197986
40	ANESTHESIOLOGY	1,315,706	.109060	.109060
41	RADIOLOGY-DIAGNOSTIC	48,324,581	.160700	.160700
41 01	ULTRASOUND	4,031,475	.113534	.113534
42	RADIOLOGY-THERAPEUTIC	6,658,308	.208471	.208471
44	LABORATORY	33,325,143	.221881	.221881
49	RESPIRATORY THERAPY	7,569,645	.207338	.207338
50	PHYSICAL THERAPY	5,320,316	.390888	.390888
51	OCCUPATIONAL THERAPY	722,251	.570529	.570529
52	SPEECH PATHOLOGY	389,595	.713366	.713366
53	ELECTROCARDIOLOGY	6,111,573	.275081	.275081
55	MEDICAL SUPPLIES CHARGED	6,115,336	.174775	.174775
55 30	IMPL. DEV. CHARGED TO PAT	1,912,740	.827823	.827823
56	DRUGS CHARGED TO PATIENTS	12,235,353	.421901	.421901
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	7,562,964	.571436	.571436
62	OBSERVATION BEDS (NON-DIS	1,044,641	1.149077	1.149077
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	164,975,460		
102	LESS OBSERVATION BEDS	1,044,641		
103	TOTAL	163,930,819		

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						
37	OPERATING ROOM	7,238,198	905,699	6,332,499	90,570	367,285	6,780,343
38	RECOVERY ROOM	1,472,730	133,766	1,338,964	13,377	77,660	1,381,693
39	DELIVERY ROOM & LABOR ROO	408,748	23,383	385,365	2,338	22,351	384,059
40	ANESTHESIOLOGY	143,491	6,722	136,769	672	7,933	134,886
41	RADIOLOGY-DIAGNOSTIC	7,765,760	640,580	7,125,180	64,058	413,260	7,288,442
41	01 ULTRASOUND	457,708	27,360	430,348	2,736	24,960	430,012
42	RADIOLOGY-THERAPEUTIC	1,388,063	88,196	1,299,867	8,820	75,392	1,303,851
44	LABORATORY	7,394,206	313,098	7,081,108	31,310	410,704	6,952,192
49	RESPIRATORY THERAPY	1,569,472	62,742	1,506,730	6,274	87,390	1,475,808
50	PHYSICAL THERAPY	2,079,649	291,127	1,788,522	29,113	103,734	1,946,802
51	OCCUPATIONAL THERAPY	412,065	32,708	379,357	3,271	22,003	386,791
52	SPEECH PATHOLOGY	277,924	17,250	260,674	1,725	15,119	261,080
53	ELECTROCARDIOLOGY	1,681,178	190,429	1,490,749	19,043	86,463	1,575,672
55	MEDICAL SUPPLIES CHARGED	1,068,805	65,875	1,002,930	6,588	58,170	1,004,047
55	30 IMPL. DEV. CHARGED TO PAT	1,583,411	34,350	1,549,061	3,435	89,846	1,490,130
56	DRUGS CHARGED TO PATIENTS	5,162,112	86,936	5,075,176	8,694	294,360	4,859,058
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,321,753	402,361	3,919,392	40,236	227,325	4,054,192
62	OBSERVATION BEDS (NON-DIS	1,200,373	167,671	1,032,702	16,767	59,897	1,123,709
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	45,625,646	3,490,253	42,135,393	349,027	2,443,852	42,832,767
102	LESS OBSERVATION BEDS	1,200,373	167,671	1,032,702	16,767	59,897	1,123,709
103	TOTAL	44,425,273	3,322,582	41,102,691	332,260	2,383,955	41,709,058

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	18,187,631	.372800	.392994
38	RECOVERY ROOM	2,083,667	.663106	.700377
39	DELIVERY ROOM & LABOR ROO	2,064,535	.186027	.196853
40	ANESTHESIOLOGY	1,315,706	.102520	.108549
41	RADIOLOGY-DIAGNOSTIC	48,324,581	.150823	.159374
41 01	ULTRASOUND	4,031,475	.106664	.112855
42	RADIOLOGY-THERAPEUTIC	6,658,308	.195823	.207146
44	LABORATORY	33,325,143	.208617	.220941
49	RESPIRATORY THERAPY	7,569,645	.194964	.206509
50	PHYSICAL THERAPY	5,320,316	.365918	.385416
51	OCCUPATIONAL THERAPY	722,251	.535535	.566000
52	SPEECH PATHOLOGY	389,595	.670132	.708939
53	ELECTROCARDIOLOGY	6,111,573	.257818	.271965
55	MEDICAL SUPPLIES CHARGED	6,115,336	.164185	.173697
55 30	IMPL. DEV. CHARGED TO PAT	1,912,740	.779055	.826028
56	DRUGS CHARGED TO PATIENTS	12,235,353	.397133	.421191
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	7,562,964	.536059	.566116
62	OBSERVATION BEDS (NON-DIS	1,044,641	1.075689	1.133027
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	164,975,460		
102	LESS OBSERVATION BEDS	1,044,641		
103	TOTAL	163,930,819		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0086 I PERIOD: FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/27/2011 I WORKSHEET D I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS				2,193,029		2,193,029
26	ADULTS & PEDIATRICS				309,453		309,453
33	INTENSIVE CARE UNIT				28,810		28,810
101	NURSERY				2,531,292		2,531,292
	TOTAL						

Health Financial Systems MCRIF32 FOR DEARBORN COUNTY HOSPITAL

IN LIEU OF FORM CMS-2552-96(09/1997)

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET D
 I I TO 12/31/2010 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	16,794	8,145			130.58	1,063,574
26	INTENSIVE CARE UNIT	2,154	1,032			143.66	148,257
33	NURSERY	938				30.71	
101	TOTAL	19,886	9,177				1,211,831

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-0086 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		905,699	18,187,631	2,724,460		
38	RECOVERY ROOM		133,766	2,083,667	183,325		
39	DELIVERY ROOM & LABOR ROO		23,383	2,064,535	7,005		
40	ANESTHESIOLOGY		6,722	1,315,706	168,100		
41	RADIOLOGY-DIAGNOSTIC		640,580	48,324,581	4,929,211		
41 01	ULTRASOUND		27,360	4,031,475	291,748		
42	RADIOLOGY-THERAPEUTIC		88,196	6,658,308	783,923		
44	LABORATORY		313,098	33,325,143	5,745,663		
49	RESPIRATORY THERAPY		62,742	7,569,645	1,760,980		
50	PHYSICAL THERAPY		291,127	5,320,316	998,826		
51	OCCUPATIONAL THERAPY		32,708	722,251	142,247		
52	SPEECH PATHOLOGY		17,250	389,595	106,267		
53	ELECTROCARDIOLOGY		190,429	6,111,573	1,892,754		
55	MEDICAL SUPPLIES CHARGED		65,875	6,115,336	4,183,008		
55 30	IMPL. DEV. CHARGED TO PAT		34,350	1,912,740	610,393		
56	DRUGS CHARGED TO PATIENTS		86,936	12,235,353	4,780,145		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		402,361	7,562,964	582,197		
62	OBSERVATION BEDS (NON-DIS		167,671	1,044,641	105,528		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		3,490,253	164,975,460	29,995,780		

