

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0003		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2011 TIME 16:07

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 ST. ELIZABETH CENTRAL 15-0003

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.

 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		66,631	-140,060		0
100	TOTAL	0		66,631	-140,060		0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0003
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	75	27,599			8,248		1,173
2 HMO					402		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	75	27,599			8,248		1,173
6 INTENSIVE CARE UNIT	9	3,285			683		166
11 NURSERY							
12 TOTAL	84	30,884			8,931		1,339
13 RPCH VISITS							
21 HOSPICE					16,009		203
25 TOTAL	84						
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	OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			11,987				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			11,987				
6 INTENSIVE CARE UNIT			2,142				
11 NURSERY							
12 TOTAL			14,129				
13 RPCH VISITS							
21 HOSPICE			17,264				
25 TOTAL							
26 OBSERVATION BED DAYS							
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 EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,057	333	3,382
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		618.06			2,057	333	3,382
13 RPCH VISITS							
21 HOSPICE			22.80				
25 TOTAL		640.86					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	38,386,817	-2,706,930	35,679,887	1,333,003.00	26.77	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	12,072,014		12,072,014	300,501.00	40.17	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	211,430		211,430	2,943.00	71.84	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	253,602		253,602	1,795.75	141.22	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	2,184,024		2,184,024	44,960.00	48.58	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	10,006,682		10,006,682			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	2,758,443		2,758,443			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS		395,653	395,653	10,971.00	36.06	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	3,145,599	-574,321	2,571,278	109,995.00	23.38	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,456,143	-98,050	1,358,093	61,907.00	21.94	
25 LAUNDRY & LINEN SERVICE	161,624	-112,629	48,995	3,653.00	13.41	
26 HOUSEKEEPING	758,605		758,605	57,883.00	13.11	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	662,038	-265,512	396,526	28,759.00	13.79	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	190,561	265,512	456,073	35,101.00	12.99	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION		400,847	400,847	10,079.00	39.77	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	1,343,454		1,343,454	38,086.00	35.27	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	66,521	259,393	325,914	17,338.00	18.80	
34 SOCIAL SERVICE		118,945	118,945	4,679.00	25.42	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	38,386,817	-2,706,930	35,679,887	1,333,003.00	26.77	
2 EXCLUDED AREA SALARIES	12,072,014		12,072,014	300,501.00	40.17	
3 SUBTOTAL SALARIES	26,314,803	-2,706,930	23,607,873	1,032,502.00	22.86	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,649,056		2,649,056	49,698.75	53.30	
5 SUBTOTAL WAGE-RELATED COSTS	10,006,682		10,006,682		42.39	
6 TOTAL	38,970,541	-2,706,930	36,263,611	1,082,200.75	33.51	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	7,784,545	389,838	8,174,383	378,451.00	21.60	

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET S-9
15-1563		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE	1			
2 ROUTINE HOME CARE	15,909	198		
3 INPATIENT RESPIRE CARE	56	5		
4 GENERAL INPATIENT CARE	44			
5 TOTAL HOSPICE DAYS	16,010	203		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		1
2 ROUTINE HOME CARE	1,050	17,157
3 INPATIENT RESPIRE CARE		61
4 GENERAL INPATIENT CARE	2	46
5 TOTAL HOSPICE DAYS	1,052	17,265

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	298	9		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	53.72	22.56		
9 UNDUPLICATED CENSUS COUNT	255	7		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	37	344
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	28.43	50.19
9 UNDUPLICATED CENSUS COUNT	33	295

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	1,479,799
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	1,479,799
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	3,575,356
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.328323
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	1,173,872
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	27,268,559
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	8,952,895
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	14,579,065
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,786,642
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	10,126,767

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
15-0003

PERIOD:
FROM 1/1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	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				322,179	322,179
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				117,154	117,154
5	0500 EMPLOYEE BENEFITS					
6.02	0620 MGMT INFO SYSTEMS		10	10		10
6.03	0630 PURCHASING					
6.04	0640 ADMITTING	402,734	6,515	409,249		409,249
6.05	0650 PATIENT ACCOUNTING	1,083,770	4,692,717	5,776,487		5,776,487
6.06	0660 ADMINISTRATIVE AND GENERAL	1,659,095	414,846	2,073,941		2,073,941
8	0800 OPERATION OF PLANT	1,456,143	1,147,211	2,603,354		2,603,354
9	0900 LAUNDRY & LINEN SERVICE	161,624	669,781	831,405		831,405
10	1000 HOUSEKEEPING	758,605	352,263	1,110,868		1,110,868
11	1100 DIETARY	662,038	403,890	1,065,928	-377,335	688,593
12	1200 CAFETERIA	190,561	224,104	414,665	376,994	791,659
14	1400 NURSING ADMINISTRATION					
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY	1,343,454	3,314,166	4,657,620	-2,344,285	2,313,335
17	1700 MEDICAL RECORDS & LIBRARY	66,521	162,708	229,229		229,229
18	1800 SOCIAL SERVICE					
21	2100 NURSING SCHOOL	2,388,273	284,921	2,673,194	-17,305	2,655,889
24	2400 PARAMED ED PRGM	62,296	10,570	72,866		72,866
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	3,732,638	285,966	4,018,604	-224,948	3,793,656
26	2600 INTENSIVE CARE UNIT	2,587,423	258,185	2,845,608	-227,627	2,617,981
33	3300 NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	-3,532	43,241	39,709	-43,241	-3,532
37.01	3701 OPHTHALMOLOGY	105,564	2,937	108,501	-1,422	107,079
38	3800 RECOVERY ROOM					
41	4100 RADIOLOGY-DIAGNOSTIC	1,388,642	999,403	2,388,045	-827,142	1,560,903
41.01	3230 CAT SCAN	453,526	220,446	673,972	-82,722	591,250
43	4300 RADIOISOTOPE	240,824	1,533,298	1,774,122	-49,785	1,724,337
43.01	4301 CARDIAC CATH LAB				46,643	46,643
43.02	4302 MRI	100,202	36,413	136,615	-2,632	133,983
43.03	4303 ULTRASOUND	220,321	13,797	234,118	-13,407	220,711
44	4400 LABORATORY		5,103,455	5,103,455	-12,988	5,090,467
49	4900 RESPIRATORY THERAPY	680,351	191,651	872,002	-86,387	785,615
50	5000 PHYSICAL THERAPY	4,057,702	636,264	4,693,966	-565,652	4,128,314
52	5200 SPEECH PATHOLOGY	505,867	23,810	529,677	-1,130	528,547
53	5300 ELECTROCARDIOLOGY	800,533	2,660,733	3,461,266	-10,484	3,450,782
54	5400 ELECTROENCEPHALOGRAPHY		1,100	1,100		1,100
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,340,621	2,340,621
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				12,913	12,913
56	5600 DRUGS CHARGED TO PATIENTS				2,371,099	2,371,099
57	5700 RENAL DIALYSIS		829,071	829,071		829,071
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	2,230,695	496,151	2,726,846	-276,972	2,449,874
61.01	6101 WOUND CARE	324,716	330,310	655,026	-289,414	365,612
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
62.01	6201 OBSERVATION BEDS (DISTINCT PART)	1,104,786	36,012	1,140,798	-27,646	1,113,152
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	1,998,379	506,638	2,505,017	-105,079	2,399,938
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
93	9300 HOSPICE	1,429,878	672,803	2,102,681		2,102,681
95	9500 SUBTOTALS	32,193,629	26,565,386	58,759,015	-0-	58,759,015
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	5,877,944	4,491,324	10,369,268		10,369,268
100	7950 PATIENT TRANSPORT	75	407,813	407,888		407,888
100.01	7951 SETON LEASE 1 NORTH	315,169	16,595	331,764		331,764
100.02	7952 REHAB (FSEH-E)					
100.03	7953 HHA (FSEH-E)					
100.04	7954 VACANT SPACE					
101	TOTAL	38,386,817	31,481,118	69,867,935	-0-	69,867,935

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0003
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/26/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	214,515	214,515
2	0200 OLD CAP REL COSTS-MVBLE EQUIP	522	522
3	0300 NEW CAP REL COSTS-BLDG & FIXT	1,908,319	2,230,498
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	2,742,602	2,859,756
5	0500 EMPLOYEE BENEFITS	9,570,714	9,570,714
6.02	0620 MGMT INFO SYSTEMS	274,702	274,712
6.03	0630 PURCHASING	250,528	250,528
6.04	0640 ADMITTING	-299,578	109,671
6.05	0650 PATIENT ACCOUNTING	-4,920,139	856,348
6.06	0660 ADMINISTRATION AND GENERAL	3,864,587	5,938,528
8	0800 OPERATION OF PLANT	1,751,356	4,354,710
9	0900 LAUNDRY & LINEN SERVICE	-579,376	252,029
10	1000 HOUSEKEEPING		1,110,868
11	1100 DIETARY	-2,184	686,409
12	1200 CAFETERIA	-375,248	416,411
14	1400 NURSING ADMINISTRATION	419,458	419,458
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY	-376,590	1,936,745
17	1700 MEDICAL RECORDS & LIBRARY	110,674	339,903
18	1800 SOCIAL SERVICE	119,809	119,809
21	2100 NURSING SCHOOL	-2,795,609	-139,720
24	2400 PARAMED ED PRGM		72,866
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-8,450	3,785,206
26	2600 INTENSIVE CARE UNIT	-2,647,404	-29,423
33	3300 NURSERY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	919,739	916,207
37.01	3701 OPHTHALMOLOGY		107,079
38	3800 RECOVERY ROOM	47,784	47,784
41	4100 RADIOLOGY-DIAGNOSTIC	-14,831	1,546,072
41.01	3230 CAT SCAN		591,250
43	4300 RADIOISOTOPE	-67,472	1,656,865
43.01	4301 CARDIAC CATH LAB	226,995	273,638
43.02	4302 MRI		133,983
43.03	4303 ULTRASOUND		220,711
44	4400 LABORATORY	152,640	5,243,107
49	4900 RESPIRATORY THERAPY	18,311	803,926
50	5000 PHYSICAL THERAPY	-2,189,655	1,938,659
52	5200 SPEECH PATHOLOGY	-287,033	241,514
53	5300 ELECTROCARDIOLOGY	-1,548,687	1,902,095
54	5400 ELECTROENCEPHALOGRAPHY	734,998	736,098
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,901,256	5,241,877
55.30	5530 IMPL. DEV. CHARGED TO PATIENT	2,178,349	2,191,262
56	5600 DRUGS CHARGED TO PATIENTS		2,371,099
57	5700 RENAL DIALYSIS	-3,475	825,596
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	9,693	2,459,567
61.01	6101 WOUND CARE		365,612
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
62.01	6201 OBSERVATION BEDS (DISTINCT PART)		1,113,152
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-9,879	2,390,059
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
93	9300 HOSPICE	-1,889	2,100,792
95	SUBTOTALS	12,290,052	71,049,067
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES	-5,646	10,363,622
100	7950 PATIENT TRANSPORT		407,888
100.01	7951 SETON LEASE 1 NORTH		331,764
100.02	7952 REHAB (FSEH-E)		
100.03	7953 HHA (FSEH-E)		
100.04	7954 VACANT SPACE		
101	TOTAL	12,284,406	82,152,341

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.02	MGMT INFO SYSTEMS	0620	DATA PROCESSING
6.03	PURCHASING	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	PATIENT ACCOUNTING	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
21	NURSING SCHOOL	2100	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	OPHTHALMOLOGY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
43	RADIOISOTOPE	4300	
43.01	CARDIAC CATH LAB	4301	RADIOISOTOPE
43.02	MRI	4302	RADIOISOTOPE
43.03	ULTRASOUND	4303	RADIOISOTOPE
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
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	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
61.01	WOUND CARE	6101	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
62.01	OBSERVATION BEDS (DISTINCT PART)	6201	OBSERVATION BEDS (NON-DISTINCT PART)
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	PATIENT TRANSPORT	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	SETON LEASE 1 NORTH	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	REHAB (FSEH-E)	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	HHA (FSEH-E)	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	VACANT SPACE	7954	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150003

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1	BUILDING RENTAL	A	NEW CAP REL COSTS-BLDG & FIXT	3		322,179
2						
3						
4	EQUIPMENT RENTAL	B	NEW CAP REL COSTS-MVBLE EQUIP	4		109,581
5						
6						
7						
8	CAFETERIA	C	CAFETERIA	12	265,512	111,823
9	MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,340,621
10			IMPL. DEV. CHARGED TO PATIENT	55.30		12,913
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28	DRUGS	E	DRUGS CHARGED TO PATIENTS	56		2,371,099
29						
30						
31						
32						
33						
34						
35						
1	DRUGS	E				
2						
3						
4						
5						
6						
7						
8						
9						
10	EQUIPMENT DEPRECIATION	F	NEW CAP REL COSTS-MVBLE EQUIP	4		7,573
11	FSEH SHARED SERVICES	G	EMPLOYEE BENEFITS	5	395,653	
12			MGMT INFO SYSTEMS	6.02	14,430	
13			PURCHASING	6.03	160,449	
14			ADMINISTRATIVE AND GENERAL	6.06	1,553,440	
15			OPERATION OF PLANT	8	788,075	
16			NURSING ADMINISTRATION	14	400,847	
17			MEDICAL RECORDS & LIBRARY	17	313,092	
18			SOCIAL SERVICE	18	118,945	
19			RESPIRATORY THERAPY	49	18,311	
20			PHYSICAL THERAPY	50	44,548	
21			EMERGENCY	61	26,121	
22			ADMINISTRATIVE	6.04		294,809
23			PATIENT ACCOUNTING	6.05		793,341
24			ADMINISTRATIVE AND GENERAL	6.06		1,214,490
25			OPERATION OF PLANT	8		886,125
26			LAUNDRY & LINEN SERVICE	9		112,629
27			MEDICAL RECORDS & LIBRARY	17		53,699
28			ELECTROCARDIOLOGY	53		272,710
29	FSEH PURCHASED SERVICES	H	INTENSIVE CARE UNIT	26		2,407,202
30			OPERATING ROOM	37	86,556	
31			RECOVERY ROOM	38	46,099	
32			CARDIAC CATH LAB	43.01	46,643	
33			LABORATORY	44	29,666	
34			PHYSICAL THERAPY	50		2,025,155
35			SPEECH PATHOLOGY	52		274,130

RECLASSIFICATIONS

PROVIDER NO:
150003

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 FSEH PURCHASED SERVICES	H	ELECTROCARDIOLOGY	53	920,128	
2		ELECTROENCEPHALOGRAPHY	54	664,357	
36 TOTAL RECLASSIFICATIONS				5,892,872	13,610,079