Health Financial Systems MCRIF32 FOR DEARBORN COUNTY HOSPITAL
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

IN LIEU OF FORM CMS-2552-96(09/1996) CONTD
 I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-0086 I
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.049798	135,673
38	RECOVERY ROOM	.064197	11,769
39	DELIVERY ROOM & LABOR ROO	.011326	79
40	ANESTHESIOLOGY	.005109	859
41	RADIOLOGY-DIAGNOSTIC	.013256	65,342
41 01	ULTRASOUND	.006787	1,980
42	RADIOLOGY-THERAPEUTIC	.013246	10,384
44	LABORATORY	.009395	53,981
49	RESPIRATORY THERAPY	.008289	14,597
50	PHYSICAL THERAPY	.054720	54,656
51	OCCUPATIONAL THERAPY	.045286	6,442
52	SPEECH PATHOLOGY	.044277	4,705
53	ELECTROCARDIOLOGY	.031159	58,976
55	MEDICAL SUPPLIES CHARGED	.010772	45,059
55 30	IMPL. DEV. CHARGED TO PAT	.017959	10,962
56	DRUGS CHARGED TO PATIENTS	.007105	33,963
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.053201	30,973
62	OBSERVATION BEDS (NON-DIS	.160506	16,938
	OTHER REIMBURS COST CNTRS		
101	TOTAL		557,338

Health Financial Systems MCRIF32 FOR DEARBORN COUNTY HOSPITAL IN LIEU OF FORM CMS-2552-96(11/1998)
 APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 SERVICE OTHER PASS THROUGH COSTS I 15-0086 I FROM 1/ 1/2010 I WORKSHEET D
 TITLE XVIII, PART A I I TO 12/31/2010 I PART III
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					16,794	
26	INTENSIVE CARE UNIT					2,154	
33	NURSERY					938	
34	SKILLED NURSING FACILITY					809	
101	TOTAL					20,695	

Health Financial Systems MCRIF32 FOR DEARBORN COUNTY HOSPITAL
 APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XVIII, PART A

IN LIEU OF FORM CMS-2552-96(11/1998)
 PROVIDER NO: 15-0086 I PERIOD: FROM 1/ 1/2010 I TO 12/31/2010 I PREPARED 5/27/2011 I WORKSHEET D PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		8,145
26	INTENSIVE CARE UNIT		1,032
33	NURSERY		
34	SKILLED NURSING FACILITY		633
101	TOTAL		9,810

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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			18,187,631			2,724,460	
38	RECOVERY ROOM			2,083,667			183,325	
39	DELIVERY ROOM & LABOR ROO			2,064,535			7,005	
40	ANESTHESIOLOGY			1,315,706			168,100	
41	RADIOLOGY-DIAGNOSTIC			48,324,581			4,929,211	
41 01	ULTRASOUND			4,031,475			291,748	
42	RADIOLOGY-THERAPEUTIC			6,658,308			783,923	
44	LABORATORY			33,325,143			5,745,663	
49	RESPIRATORY THERAPY			7,569,645			1,760,980	
50	PHYSICAL THERAPY			5,320,316			998,826	
51	OCCUPATIONAL THERAPY			722,251			142,247	
52	SPEECH PATHOLOGY			389,595			106,267	
53	ELECTROCARDIOLOGY			6,111,573			1,892,754	
55	MEDICAL SUPPLIES CHARGED			6,115,336			4,183,008	
55 30	IMPL. DEV. CHARGED TO PAT			1,912,740			610,393	
56	DRUGS CHARGED TO PATIENTS			12,235,353			4,780,145	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			7,562,964			582,197	
62	OBSERVATION BEDS (NON-DIS			1,044,641			105,528	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			164,975,460			29,995,780	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		8	8.01	8.02	9		
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,297,467					
38	RECOVERY ROOM	645,875					
39	DELIVERY ROOM & LABOR ROO	19					
40	ANESTHESIOLOGY	126,863					
41	RADIOLOGY-DIAGNOSTIC	10,858,705					
41 01	ULTRASOUND	473,548					
42	RADIOLOGY-THERAPEUTIC	317,907					
44	LABORATORY	776,964					
49	RESPIRATORY THERAPY	165,172					
50	PHYSICAL THERAPY	84,241					
51	OCCUPATIONAL THERAPY	1,750					
52	SPEECH PATHOLOGY	402					
53	ELECTROCARDIOLOGY	1,624,318					
55	MEDICAL SUPPLIES CHARGED	198,801					
55 30	IMPL. DEV. CHARGED TO PAT	180,473					
56	DRUGS CHARGED TO PATIENTS	420,538					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,319,342					
62	OBSERVATION BEDS (NON-DIS	513,081					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	22,005,466					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.397974	.397974			
38 RECOVERY ROOM	.706797	.706797			
39 DELIVERY ROOM & LABOR ROOM	.197986	.197986			
40 ANESTHESIOLOGY	.109060	.109060			
41 RADIOLOGY-DIAGNOSTIC	.160700	.160700			
41 01 ULTRASOUND	.113534	.113534			
42 RADIOLOGY-THERAPEUTIC	.208471	.208471			
44 LABORATORY	.221881	.221881			
49 RESPIRATORY THERAPY	.207338	.207338			
50 PHYSICAL THERAPY	.390888	.390888			
51 OCCUPATIONAL THERAPY	.570529	.570529			
52 SPEECH PATHOLOGY	.713366	.713366			
53 ELECTROCARDIOLOGY	.275081	.275081			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.174775	.174775			
55 30 IMPL. DEV. CHARGED TO PATIENT	.827823	.827823			
56 DRUGS CHARGED TO PATIENTS	.421901	.421901			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.571436	.571436			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.149077	1.149077			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

All other (1)

PPS Services
FYB to 12/31

Non-PPS
Services

PPS Services
1/1 to FYE

Outpatient
Ambulatory
Surgical Ctr

Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		4,297,467			
38 RECOVERY ROOM		645,875			
39 DELIVERY ROOM & LABOR ROOM		19			
40 ANESTHESIOLOGY		126,863			
41 RADIOLOGY-DIAGNOSTIC		10,858,705			
41 01 ULTRASOUND		473,548			
42 RADIOLOGY-THERAPEUTIC		317,907			
44 LABORATORY		776,964			
49 RESPIRATORY THERAPY		165,172			
50 PHYSICAL THERAPY		84,241			
51 OCCUPATIONAL THERAPY		1,750			
52 SPEECH PATHOLOGY		402			
53 ELECTROCARDIOLOGY		1,624,318			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		198,801			
55 30 IMPL. DEV. CHARGED TO PATIENT		180,473			
56 DRUGS CHARGED TO PATIENTS		420,538			
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		1,319,342			
62 OBSERVATION BEDS (NON-DISTINCT PART)		513,081			
101 SUBTOTAL		22,005,466			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		22,005,466			

(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	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,710,280	
38 RECOVERY ROOM				456,503	
39 DELIVERY ROOM & LABOR ROOM				4	
40 ANESTHESIOLOGY				13,836	
41 RADIOLOGY-DIAGNOSTIC				1,744,994	
41 01 ULTRASOUND				53,764	
42 RADIOLOGY-THERAPEUTIC				66,274	
44 LABORATORY				172,394	
49 RESPIRATORY THERAPY				34,246	
50 PHYSICAL THERAPY				32,929	
51 OCCUPATIONAL THERAPY				998	
52 SPEECH PATHOLOGY				287	
53 ELECTROCARDIOLOGY				446,819	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				34,745	
55 30 IMPL. DEV. CHARGED TO PATIENT				149,400	
56 DRUGS CHARGED TO PATIENTS				177,425	
61 OUTPAT SERVICE COST CNTRS					
62 EMERGENCY				753,920	
62 OBSERVATION BEDS (NON-DISTINCT PART)				589,570	
101 SUBTOTAL				6,438,388	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				6,438,388	

(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 01 ULTRASOUND
- 42 RADIOLOGY-THERAPEUTIC
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- OUTPAT SERVICE COST CNTRS
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0086
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 15-5602
 PREPARED 5/27/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

Health Financial Systems MCRIF32 FOR DEARBORN COUNTY HOSPITAL IN LIEU OF FORM CMS-2552-96(09/1996) CONTD
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART II
 I 15-5602 I PPS

TITLE XVIII, PART A SKILLED NURSING FACILITY

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	
38	RECOVERY ROOM	
39	DELIVERY ROOM & LABOR ROO	
40	ANESTHESIOLOGY	
41	RADIOLOGY-DIAGNOSTIC	
41 01	ULTRASOUND	
42	RADIOLOGY-THERAPEUTIC	
44	LABORATORY	
49	RESPIRATORY THERAPY	
50	PHYSICAL THERAPY	
51	OCCUPATIONAL THERAPY	
52	SPEECH PATHOLOGY	
53	ELECTROCARDIOLOGY	
55	MEDICAL SUPPLIES CHARGED	
55 30	IMPL. DEV. CHARGED TO PAT	
56	DRUGS CHARGED TO PATIENTS	
	OUTPAT SERVICE COST CNTRS	
61	EMERGENCY	
62	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
101	TOTAL	

Health Financial Systems MCRIF32 FOR DEARBORN COUNTY HOSPITAL IN LIEU OF FORM CMS-2552-96(07/2009)
 APPORTIONMENT OF INPATIENT ANCILLARY SERVICE I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 OTHER PASS THROUGH COSTS I 15-0086 I FROM 1/ 1/2010 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2010 I PART IV
 I 15-5602 I I

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT CHARGE 6	PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			18,187,631			1,560	
38	RECOVERY ROOM			2,083,667				
39	DELIVERY ROOM & LABOR ROO			2,064,535				
40	ANESTHESIOLOGY			1,315,706				
41	RADIOLOGY-DIAGNOSTIC			48,324,581			16,775	
41 01	ULTRASOUND			4,031,475				
42	RADIOLOGY-THERAPEUTIC			6,658,308				
44	LABORATORY			33,325,143			60,106	
49	RESPIRATORY THERAPY			7,569,645			45,187	
50	PHYSICAL THERAPY			5,320,316			190,352	
51	OCCUPATIONAL THERAPY			722,251			74,227	
52	SPEECH PATHOLOGY			389,595			5,700	
53	ELECTROCARDIOLOGY			6,111,573			1,913	
55	MEDICAL SUPPLIES CHARGED			6,115,336			125,249	
55 30	IMPL. DEV. CHARGED TO PAT			1,912,740			403	
56	DRUGS CHARGED TO PATIENTS			12,235,353			152,396	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			7,562,964				
62	OBSERVATION BEDS (NON-DIS			1,044,641				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			164,975,460			673,868	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
LINE NO.		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRASOUND						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	16,794
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	16,794
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	16,794
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8,145
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	15,700,167
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	15,700,167

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15,856,009
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15,856,009
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.990171
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	944.15
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	15,700,167

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					934.87
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					7,614,516
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					7,614,516

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42					
43	2,940,990	2,154	1,365.36	1,032	1,409,052
44					
45					
46					
47					
48					1
					8,652,610
49					17,676,178

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				1,211,831
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				557,338
52	TOTAL PROGRAM EXCLUDABLE COST				1,769,169
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				15,907,009

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

COMPUTATION OF INPATIENT OPERATING COST	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/27/2011
	I	15-0086	I	FROM 1/ 1/2010	I	WORKSHEET D-1	
	I	COMPONENT NO:	I	TO 12/31/2010	I	PART III	
	I	15-0086	I		I		

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,284
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	934.87
85	OBSERVATION BED COST	1,200,373

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	15,700,167		1,200,373	
87	NEW CAPITAL-RELATED COST	2,193,029	.139682	1,200,373	167,671
88	NON PHYSICIAN ANESTHETIST	15,700,167		1,200,373	
89	MEDICAL EDUCATION	15,700,167		1,200,373	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	809
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	809
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	809
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	633
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	739,335
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	739,335

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	202,351
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	202,351
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	3.653725
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	250.12
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	739,335

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1 739,335
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	913.89
68	PROGRAM ROUTINE SERVICE COST	578,492
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	578,492
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	182,856
72	PER DIEM CAPITAL-RELATED COSTS	226.03
73	PROGRAM CAPITAL-RELATED COSTS	143,077
74	INPATIENT ROUTINE SERVICE COST	435,415
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	435,415
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	578,492
80	PROGRAM INPATIENT ANCILLARY SERVICES	233,889
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	812,381

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		4,988,078	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		1,387,343	
37	OPERATING ROOM	.397974	2,724,460	1,084,264
38	RECOVERY ROOM	.706797	183,325	129,574
39	DELIVERY ROOM & LABOR ROOM	.197986	7,005	1,387
40	ANESTHESIOLOGY	.109060	168,100	18,333
41	RADIOLOGY-DIAGNOSTIC	.160700	4,929,211	792,124
41 01	ULTRASOUND	.113534	291,748	33,123
42	RADIOLOGY-THERAPEUTIC	.208471	783,923	163,425
44	LABORATORY	.224540	5,745,663	1,290,131
49	RESPIRATORY THERAPY	.207338	1,760,980	365,118
50	PHYSICAL THERAPY	.390888	998,826	390,429
51	OCCUPATIONAL THERAPY	.570529	142,247	81,156
52	SPEECH PATHOLOGY	.713366	106,267	75,807
53	ELECTROCARDIOLOGY	.275081	1,892,754	520,661
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.174775	4,183,008	731,085
55 30	IMPL. DEV. CHARGED TO PATIENT	.827823	610,393	505,297
56	DRUGS CHARGED TO PATIENTS	.421901	4,780,145	2,016,748
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.571436	582,197	332,688
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.149077	105,528	121,260
101	TOTAL		29,995,780	8,652,610
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		29,995,780	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.397974	1,560	621
38	RECOVERY ROOM	.706797		
39	DELIVERY ROOM & LABOR ROOM	.197986		
40	ANESTHESIOLOGY	.109060		
41	RADIOLOGY-DIAGNOSTIC	.160700	16,775	2,696
41 01	ULTRASOUND	.113534		
42	RADIOLOGY-THERAPEUTIC	.208471		
44	LABORATORY	.221881	60,106	13,336
49	RESPIRATORY THERAPY	.207338	45,187	9,369
50	PHYSICAL THERAPY	.390888	190,352	74,406
51	OCCUPATIONAL THERAPY	.570529	74,227	42,349
52	SPEECH PATHOLOGY	.713366	5,700	4,066
53	ELECTROCARDIOLOGY	.275081	1,913	526
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.174775	125,249	21,890
55 30	IMPL. DEV. CHARGED TO PATIENT	.827823	403	334
56	DRUGS CHARGED TO PATIENTS	.421901	152,396	64,296
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.571436		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.149077		
101	TOTAL		673,868	233,889
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		673,868	