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

RECLASSIFICATIONS

PROVIDER NO:
150003

PERIOD:
FROM 1/1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6

----- DECREASE -----						A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 BUILDING RENTAL	A	RADIOLOGY-DIAGNOSTIC	41		252,941	10
2		LABORATORY	44		5,415	10
3		PHYSICAL THERAPY	50		63,823	10
4 EQUIPMENT RENTAL	B	CAFETERIA	12		341	10
5		PHARMACY	16		28,358	10
6		RADIOLOGY-DIAGNOSTIC	41		61,968	10
7		PHYSICAL THERAPY	50		18,914	10
8 CAFETERIA	C	DIETARY	11	265,512	111,823	
9 MEDICAL SUPPLIES	D	PHARMACY	16		46,467	
10		NURSING SCHOOL	21		13,282	
11		ADULTS & PEDIATRICS	25		198,516	
12		INTENSIVE CARE UNIT	26		210,712	
13		OPERATING ROOM	37		41,985	
14		OPHTHALMOLOGY	37.01		1,317	
15		RADIOLOGY-DIAGNOSTIC	41		504,523	
16		CAT SCAN	41.01		78,098	
17		RADIOISOTOPE	43		1,890	
18		MRI	43.02		2,444	
19		ULTRASOUND	43.03		13,220	
20		RESPIRATORY THERAPY	49		85,433	
21		PHYSICAL THERAPY	50		480,193	
22		SPEECH PATHOLOGY	52		1,130	
23		ELECTROCARDIOLOGY	53		10,484	
24		EMERGENCY	61		250,262	
25		WOUND CARE	61.01		285,559	
26		OBSERVATION BEDS (DISTINCT PART)	62.01		25,821	
27		AMBULANCE SERVICES	65		102,198	
28 DRUGS	E	PHARMACY	16		2,269,460	
29		NURSING SCHOOL	21		4,023	
30		ADULTS & PEDIATRICS	25		26,432	
31		INTENSIVE CARE UNIT	26		16,915	
32		OPERATING ROOM	37		1,256	
33		OPHTHALMOLOGY	37.01		105	
34		RADIOLOGY-DIAGNOSTIC	41		7,710	
35		CAT SCAN	41.01		4,624	
1 DRUGS	E	RADIOISOTOPE	43		1,252	
2		MRI	43.02		188	
3		ULTRASOUND	43.03		187	
4		RESPIRATORY THERAPY	49		954	
5		PHYSICAL THERAPY	50		2,722	
6		EMERGENCY	61		26,710	
7		WOUND CARE	61.01		3,855	
8		OBSERVATION BEDS (DISTINCT PART)	62.01		1,825	
9		AMBULANCE SERVICES	65		2,881	
10 EQUIPMENT DEPRECIATION	F	LABORATORY	44		7,573	9
11 FSEH SHARED SERVICES	G	EMPLOYEE BENEFITS	5		395,653	
12		MGMT INFO SYSTEMS	6.02		14,430	
13		PURCHASING	6.03		160,449	
14		ADMINISTRATIVE AND GENERAL	6.06		1,553,440	
15		OPERATION OF PLANT	8		788,075	
16		NURSING ADMINISTRATION	14		400,847	
17		MEDICAL RECORDS & LIBRARY	17		313,092	
18		SOCIAL SERVICE	18		118,945	
19		RESPIRATORY THERAPY	49		18,311	
20		PHYSICAL THERAPY	50		44,548	
21		EMERGENCY	61		26,121	
22		ADMITTING	6.04	294,809		
23		PATIENT ACCOUNTING	6.05	793,341		
24		ADMINISTRATIVE AND GENERAL	6.06	1,214,490		
25		OPERATION OF PLANT	8	886,125		
26		LAUNDRY & LINEN SERVICE	9	112,629		
27		MEDICAL RECORDS & LIBRARY	17	53,699		
28		ELECTROCARDIOLOGY	53	272,710		
29 FSEH PURCHASED SERVICES	H	INTENSIVE CARE UNIT	26	2,407,202		
30		OPERATING ROOM	37		86,556	
31		RECOVERY ROOM	38		46,099	
32		RADIOISOTOPE	43		46,643	
33		LABORATORY	44		29,666	
34		PHYSICAL THERAPY	50	2,025,155		
35		SPEECH PATHOLOGY	52	274,130		

RECLASSIFICATIONS

PROVIDER NO:
150003

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	
	1	6	7	8	9
1 FSEH PURCHASED SERVICES	H	ELECTROCARDIOLOGY	53		920,128
2		ELECTROENCEPHALOGRAPHY	54		664,357
36 TOTAL RECLASSIFICATIONS				8,599,802	10,903,149

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

RECLASSIFICATIONS

PROVIDER NO:
150003

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : BUILDING RENTAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	322,179	RADIOLOGY-DIAGNOSTIC	41	252,941	
2.00			0	LABORATORY	44	5,415	
3.00			0	PHYSICAL THERAPY	50	63,823	
TOTAL RECLASSIFICATIONS FOR CODE A			322,179	322,179			

RECLASS CODE: B
EXPLANATION : EQUIPMENT RENTAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	109,581	CAFETERIA	12	341	
2.00			0	PHARMACY	16	28,358	
3.00			0	RADIOLOGY-DIAGNOSTIC	41	61,968	
4.00			0	PHYSICAL THERAPY	50	18,914	
TOTAL RECLASSIFICATIONS FOR CODE B			109,581	109,581			

RECLASS CODE: C
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	377,335	DIETARY	11	377,335	
TOTAL RECLASSIFICATIONS FOR CODE C			377,335	377,335			

RECLASS CODE: D
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,340,621	PHARMACY	16	46,467	
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	12,913	NURSING SCHOOL	21	13,282	
3.00			0	ADULTS & PEDIATRICS	25	198,516	
4.00			0	INTENSIVE CARE UNIT	26	210,712	
5.00			0	OPERATING ROOM	37	41,985	
6.00			0	OPHTHALMOLOGY	37.01	1,317	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	504,523	
8.00			0	CAT SCAN	41.01	78,098	
9.00			0	RADIOISOTOPE	43	1,890	
10.00			0	MRI	43.02	2,444	
11.00			0	ULTRASOUND	43.03	13,220	
12.00			0	RESPIRATORY THERAPY	49	85,433	
13.00			0	PHYSICAL THERAPY	50	480,193	
14.00			0	SPEECH PATHOLOGY	52	1,130	
15.00			0	ELECTROCARDIOLOGY	53	10,484	
16.00			0	EMERGENCY	61	250,262	
17.00			0	WOUND CARE	61.01	285,559	
18.00			0	OBSERVATION BEDS (DISTINCT PAR	62.01	25,821	
19.00			0	AMBULANCE SERVICES	65	102,198	
TOTAL RECLASSIFICATIONS FOR CODE D			2,353,534	2,353,534			

RECLASS CODE: E
EXPLANATION : DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,371,099	PHARMACY	16	2,269,460	
2.00			0	NURSING SCHOOL	21	4,023	
3.00			0	ADULTS & PEDIATRICS	25	26,432	
4.00			0	INTENSIVE CARE UNIT	26	16,915	
5.00			0	OPERATING ROOM	37	1,256	
6.00			0	OPHTHALMOLOGY	37.01	105	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	7,710	
8.00			0	CAT SCAN	41.01	4,624	
9.00			0	RADIOISOTOPE	43	1,252	
10.00			0	MRI	43.02	188	
11.00			0	ULTRASOUND	43.03	187	
12.00			0	RESPIRATORY THERAPY	49	954	
13.00			0	PHYSICAL THERAPY	50	2,722	
14.00			0	EMERGENCY	61	26,710	
15.00			0	WOUND CARE	61.01	3,855	

RECLASSIFICATIONS

PROVIDER NO:
150003

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/26/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION : DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
16.00			0
17.00			0
TOTAL RECLASSIFICATIONS FOR CODE E			2,371,099

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OBSERVATION BEDS (DISTINCT PAR	62.01	1,825	
AMBULANCE SERVICES	65	2,881	
		2,371,099	

RECLASS CODE: F
EXPLANATION : EQUIPMENT DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	7,573
TOTAL RECLASSIFICATIONS FOR CODE F			7,573

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
LABORATORY	44	7,573	
		7,573	

RECLASS CODE: G
EXPLANATION : FSEH SHARED SERVICES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	395,653
2.00	MGMT INFO SYSTEMS	6.02	14,430
3.00	PURCHASING	6.03	160,449
4.00	ADMINISTRATIVE AND GENERAL	6.06	1,553,440
5.00	OPERATION OF PLANT	8	788,075
6.00	NURSING ADMINISTRATION	14	400,847
7.00	MEDICAL RECORDS & LIBRARY	17	313,092
8.00	SOCIAL SERVICE	18	118,945
9.00	RESPIRATORY THERAPY	49	18,311
10.00	PHYSICAL THERAPY	50	44,548
11.00	EMERGENCY	61	26,121
12.00	ADMITTING	6.04	294,809
13.00	PATIENT ACCOUNTING	6.05	793,341
14.00	ADMINISTRATIVE AND GENERAL	6.06	1,214,490
15.00	OPERATION OF PLANT	8	886,125
16.00	LAUNDRY & LINEN SERVICE	9	112,629
17.00	MEDICAL RECORDS & LIBRARY	17	53,699
18.00	ELECTROCARDIOLOGY	53	272,710
TOTAL RECLASSIFICATIONS FOR CODE G			7,461,714

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	395,653	
MGMT INFO SYSTEMS	6.02	14,430	
PURCHASING	6.03	160,449	
ADMINISTRATIVE AND GENERAL	6.06	1,553,440	
OPERATION OF PLANT	8	788,075	
NURSING ADMINISTRATION	14	400,847	
MEDICAL RECORDS & LIBRARY	17	313,092	
SOCIAL SERVICE	18	118,945	
RESPIRATORY THERAPY	49	18,311	
PHYSICAL THERAPY	50	44,548	
EMERGENCY	61	26,121	
ADMITTING	6.04	294,809	
PATIENT ACCOUNTING	6.05	793,341	
ADMINISTRATIVE AND GENERAL	6.06	1,214,490	
OPERATION OF PLANT	8	886,125	
LAUNDRY & LINEN SERVICE	9	112,629	
MEDICAL RECORDS & LIBRARY	17	53,699	
ELECTROCARDIOLOGY	53	272,710	
		7,461,714	

RECLASS CODE: H
EXPLANATION : FSEH PURCHASED SERVICES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	INTENSIVE CARE UNIT	26	2,407,202
2.00	OPERATING ROOM	37	86,556
3.00	RECOVERY ROOM	38	46,099
4.00	CARDIAC CATH LAB	43.01	46,643
5.00	LABORATORY	44	29,666
6.00	PHYSICAL THERAPY	50	2,025,155
7.00	SPEECH PATHOLOGY	52	274,130
8.00	ELECTROCARDIOLOGY	53	920,128
9.00	ELECTROENCEPHALOGRAPHY	54	664,357
TOTAL RECLASSIFICATIONS FOR CODE H			6,499,936

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTENSIVE CARE UNIT	26	2,407,202	
OPERATING ROOM	37	86,556	
RECOVERY ROOM	38	46,099	
RADIOISOTOPE	43	46,643	
LABORATORY	44	29,666	
PHYSICAL THERAPY	50	2,025,155	
SPEECH PATHOLOGY	52	274,130	
ELECTROCARDIOLOGY	53	920,128	
ELECTROENCEPHALOGRAPHY	54	664,357	
		6,499,936	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	3,444,728	2,588,982			2,588,982		6,033,710	
2	LAND IMPROVEMENTS	2,588,982					2,588,982		
3	BUILDINGS & FIXTURE	36,449,784						36,449,784	
4	BUILDING IMPROVEMENT								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	4,121,985					257,667	3,864,318	
7	SUBTOTAL	46,605,479	2,588,982			2,588,982	2,846,649	46,347,812	
8	RECONCILING ITEMS								
9	TOTAL	46,605,479	2,588,982			2,588,982	2,846,649	46,347,812	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	1,078,301						1,078,301	
2	LAND IMPROVEMENTS	1,159,549						1,159,549	
3	BUILDINGS & FIXTURE	58,796,300	277,910			277,910		59,074,210	
4	BUILDING IMPROVEMENT								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	43,652,780					476,247	43,176,533	
7	SUBTOTAL	104,686,930	277,910			277,910	476,247	104,488,593	
8	RECONCILING ITEMS								
9	TOTAL	104,686,930	277,910			277,910	476,247	104,488,593	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	36,449,784		36,449,784	.253609				
2	OLD CAP REL COSTS-MV	3,864,318		3,864,318	.026887				
3	NEW CAP REL COSTS-BL	60,233,759		60,233,759	.419092				
4	NEW CAP REL COSTS-MV	43,176,533		43,176,533	.300412				
5	TOTAL	143,724,394		143,724,394	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	195,946		18,569				214,515
2	OLD CAP REL COSTS-MV	477		45				522
3	NEW CAP REL COSTS-BL	1,679,268	322,179	229,051				2,230,498
4	NEW CAP REL COSTS-MV	2,539,282	109,581	210,893				2,859,756
5	TOTAL	4,414,973	431,760	458,558				5,305,291

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

SUMMARY OF OLD AND NEW CAPITAL

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

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES	B	-14,462	OLD CAP REL COSTS-BLDG &	1	11
2 INVESTMENT INCOME-OLD MOVABLE EQUIP	B	-35	OLD CAP REL COSTS-MVBLE E	2	11
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-178,390	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-164,249	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-890,810			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	18,386,022			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-375,248	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)	B	-2,791,677	NURSING SCHOOL	21	
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MARKETING EXP	A	-554	PHYSICAL THERAPY	50	
38 MARKETING EXP	A	-1,889	HOSPICE	93	
39 ADVERTISING EXP	A	-3,932	NURSING SCHOOL	21	
40 DAY CARE FOOD SERVICE REV	B	-2,184	DIETARY	11	
41 EDUCATION INCOME	B	-450	ADULTS & PEDIATRICS	25	
42 MEDICAL BUSINESS SERVICE REV	B	-62,180	RADIOISOTOPE	43	
43 ATHLETIC TRAINING REV	B	-20,227	PHYSICAL THERAPY	50	
44 RENT -- DIALYSIS DOCTORS	B	-295,800	NEW CAP REL COSTS-BLDG &	3	9
45 RENT LHI - ARNETT	B	-272,825	NEW CAP REL COSTS-BLDG &	3	9
46 RENT - THE CARE GROUP	B	-230,752	NEW CAP REL COSTS-BLDG &	3	9
47 RENT LHI - CATH LAB	B	-145,345	NEW CAP REL COSTS-BLDG &	3	9
48 BLDG RENTAL INCOME	B	-125,693	NEW CAP REL COSTS-BLDG &	3	9
49 PARKING FEES	B	-55,008	OPERATION OF PLANT	8	
49.01 ADMINISTRATIVE FEE (SCMC)	B	-351,048	ADMINISTRATIVE AND GENERA	6.06	
49.02 MISC REV	B	-118,858	ADMINISTRATIVE AND GENERA	6.06	
50 TOTAL (SUM OF LINES 1 THRU 49)		12,284,406			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	1	OLD CAP REL COSTS-BLDG & SSFHS DEPRECIATION	1,928		1,928	9
2	2	OLD CAP REL COSTS-MVBLE E SSFHS DEPRECIATION	5		5	9
3	3	NEW CAP REL COSTS-BLDG & SSFHS DEPRECIATION	356,477		356,477	9
4	4	NEW CAP REL COSTS-MVBLE E SSFHS DEPRECIATION	328,218		328,218	9
4.01	1	OLD CAP REL COSTS-BLDG & SSFHS INTEREST	33,031		33,031	11
4.02	2	OLD CAP REL COSTS-MVBLE E SSFHS INTEREST	80		80	11
4.03	3	NEW CAP REL COSTS-BLDG & SSFHS INTEREST	407,441		407,441	11
4.04	4	NEW CAP REL COSTS-MVBLE E SSFHS INTEREST	375,142		375,142	11
4.05	6	ADMINISTRATIVE AND GENERA SSFHS A&G	2,937,462		2,937,462	
4.06	16	PHARMACY	108,090		108,090	
4.07	6	PATIENT ACCOUNTING		2,580,924	-2,580,924	
4.08	16	PHARMACY		484,680	-484,680	
4.09	98	PHYSICIANS' PRIVATE OFFIC INTERCO - COEP FEES		5,646	-5,646	
4.11	6	ADMINISTRATIVE AND GENERA FSEH-C SHARED SERVICES	179,993	671,664	-491,671	
4.12	6	ADMINISTRATIVE AND GENERA FSEH-C SHARED SERVICES	109,671	409,249	-299,578	
4.13	6	PATIENT ACCOUNTING	856,348	3,195,563	-2,339,215	
4.14	6	ADMINISTRATIVE AND GENERA FSEH-C SHARED SERVICES	347,404	1,402,287	-1,054,883	
4.15	8	OPERATION OF PLANT	1,004,723	2,603,354	-1,598,631	
4.21	9	LAUNDRY & LINEN SERVICE	252,029	831,405	-579,376	
4.22	17	MEDICAL RECORDS & LIBRARY FSEH-C SHARED SERVICES	18,325	229,229	-210,904	
4.23	53	ELECTROCARDIOLOGY	407,686	2,114,971	-1,707,285	
4.25	1	OLD CAP REL COSTS-BLDG & FSEH-E SHARED SERVICES	194,018		194,018	9
4.26	2	OLD CAP REL COSTS-MVBLE E FSEH-E SHARED SERVICES	472		472	9
4.27	3	NEW CAP REL COSTS-BLDG & FSEH-E SHARED SERVICES	2,393,206		2,393,206	9
4.28	4	NEW CAP REL COSTS-MVBLE E FSEH-E SHARED SERVICES	2,203,491		2,203,491	9
4.29	5	EMPLOYEE BENEFITS	9,570,714		9,570,714	
4.30	6	ADMINISTRATIVE AND GENERA FSEH-E SHARED SERVICES	202,328		202,328	
4.31	6	MGMT INFO SYSTEMS	274,702		274,702	
4.32	6	PURCHASING	250,528		250,528	
4.33	6	ADMINISTRATIVE AND GENERA FSEH-E SHARED SERVICES	2,741,257		2,741,257	
4.34	8	OPERATION OF PLANT	3,404,995		3,404,995	
4.35	14	NURSING ADMINISTRATION	419,458		419,458	
4.36	17	MEDICAL RECORDS & LIBRARY FSEH-E SHARED SERVICES	321,578		321,578	
4.37	18	SOCIAL SERVICE	119,809		119,809	
4.38	49	RESPIRATORY THERAPY	18,311		18,311	
4.39	50	PHYSICAL THERAPY	44,847		44,847	
4.40	61	EMERGENCY	26,121		26,121	
4.41	26	INTENSIVE CARE UNIT		2,647,404	-2,647,404	
4.42	37	OPERATING ROOM	919,739		919,739	
4.43	38	RECOVERY ROOM	47,784		47,784	
4.44	43	CARDIAC CATH LAB	226,995		226,995	
4.46	44	LABORATORY	152,640		152,640	
4.47	50	PHYSICAL THERAPY		2,213,721	-2,213,721	
4.48	52	SPEECH PATHOLOGY		287,033	-287,033	
4.49	53	ELECTROCARDIOLOGY	994,978		994,978	
4.50	54	ELECTROENCEPHALOGRAPHY	734,998		734,998	
4.51	55	MEDICAL SUPPLIES CHARGED	2,901,256		2,901,256	
4.52	55	IMPL. DEV. CHARGED TO PAT	2,178,349		2,178,349	
4.53	57	RENAL DIALYSIS		3,475	-3,475	
5		TOTALS	38,066,627	19,680,605	18,386,022	