WKST A	TITLE XIX	HOSPITAL	OTHER
LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES
		1	2
	INPAT ROUTINE SRVC CNTRS		
25	ADULTS & PEDIATRICS		1,366,566
26	INTENSIVE CARE UNIT		128
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.397974	359,421
38	RECOVERY ROOM	.706797	22,433
39	DELIVERY ROOM & LABOR ROOM	.197986	671,024
40	ANESTHESIOLOGY	.109060	26,059
41	RADIOLOGY-DIAGNOSTIC	.160700	532,866
41 01	ULTRASOUND	.113534	70,030
42	RADIOLOGY-THERAPEUTIC	.208471	56,892
44	LABORATORY	.221881	837,156
49	RESPIRATORY THERAPY	.207338	12,686
50	PHYSICAL THERAPY	.390888	58,708
51	OCCUPATIONAL THERAPY	.570529	10,802
52	SPEECH PATHOLOGY	.713366	11,811
53	ELECTROCARDIOLOGY	.275081	91,161
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.174775	539,935
55 30	IMPL. DEV. CHARGED TO PATIENT	.827823	7,186
56	DRUGS CHARGED TO PATIENTS	.421901	1,012,191
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.571436	93,788
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.149077	13,996
	OTHER REIMBURS COST CNTRS		
101	TOTAL		4,428,145
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES		1,248,063
103	NET CHARGES		4,428,145

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2010 I PART A
 I 15-0086 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	8,295,197	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2,819,338	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	234,690	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	74.49	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	2.94	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	16.40	
4.02 SUM OF LINES 4 AND 4.01	19.34	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	5.32	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	591,293	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2010 I PART A
 I 15-0086 I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)	
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	
5.06	TOTAL ADDITIONAL PAYMENT	
6	SUBTOTAL (SEE INSTRUCTIONS)	11,940,518
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)	
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	11,940,518
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	936,412
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	
16	TOTAL	12,876,930
17	PRIMARY PAYER PAYMENTS	27,954
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	12,848,976
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,393,700
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	20,804
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	298,934
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	209,254
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	253,690
22	SUBTOTAL	11,643,726
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.94	LOW VOLUME ADJUSTMENT PAYMENT-1	
24.95	LOW VOLUME ADJUSTMENT PAYMENT-2	
24.96	LOW VOLUME ADJUSTMENT PAYMENT-3	
24.97		
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	11,643,726
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	11,562,987
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	80,739
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	50,000

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

50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01	
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01	
52	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)	
53	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)	
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2010 I PART B
 I 15-0086 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1,
 2001 (SEE INSTRUCTIONS). 6,438,388
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. 4,942,391
 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
 1.04 LINE 1.01 TIMES LINE 1.03.
 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
 1.07 OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV
 (COLS 9, 9.01, 9.02) LINE I01
 2 INTERNS AND RESIDENTS
 3 ORGAN ACQUISITIONS
 4 COST OF TEACHING PHYSICIANS
 5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES
 6 ANCILLARY SERVICE CHARGES
 7 INTERNS AND RESIDENTS SERVICE CHARGES
 8 ORGAN ACQUISITION CHARGES
 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
 10 TOTAL REASONABLE CHARGES
 CUSTOMARY CHARGES
 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR
 PAYMENT FOR SERVICES ON A CHARGE BASIS
 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE
 FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT
 BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
 13 RATIO OF LINE 11 TO LINE 12
 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) 4,942,391

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON
 LINE 17.01 (SEE INSTRUCTIONS) 1,247,787
 19 SUBTOTAL (SEE INSTRUCTIONS) 3,694,604
 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
 22 ESRD DIRECT MEDICAL EDUCATION COSTS
 23 SUBTOTAL 3,694,604
 24 PRIMARY PAYER PAYMENTS 4,134
 25 SUBTOTAL 3,690,470

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26 COMPOSITE RATE ESRD
 27 BAD DEBTS (SEE INSTRUCTIONS) 195,541
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 136,879
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 175,090
 28 SUBTOTAL 3,827,349
 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER
 TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
 30 OTHER ADJUSTMENTS (SPECIFY)
 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT) 444
 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING
 FROM DISPOSITION OF DEPRECIABLE ASSETS.
 32 SUBTOTAL 3,826,905
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
 34 INTERIM PAYMENTS 3,851,147
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
 35 BALANCE DUE PROVIDER/PROGRAM -24,242
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR

50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
 51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT
 (SEE INSTRUCTIONS)
 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
 54 TOTAL (SUM OF LINES 51 AND 53)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-0086 I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		11,288,062		3,690,025
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/ 5/2010	24,349	8/ 5/2010	22,105
ADJUSTMENTS TO PROVIDER .02	8/ 5/2010	67,787	12/31/2010	139,017
ADJUSTMENTS TO PROVIDER .03	12/31/2010	182,789		
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		274,925		161,122
4 TOTAL INTERIM PAYMENTS		11,562,987		3,851,147
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		80,739		24,242
7 TOTAL MEDICARE PROGRAM LIABILITY		11,643,726		3,826,905

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2010 I
 I 15-5602 I

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY ¹	AMOUNT ²	MM/DD/YYYY ³	AMOUNT ⁴
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		230,716		
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 PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		230,716		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		5,244		
		235,960		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2010 I PART III
 I 15-5602 I I

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1				
2				
3				
4				
5				
6				
7				
8				
9				
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10				
11				
12				
13				
14				
15				
16				
	CUSTOMARY CHARGES			
17				
18				
19				
20				
21				
22				
23				
24				247,860
25				
26				
27				
28				
29				
30				247,860
31				
32				247,860
33				
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34				
35				247,860
36				17,144
37				
38				7,492
38.01				
38.02				
38.03				5,244
39				
40				235,960
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52				235,960
53				
54				
55				235,960
56				
57				230,716
57.01				

Health Financial Systems MCRIF32 FOR DEARBORN COUNTY HOSPITAL

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0086 I FROM 1/ 1/2010 I WORKSHEET E-3
I COMPONENT NO: I TO 12/31/2010 I PART III
I 15-5602 I I

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

5,244

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 15-0086 I FROM 1/ 1/2010 I WORKSHEET E-3
 COMPONENT NO: I TO 12/31/2010 I PART III
 - I I

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

TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
		1	2
COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		
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	1,366,566	
11	ANCILLARY SERVICE CHARGES	4,428,145	
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	5,794,711	
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)	5,794,711	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	5,794,711	
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	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL		
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	1,227,268	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		

Health Financial Systems MCRIF32 FOR DEARBORN COUNTY HOSPITAL

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/27/2011
I	15-0086	I	FROM 1/ 1/2010	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2010	I	PART	III
I	-	I		I		

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX

TITLE XVIII
SNF PPS

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

1
-1,227,268

2

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	12,403,745			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	15,959,511			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,821,000			
7 INVENTORY	1,193,359			
8 PREPAID EXPENSES	661,823			
9 OTHER CURRENT ASSETS	17,892			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	27,415,330			
FIXED ASSETS				
12 LAND	75,208			
12.01 LAND IMPROVEMENTS	1,485,271			
13.01 LESS ACCUMULATED DEPRECIATION	-792,892			
14 BUILDINGS	60,569,311			
14.01 LESS ACCUMULATED DEPRECIATION	-25,479,687			
15 LEASEHOLD IMPROVEMENTS	260,261			
15.01 LESS ACCUMULATED DEPRECIATION	-226,252			
16 FIXED EQUIPMENT	14,319,283			
16.01 LESS ACCUMULATED DEPRECIATION	-9,895,567			
17 AUTOMOBILES AND TRUCKS	205,149			
17.01 LESS ACCUMULATED DEPRECIATION	-185,437			
18 MAJOR MOVABLE EQUIPMENT	28,657,802			
18.01 LESS ACCUMULATED DEPRECIATION	-21,431,607			
19 MINOR EQUIPMENT DEPRECIABLE	4,775			
19.01 LESS ACCUMULATED DEPRECIATION	-4,775			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	47,560,843			
OTHER ASSETS				
22 INVESTMENTS	40,499,225			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	7,419,556			
26 TOTAL OTHER ASSETS	47,918,781			
27 TOTAL ASSETS	122,894,954			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,113,095			
29 SALARIES, WAGES & FEES PAYABLE	2,749,881			
30 PAYROLL TAXES PAYABLE	359,310			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,417,279			
36 TOTAL CURRENT LIABILITIES	6,639,565			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	28,931,711			
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	28,931,711			
43 TOTAL LIABILITIES	35,571,276			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	87,323,678			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	87,323,678			
52 TOTAL LIABILITIES AND FUND BALANCES	122,894,954			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		85,602,213		
OF PERIOD				
2 NET INCOME (LOSS)		1,721,465		
3 TOTAL		87,323,678		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		87,323,678		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		87,323,678		
PERIOD PER BALANCE SHEET				

	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	14,293,929		14,293,929
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	202,351		202,351
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	14,496,280		14,496,280
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,834,170		2,834,170
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,834,170		2,834,170
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	17,330,450		17,330,450
17 00 ANCILLARY SERVICES	56,903,163	102,201,419	159,104,582
18 00 OUTPATIENT SERVICES	1,679,074	5,883,890	7,562,964
19 00 HOME HEALTH AGENCY		1,786,550	1,786,550
23 00 HOSPICE		955,751	955,751
24 00 PROFESSIONAL FEES	506,280	1,960,807	2,467,087
25 00 TOTAL PATIENT REVENUES	76,418,967	112,788,417	189,207,384

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	76,134,736	
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	76,134,736	

DESCRIPTION

1	TOTAL PATIENT REVENUES	189,207,384
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	119,289,473
3	NET PATIENT REVENUES	69,917,911
4	LESS: TOTAL OPERATING EXPENSES	76,134,736
5	NET INCOME FROM SERVICE TO PATIENTS	-6,216,825
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	1,960,122
24.01	SUPPLEMENTAL REVENUE	2,536,036
24.02	NONOPERATING REVENUE	3,397,948
24.03	MISC INCOME	44,184
25	TOTAL OTHER INCOME	7,938,290
26	TOTAL	1,721,465
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,721,465

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	250,535				139,661	390,196
HHA REIMBURSABLE SERVICES						
6	408,251					408,251
7	133,785					133,785
8	46,753					46,753
9	10,229					10,229
10	19,373					19,373
11	194,488					194,488
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22	17,223					17,223
23						
23.50						
24	1,080,637				139,661	1,220,298

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		390,196		390,196
HHA REIMBURSABLE SERVICES				
6		408,251		408,251
7		133,785		133,785
8		46,753		46,753
9		10,229		10,229
10		19,373		19,373
11		194,488		194,488
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22		17,223		17,223
23				
23.50				
24		1,220,298		1,220,298

Health Financial Systems MCRIF32 FOR DEARBORN COUNTY HOSPITAL
 COST ALLOCATION -
 HHA GENERAL SERVICE COST

IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET H-4
 I HHA NO: I TO 12/31/2010 I PART I
 I 15-7055 I

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	ADMINISTRATIVE & GENERAL	390,196				390,196	390,196
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	408,251				408,251	191,901
7	PHYSICAL THERAPY	133,785				133,785	62,887
8	OCCUPATIONAL THERAPY	46,753				46,753	21,977
9	SPEECH PATHOLOGY	10,229				10,229	4,808
10	MEDICAL SOCIAL SERVICES	19,373				19,373	9,106
11	HOME HEALTH AIDE	194,488				194,488	91,421
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE	17,223				17,223	8,096
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	1,220,298				1,220,298	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
HHA REIMBURSABLE SERVICES							
6	SKILLED NURSING CARE	600,152					
7	PHYSICAL THERAPY	196,672					
8	OCCUPATIONAL THERAPY	68,730					
9	SPEECH PATHOLOGY	15,037					
10	MEDICAL SOCIAL SERVICES	28,479					
11	HOME HEALTH AIDE	285,909					
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
HHA NONREIMBURSABLE SERVICES							
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE	25,319					
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	1,220,298					

Health Financial Systems
 COST ALLOCATION -
 HHA STATISTICAL BASIS

MCRIF32

FOR DEARBORN COUNTY HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET H-4
 I HHA NO: I TO 12/31/2010 I PART II
 I 15-7055 I

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N (5A)	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4		5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-390,196	830,102
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					408,251
7	PHYSICAL THERAPY					133,785
8	OCCUPATIONAL THERAPY					46,753
9	SPEECH PATHOLOGY					10,229
10	MEDICAL SOCIAL SERVICES					19,373
11	HOME HEALTH AIDE					194,488
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					17,223
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-390,196	830,102
25	COST TO BE ALLOCATED					390,196
26	UNIT COST MULTIPLIER					.470058