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

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

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

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

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

SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.
FSEH-LAFAYETTE SHARED SERVICES

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/26/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	AGGREGATE	8,000	8,000		159,800			
2 41	AGGREGATE	50,400		50,400	217,600	340	35,569	1,778
3 43	AGGREGATE	10,000		10,000	217,600	45	4,708	235
4 53	AGGREGATE	852,437	777,437	75,000	159,800	209	16,057	803
5 61	AGGREGATE	71,667		71,667	159,800	719	55,239	2,762
6 61 1	AGGREGATE	10,536		10,536	159,800	143	10,986	549
7 65	AGGREGATE	36,000		36,000	159,800	340	26,121	1,306
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,039,040	785,437	253,603		1,796	148,680	7,433

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/26/2011
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	AGGREGATE							8,000
2 41	AGGREGATE					35,569	14,831	14,831
3 43	AGGREGATE					4,708	5,292	5,292
4 53	AGGREGATE					16,057	58,943	836,380
5 61	AGGREGATE					55,239	16,428	16,428
6 61 1	AGGREGATE					10,986		
7 65	AGGREGATE					26,121	9,879	9,879
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					148,680	105,373	890,810

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	14	GROSS SALARIES	ENTERED
6.02	MGMT INFO SYSTEMS	4	MANHRS	ENTERED
6.03	PURCHASING	5	COSTED REQUISITION	ENTERED
6.04	ADMITTING	6	INPATIENT REVENUE	ENTERED
6.05	PATIENT ACCOUNTING	C	GROSS CHARGES	ENTERED
6.06	ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	15	SQUARE FEET	ENTERED
11	DIETARY	8	MEALS SERVED	ENTERED
12	CAFETERIA	4	MANHRS	ENTERED
14	NURSING ADMINISTRATION	9	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	10	COSTED REQUIS.	ENTERED
16	PHARMACY	11	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	C	GROSS CHARGES	ENTERED
21	NURSING SCHOOL	12	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM	13	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	MGMT INFO SYS TEMS
	0	1	2	3	4	5	6.02
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	214,515	214,515					
003 OLD CAP REL COSTS-MVBLE E	522		522				
004 NEW CAP REL COSTS-BLDG &	2,230,498			2,230,498			
005 NEW CAP REL COSTS-MVBLE E	2,859,756				2,859,756		
006 EMPLOYEE BENEFITS	9,570,714	537		5,580	1,379	9,578,210	
006 02 MGMT INFO SYSTEMS	274,712	602		6,258	145,285	62,567	489,424
006 03 PURCHASING	250,528	4,830		50,226	75,329	21,654	3,695
006 04 ADMINITTING	109,671	689		7,162	1,851	25,944	2,723
006 05 PATIENT ACCOUNTING	856,348	3,164		32,902	5,936	69,817	7,561
006 06 ADMINSTRATIVE AND GENERA	5,938,528	16,871		175,424	46,471	441,058	22,743
008 OPERATION OF PLANT	4,354,710	54,970		571,561	115,425	929,168	23,123
009 LAUNDRY & LINEN SERVICE	252,029	6,416		66,712	18,329	14,285	1,364
010 HOUSEKEEPING	1,110,868	3,687		38,335	8,122	221,175	21,620
011 DIETARY	686,409	4,114		42,776	26,484	115,609	10,742
012 CAFETERIA	416,411	2,457		25,545	5,546	132,970	13,110
014 NURSING ADMINISTRATION	419,458	574		5,970	36,257	7,226	3,765
015 CENTRAL SERVICES & SUPPLY		1,955		20,329	27,568		
016 PHARMACY	1,936,745	1,440		14,971	22,629	391,691	14,225
017 MEDICAL RECORDS & LIBRARY	339,903	1,741	522	18,104	2,380	8,273	6,476
018 SOCIAL SERVICE	119,809					335	1,748
021 NURSING SCHOOL	-139,720	22,635		235,360	62,450	696,313	27,090
024 PARAMED PRGM	72,866					18,163	1,162
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	3,785,206	13,413		139,465	35,477	1,088,269	55,068
033 INTENSIVE CARE UNIT	-29,423	2,063		21,454	69,790	754,376	31,503
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	916,207	1,287		13,384	222,177		4
038 01 OPHTHALMOLOGY	107,079	2,429		25,261		30,778	1,722
041 01 RECOVERY ROOM	47,784	104		1,086	11,184		
043 01 RADIOISOTOPE	1,546,072	8,471		88,078	443,104	404,866	20,915
043 01 CAT SCAN	591,250	785		8,163	350,587	132,228	5,335
043 01 RADIOISOTOPE	1,656,865	1,188		12,351	107,850	70,213	2,776
043 01 CARDIAC CATH LAB	273,638	484		5,030	309,788		
043 02 MRI	133,983	707		7,348	4,341	29,214	956
043 03 ULTRASOUND	220,711	274		2,850	19,110	64,236	1,848
044 LABORATORY	5,243,107	4,640		48,249	188,319		
049 RESPIRATORY THERAPY	803,926	1,295		13,468	92,132	198,360	9,482
050 PHYSICAL THERAPY	1,938,659	4,815		50,066	64,694	1,183,163	53,302
052 SPEECH PATHOLOGY	241,514	1,046		10,876	21,673	147,488	6,670
053 ELECTROCARDIOLOGY	1,902,095	1,979		20,577	119,340	160,186	6,672
054 ELECTROENCEPHALOGRAPHY	736,098	1,583		16,455	46,537		
055 MEDICAL SUPPLIES CHARGED	5,241,877						
055 30 IMPL. DEV. CHARGED TO PAT	2,191,262						
056 DRUGS CHARGED TO PATIENTS	2,371,099						
057 RENAL DIALYSIS	825,596	5,887		61,212			
061 OUTPAT SERVICE COST CNTRS							
061 01 EMERGENCY	2,459,567	7,609		79,117	69,950	650,370	30,736
062 01 WOUND CARE	365,612	4,143		43,077	10,885	94,673	4,272
062 01 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	1,113,152					322,106	13,028
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	2,390,059	1,521		15,817	54,724	582,637	36,088
065 SPEC PURPOSE COST CENTERS							
093 HOSPICE	2,100,792	2,001		20,807		416,888	17,716
095 SUBTOTALS	71,049,067	194,406	522	2,021,406	2,843,103	9,486,299	459,240
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		648		6,736	356		
098 PHYSICIANS' PRIVATE OFFIC	10,363,622	7,967		82,839			24,785
100 PATIENT TRANSPORT	407,888				10,198	22	40
100 01 SETON LEASE 1 NORTH	331,764	3,564		37,059	5,309	91,889	5,359
100 02 REHAB (FSEH-E)		4,521		47,008	790		
100 03 HHA (FSEH-E)		794		8,261			
100 04 VACANT SPACE		2,615		27,189			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	82,152,341	214,515	522	2,230,498	2,859,756	9,578,210	489,424

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	SUBTOTAL	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.03	6.04	6.05	6a.05	6.06	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 02 MGMT INFO SYSTEMS							
006 03 PURCHASING	406,262						
006 04 ADMINISTRATION	9	148,049					
006 05 PATIENT ACCOUNTING	26		975,754				
006 06 ADMINISTRATIVE AND GENERAL	1,207			6,642,302	6,642,302		
008 OPERATION OF PLANT	393			6,049,350	532,137	6,581,487	
009 LAUNDRY & LINEN SERVICE	10			359,145	31,593	317,843	708,581
010 HOUSEKEEPING	1,507			1,405,314	123,620	182,644	48,863
011 DIETARY	1,134			887,268	78,049	203,801	24,301
012 CAFETERIA	1,321			597,360	52,547	121,707	
014 NURSING ADMINISTRATION	189			473,439	41,647	28,442	
015 CENTRAL SERVICES & SUPPLY				49,852	4,385	96,854	16,610
016 PHARMACY	6,102			2,387,803	210,045	71,326	
017 MEDICAL RECORDS & LIBRARY	11			377,410	33,199	86,255	
018 SOCIAL SERVICE				121,892	10,722		
021 NURSING SCHOOL	1,744			905,872	79,686	1,121,354	
024 PARAMEDICAL PRGM				92,191	8,110		
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	26,069	18,391	54,071	5,215,429	458,780	664,466	282,382
026 INTENSIVE CARE UNIT	27,670	10,066	29,596	917,095	80,673	102,217	65,057
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	5,513	3,817	13,794	1,176,183	103,464	63,767	
037 01 OPHTHALMOLOGY	173		3,027	170,469	14,995	120,355	
038 RECOVERY ROOM		317	1,276	61,751	5,432	5,173	
041 RADIOLOGY-DIAGNOSTIC	66,737	6,929	71,669	2,656,841	233,712	419,638	49,554
041 01 CAT SCAN	10,256	8,384	96,117	1,203,105	105,832	38,894	
043 RADIOISOTOPE	10,072	1,286	21,755	1,884,356	165,759	58,847	
043 01 CARDIAC CATH LAB		2,683	14,189	605,812	53,291	23,965	
043 02 MRI	321	3,955	24,892	205,717	18,096	35,009	
043 03 ULTRASOUND	1,736	1,680	11,785	324,230	28,521	13,577	
044 LABORATORY	63,918	29,025	200,414	5,777,672	508,239	229,878	7,307
049 RESPIRATORY THERAPY	22,649	6,241	22,130	1,169,683	102,892	64,168	8,535
050 PHYSICAL THERAPY	63,057	4,890	58,493	3,421,139	300,944	238,536	46,030
052 SPEECH PATHOLOGY	148	455	5,541	435,411	38,301	51,816	
053 ELECTROCARDIOLOGY	1,375	4,806	29,019	2,246,049	197,576	98,037	3,006
054 ELECTROENCEPHALOGRAPHY		556	14,428	815,657	71,750	78,400	
055 MEDICAL SUPPLIES CHARGED		10,491	43,736	5,296,104	465,877		
055 30 IMPL. DEV. CHARGED TO PAT		11,190	44,738	2,247,190	197,676		
056 DRUGS CHARGED TO PATIENTS		17,129	66,532	2,454,760	215,935		
057 RENAL DIALYSIS		1,699	4,996	899,390	79,116	291,640	
061 OUTPAT SERVICE COST CNTRS							
061 01 EMERGENCY	32,864	3,475	91,334	3,425,022	301,285	376,944	131,740
062 WOUND CARE	37,499		14,726	574,887	50,571	205,237	25,196
062 01 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	3,391	584	6,124	1,458,385	128,288		
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	14,429		31,372	3,126,647	275,039	75,359	
065 SPEC PURPOSE COST CENTERS							
093 HOSPICE	2,077			2,560,281	225,218	99,135	
095 SUBTOTALS	403,607	148,049	975,754	70,678,463	5,633,002	5,585,284	708,581
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				7,740	681	32,095	
098 PHYSICIANS' PRIVATE OFFICE	2,650			10,481,863	922,036	394,681	
100 PATIENT TRANSPORT				418,148	36,783		
100 01 SETON LEASE 1 NORTH	5			474,949	41,779	176,563	
100 02 REHAB (FSEH-E)				52,319	4,602	223,966	
100 03 HHA (FSEH-E)				9,055	797	39,358	
100 04 VACANT SPACE				29,804	2,622	129,540	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	406,262	148,049	975,754	82,152,341	6,642,302	6,581,487	708,581