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL				36,678	35,771	360,790
2 SKILLED NURSING CARE	600,152					
3 PHYSICAL THERAPY	196,672					
4 OCCUPATIONAL THERAPY	68,730					
5 SPEECH PATHOLOGY	15,037					
6 MEDICAL SOCIAL SERVICES	28,479					
7 HOME HEALTH AIDE	285,909					
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	25,319					
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,220,298			36,678	35,771	360,790
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	NONPATIENT T ELEPHONES 6.01	DATA PROCESS ING 6.02	PURCHASING, RECEIVING AN 6.03	ADMITTING 6.04	CASHIERING/A CCOUNTS RECE 6.05	SUBTOTAL 6A.05
1 ADMIN & GENERAL	2,437	19,036	2,883		14,937	472,532
2 SKILLED NURSING CARE						600,152
3 PHYSICAL THERAPY						196,672
4 OCCUPATIONAL THERAPY						68,730
5 SPEECH PATHOLOGY						15,037
6 MEDICAL SOCIAL SERVICES						28,479
7 HOME HEALTH AIDE						285,909
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						25,319
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,437	19,036	2,883		14,937	1,692,830
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	OTHER ADMINI STRATIVE AND 6.06	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	18,523	104,240		29,262		50,672
2 SKILLED NURSING CARE	23,526					
3 PHYSICAL THERAPY	7,710					
4 OCCUPATIONAL THERAPY	2,694					
5 SPEECH PATHOLOGY	589					
6 MEDICAL SOCIAL SERVICES	1,116					
7 HOME HEALTH AIDE	11,208					
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	993					
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	66,359	104,240		29,262		50,672
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	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18	SUBTOTAL 25
1 ADMIN & GENERAL		5,608				680,837
2 SKILLED NURSING CARE						623,678
3 PHYSICAL THERAPY						204,382
4 OCCUPATIONAL THERAPY						71,424
5 SPEECH PATHOLOGY						15,626
6 MEDICAL SOCIAL SERVICES						29,595
7 HOME HEALTH AIDE						297,117
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						26,312
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		5,608				1,948,971
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.

Health Financial Systems MCRIF32
 ALLOCATION OF GENERAL SERVICE
 COSTS TO HHA COST CENTERS

FOR DEARBORN COUNTY HOSPITAL

IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2010 I PART I
 I 15-7055 I

HHA 1

HHA COST CENTER	POST STEP DOWN ADJUST	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	26	27	28	29
1	ADMIN & GENERAL	680,837		
2	SKILLED NURSING CARE	623,678	334,842	958,520
3	PHYSICAL THERAPY	204,382	109,729	314,111
4	OCCUPATIONAL THERAPY	71,424	38,346	109,770
5	SPEECH PATHOLOGY	15,626	8,389	24,015
6	MEDICAL SOCIAL SERVICES	29,595	15,889	45,484
7	HOME HEALTH AIDE	297,117	159,516	456,633
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	26,312	14,126	40,438
19	ALL OTHER			
19.50	TELEMEDICINE			
20	TOTAL (SUM OF 1-19) (2)	1,948,971	680,837	1,948,971
21	UNIT COST MULTIPLIER		0.536881	

(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-MVBLE (SQUARE FEET) 2	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	NONPATIENT TELEPHONES (PHONES) 6.01
1 ADMIN & GENERAL	3,085	3,085	3,085	3,085	1,080,637	6
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)	3,085	3,085	3,085	3,085	1,080,637	6
21 COST TO BE ALLOCATED			36,678	35,771	360,790	2,437
22 UNIT COST MULTIPLIER			11.889141	11.595138	0.333868	406.166667

HHA COST CENTER	DATA PROCESSING (DP EQUIPMENT) 6.02	PURCHASING, RECEIVING AND (SUPPLY EXPENSES) 6.03	ADMITTING (ADMISSIONS) 6.04	CASHIERING/A CCOUNTS RECE (GROSS CHARGES) 6.05	RECONCILIATION 6A.06	OTHER ADMINISTRATIVE AND (ACCUM. COST) 6.06
1 ADMIN & GENERAL	14	39,640		1,786,550		472,532
2 SKILLED NURSING CARE						600,152
3 PHYSICAL THERAPY						196,672
4 OCCUPATIONAL THERAPY						68,730
5 SPEECH PATHOLOGY						15,037
6 MEDICAL SOCIAL SERVICES						28,479
7 HOME HEALTH AIDE						285,909
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						25,319
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	14	39,640		1,786,550		1,692,830
21 COST TO BE ALLOCATED	19,036	2,883		14,937		66,359
22 UNIT COST MULTIPLIER	1359.714286	0.072730		0.008361		0.039200

HHA 1

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LIEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (GROSS HOURS)
	8	9	10	11	12	14
1 ADMIN & GENERAL	3,085		3,085		39,876	
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)	3,085		3,085		39,876	
21 COST TO BE ALLOCATED	104,240		29,262		50,672	
22 UNIT COST MULTIPLIER	33.789303		9.485251		1.270739	

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES (COSTED EQUIV.)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARIES (ADJUSTED)	SOCIAL SERVICES (TIME SPENT)
	15	16	17	18
1 ADMIN & GENERAL	16,980			
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)	16,980			
21 COST TO BE ALLOCATED	5,608			
22 UNIT COST MULTIPLIER	0.330271			

[] 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	958,520	2	958,520	3,839	249.68	1,593
2 PHYSICAL THERAPY	3	314,111		314,111	2,533	124.01	1,360
3 OCCUPATIONAL THERAPY	4	109,770		109,770	585	187.64	320
4 SPEECH PATHOLOGY	5	24,015		24,015	140	171.54	67
5 MEDICAL SOCIAL SERVICES	6	45,484		45,484	76	598.47	40
6 HOME HEALTH AIDE SERVICE	7	456,633		456,633	1,961	232.86	295
7 TOTAL		1,908,533		1,908,533	9,134		3,675

	-----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	PART A 9	PART B 10	11
1 SKILLED NURSING	785		397,740	195,999	593,739
2 PHYSICAL THERAPY	429		168,654	53,200	221,854
3 OCCUPATIONAL THERAPY	97		60,045	18,201	78,246
4 SPEECH PATHOLOGY	41		11,493	7,033	18,526
5 MEDICAL SOCIAL SERVICES	14		23,939	8,379	32,318
6 HOME HEALTH AIDE SERVICES	844		68,694	196,534	265,228
7 TOTAL	2,210		730,565	479,346	1,209,911

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

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

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
15 COST OF MEDICAL SUPPLIES	8.00	1	2	3	4	5	6
16 COST OF DRUGS	9.00		73	73	172	.174761	13,598
16.20 COST OF DRUGS	9.20					.424419	

	PROGRAM COVERED CHARGES PART B	SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	COST OF SERVICES PART B	SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
15 COST OF MEDICAL SUPPLIES	7	13,994	8	9	2,446	11
16 COST OF DRUGS		172		10	73	
16.20 COST OF DRUGS				11		

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
1 PHYSICAL THERAPY	50	.390888	1	3	4
2 OCCUPATIONAL THERAPY	51	.570529			COL 2, LN 2
3 SPEECH PATHOLOGY	52	.713366			COL 2, LN 3
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.174775	27,592	4,822	COL 2, LN 4
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.827823			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.421901	172	73	COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE	PROGRAM VISITS 1/1/1998 TO 12/31/1998	PROGRAM COSTS 1/1/1998 TO 12/31/1998	PROG VISITS ON OR AFTER 1/1/1999
1 PHYSICAL THERAPY	1	2	2.01	3	3.01	4
2 OCCUPATIONAL THERAPY	2	3	124.01			5
3 OCCUPATIONAL THERAPY	3	4	187.64			
3 SPEECH PATHOLOGY	4		171.54			
4 TOTAL (SUM OF LINES 1-3)						

TITLE XVIII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES		PART B	PART B
PART A		NOT SUBJECT TO	SUBJECT TO
		DED & COINS	DED & COINS
		2	3
1			
1	REASONABLE COST OF SERVICES		73
2	TOTAL CHARGES		
	CUSTOMARY CHARGES		
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)		
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)		
6	TOTAL CUSTOMARY CHARGES		
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST		
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		73
9	PRIMARY PAYOR AMOUNTS		

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A	PART B
	SERVICES	SERVICES
	1	2
10	TOTAL REASONABLE COST	73
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	333,974
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	2,993
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	9,710
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	5,095
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE	
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES	
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	132
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES	
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE	
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES	
10.11	TOTAL OTHER PAYMENTS	
10.12	DME PAYMENTS	
10.13	OXYGEN PAYMENTS	
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS	
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)	
12	SUBTOTAL	343,757
13	EXCESS REASONABLE COST	73
14	SUBTOTAL	343,684
15	COINSURANCE BILLED TO PROGRAM PATIENTS	
16	NET COST	343,684
17	REIMBURSABLE BAD DEBTS	
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	343,684
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION	
21	OTHER ADJUSTMENTS (SPECIFY)	171
22	SUBTOTAL	343,855
23	SEQUESTRATION ADJUSTMENT	
24	SUBTOTAL	343,855
25	INTERIM PAYMENTS	343,855
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE PROVIDER/PROGRAM	
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2	

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		707,855		343,855
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 PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		707,855		343,855
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT		NONE		NONE
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		707,855		343,855

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0086 I FROM 1/ 1/2010 I WORKSHEET K
I HOSPICE NO: I TO 12/31/2010 I
I 15-1531 I I

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 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	128,292			
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	113,836			
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES	45,296			
19 SPIRITUAL COUNSELING	17,326			
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	13,272			
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)	318,022			

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0086 I FROM 1/ 1/2010 I WORKSHEET K
I HOSPICE NO: I TO 12/31/2010 I
I 15-1531 I

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 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	273,782	402,074	3,374	405,448
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE		113,836		113,836
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES		45,296		45,296
19 SPIRITUAL COUNSELING		17,326		17,326
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		13,272		13,272
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)	273,782	591,804	3,374	595,178

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0086 I FROM 1/ 1/2010 I WORKSHEET K
I HOSPICE NO: I TO 12/31/2010 I
I 15-1531 I

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
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	-4,565	400,883
8 INPATIENT CARE SERVICE		
9 INPATIENT - GENERAL CARE		
10 INPATIENT - RESPITE CARE		
11 VISITING SERVICES		
12 PHYSICIAN SERVICES		
13 NURSING CARE		113,836
14.20 NURSING CARE-CONTINUOUS HOME CARE		
15 PHYSICAL THERAPY		
16 OCCUPATIONAL THERAPY		
17 SPEECH/LANGUAGE PATHOLOGY		
18 MEDICAL SOCIAL SERVICES		45,296
19 SPIRITUAL COUNSELING		17,326
20 DIETARY COUNSELING		
21 COUNSELING - OTHER		
22 HOME HEALTH AIDE AND HOMEMAKER		
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		13,272
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)	-4,565	590,613

COMPENSATION ANALYSIS
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/27/2011
I	15-0086	I	FROM 1/ 1/2010	I	WORKSHEET	K-1
I	HOSPICE NO:	I	TO 12/31/2010	I		
I	15-1531	I		I		

HOSPICE 1

	ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
	1	2	3	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			
6	ADMINISTRATIVE AND GENERAL	27,463		67,539
	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			
8	INPATIENT - RESPITE CARE			
	VISITING SERVICES			
9	PHYSICIAN SERVICES			
10	NURSING CARE			
10.20	NURSING CARE-CONTINUOUS HOME CARE			
11	PHYSICAL THERAPY			
12	OCCUPATIONAL THERAPY			
13	SPEECH/LANGUAGE PATHOLOGY			
14	MEDICAL SOCIAL SERVICES		45,296	
15	SPIRITUAL COUNSELING			
16	DIETARY COUNSELING			
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOMEMAKER			
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE			
	OTHER HOSPICE SERVICE COSTS			
19	OTHER			
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			
20.30	ANALGESICS			
20.31	SEDATIVES / HYPNOTICS			
20.32	OTHER - SPECIFY			
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			
22	PATIENT TRANSPORTATION			
23	IMAGING SERVICES			
24	LABS AND DIAGNOSTICS			
25	MEDICAL SUPPLIES			
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27	RADIATION THERAPY			
28	CHEMOTHERAPY			
29	OTHER			
30	BEREAVEMENT PROGRAM COSTS			
31	VOLUNTEER PROGRAM COSTS			
32	FUNDRAISING			
33	OTHER PROGRAM COSTS			
34	TOTAL (SUM OF LINES 1 THRU 33)	27,463	45,296	67,539

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				33,290
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	113,836			
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				17,326
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			13,272	
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)	113,836		13,272	50,616

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	128,292
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	113,836
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	45,296
15	SPIRITUAL COUNSELING	17,326
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	13,272
	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)	318,022

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

Health Financial Systems MCRIF32 FOR DEARBORN COUNTY HOSPITAL IN LIEU OF FORM CMS-2552-96-K-4-I (05/2007)
 COST ALLOCATION - I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 HOSPICE GENERAL SERVICE COST I 15-0086 I FROM 1/ 1/2010 I WORKSHEET K-4
 I HOSPICE NO: I TO 12/31/2010 I PART I
 I 15-1531 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
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	400,883			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	113,836			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	45,296			
15 SPIRITUAL COUNSELING	17,326			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	13,272			
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)	590,613			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0086 I FROM 1/ 1/2010 I WORKSHEET K-4
I HOSPICE NO: I TO 12/31/2010 I PART I
I 15-1531 I I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL			400,883	400,883
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE			113,836	240,525
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			45,296	95,707
15 SPIRITUAL COUNSELING			17,326	36,608
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			13,272	28,043
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)			189,730	400,883

Health Financial Systems MCRIF32 FOR DEARBORN COUNTY HOSPITAL IN LIEU OF FORM CMS-2552-96-K-4-I (05/2007)

COST ALLOCATION -	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/27/2011
HOSPICE GENERAL SERVICE COST	I	15-0086	I	FROM 1/ 1/2010	I	WORKSHEET	K-4
	I	HOSPICE NO:	I	TO 12/31/2010	I	PART	I
	I	15-1531	I		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 - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	354,361
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	141,003
19	SPIRITUAL COUNSELING	53,934
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	41,315
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)	590,613

Health Financial Systems MCRIF32 FOR DEARBORN COUNTY HOSPITAL IN LIEU OF FORM CMS-2552-96-K-4-II (05/2007)
 COST ALLOCATION - I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 HOSPICE STATISTICAL BASIS I 15-0086 I FROM 1/ 1/2010 I WORKSHEET K-4
 I HOSPICE NO: I TO 12/31/2010 I PART II
 I 15-1531 I I

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
10.20				
11				
12				
13				
14				
15				
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18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET K-4
 I HOSPICE NO: I TO 12/31/2010 I PART II
 I 15-1531 I I