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 02 MGMT INFO SYSTEMS							
006 03 PURCHASING							
006 04 ADMINITTING							
006 05 PATIENT ACCOUNTING							
006 06 ADMINSTRATIVE AND GENERA							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,760,441						
011 DIETARY	67,177	1,260,596					
012 CAFETERIA	40,117		811,731				
014 NURSING ADMINISTRATION	9,375		7,984	560,887			
015 CENTRAL SERVICES & SUPPLY	31,925				199,626		
016 PHARMACY	23,510		30,169			2,722,853	
017 MEDICAL RECORDS & LIBRARY	28,431		13,734				539,029
018 SOCIAL SERVICE			3,706				
021 NURSING SCHOOL	369,617		57,452	53,272			
024 PARAMED ED PRGM			2,464				
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	219,020	858,515	116,797	102,418			29,873
033 INTENSIVE CARE UNIT	33,693	153,413	66,812	61,951			16,351
037 NURSERY							
037 01 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	21,019		8		7		7,621
038 01 OPHTHALMOLOGY	39,671		3,652		3,386		1,672
041 01 RECOVERY ROOM	1,705						705
041 01 RADIOLOGY-DIAGNOSTIC	138,320		44,357				39,596
043 01 CAT SCAN	12,820		11,314				53,102
043 01 RADIOISOTOPE	19,397		5,888		2,997		12,019
043 01 CARDIAC CATH LAB	7,899						7,839
043 02 MRI	11,539		2,027				13,752
043 03 ULTRASOUND	4,475		3,919				6,511
044 LABORATORY	75,772						110,673
049 RESPIRATORY THERAPY	21,151		20,110		18,647		12,226
050 PHYSICAL THERAPY	78,626		113,044		104,822		32,316
052 SPEECH PATHOLOGY	17,079		14,146		13,117		3,061
053 ELECTROCARDIOLOGY	32,315		14,150				16,033
054 ELECTROENCEPHALOGRAPHY	25,842						7,971
055 MEDICAL SUPPLIES CHARGED						197,630	24,163
055 30 IMPL. DEV. CHARGED TO PAT						1,996	24,717
056 DRUGS CHARGED TO PATIENTS							36,757
057 RENAL DIALYSIS	96,130						2,760
061 OUTPAT SERVICE COST CNTRS							
061 01 EMERGENCY	124,247		65,185		60,443		50,460
062 01 WOUND CARE	67,650		9,060		8,401		8,136
062 01 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC			27,631		25,620		3,383
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	24,840		76,536		70,968		17,332
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE	32,677		37,572		34,838		
095 SUBTOTALS	1,676,039	1,011,928	747,717	560,887	199,626	2,722,853	539,029
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	10,579						
100 PHYSICIANS' PRIVATE OFFIC			52,565				
100 PATIENT TRANSPORT			84				
100 01 SETON LEASE 1 NORTH			11,365				
100 02 REHAB (FSEH-E)	73,823	248,668					
100 03 HHA (FSEH-E)							
100 04 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,760,441	1,260,596	811,731	560,887	199,626	2,722,853	539,029

COST CENTER DESCRIPTION	SOCIAL SERVICE	NURSING SCHOOL	PARAMED ED PRGM	PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	18	21	24	25	26	27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 02 MGMT INFO SYSTEMS						
006 03 PURCHASING						
006 04 ADMINISTRATION						
006 05 PATIENT ACCOUNTING						
006 06 ADMINISTRATIVE AND GENERAL						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE	136,320					
021 NURSING SCHOOL		2,587,253				
024 PARAMED ED PRGM			102,765			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	7,559	2,587,253		10,542,492		10,542,492
026 INTENSIVE CARE UNIT	4,137			1,501,399		1,501,399
033 NURSERY						
037 ANCILLARY SRVC COST CNTRS						
037 01 OPERATING ROOM	1,928			1,373,997		1,373,997
038 01 OPHTHALMOLOGY	423			354,623		354,623
041 01 RECOVERY ROOM	178			74,944		74,944
043 01 RADIOISOTOPE	10,019			3,592,037		3,592,037
043 01 CAT SCAN	13,437			1,438,504		1,438,504
043 01 RADIOISOTOPE	3,041			2,152,304		2,152,304
043 01 CARDIAC CATH LAB	1,984			700,790		700,790
043 02 MRI	3,480			289,620		289,620
043 03 ULTRASOUND	1,648			382,881		382,881
044 LABORATORY	27,929			6,737,470		6,737,470
049 RESPIRATORY THERAPY	3,094			1,420,506		1,420,506
050 PHYSICAL THERAPY	8,177			4,343,634		4,343,634
052 SPEECH PATHOLOGY	775			573,706		573,706
053 ELECTROCARDIOLOGY	4,057			2,611,223		2,611,223
054 ELECTROENCEPHALOGRAPHY	2,017			1,001,637		1,001,637
055 MEDICAL SUPPLIES CHARGED	6,114			5,989,888		5,989,888
055 30 IMPL. DEV. CHARGED TO PAT	6,254			2,477,833		2,477,833
056 DRUGS CHARGED TO PATIENTS	9,301		102,765	5,542,371		5,542,371
057 RENAL DIALYSIS	698			1,369,734		1,369,734
061 OUTPAT SERVICE COST CNTRS						
061 01 EMERGENCY	12,769			4,548,095		4,548,095
062 01 WOUND CARE	2,059			951,197		951,197
062 01 OBSERVATION BEDS (NON-DIS)						
062 01 OBSERVATION BEDS (DISTINC	856			1,644,163		1,644,163
065 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES	4,386			3,671,107		3,671,107
093 SPEC PURPOSE COST CENTERS						
093 HOSPICE				2,989,721		2,989,721
095 SUBTOTALS	136,320	2,587,253	102,765	68,275,876		68,275,876
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				51,095		51,095
098 PHYSICIANS' PRIVATE OFFIC				11,851,145		11,851,145
100 PATIENT TRANSPORT				455,015		455,015
100 01 SETON LEASE 1 NORTH				704,656		704,656
100 02 REHAB (FSEH-E)				603,378		603,378
100 03 HHA (FSEH-E)				49,210		49,210
100 04 VACANT SPACE				161,966		161,966
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	136,320	2,587,253	102,765	82,152,341		82,152,341

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	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 BENEFITS 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 &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		537				537	537
006 02 MGMT INFO SYSTEMS		602				602	3
006 03 PURCHASING		4,830				4,830	1
006 04 ADMINITTING		689				689	1
006 05 PATIENT ACCOUNTING		3,164				3,164	4
006 06 ADMINSTRATIVE AND GENERA		16,871				16,871	24
008 OPERATION OF PLANT		54,970				54,970	51
009 LAUNDRY & LINEN SERVICE		6,416				6,416	1
010 HOUSEKEEPING		3,687				3,687	12
011 DIETARY		4,114				4,114	6
012 CAFETERIA		2,457				2,457	7
014 NURSING ADMINISTRATION		574				574	
015 CENTRAL SERVICES & SUPPLY		1,955				1,955	
016 PHARMACY		1,440				1,440	21
017 MEDICAL RECORDS & LIBRARY		1,741	522			2,263	
018 SOCIAL SERVICE							
021 NURSING SCHOOL		22,635				22,635	38
024 PARAMED ED PRGM							1
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		13,413				13,413	60
026 INTENSIVE CARE UNIT		2,063				2,063	41
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		1,287				1,287	
037 01 OPHTHALMOLOGY		2,429				2,429	2
038 RECOVERY ROOM		104				104	
041 RADIOLOGY-DIAGNOSTIC		8,471				8,471	22
041 01 CAT SCAN		785				785	7
043 RADIOISOTOPE		1,188				1,188	4
043 01 CARDIAC CATH LAB		484				484	
043 02 MRI		707				707	2
043 03 ULTRASOUND		274				274	4
044 LABORATORY		4,640				4,640	
049 RESPIRATORY THERAPY		1,295				1,295	11
050 PHYSICAL THERAPY		4,815				4,815	78
052 SPEECH PATHOLOGY		1,046				1,046	8
053 ELECTROCARDIOLOGY		1,979				1,979	9
054 ELECTROENCEPHALOGRAPHY		1,583				1,583	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		5,887				5,887	
061 OUTPAT SERVICE COST CNTRS							
061 01 EMERGENCY		7,609				7,609	36
061 01 WOUND CARE		4,143				4,143	5
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC							18
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		1,521				1,521	32
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		2,001				2,001	23
095 SUBTOTALS		194,406	522			194,928	532
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		648				648	
098 PHYSICIANS' PRIVATE OFFIC		7,967				7,967	
100 PATIENT TRANSPORT							
100 01 SETON LEASE 1 NORTH		3,564				3,564	5
100 02 REHAB (FSEH-E)		4,521				4,521	
100 03 HHA (FSEH-E)		794				794	
100 04 VACANT SPACE		2,615				2,615	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		214,515	522			215,037	537

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	MGMT INFO SYS TEMS	PURCHASING	ADMINING	PATIENT ACCOUNTING	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.02	6.03	6.04	6.05	6.06	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 02 MGMT INFO SYSTEMS	605						
006 03 PURCHASING	5	4,836					
006 04 ADMINING	3		693				
006 05 PATIENT ACCOUNTING	9			3,177			
006 06 ADMINSTRATIVE AND GENERAL	28	14			16,937		
008 OPERATION OF PLANT	29	5			1,355	56,410	
009 LAUNDRY & LINEN SERVICE	2				80	2,724	9,223
010 HOUSEKEEPING	27	18			315	1,565	636
011 DIETARY	13	13			199	1,747	316
012 CAFETERIA	16	16			134	1,043	
014 NURSING ADMINISTRATION	5	2			106	244	
015 CENTRAL SERVICES & SUPPLY					11	830	216
016 PHARMACY	18	73			535	611	
017 MEDICAL RECORDS & LIBRARY	8				85	739	
018 SOCIAL SERVICE	2				27		
021 NURSING SCHOOL	34	21			203	9,614	
024 PARAMED ED PRGM	1				21		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	67	310	88	176	1,168	5,695	3,676
026 INTENSIVE CARE UNIT	39	329	48	97	205	876	847
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		66	18	45	263	547	
038 01 OPHTHALMOLOGY	2	2		10	38	1,032	
041 01 RECOVERY ROOM			2	4	14	44	
041 01 RADIOLOGY-DIAGNOSTIC	26	794	33	234	595	3,597	645
043 01 CAT SCAN	7	122	40	313	269	333	
043 01 RADIOISOTOPE	3	120	6	71	422	504	
043 01 CARDIAC CATH LAB			13	46	136	205	
043 02 MRI	1	4	19	81	46	300	
043 03 ULTRASOUND	2	21	8	38	73	116	
044 LABORATORY		761	123	649	1,294	1,970	95
049 RESPIRATORY THERAPY	12	270	30	72	262	550	111
050 PHYSICAL THERAPY	66	751	23	191	766	2,044	599
052 SPEECH PATHOLOGY	8	2	2	18	98	444	
053 ELECTROCARDIOLOGY	8	16	23	95	503	840	39
054 ELECTROENCEPHALOGRAPHY			3	47	183	672	
055 MEDICAL SUPPLIES CHARGED			50	143	1,186		
055 30 IMPL. DEV. CHARGED TO PAT			54	146	503		
056 DRUGS CHARGED TO PATIENTS			82	217	550		
057 RENAL DIALYSIS			8	16	201	2,500	
061 OUTPAT SERVICE COST CNTRS							
061 01 EMERGENCY	38	391	17	298	767	3,231	1,715
062 01 WOUND CARE	5	446		48	129	1,759	328
062 01 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	16	40	3	20	327		
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	45	172		102	700	646	
065 SPEC PURPOSE COST CENTERS							
093 HOSPICE	22	25			574	850	
095 SUBTOTALS	567	4,804	693	3,177	14,343	47,872	9,223
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					2	275	
098 PHYSICIANS' PRIVATE OFFIC	31	32			2,371	3,383	
100 PATIENT TRANSPORT					94		
100 01 SETON LEASE 1 NORTH	7				106	1,513	
100 02 REHAB (FSEH-E)					12	1,920	
100 03 HHA (FSEH-E)					2	337	
100 04 VACANT SPACE					7	1,110	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	605	4,836	693	3,177	16,937	56,410	9,223

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 02 MGMT INFO SYSTEMS							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 05 PATIENT ACCOUNTING							
006 06 ADMINISTRATIVE AND GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	6,260						
011 DIETARY	239	6,647					
012 CAFETERIA	143		3,816				
014 NURSING ADMINISTRATION	33		38	1,002			
015 CENTRAL SERVICES & SUPPLY	114				3,126		
016 PHARMACY	84		142			2,924	
017 MEDICAL RECORDS & LIBRARY	101		65				3,261
018 SOCIAL SERVICE			17				
021 NURSING SCHOOL	1,311		270	95			
024 PARAMEDICAL PRGM			12				
025 INPATIENT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	779	4,527	547	183			176
033 INTENSIVE CARE UNIT	120	809	314	111			97
037 NURSERY							
037 ANCI LLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	75						45
038 01 OPHTHALMOLOGY	141		17	6			10
041 RECOVERY ROOM	6						4
041 01 RADIOLOGY-DIAGNOSTIC	492		209				234
043 01 CAT SCAN	46		53				313
043 01 RADIOISOTOPE	69		28	5			71
043 02 CARDIAC CATH LAB	28						46
043 03 MRI	41		10				81
044 03 ULTRASOUND	16		18				38
049 LABORATORY	269						733
050 RESPIRATORY THERAPY	75		95	33			72
052 PHYSICAL THERAPY	280		531	188			191
053 SPEECH PATHOLOGY	61		67	23			18
054 ELECTROCARDIOLOGY	115		67				95
055 ELECTROENCEPHALOGRAPHY	92						47
055 30 MEDICAL SUPPLIES CHARGED					3,095		143
056 IMPL. DEV. CHARGED TO PAT					31		146
057 DRUGS CHARGED TO PATIENTS						2,924	217
061 RENAL DIALYSIS	342						16
061 01 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	442		306	108			298
062 01 WOUND CARE	241		43	15			48
065 OBSERVATION BEDS (NON-DIS)							
065 01 OBSERVATION BEDS (DISTINC			130	46			20
093 OTHER REIMBURS COST CNTRS							
093 01 AMBULANCE SERVICES	88		360	127			102
095 SPEC PURPOSE COST CENTERS							
095 01 HOSPICE	116		177	62			
096 SUBTOTALS	5,959	5,336	3,516	1,002	3,126	2,924	3,261
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	38						
100 PHYSICIANS' PRIVATE OFFICE			247				
100 01 PATIENT TRANSPORT							
100 02 SETON LEASE 1 NORTH			53				
100 03 REHAB (FSEH-E)	263	1,311					
100 04 HHA (FSEH-E)							
101 VACANT SPACE							
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,260	6,647	3,816	1,002	3,126	2,924	3,261

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART II

COST CENTER DESCRIPTION	SOCIAL SERVICE	NURSING SCHOOL	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	21	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 02 MGMT INFO SYSTEMS					
006 03 PURCHASING					
006 04 ADMINITTING					
006 05 PATIENT ACCOUNTING					
006 06 ADMINISTRATIVE AND GENERA					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE	46				
021 NURSING SCHOOL		32,467			
024 PARAMED ED PRGM			35		
025 INPAT ROUTINE SRVC CNTRS			30,865		30,865
026 ADULTS & PEDIATRICS			5,996		5,996
033 INTENSIVE CARE UNIT					
037 NURSERY					
037 ANCI LLARY SRVC COST CNTRS					
037 01 OPERATING ROOM			2,346		2,346
038 01 OPHTHALMOLOGY			3,689		3,689
041 RECOVERY ROOM			178		178
041 01 RADIOLOGY-DIAGNOSTIC			15,352		15,352
043 01 CAT SCAN			2,288		2,288
043 01 RADIOISOTOPE			2,491		2,491
043 01 CARDIAC CATH LAB			958		958
043 02 MRI			1,292		1,292
043 03 ULTRASOUND			608		608
044 LABORATORY	46		10,580		10,580
049 RESPIRATORY THERAPY			2,888		2,888
050 PHYSICAL THERAPY			10,523		10,523
052 SPEECH PATHOLOGY			1,795		1,795
053 ELECTROCARDIOLOGY			3,789		3,789
054 ELECTROENCEPHALOGRAPHY			2,627		2,627
055 MEDICAL SUPPLIES CHARGED			4,617		4,617
055 30 IMPL. DEV. CHARGED TO PAT			880		880
056 DRUGS CHARGED TO PATIENTS			3,990		3,990
057 RENAL DIALYSIS			8,970		8,970
061 OUTPAT SERVICE COST CNTRS					
061 01 EMERGENCY			15,256		15,256
062 01 WOUND CARE			7,210		7,210
062 01 OBSERVATION BEDS (NON-DIS					
062 01 OBSERVATION BEDS (DISTINC			620		620
065 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES			3,895		3,895
065 SPEC PURPOSE COST CENTERS					
093 HOSPICE			3,850		3,850
095 SUBTOTALS	46		147,553		147,553
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			963		963
098 PHYSICIANS' PRIVATE OFFIC			14,031		14,031
100 PATIENT TRANSPORT			94		94
100 01 SETON LEASE 1 NORTH			5,248		5,248
100 02 REHAB (FSEH-E)			8,027		8,027
100 03 HHA (FSEH-E)			1,133		1,133
100 04 VACANT SPACE			3,732		3,732
101 CROSS FOOT ADJUSTMENTS		32,467	35	32,502	32,502
102 NEGATIVE COST CENTER		1,754		1,754	1,754
103 TOTAL	46	34,221	35	215,037	215,037

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENEFITS
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				5,580	1,379	6,959	6,959
006 02 MGMT INFO SYSTEMS				6,258	145,285	151,543	45
006 03 PURCHASING				50,226	75,329	125,555	16
006 04 ADMINITTING				7,162	1,851	9,013	19
006 05 PATIENT ACCOUNTING				32,902	5,936	38,838	51
006 06 ADMINI STRATIVE AND GENERA				175,424	46,471	221,895	321
008 OPERATION OF PLANT				571,561	115,425	686,986	676
009 LAUNDRY & LINEN SERVICE				66,712	18,329	85,041	10
010 HOUSEKEEPING				38,335	8,122	46,457	161
011 DIETARY				42,776	26,484	69,260	84
012 CAFETERIA	341			25,545	5,546	31,432	97
014 NURSING ADMINI STRATION				5,970	36,257	42,227	5
015 CENTRAL SERVICES & SUPPLY				20,329	27,568	47,897	
016 PHARMACY	28,358			14,971	22,629	65,958	285
017 MEDICAL RECORDS & LIBRARY				18,104	2,380	20,484	6
018 SOCIAL SERVICE							
021 NURSING SCHOOL				235,360	62,450	297,810	506
024 PARAMED ED PRGM							13
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				139,465	35,477	174,942	791
026 INTENSIVE CARE UNIT				21,454	69,790	91,244	549
033 NURSERY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				13,384	222,177	235,561	
037 01 OPHTHALMOLOGY				25,261		25,261	22
038 RECOVERY ROOM				1,086	11,184	12,270	
041 RADIOLOGY-DIAGNOSTIC	315,897			88,078	443,104	847,079	294
041 01 CAT SCAN				8,163	350,587	358,750	96
043 RADIOISOTOPE				12,351	107,850	120,201	51
043 01 CARDIAC CATH LAB				5,030	309,788	314,818	
043 02 MRI				7,348	4,341	11,689	21
043 03 ULTRASOUND				2,850	19,110	21,960	47
044 LABORATORY	5,415			48,249	188,319	241,983	
049 RESPIRATORY THERAPY				13,468	92,132	105,600	144
050 PHYSICAL THERAPY	82,737			50,066	64,694	197,497	856
052 SPEECH PATHOLOGY				10,876	21,673	32,549	107
053 ELECTROCARDIOLOGY				20,577	119,340	139,917	116
054 ELECTROENCEPHALOGRAPHY				16,455	46,537	62,992	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS				61,212		61,212	
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				79,117	69,950	149,067	473
061 01 WOUND CARE				43,077	10,885	53,962	69
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC							234
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				15,817	54,724	70,541	424
SPEC PURPOSE COST CENTERS							
093 HOSPICE				20,807		20,807	303
095 SUBTOTALS	432,748			2,021,406	2,843,103	5,297,257	6,892
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				6,736	356	7,092	
098 PHYSICIANS' PRIVATE OFFIC				82,839		82,839	
100 PATIENT TRANSPORT					10,198	10,198	
100 01 SETON LEASE 1 NORTH				37,059	5,309	42,368	67
100 02 REHAB (FSEH-E)				47,008	790	47,798	
100 03 HHA (FSEH-E)				8,261		8,261	
100 04 VACANT SPACE				27,189		27,189	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	432,748			2,230,498	2,859,756	5,523,002	6,959

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MGMT INFO SYS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.02	6.03	6.04	6.05	6.06	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 02 MGMT INFO SYSTEMS	151,588						
006 03 PURCHASING	1,144	126,715					
006 04 ADMINISTRATION	843	3	9,878				
006 05 PATIENT ACCOUNTING	2,342	8		41,239			
006 06 ADMINISTRATION AND GENERAL	7,044	376			229,636		
008 OPERATION OF PLANT	7,162	122			18,396	713,342	
009 LAUNDRY & LINEN SERVICE	423	3			1,092	34,450	121,019
010 HOUSEKEEPING	6,696	470			4,274	19,796	8,345
011 DIETARY	3,327	354			2,698	22,089	4,150
012 CAFETERIA	4,061	412			1,817	13,191	
014 NURSING ADMINISTRATION	1,166	59			1,440	3,083	
015 CENTRAL SERVICES & SUPPLY					152	10,498	2,837
016 PHARMACY	4,406	1,903			7,261	7,731	
017 MEDICAL RECORDS & LIBRARY	2,006	3			1,148	9,349	
018 SOCIAL SERVICE	541				371		
021 NURSING SCHOOL	8,390	544			2,755	121,536	
024 PARAMEDICAL PRGM	360				280		
025 INPATIENT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	17,059	8,131	1,223	2,281	15,860	72,019	48,230
033 INTENSIVE CARE UNIT	9,757	8,631	669	1,248	2,789	11,079	11,111
037 NURSERY							
037 ANCI LLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	1	1,720	254	582	3,577	6,911	
038 01 OPHTHALMOLOGY	533	54		128	518	13,045	
041 RECOVERY ROOM			21	54	188	561	
041 01 RADIOLOGY-DIAGNOSTIC	6,478	20,815	461	3,023	8,079	45,483	8,463
043 01 CAT SCAN	1,652	3,199	558	4,055	3,659	4,216	
043 01 RADIOISOTOPE	860	3,142	86	918	5,730	6,378	
043 01 CARDIAC CATH LAB			178	599	1,842	2,598	
043 02 MRI	296	100	263	1,050	626	3,794	
043 03 ULTRASOUND	572	541	112	497	986	1,472	
044 LABORATORY		19,937	1,962	8,530	17,570	24,916	1,248
049 RESPIRATORY THERAPY	2,937	7,064	415	934	3,557	6,955	1,458
050 PHYSICAL THERAPY	16,509	19,668	325	2,468	10,404	25,854	7,861
052 SPEECH PATHOLOGY	2,066	46	30	234	1,324	5,616	
053 ELECTROCARDIOLOGY	2,066	429	320	1,224	6,830	10,626	513
054 ELECTROENCEPHALOGRAPHY			37	609	2,480	8,497	
055 MEDICAL SUPPLIES CHARGED			698	1,845	16,105		
055 30 IMPL. DEV. CHARGED TO PAT			744	1,887	6,834		
056 DRUGS CHARGED TO PATIENTS			1,139	2,807	7,465		
057 RENAL DIALYSIS			113	211	2,735	31,610	
061 OUTPAT SERVICE COST CNTRS							
061 01 EMERGENCY	9,520	10,250	231	3,853	10,415	40,856	22,500
062 01 WOUND CARE	1,323	11,696		621	1,748	22,245	4,303
062 01 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC	4,035	1,058	39	258	4,435		
065 OTHER REIMBURS COST CNTRS							
065 01 AMBULANCE SERVICES	11,177	4,501		1,323	9,508	8,168	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	5,487	648			7,786	10,745	
095 SUBTOTALS	142,239	125,887	9,878	41,239	194,734	605,367	121,019
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					24	3,479	
098 PHYSICIANS' PRIVATE OFFICE	7,677	827			31,884	42,778	
100 PATIENT TRANSPORT	12				1,272		
100 01 SETON LEASE 1 NORTH	1,660	1			1,444	19,137	
100 02 REHAB (FSEH-E)					159	24,275	
100 03 HHA (FSEH-E)					28	4,266	
100 04 VACANT SPACE					91	14,040	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	151,588	126,715	9,878	41,239	229,636	713,342	121,019

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 02 MGMT INFO SYSTEMS							
006 03 PURCHASING							
006 04 ADMITTING							
006 05 PATIENT ACCOUNTING							
006 06 ADMINISTRATIVE AND GENERA							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	86,199						
011 DIETARY	3,289	105,251					
012 CAFETERIA	1,964		52,974				
014 NURSING ADMINISTRATION	459		521	48,960			
015 CENTRAL SERVICES & SUPPLY	1,563				62,947		
016 PHARMACY	1,151		1,969			90,664	
017 MEDICAL RECORDS & LIBRARY	1,392		896				35,284
018 SOCIAL SERVICE			242				
021 NURSING SCHOOL	18,100		3,749	4,650			
024 PARAMED ED PRGM			161				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	10,724	71,680	7,625	8,940			1,950
026 INTENSIVE CARE UNIT	1,650	12,809	4,360	5,408			1,068
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	1,029		1	1			498
038 01 OPHTHALMOLOGY	1,942		238	296			109
041 RECOVERY ROOM	83						46
041 01 RADIOLOGY-DIAGNOSTIC	6,773		2,895				2,585
043 01 CAT SCAN	628		738				3,467
043 01 RADIOISOTOPE	950		384	262			785
043 01 CARDIAC CATH LAB	387						512
043 02 MRI	565		132				898
043 03 ULTRASOUND	219		256				425
044 LABORATORY	3,710						7,315
049 RESPIRATORY THERAPY	1,036		1,312	1,628			798
050 PHYSICAL THERAPY	3,850		7,377	9,149			2,110
052 SPEECH PATHOLOGY	836		923	1,145			200
053 ELECTROCARDIOLOGY	1,582		923				1,047
054 ELECTROENCEPHALOGRAPHY	1,265						520
055 MEDICAL SUPPLIES CHARGED					62,318		1,578
055 30 IMPL. DEV. CHARGED TO PAT					629		1,614
056 DRUGS CHARGED TO PATIENTS						90,664	2,400
057 RENAL DIALYSIS	4,707						180
061 OUTPAT SERVICE COST CNTRS							
061 01 EMERGENCY	6,084		4,254	5,276			3,295
062 01 WOUND CARE	3,312		591	733			531
062 01 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC			1,803	2,236			221
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1,216		4,995	6,195			1,132
065 SPEC PURPOSE COST CENTERS							
093 HOSPICE	1,600		2,452	3,041			
095 SUBTOTALS	82,066	84,489	48,797	48,960	62,947	90,664	35,284
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	518						
098 PHYSICIANS' PRIVATE OFFIC			3,430				
100 PATIENT TRANSPORT			5				
100 01 SETON LEASE 1 NORTH			742				
100 02 REHAB (FSEH-E)	3,615	20,762					
100 03 HHA (FSEH-E)							
100 04 VACANT SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	86,199	105,251	52,974	48,960	62,947	90,664	35,284

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SOCIAL SERVICE	NURSING SCHOOL	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	21	24	25	26	27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 02 MGMT INFO SYSTEMS						
006 03 PURCHASING						
006 04 ADMINITTING						
006 05 PATIENT ACCOUNTING						
006 06 ADMINISTRATIVE AND GENERA						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
018 SOCIAL SERVICE	1,154					
021 NURSING SCHOOL		434,571				
024 PARAMED ED PRGM			814			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	66			441,521		441,521
026 INTENSIVE CARE UNIT	36			162,408		162,408
033 NURSERY						
037 ANCILLARY SRVC COST CNTRS						
037 01 OPERATING ROOM	17			250,152		250,152
038 01 OPHTHALMOLOGY	4			42,150		42,150
041 RECOVERY ROOM	2			13,225		13,225
041 01 RADIOLOGY-DIAGNOSTIC	88			952,516		952,516
043 01 CAT SCAN	118			381,136		381,136
043 01 RADIOISOTOPE	27			139,774		139,774
043 02 CARDIAC CATH LAB	17			320,951		320,951
043 02 MRI	30			19,464		19,464
043 03 ULTRASOUND	14			27,101		27,101
044 LABORATORY	206			327,377		327,377
049 RESPIRATORY THERAPY	27			133,865		133,865
050 PHYSICAL THERAPY	72			304,000		304,000
052 SPEECH PATHOLOGY	7			45,083		45,083
053 ELECTROCARDIOLOGY	35			165,628		165,628
054 ELECTROENCEPHALOGRAPHY	18			76,418		76,418
055 MEDICAL SUPPLIES CHARGED	53			82,597		82,597
055 30 IMPL. DEV. CHARGED TO PAT	55			11,763		11,763
056 DRUGS CHARGED TO PATIENTS	81			104,556		104,556
057 RENAL DIALYSIS	6			100,774		100,774
061 OUTPAT SERVICE COST CNTRS						
061 01 EMERGENCY	112			266,186		266,186
062 01 WOUND CARE	18			101,152		101,152
062 01 OBSERVATION BEDS (NON-DIS						
062 01 OBSERVATION BEDS (DISTINC	7			14,326		14,326
065 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES	38			119,218		119,218
065 SPEC PURPOSE COST CENTERS						
093 HOSPICE				52,869		52,869
095 SUBTOTALS	1,154			4,656,210		4,656,210
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				11,113		11,113
098 PHYSICIANS' PRIVATE OFFIC				169,435		169,435
100 PATIENT TRANSPORT				11,487		11,487
100 01 SETON LEASE 1 NORTH				65,419		65,419
100 02 REHAB (FSEH-E)				96,609		96,609
100 03 HHA (FSEH-E)				12,555		12,555
100 04 VACANT SPACE				41,320		41,320
101 CROSS FOOT ADJUSTMENTS		434,571	814	435,385		435,385
102 NEGATIVE COST CENTER		23,469		23,469		23,469
103 TOTAL	1,154	458,040	814	5,523,002		5,523,002