HOSPICE 1

VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
5	6A	6

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL	-400,883	189,730
7	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		
8	INPATIENT - RESPITE CARE		
9	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		113,836
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		
12	OCCUPATIONAL THERAPY		
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		45,296
15	SPIRITUAL COUNSELING		17,326
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		13,272
18.20	OTHER HOSPICE SERVICE COSTS		
19	OTHER		
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30	ANALGESICS		
20.31	SEDATIVES / HYPNOTICS		
20.32	OTHER - SPECIFY		
21	DURABLE MEDICAL EQUIPMENT/OXYGEN		
22	PATIENT TRANSPORTATION		
23	IMAGING SERVICES		
24	LABS AND DIAGNOSTICS		
25	MEDICAL SUPPLIES		
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30			
31			
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)		400,883
35	UNIT COST MULTIPLIER	.000000	2.112913

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-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
		0	1	2	3
1.00 ADMINISTRATIVE AND GENERAL	6				3,745
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	354,361			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	141,003			
10.00 SPIRITUAL COUNSELING	15	53,934			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20	41,315			
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)		590,613			3,745
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING
	4	5	6.01	6.02
1.00 ADMINISTRATIVE AND GENERAL	3,653	107,304		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	3,653	107,304		
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCO UNTS RECEIVABLE	SUBTOTAL
	6.03	6.04	6.05	6A.05
1.00 ADMINISTRATIVE AND GENERAL	4,720		7,991	127,413
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				354,361
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				141,003
10.00 SPIRITUAL COUNSELING				53,934
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				41,315
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	4,720		7,991	718,026
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.06	8	9	10
1.00 ADMINISTRATIVE AND GENERAL	4,995	10,644		2,988
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	13,891			
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	5,527			
10.00 SPIRITUAL COUNSELING	2,114			
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	1,620			
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)	28,147	10,644		2,988
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0086 I FROM 1/ 1/2010 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2010 I PART I
I 15-1531 I I

HOSPICE 1

HOSPICE COST CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL		13,619		20,087
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		13,619		20,087
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL
	16	17	18	25
1.00 ADMINISTRATIVE AND GENERAL				179,746
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				368,252
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				146,530
10.00 SPIRITUAL COUNSELING				56,048
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				42,935
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)				793,511
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
I 15-0086 I FROM 1/ 1/2010 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2010 I PART I
I 15-1531 I I

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL		179,746		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		368,252	107,846	476,098
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		146,530	42,912	189,442
10.00 SPIRITUAL COUNSELING		56,048	16,414	72,462
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		42,935	12,574	55,509
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)		793,511		793,511
30.00 UNIT COST MULTIPLIER			.292858	

(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	OLD CAP REL	NEW CAP REL	NEW CAP REL
	COSTS-BLDG & FIXT	COSTS-MVBLE EQUIP	COSTS-BLDG & FIXT	COSTS-MVBLE EQUIP
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
	1	2	3	4
1.00 ADMINISTRATIVE AND GENERAL	315	315	315	315
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	315	315	315	315
30.00 TOTAL COST TO BE ALLOCATED			3,745	3,653
31.00 UNIT COST MULTIPLIER	.000000	.000000	11.888889	11.596825

HOSPICE COST CENTER	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES
	(GROSS SALARIES)	(PHONES)	(DP EQUIPMENT)	(SUPPLY EXPENSE)
	5	6.01	6.02	6.03
1.00 ADMINISTRATIVE AND GENERAL	321,396			64,899
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				

Health Financial Systems MCRIF32 FOR DEARBORN COUNTY HOSPITAL IN LIEU OF FORM CMS-2552-96-K-5-II (05/2007)
 ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 COST CENTERS - STATISTICAL BASIS I 15-0086 I FROM 1/ 1/2010 I WORKSHEET K-5
 I HOSPICE NO: I TO 12/31/2010 I PART II
 I 15-1531 I I

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES
HOSPICE COST CENTER	5	6.01	6.02	6.03
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	321,396			64,899
30.00 TOTAL COST TO BE ALLOCATED	107,304			4,720
31.00 UNIT COST MULTIPLIER	.333868	.000000	.000000	.072728

HOSPICE COST CENTER	ADMITTING (ADMISSIONS)	CASHIERING/ACCO UNTS RECEIVABLE (GROSS CHARGES)	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST)
HOSPICE COST CENTER	6.04	6.05	6A.06	6.06
1.00 ADMINISTRATIVE AND GENERAL		955,751		127,413
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				354,361
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				141,003
10.00 SPIRITUAL COUNSELING				53,934
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				41,315
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)		955,751		718,026
30.00 TOTAL COST TO BE ALLOCATED		7,991		28,147
31.00 UNIT COST MULTIPLIER	.000000	.008361		.039201

HOSPICE 1

HOSPICE COST CENTER	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)
	8	9	10	11
1.00 ADMINISTRATIVE AND GENERAL	315		315	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	315		315	
30.00 TOTAL COST TO BE ALLOCATED	10,644		2,988	
31.00 UNIT COST MULTIPLIER	33.790476	.000000	9.485714	.000000

HOSPICE COST CENTER	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (100%)
	12	14	15	16
1.00 ADMINISTRATIVE AND GENERAL	10,717		60,818	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				

Health Financial Systems MCRIF32 FOR DEARBORN COUNTY HOSPITAL IN LIEU OF FORM CMS-2552-96-K-5-II (05/2007)
 ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 COST CENTERS - STATISTICAL BASIS I 15-0086 I FROM 1/ 1/2010 I WORKSHEET K-5
 I HOSPICE NO: I TO 12/31/2010 I PART II
 I 15-1531 I I

HOSPICE 1

	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
HOSPICE COST CENTER	12	14	15	16
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	10,717		60,818	
30.00 TOTAL COST TO BE ALLOCATED	13,619		20,087	
31.00 UNIT COST MULTIPLIER	1.270785	.000000	.330281	.000000

	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
HOSPICE COST CENTER	(ADJUSTED CHARGES)	(TIME SPENT)
	17	18

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

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

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET K-5
 I HOSPICE NO: I TO 12/31/2010 I PART III
 I 15-1531 I I

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.390888	
2	OCCUPATIONAL THERAPY	51	.570529	
3	SPEECH PATHOLOGY	52	.713366	
4	DRUGS CHARGED TO PATIENTS	56	.421901	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.221881	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.174775	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.827823	
8	EMERGENCY	61	.571436	
9	RADIOLOGY-DIAGNOSTIC	41	.160700	
9.01	ULTRASOUND	41.01	.113534	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				793,511
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				4,557
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				174.13
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	4,005			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	697,391			
6 UNDUPLICATED MEDICAID DAYS		309		
7 AGGREGATE MEDICAID COST		53,806		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	573			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	99,776			
10 UNDUPLICATED NF DAYS		48		
11 AGGREGATE NF COST		8,358		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			243	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			42,314	

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

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 15-0086 I FROM 1/ 1/2010 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2010 I PARTS I-IV
 I 15-0086 I I

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	908,353
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	28,059
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	48.39
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPIENT 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	936,412
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)	