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	MGMT INFO	SYS
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	TEMS	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	SA(MANHRS)	
	1	2	3	4	5	6	02
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD	503,293						
003 OLD CAP REL COSTS-MVB		502					
004 NEW CAP REL COSTS-BLD			503,293				
005 NEW CAP REL COSTS-MVB				2,331,153			
006 EMPLOYEE BENEFITS	1,259		1,259	1,124	32,852,143		
006 02 MGMT INFO SYSTEMS	1,412		1,412	118,430	214,598	1,310,356	
006 03 PURCHASING	11,333		11,333	61,405	74,271	9,893	
006 04 ADMINITTING	1,616		1,616	1,509	88,986	7,290	
006 05 PATIENT ACCOUNTING	7,424		7,424	4,839	239,463	20,244	
006 06 ADMINISTRATIVE AND GE	39,583		39,583	37,881	1,512,779	60,892	
008 OPERATION OF PLANT	128,968		128,968	94,090	3,186,938	61,907	
009 LAUNDRY & LINEN SERVI	15,053		15,053	14,941	48,995	3,653	
010 HOUSEKEEPING	8,650		8,650	6,621	758,605	57,883	
011 DIETARY	9,652		9,652	21,589	396,526	28,759	
012 CAFETERIA	5,764		5,764	4,521	456,073	35,101	
014 NURSING ADMINISTRATIO	1,347		1,347	29,555	24,783	10,079	
015 CENTRAL SERVICES & SU	4,587		4,587	22,472			
016 PHARMACY	3,378		3,378	18,446	1,343,454	38,086	
017 MEDICAL RECORDS & LIB	4,085	502	4,085	1,940	28,375	17,338	
018 SOCIAL SERVICE					1,150	4,679	
021 NURSING SCHOOL	53,107		53,107	50,907	2,388,273	72,528	
024 PARAMED ED PRGM					62,296	3,111	
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	31,469		31,469	28,919	3,732,638	147,444	
033 INTENSIVE CARE UNIT	4,841		4,841	56,890	2,587,423	84,344	
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	3,020		3,020	181,109		10	
038 OPHTHALMOLOGY	5,700		5,700		105,564	4,610	
041 RECOVERY ROOM	245		245	9,117			
041 01 RADIOLOGY-DIAGNOSTIC	19,874		19,874	361,198	1,388,642	55,996	
043 CAT SCAN	1,842		1,842	285,784	453,526	14,283	
043 01 RADIOISOTOPE	2,787		2,787	87,915	240,824	7,433	
043 02 CARDIAC CATH LAB	1,135		1,135	252,526			
043 03 MRI	1,658		1,658	3,539	100,202	2,559	
044 ULTRASOUND	643		643	15,578	220,321	4,947	
049 LABORATORY	10,887		10,887	153,510			
050 RESPIRATORY THERAPY	3,039		3,039	75,102	680,351	25,387	
052 PHYSICAL THERAPY	11,297		11,297	52,736	4,058,101	142,708	
053 SPEECH PATHOLOGY	2,454		2,454	17,667	505,867	17,858	
054 ELECTROCARDIOLOGY	4,643		4,643	97,281	549,421	17,863	
055 ELECTROENCEPHALOGRAPH	3,713		3,713	37,935			
055 30 MEDICAL SUPPLIES CHAR							
056 IMPL. DEV. CHARGED TO							
057 DRUGS CHARGED TO PATI							
061 RENAL DIALYSIS	13,812		13,812				
061 01 OUTPAT SERVICE COST C							
061 01 EMERGENCY	17,852		17,852	57,020	2,230,695	82,290	
062 WOUND CARE	9,720		9,720	8,873	324,716	11,438	
062 01 OBSERVATION BEDS (NON					1,104,786	34,881	
065 OBSERVATION BEDS (DIS							
093 OTHER REIMBURS COST C							
093 01 AMBULANCE SERVICES	3,569		3,569	44,609	1,998,379	96,619	
095 SPEC PURPOSE COST CEN							
095 01 HOSPICE	4,695		4,695		1,429,878	47,431	
096 SUBTOTALS	456,113	502	456,113	2,317,578	32,536,899	1,229,544	
096 01 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE	1,520		1,520	290			
100 PHYSICIANS' PRIVATE O	18,692		18,692			66,359	
100 01 PATIENT TRANSPORT					8,313	106	
100 02 SETON LEASE 1 NORTH	8,362		8,362	4,328	315,169	14,347	
100 03 REHAB (FSEH-E)	10,607		10,607	644			
100 04 HHA (FSEH-E)	1,864		1,864				
101 VACANT SPACE	6,135		6,135				
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
104 COST TO BE ALLOCATED	214,515	522	2,230,498	2,859,756	9,578,210	489,424	
(WRKSHT B, PART I)							
104 01 UNIT COST MULTIPLIER	.426223	1.039841	4.431808	1.226756	.291555	.373505	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED					537	605	
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER					.000016	.000462	
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED					6,959	151,588	
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER					.000212	.115685	
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

15-0003

FROM 1/ 1/2010

WORKSHEET B-1

TO 12/31/2010

COST CENTER DESCRIPTION	PURCHASING (COSTED REQUISITION)	ADMITTING (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS CHARGES)	RECONCILIATION (6a.06)	ADMINISTRATIVE OPERATION OF AND GENERAL PLANT (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)
	6.03	6.04	6.05	6a.06	6.06	8	9
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 02 MGMT INFO SYSTEMS							
006 03 PURCHASING	3,093,719						
006 04 ADMITTING	70	88,722,334					
006 05 PATIENT ACCOUNTING	201		198,847,060				
006 06 ADMINISTRATIVE AND GENERAL OPERATION OF PLANT	9,191			-6,642,302	75,510,039		
008 LAUNDRY & LINEN SERVICE	2,990				6,049,350	311,698	
009 HOUSEKEEPING	73				359,145	15,053	374,337
010 DIETARY	11,475				1,405,314	8,650	25,814
011 CAFETERIA	8,633				887,268	9,652	12,838
012 NURSING ADMINISTRATIVE CENTRAL SERVICES & SUPPORT	10,059				597,360	5,764	
014 PHARMACY	1,440				473,439	1,347	
015 MEDICAL RECORDS & LIBRARY					49,852	4,587	8,775
016 SOCIAL SERVICE	46,467				2,387,803	3,378	
017 NURSING SCHOOL	84				377,410	4,085	
018 PARAMEDICAL PRGM	2				121,892		
021 INPATIENT ROUTINE SERVICES	13,282				905,872	53,107	
024 ADULTS & PEDIATRICS					92,191		
025 INTENSIVE CARE UNIT	198,516	11,019,117	11,019,117		5,215,429	31,469	149,180
026 NURSERY	210,712	6,031,315	6,031,315		917,095	4,841	34,369
033 ANCILLARY SERVICE COST CENTER OPERATING ROOM	41,985	2,286,916	2,811,076		1,176,183	3,020	
037 01 OPHTHALMOLOGY	1,317		616,804		170,469	5,700	
038 RECOVERY ROOM		189,713	260,103		61,751	245	
041 RADIOLOGY-DIAGNOSTIC	508,209	4,151,524	14,605,517		2,656,841	19,874	26,179
041 01 CAT SCAN	78,098	5,023,218	19,587,743		1,203,105	1,842	
043 RADIOISOTOPE	76,702	770,471	4,433,501		1,884,356	2,787	
043 01 CARDIAC CATH LAB		1,607,376	2,891,512		605,812	1,135	
043 02 MRI	2,444	2,369,774	5,072,753		205,717	1,658	
043 03 ULTRASOUND	13,220	1,006,444	2,401,756		324,230	643	
044 LABORATORY	486,743	17,407,696	40,840,287		5,777,672	10,887	3,860
049 RESPIRATORY THERAPY	172,471	3,739,643	4,509,824		1,169,683	3,039	4,509
050 PHYSICAL THERAPY	480,183	2,929,689	11,920,391		3,421,139	11,297	24,317
052 SPEECH PATHOLOGY	1,130	272,822	1,129,170		435,411	2,454	
053 ELECTROCARDIOLOGY	10,467	2,879,532	5,913,872		2,246,049	4,643	1,588
054 ELECTROENCEPHALOGRAPH		333,325	2,940,227		815,657	3,713	
055 MEDICAL SUPPLIES CHARACTER		6,285,824	8,912,903		5,296,104		
055 30 IMPL. DEV. CHARGED TO		6,704,839	9,117,138		2,247,190		
056 DRUGS CHARGED TO PATIENT		10,263,108	13,558,560		2,454,760		
057 RENAL DIALYSIS		1,018,152	1,018,152		899,390	13,812	
061 OUTPAT SERVICE COST CENTER EMERGENCY	250,262	2,081,836	18,613,081		3,425,022	17,852	69,597
061 01 WOUND CARE	285,559		3,000,988		574,887	9,720	13,311
062 OBSERVATION BEDS (NON-OBSERVATION BEDS (DIS OTHER REIMBURS COST CENTER	25,821	350,000	1,248,025		1,458,385		
065 AMBULANCE SERVICES SPEC PURPOSE COST CENTER	109,881		6,393,245		3,126,647	3,569	
093 HOSPICE	15,817				2,560,281	4,695	
095 SUBTOTALS	3,073,504	88,722,334	198,847,060	-6,642,302	64,036,161	264,518	374,337
096 NONREIMBURS COST CENTER GIFT, FLOWER, COFFEE					7,740	1,520	
098 PHYSICIANS' PRIVATE OFFICE	20,180				10,481,863	18,692	
100 PATIENT TRANSPORT					418,148		
100 01 SETON LEASE 1 NORTH	35				474,949	8,362	
100 02 REHAB (FSEH-E)					52,319	10,607	
100 03 HHA (FSEH-E)					9,055	1,864	
100 04 VACANT SPACE					29,804	6,135	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	406,262	148,049	975,754		6,642,302	6,581,487	708,581
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.131318	.001669	.004907		.087966	21.114948	1.892896
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	4,836	693	3,177		16,937	56,410	9,223
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.001563	.000008	.000016		.000224	.180976	.024638
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	126,715	9,878	41,239		229,636	713,342	121,019
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.040959	.000111	.000207		.003041	2.288568	.323289

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(SQUARE FEET)	(MEALS SERVED)	(MANHRS)	(DIRECT NRSING HRS)	(COSTED)REQUIS.	(COSTED)REQUIS.	(GROSS CHARGES)
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 02 MGMT INFO SYSTEMS							
006 03 PURCHASING							
006 04 ADMINITTING							
006 05 PATIENT ACCOUNTING							
006 06 ADMINISTRATIVE AND GE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING	252,942						
011 DIETARY	9,652	110,954					
012 CAFETERIA	5,764		1,024,734				
014 NURSING ADMINISTRATION	1,347		10,079	763,622			
015 CENTRAL SERVICES & SU	4,587				100		
016 PHARMACY	3,378		38,086			100	
017 MEDICAL RECORDS & LIB	4,085		17,338				198,847,060
018 SOCIAL SERVICE			4,679				
021 NURSING SCHOOL	53,107		72,528	72,528			
024 PARAMED ED PRGM			3,111				
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	31,469	75,564	147,444	139,438			11,019,117
026 INTENSIVE CARE UNIT	4,841	13,503	84,344	84,344			6,031,315
033 NURSERY							
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	3,020		10	10			2,811,076
038 RECOVERY ROOM	5,700		4,610	4,610			616,804
041 RADIOLOGY-DIAGNOSTIC	245						260,103
041 01 CAT SCAN	19,874		55,996				14,605,517
043 RADIOISOTOPE	1,842		14,283				19,587,743
043 01 CARDIAC CATH LAB	2,787		7,433	4,080			4,433,501
043 02 MRI	1,135						2,891,512
043 03 ULTRASOUND	1,658		2,559				5,072,753
044 LABORATORY	643		4,947				2,401,756
049 RESPIRATORY THERAPY	10,887						40,840,287
050 PHYSICAL THERAPY	3,039		25,387	25,387			4,509,824
052 SPEECH PATHOLOGY	11,297		142,708	142,708			11,920,391
053 ELECTROCARDIOLOGY	2,454		17,858	17,858			1,129,170
054 ELECTROENCEPHALOGRAPH	4,643		17,863				5,913,872
055 MEDICAL SUPPLIES CHAR	3,713					99	2,940,227
055 30 IMPL. DEV. CHARGED TO						1	8,912,903
056 DRUGS CHARGED TO PATI							9,117,138
057 RENAL DIALYSIS							13,558,560
061 OUTPAT SERVICE COST C	13,812						1,018,152
061 EMERGENCY	17,852		82,290	82,290			18,613,081
062 01 WOUND CARE	9,720		11,438	11,438			3,000,988
062 01 OBSERVATION BEDS (NON							
062 01 OBSERVATION BEDS (DIS			34,881	34,881			1,248,025
065 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	3,569		96,619	96,619			6,393,245
093 SPEC PURPOSE COST CEN							
093 HOSPICE	4,695		47,431	47,431			
095 SUBTOTALS	240,815	89,067	943,922	763,622	100	100	198,847,060
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	1,520						
098 PHYSICIANS' PRIVATE O			66,359				
100 PATIENT TRANSPORT			106				
100 01 SETON LEASE 1 NORTH			14,347				
100 02 REHAB (FSEH-E)	10,607	21,887					
100 03 HHA (FSEH-E)							
100 04 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,760,441	1,260,596	811,731	560,887	199,626	2,722,853	539,029
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		11.361429		.734509		27,228.530000	
(WRKSHT B, PT I)	6.959860		.792138		1,996.260000		.002711
105 COST TO BE ALLOCATED	6,260	6,647	3,816	1,002	3,126	2,924	3,261
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.059908		.001312		29.240000	
(WRKSHT B, PT II)	.024749		.003724		31.260000		.000016
107 COST TO BE ALLOCATED	86,199	105,251	52,974	48,960	62,947	90,664	35,284
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.948600		.064115		906.640000	
(WRKSHT B, PT III)	.340786		.051695		629.470000		.000177

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	NURSING SCHOOL	PARAMED ED PRGM
(GROSS CHARGES)	(ASSIGNED TIME)	(ASSIGNED TIME)	()
GENERAL SERVICE COST	18	21	24
001 OLD CAP REL COSTS-BLD			
002 OLD CAP REL COSTS-MVB			
003 NEW CAP REL COSTS-BLD			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 02 MGMT INFO SYSTEMS			
006 03 PURCHASING			
006 04 ADMINITTING			
006 05 PATIENT ACCOUNTING			
006 06 ADMINISTRATIVE AND GE			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVI			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATIO			
015 CENTRAL SERVICES & SU			
016 PHARMACY			
017 MEDICAL RECORDS & LIB			
018 SOCIAL SERVICE	198,847,060		
021 NURSING SCHOOL		100	
024 PARAMED ED PRGM			100
INPAT ROUTINE SRVC CN			
025 ADULTS & PEDIATRICS	11,019,117	100	
026 INTENSIVE CARE UNIT	6,031,315		
033 NURSERY			
ANCILLARY SRVC COST C			
037 OPERATING ROOM	2,811,076		
037 01 OPHTHALMOLOGY	616,804		
038 RECOVERY ROOM	260,103		
041 RADIOLOGY-DIAGNOSTIC	14,605,517		
041 01 CAT SCAN	19,587,743		
043 RADIOISOTOPE	4,433,501		
043 01 CARDIAC CATH LAB	2,891,512		
043 02 MRI	5,072,753		
043 03 ULTRASOUND	2,401,756		
044 LABORATORY	40,840,287		
049 RESPIRATORY THERAPY	4,509,824		
050 PHYSICAL THERAPY	11,920,391		
052 SPEECH PATHOLOGY	1,129,170		
053 ELECTROCARDIOLOGY	5,913,872		
054 ELECTROENCEPHALOGRAPH	2,940,227		
055 MEDICAL SUPPLIES CHAR	8,912,903		
055 30 IMPL. DEV. CHARGED TO	9,117,138		
056 DRUGS CHARGED TO PATI	13,558,560		100
057 RENAL DIALYSIS	1,018,152		
OUTPAT SERVICE COST C			
061 EMERGENCY	18,613,081		
061 01 WOUND CARE	3,000,988		
062 OBSERVATION BEDS (NON			
062 01 OBSERVATION BEDS (DIS	1,248,025		
OTHER REIMBURS COST C			
065 AMBULANCE SERVICES	6,393,245		
SPEC PURPOSE COST CEN			
093 HOSPICE			
095 SUBTOTALS	198,847,060	100	100
NONREIMBURS COST CENT			
096 GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE O			
100 PATIENT TRANSPORT			
100 01 SETON LEASE 1 NORTH			
100 02 REHAB (FSEH-E)			
100 03 HHA (FSEH-E)			
100 04 VACANT SPACE			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	136,320	2,587,253	102,765
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER		25,872.530000	
(WRKSHT B, PT I)	.000686		1,027.650000
105 COST TO BE ALLOCATED	46	32,467	35
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER		324.670000	
(WRKSHT B, PT II)			.350000
107 COST TO BE ALLOCATED	1,154	434,571	814
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER		4,345.710000	
(WRKSHT B, PT III)	.000006		8.140000

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	10,542,492		10,542,492		10,542,492
26	INTENSIVE CARE UNIT	1,501,399		1,501,399		1,501,399
33	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,373,997		1,373,997		1,373,997
37 01	OPHTHALMOLOGY	354,623		354,623		354,623
38	RECOVERY ROOM	74,944		74,944		74,944
41	RADIOLOGY-DIAGNOSTIC	3,592,037		3,592,037	14,831	3,606,868
41 01	CAT SCAN	1,438,504		1,438,504		1,438,504
43	RADIOISOTOPE	2,152,304		2,152,304	5,292	2,157,596
43 01	CARDIAC CATH LAB	700,790		700,790		700,790
43 02	MRI	289,620		289,620		289,620
43 03	ULTRASOUND	382,881		382,881		382,881
44	LABORATORY	6,737,470		6,737,470		6,737,470
49	RESPIRATORY THERAPY	1,420,506		1,420,506		1,420,506
50	PHYSICAL THERAPY	4,343,634		4,343,634		4,343,634
52	SPEECH PATHOLOGY	573,706		573,706		573,706
53	ELECTROCARDIOLOGY	2,611,223		2,611,223	58,943	2,670,166
54	ELECTROENCEPHALOGRAPHY	1,001,637		1,001,637		1,001,637
55	MEDICAL SUPPLIES CHARGED	5,989,888		5,989,888		5,989,888
55 30	IMPL. DEV. CHARGED TO PAT	2,477,833		2,477,833		2,477,833
56	DRUGS CHARGED TO PATIENTS	5,542,371		5,542,371		5,542,371
57	RENAL DIALYSIS	1,369,734		1,369,734		1,369,734
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	4,548,095		4,548,095	16,428	4,564,523
61 01	WOUND CARE	951,197		951,197		951,197
62	OBSERVATION BEDS (NON-DIS					
62 01	OBSERVATION BEDS (DISTINC	1,644,163		1,644,163		1,644,163
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	3,671,107		3,671,107	9,879	3,680,986
101	SUBTOTAL	65,286,155		65,286,155	105,373	65,391,528
102	LESS OBSERVATION BEDS					
103	TOTAL	65,286,155		65,286,155	105,373	65,391,528

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	11,019,117		11,019,117			
26	INTENSIVE CARE UNIT	6,031,315		6,031,315			
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,286,916	524,160	2,811,076	.488780	.488780	.488780
37	01 OPHTHALMOLOGY		616,804	616,804	.574936	.574936	.574936
38	RECOVERY ROOM	189,713	70,390	260,103	.288132	.288132	.288132
41	RADIOLOGY-DIAGNOSTIC	4,151,524	10,453,993	14,605,517	.245937	.245937	.246952
41	01 CAT SCAN	5,023,218	14,564,525	19,587,743	.073439	.073439	.073439
43	RADIOISOTOPE	770,471	3,663,030	4,433,501	.485464	.485464	.486657
43	01 CARDIAC CATH LAB	1,607,376	1,284,136	2,891,512	.242361	.242361	.242361
43	02 MRI	2,369,774	2,702,979	5,072,753	.057093	.057093	.057093
43	03 ULTRASOUND	1,006,444	1,395,312	2,401,756	.159417	.159417	.159417
44	LABORATORY	17,407,696	23,432,591	40,840,287	.164971	.164971	.164971
49	RESPIRATORY THERAPY	3,739,643	770,181	4,509,824	.314980	.314980	.314980
50	PHYSICAL THERAPY	2,929,689	8,990,702	11,920,391	.364387	.364387	.364387
52	SPEECH PATHOLOGY	272,822	856,348	1,129,170	.508078	.508078	.508078
53	ELECTROCARDIOLOGY	2,879,532	3,034,340	5,913,872	.441542	.441542	.451509
54	ELECTROENCEPHALOGRAPHY	333,325	2,606,902	2,940,227	.340667	.340667	.340667
55	MEDICAL SUPPLIES CHARGED	6,285,824	2,627,079	8,912,903	.672047	.672047	.672047
55	30 IMPL. DEV. CHARGED TO PAT	6,704,839	2,412,299	9,117,138	.271778	.271778	.271778
56	DRUGS CHARGED TO PATIENTS	10,263,108	3,295,452	13,558,560	.408773	.408773	.408773
57	RENAL DIALYSIS	1,018,152		1,018,152	1.345314	1.345314	1.345314
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,081,836	16,531,245	18,613,081	.244349	.244349	.245232
61	01 WOUND CARE		3,000,988	3,000,988	.316961	.316961	.316961
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC	350,000	898,025	1,248,025	1.317412	1.317412	1.317412
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		6,393,245	6,393,245	.574217	.574217	.575762
101	SUBTOTAL	88,722,334	110,124,726	198,847,060			
102	LESS OBSERVATION BEDS						
103	TOTAL	88,722,334	110,124,726	198,847,060			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	11,019,117		11,019,117			
26	INTENSIVE CARE UNIT	6,031,315		6,031,315			
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,286,916	524,160	2,811,076	.488780	.488780	.488780
37	01 OPHTHALMOLOGY		616,804	616,804	.574936	.574936	.574936
38	RECOVERY ROOM	189,713	70,390	260,103	.288132	.288132	.288132
41	RADIOLOGY-DIAGNOSTIC	4,151,524	10,453,993	14,605,517	.245937	.245937	.246952
41	01 CAT SCAN	5,023,218	14,564,525	19,587,743	.073439	.073439	.073439
43	RADIOISOTOPE	770,471	3,663,030	4,433,501	.485464	.485464	.486657
43	01 CARDIAC CATH LAB	1,607,376	1,284,136	2,891,512	.242361	.242361	.242361
43	02 MRI	2,369,774	2,702,979	5,072,753	.057093	.057093	.057093
43	03 ULTRASOUND	1,006,444	1,395,312	2,401,756	.159417	.159417	.159417
44	LABORATORY	17,407,696	23,432,591	40,840,287	.164971	.164971	.164971
49	RESPIRATORY THERAPY	3,739,643	770,181	4,509,824	.314980	.314980	.314980
50	PHYSICAL THERAPY	2,929,689	8,990,702	11,920,391	.364387	.364387	.364387
52	SPEECH PATHOLOGY	272,822	856,348	1,129,170	.508078	.508078	.508078
53	ELECTROCARDIOLOGY	2,879,532	3,034,340	5,913,872	.441542	.441542	.451509
54	ELECTROENCEPHALOGRAPHY	333,325	2,606,902	2,940,227	.340667	.340667	.340667
55	MEDICAL SUPPLIES CHARGED	6,285,824	2,627,079	8,912,903	.672047	.672047	.672047
55	30 IMPL. DEV. CHARGED TO PAT	6,704,839	2,412,299	9,117,138	.271778	.271778	.271778
56	DRUGS CHARGED TO PATIENTS	10,263,108	3,295,452	13,558,560	.408773	.408773	.408773
57	RENAL DIALYSIS	1,018,152		1,018,152	1.345314	1.345314	1.345314
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,081,836	16,531,245	18,613,081	.244349	.244349	.245232
61	01 WOUND CARE		3,000,988	3,000,988	.316961	.316961	.316961
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC	350,000	898,025	1,248,025	1.317412	1.317412	1.317412
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		6,393,245	6,393,245	.574217	.574217	.575762
101	SUBTOTAL	88,722,334	110,124,726	198,847,060			
102	LESS OBSERVATION BEDS						
103	TOTAL	88,722,334	110,124,726	198,847,060			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,373,997	252,498	1,121,499			1,373,997
37	01 OPHTHALMOLOGY	354,623	45,839	308,784			354,623
38	RECOVERY ROOM	74,944	13,403	61,541			74,944
41	RADIOLOGY-DIAGNOSTIC	3,592,037	967,868	2,624,169			3,592,037
41	01 CAT SCAN	1,438,504	383,424	1,055,080			1,438,504
43	RADIOISOTOPE	2,152,304	142,265	2,010,039			2,152,304
43	01 CARDIAC CATH LAB	700,790	321,909	378,881			700,790
43	02 MRI	289,620	20,756	268,864			289,620
43	03 ULTRASOUND	382,881	27,709	355,172			382,881
44	LABORATORY	6,737,470	337,957	6,399,513			6,737,470
49	RESPIRATORY THERAPY	1,420,506	136,753	1,283,753			1,420,506
50	PHYSICAL THERAPY	4,343,634	314,523	4,029,111			4,343,634
52	SPEECH PATHOLOGY	573,706	46,878	526,828			573,706
53	ELECTROCARDIOLOGY	2,611,223	169,417	2,441,806			2,611,223
54	ELECTROENCEPHALOGRAPHY	1,001,637	79,045	922,592			1,001,637
55	MEDICAL SUPPLIES CHARGED	5,989,888	87,214	5,902,674			5,989,888
55	30 IMPL. DEV. CHARGED TO PAT	2,477,833	12,643	2,465,190			2,477,833
56	DRUGS CHARGED TO PATIENTS	5,542,371	108,546	5,433,825			5,542,371
57	RENAL DIALYSIS	1,369,734	109,744	1,259,990			1,369,734
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,548,095	281,442	4,266,653			4,548,095
61	01 WOUND CARE	951,197	108,362	842,835			951,197
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC	1,644,163	14,946	1,629,217			1,644,163
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	3,671,107	123,113	3,547,994			3,671,107
101	SUBTOTAL	53,242,264	4,106,254	49,136,010			53,242,264
102	LESS OBSERVATION BEDS						
103	TOTAL	53,242,264	4,106,254	49,136,010			53,242,264

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
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	2,811,076	.488780	.488780
37	01 OPHTHALMOLOGY	616,804	.574936	.574936
38	RECOVERY ROOM	260,103	.288132	.288132
41	RADIOLOGY-DIAGNOSTIC	14,605,517	.245937	.245937
41	01 CAT SCAN	19,587,743	.073439	.073439
43	RADIOISOTOPE	4,433,501	.485464	.485464
43	01 CARDIAC CATH LAB	2,891,512	.242361	.242361
43	02 MRI	5,072,753	.057093	.057093
43	03 ULTRASOUND	2,401,756	.159417	.159417
44	LABORATORY	40,840,287	.164971	.164971
49	RESPIRATORY THERAPY	4,509,824	.314980	.314980
50	PHYSICAL THERAPY	11,920,391	.364387	.364387
52	SPEECH PATHOLOGY	1,129,170	.508078	.508078
53	ELECTROCARDIOLOGY	5,913,872	.441542	.441542
54	ELECTROENCEPHALOGRAPHY	2,940,227	.340667	.340667
55	MEDICAL SUPPLIES CHARGED	8,912,903	.672047	.672047
55	30 IMPL. DEV. CHARGED TO PAT	9,117,138	.271778	.271778
56	DRUGS CHARGED TO PATIENTS	13,558,560	.408773	.408773
57	RENAL DIALYSIS	1,018,152	1.345314	1.345314
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	18,613,081	.244349	.244349
61	01 WOUND CARE	3,000,988	.316961	.316961
62	OBSERVATION BEDS (NON-DIS			
62	01 OBSERVATION BEDS (DISTINC	1,248,025	1.317412	1.317412
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	6,393,245	.574217	.574217
101	SUBTOTAL	181,796,628		
102	LESS OBSERVATION BEDS			
103	TOTAL	181,796,628		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,373,997	252,498	1,121,499	25,250	65,047	1,283,700
37	01 OPHTHALMOLOGY	354,623	45,839	308,784	4,584	17,909	332,130
38	RECOVERY ROOM	74,944	13,403	61,541	1,340	3,569	70,035
41	RADIOLOGY-DIAGNOSTIC	3,592,037	967,868	2,624,169	96,787	152,202	3,343,048
41	01 CAT SCAN	1,438,504	383,424	1,055,080	38,342	61,195	1,338,967
43	RADIOISOTOPE	2,152,304	142,265	2,010,039	14,227	116,582	2,021,495
43	01 CARDIAC CATH LAB	700,790	321,909	378,881	32,191	21,975	646,624
43	02 MRI	289,620	20,756	268,864	2,076	15,594	271,950
43	03 ULTRASOUND	382,881	27,709	355,172	2,771	20,600	359,510
44	LABORATORY	6,737,470	337,957	6,399,513	33,796	371,172	6,332,502
49	RESPIRATORY THERAPY	1,420,506	136,753	1,283,753	13,675	74,458	1,332,373
50	PHYSICAL THERAPY	4,343,634	314,523	4,029,111	31,452	233,688	4,078,494
52	SPEECH PATHOLOGY	573,706	46,878	526,828	4,688	30,556	538,462
53	ELECTROCARDIOLOGY	2,611,223	169,417	2,441,806	16,942	141,625	2,452,656
54	ELECTROENCEPHALOGRAPHY	1,001,637	79,045	922,592	7,905	53,510	940,222
55	MEDICAL SUPPLIES CHARGED	5,989,888	87,214	5,902,674	8,721	342,355	5,638,812
55	30 IMPL. DEV. CHARGED TO PAT	2,477,833	12,643	2,465,190	1,264	142,981	2,333,588
56	DRUGS CHARGED TO PATIENTS	5,542,371	108,546	5,433,825	10,855	315,162	5,216,354
57	RENAL DIALYSIS	1,369,734	109,744	1,259,990	10,974	73,079	1,285,681
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,548,095	281,442	4,266,653	28,144	247,466	4,272,485
61	01 WOUND CARE	951,197	108,362	842,835	10,836	48,884	891,477
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC	1,644,163	14,946	1,629,217	1,495	94,495	1,548,173
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	3,671,107	123,113	3,547,994	12,311	205,784	3,453,012
101	SUBTOTAL	53,242,264	4,106,254	49,136,010	410,626	2,849,888	49,981,750
102	LESS OBSERVATION BEDS						
103	TOTAL	53,242,264	4,106,254	49,136,010	410,626	2,849,888	49,981,750

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	2,811,076	.456658	.479797
37 01	OPHTHALMOLOGY	616,804	.538469	.567504
38	RECOVERY ROOM	260,103	.269259	.282980
41	RADIOLOGY-DIAGNOSTIC	14,605,517	.228889	.239310
41 01	CAT SCAN	19,587,743	.068357	.071482
43	RADIOISOTOPE	4,433,501	.455959	.482255
43 01	CARDIAC CATH LAB	2,891,512	.223628	.231228
43 02	MRI	5,072,753	.053610	.056684
43 03	ULTRASOUND	2,401,756	.149686	.158263
44	LABORATORY	40,840,287	.155055	.164144
49	RESPIRATORY THERAPY	4,509,824	.295438	.311948
50	PHYSICAL THERAPY	11,920,391	.342144	.361748
52	SPEECH PATHOLOGY	1,129,170	.476865	.503926
53	ELECTROCARDIOLOGY	5,913,872	.414729	.438677
54	ELECTROENCEPHALOGRAPHY	2,940,227	.319779	.337978
55	MEDICAL SUPPLIES CHARGED	8,912,903	.632657	.671068
55 30	IMPL. DEV. CHARGED TO PAT	9,117,138	.255956	.271639
56	DRUGS CHARGED TO PATIENTS	13,558,560	.384728	.407972
57	RENAL DIALYSIS	1,018,152	1.262759	1.334536
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	18,613,081	.229542	.242837
61 01	WOUND CARE	3,000,988	.297061	.313350
62	OBSERVATION BEDS (NON-DIS			
62 01	OBSERVATION BEDS (DISTINC	1,248,025	1.240498	1.316214
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	6,393,245	.540103	.572291
101	SUBTOTAL	181,796,628		
102	LESS OBSERVATION BEDS			
103	TOTAL	181,796,628		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	30,865		30,865	441,521		441,521
26	INTENSIVE CARE UNIT	5,996		5,996	162,408		162,408
33	NURSERY						
101	TOTAL	36,861		36,861	603,929		603,929

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS
 TITLE XVIII, PART A

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D
 PART I

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	11,987	8,248	2.57	21,197	36.83	303,774
26	INTENSIVE CARE UNIT	2,142	683	2.80	1,912	75.82	51,785
33	NURSERY						
101	TOTAL	14,129	8,931		23,109		355,559

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 COMPONENT NO: 15-0003
 PREPARED 5/26/2011
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,346	250,152	2,811,076	1,092,188	.000835	912
37 01	OPHTHALMOLOGY	3,689	42,150	616,804		.005981	
38	RECOVERY ROOM	178	13,225	260,103	99,657	.000684	68
41	RADIOLOGY-DIAGNOSTIC	15,352	952,516	14,605,517	1,541,439	.001051	1,620
41 01	CAT SCAN	2,288	381,136	19,587,743	2,618,277	.000117	306
43	RADIOISOTOPE	2,491	139,774	4,433,501	468,623	.000562	263
43 01	CARDIAC CATH LAB	958	320,951	2,891,512	719,612	.000331	238
43 02	MRI	1,292	19,464	5,072,753	1,271,263	.000255	324
43 03	ULTRASOUND	608	27,101	2,401,756	519,003	.000253	131
44	LABORATORY	10,580	327,377	40,840,287	9,386,638	.000259	2,431
49	RESPIRATORY THERAPY	2,888	133,865	4,509,824	1,454,911	.000640	931
50	PHYSICAL THERAPY	10,523	304,000	11,920,391	921,672	.000883	814
52	SPEECH PATHOLOGY	1,795	45,083	1,129,170	173,419	.001590	276
53	ELECTROCARDIOLOGY	3,789	165,628	5,913,872	1,864,770	.000641	1,195
54	ELECTROENCEPHALOGRAPHY	2,627	76,418	2,940,227	180,625	.000893	161
55	MEDICAL SUPPLIES CHARGED	4,617	82,597	8,912,903	3,415,843	.000518	1,769
55 30	IMPL. DEV. CHARGED TO PAT	880	11,763	9,117,138	2,660,903	.000097	258
56	DRUGS CHARGED TO PATIENTS	3,990	104,556	13,558,560	5,573,978	.000294	1,639
57	RENAL DIALYSIS	8,970	100,774	1,018,152	773,956	.008810	6,819
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	15,256	266,186	18,613,081	1,322,169	.000820	1,084
61 01	WOUND CARE	7,210	101,152	3,000,988		.002403	
62	OBSERVATION BEDS (NON-DIS						
62 01	OBSERVATION BEDS (DISTINC	620	14,326	1,248,025	269,125	.000497	134
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	102,947	3,880,194	175,403,383	36,328,071		21,373

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: PERIOD: PREPARED 5/26/2011
 15-0003 FROM 1/ 1/2010 WORKSHEET D
 COMPONENT NO: TO 12/31/2010 PART II
 15-0003 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.088988	97,192
37 01	OPHTHALMOLOGY	.068336	
38	RECOVERY ROOM	.050845	5,067
41	RADIOLOGY-DIAGNOSTIC	.065216	100,526
41 01	CAT SCAN	.019458	50,946
43	RADIOISOTOPE	.031527	14,774
43 01	CARDIAC CATH LAB	.110998	79,875
43 02	MRI	.003837	4,878
43 03	ULTRASOUND	.011284	5,856
44	LABORATORY	.008016	75,243
49	RESPIRATORY THERAPY	.029683	43,186
50	PHYSICAL THERAPY	.025503	23,505
52	SPEECH PATHOLOGY	.039926	6,924
53	ELECTROCARDIOLOGY	.028007	52,227
54	ELECTROENCEPHALOGRAPHY	.025991	4,695
55	MEDICAL SUPPLIES CHARGED	.009267	31,655
55 30	IMPL. DEV. CHARGED TO PAT	.001290	3,433
56	DRUGS CHARGED TO PATIENTS	.007711	42,981
57	RENAL DIALYSIS	.098977	76,604
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.014301	18,908
61 01	WOUND CARE	.033706	
62	OBSERVATION BEDS (NON-DIS		
62 01	OBSERVATION BEDS (DISTINC	.011479	3,089
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		741,564

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

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-0003	FROM 1/ 1/2010	WORKSHEET D
	TO 12/31/2010	PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,587,253				2,587,253
26	INTENSIVE CARE UNIT						
33	NURSERY						
101	TOTAL		2,587,253				2,587,253

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

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	11,987	215.84	8,248	1,780,248
26	INTENSIVE CARE UNIT	2,142		683	
33	NURSERY				
101	TOTAL	14,129		8,931	1,780,248

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
37	01 OPHTHALMOLOGY										
38	RECOVERY ROOM										
41	RADIOLOGY-DIAGNOSTIC										
41	01 CAT SCAN										
43	RADIOISOTOPE										
43	01 CARDIAC CATH LAB										
43	02 MRI										
43	03 ULTRASOUND										
44	LABORATORY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS						102,765				
57	RENAL DIALYSIS										
	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY										
61	01 WOUND CARE										
62	OBSERVATION BEDS (NON-DIS										
62	01 OBSERVATION BEDS (DISTINC										
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL						102,765				

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 COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			2,811,076			1,092,188	
37	OPERATING ROOM			616,804				
38	RECOVERY ROOM			260,103			99,657	
41	RADIOLOGY-DIAGNOSTIC			14,605,517			1,541,439	
41	01 CAT SCAN			19,587,743			2,618,277	
43	RADIOISOTOPE			4,433,501			468,623	
43	01 CARDIAC CATH LAB			2,891,512			719,612	
43	02 MRI			5,072,753			1,271,263	
43	03 ULTRASOUND			2,401,756			519,003	
44	LABORATORY			40,840,287			9,386,638	
49	RESPIRATORY THERAPY			4,509,824			1,454,911	
50	PHYSICAL THERAPY			11,920,391			921,672	
52	SPEECH PATHOLOGY			1,129,170			173,419	
53	ELECTROCARDIOLOGY			5,913,872			1,864,770	
54	ELECTROENCEPHALOGRAPHY			2,940,227			180,625	
55	MEDICAL SUPPLIES CHARGED			8,912,903			3,415,843	
55	30 IMPL. DEV. CHARGED TO PAT			9,117,138			2,660,903	
56	DRUGS CHARGED TO PATIENTS	102,765	102,765	13,558,560	.007579	.007579	5,573,978	42,245
57	RENAL DIALYSIS			1,018,152			773,956	
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			18,613,081			1,322,169	
61	01 WOUND CARE			3,000,988				
62	OBSERVATION BEDS (NON-DIS							
62	01 OBSERVATION BEDS (DISTINC			1,248,025			269,125	
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	102,765	102,765	175,403,383			36,328,071	42,245

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	157,954					
37	01 OPHTHALMOLOGY	366,047					
38	RECOVERY ROOM	25,441					
41	RADIOLOGY-DIAGNOSTIC	1,457,989					
41	01 CAT SCAN	3,077,784					
43	RADIOISOTOPE	340,740					
43	01 CARDIAC CATH LAB	715,064					
43	02 MRI	604,274					
43	03 ULTRASOUND	368,006					
44	LABORATORY	859,328					
49	RESPIRATORY THERAPY	65,129					
50	PHYSICAL THERAPY	31,711					
52	SPEECH PATHOLOGY	12,341					
53	ELECTROCARDIOLOGY	1,209,195					
54	ELECTROENCEPHALOGRAPHY	612,697					
55	MEDICAL SUPPLIES CHARGED	866,902					
55	30 IMPL. DEV. CHARGED TO PAT	1,192,167					
56	DRUGS CHARGED TO PATIENTS	1,083,704			8,213		
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,807,836					
61	01 WOUND CARE	1,525,313					
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC	293,064					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	17,672,686			8,213		

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
15-0003		PART III

TITLE XVIII PART A HOSPITAL PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	879.49
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	30,865	10,542,492	.002928	
87	NEW CAPITAL-RELATED COST	441,521	10,542,492	.041880	
88	NON PHYSICIAN ANESTHETIST		10,542,492		
89	MEDICAL EDUCATION	2,587,253	10,542,492	.245412	
89.01	MEDICAL EDUCATION - ALLIED HEA		10,542,492		
89.02	MEDICAL EDUCATION - ALL OTHER		10,542,492		

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET D-1
15-0003		PART III

TITLE XIX - I/P HOSPITAL OTHER

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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	879.49
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0003
 COMPONENT NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D-4

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		7,948,783	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		2,961,163	
37	OPERATING ROOM	.488780	1,092,188	533,840
37 01	OPHTHALMOLOGY	.574936		
38	RECOVERY ROOM	.288132	99,657	28,714
41	RADIOLOGY-DIAGNOSTIC	.246952	1,541,439	380,661
41 01	CAT SCAN	.073439	2,618,277	192,284
43	RADIOISOTOPE	.486657	468,623	228,059
43 01	CARDIAC CATH LAB	.242361	719,612	174,406
43 02	MRI	.057093	1,271,263	72,580
43 03	ULTRASOUND	.159417	519,003	82,738
44	LABORATORY	.164971	9,386,638	1,548,523
49	RESPIRATORY THERAPY	.314980	1,454,911	458,268
50	PHYSICAL THERAPY	.364387	921,672	335,845
52	SPEECH PATHOLOGY	.508078	173,419	88,110
53	ELECTROCARDIOLOGY	.451509	1,864,770	841,960
54	ELECTROENCEPHALOGRAPHY	.340667	180,625	61,533
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.672047	3,415,843	2,295,607
55 30	IMPL. DEV. CHARGED TO PATIENT	.271778	2,660,903	723,175
56	DRUGS CHARGED TO PATIENTS	.408773	5,573,978	2,278,492
57	RENAL DIALYSIS	1.345314	773,956	1,041,214
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.245232	1,322,169	324,238
61 01	WOUND CARE	.316961		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
62 01	OBSERVATION BEDS (DISTINCT PART)	1.317412	269,125	354,549
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		36,328,071	12,044,796
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		36,328,071	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0003
 COMPONENT NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET D-4

TITLE XIX

HOSPITAL

OTHER

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		1,289,788	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		540,842	
37	OPERATING ROOM	.488780	113,670	55,560
37 01	OPHTHALMOLOGY	.574936		
38	RECOVERY ROOM	.288132	16,084	4,634
41	RADIOLOGY-DIAGNOSTIC	.245937	273,975	67,381
41 01	CAT SCAN	.073439	533,728	39,196
43	RADIOISOTOPE	.485464	73,962	35,906
43 01	CARDIAC CATH LAB	.242361	106,424	25,793
43 02	MRI	.057093	295,166	16,852
43 03	ULTRASOUND	.159417	109,203	17,409
44	LABORATORY	.164971	1,679,229	277,024
49	RESPIRATORY THERAPY	.314980	319,022	100,486
50	PHYSICAL THERAPY	.364387	112,954	41,159
52	SPEECH PATHOLOGY	.508078	20,921	10,629
53	ELECTROCARDIOLOGY	.441542	217,255	95,927
54	ELECTROENCEPHALOGRAPHY	.340667	53,937	18,375
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.672047	500,939	336,655
55 30	IMPL. DEV. CHARGED TO PATIENT	.271778	764,889	207,880
56	DRUGS CHARGED TO PATIENTS	.408773	1,220,452	498,888
57	RENAL DIALYSIS	1.345314	45,455	61,151
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.244349	263,484	64,382
61 01	WOUND CARE	.316961		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
62 01	OBSERVATION BEDS (DISTINCT PART)	1.317412	42,479	55,962
65	OTHER REIMBURS COST CNTRS AMBULANCE SERVICES			
101	TOTAL		6,763,228	2,031,249
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,763,228	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0003
 COMPONENT NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

DRG AMOUNT

1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 9,584,458
 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 3,194,819
 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) 218,869
 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD 84.61

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 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1
 3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)
 3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1

SUM OF LINES PLUS E-3, PT
 3.21 - 3.23 VI, LINE 23

3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).

DISPROPORTIONATE SHARE ADJUSTMENT

PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)
 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I
 4.02 SUM OF LINES 4 AND 4.01
 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)
 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)

5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES
 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

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
15-0003		PART A

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)	12,998,146	
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)	12,998,146	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,067,620	
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	1,780,248	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	42,245	
16 TOTAL	15,888,259	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	15,888,259	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,425,088	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	119,011	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	515,997	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	361,198	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	363,119	
22 SUBTOTAL	14,705,358	
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	14,705,358	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	14,638,727	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	66,631	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION 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

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	5,327
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	5,131,240
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	3,981,386
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	853
1.04	LINE 1.01 TIMES LINE 1.03.	4,376,948
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	90.96
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 101	8,213
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	5,327

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	13,032
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	13,032

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)	13,032
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	7,705
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	5,327
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	3,989,599

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	945,099
19	SUBTOTAL (SEE INSTRUCTIONS)	3,049,827
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	3,049,827
24	PRIMARY PAYER PAYMENTS	938
25	SUBTOTAL	3,048,889

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	335,270
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	234,689
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	219,536
28	SUBTOTAL	3,283,578
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,283,578
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,423,638
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-140,060
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, 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

PROVIDER NO: 15-0003
 COMPONENT NO: 15-0003
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		15,016,642		3,386,161
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	37,477
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50	8/ 5/2010	377,915		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		-377,915		37,477
4 TOTAL INTERIM PAYMENTS		14,638,727		3,423,638
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		66,631		140,060
7 TOTAL MEDICARE PROGRAM LIABILITY		14,705,358		3,283,578

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

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	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 OTHER ADJUSTMENTS (SPECIFY)			
50	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
51	SUBTOTAL			
52	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
53	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
54	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
55	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
56	INTERIM PAYMENTS			
57	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
57.01				
58	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	16,599,000			
2 TEMPORARY INVESTMENTS	266,000			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	40,168,000			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	4,401,000			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	4,372,000			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	65,806,000			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	254,274,000			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	254,274,000			
OTHER ASSETS				
22 INVESTMENTS	9,263,000			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	3,924,000			
26 TOTAL OTHER ASSETS	13,187,000			
27 TOTAL ASSETS	333,267,000			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	959,000			
29 SALARIES, WAGES & FEES PAYABLE	10,703,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	17,495,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,290,000			
36 TOTAL CURRENT LIABILITIES	30,447,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	5,450,000			
42 TOTAL LONG-TERM LIABILITIES	5,450,000			
43 TOTAL LIABILITIES	35,897,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	297,370,000			
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	297,370,000			
52 TOTAL LIABILITIES AND FUND BALANCES	333,267,000			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		288,481,000		
2	NET INCOME (LOSS)		-6,155,000		
3	TOTAL		282,326,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
	EQUITY TRANSFERS TO AFFIL	33,584,000			
5	NET ASSETS RELEASED	21,000			
6					
7					
8					
9					
10	TOTAL ADDITIONS		33,605,000		
11	SUBTOTAL		315,931,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
	CHANGE IN PENSION BENEFIT	1,898,000			
13	CHANGE IN ACCOUNTING PRIN	16,663,000			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		18,561,000		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		297,370,000		

		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)				
	EQUITY TRANSFERS TO AFFIL				
5	NET ASSETS RELEASED				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
	CHANGE IN PENSION BENEFIT				
13	CHANGE IN ACCOUNTING PRIN				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	802,826,803
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	500,291,803
3	NET PATIENT REVENUES	302,535,000
4	LESS: TOTAL OPERATING EXPENSES	325,636,000
5	NET INCOME FROM SERVICE TO PATIENTS	-23,101,000
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	10,352,000
24.02	EQUITY IN EARNINGS OF INVESTMENTS	6,655,000
24.03	NET ASSETS RELEASED	87,000
24.04	INVESTMENT INCOME	575,000
24.05	GAIN ON SALE OF ASSET	15,000
24.06	CONTRIBUTIONS	85,000
25	TOTAL OTHER INCOME	17,769,000
26	TOTAL	-5,332,000
	OTHER EXPENSES	
27	OTHER EXPENSES	823,000
28		
29		
29.01		
30	TOTAL OTHER EXPENSES	823,000
31	NET INCOME (OR LOSS) FOR THE PERIOD	-6,155,000

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
15-1563		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	641,848			14,250
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	3,008			2,944
8 INPATIENT - RESPIRE CARE	2,643			2,100
VISITING SERVICES				
9 PHYSICIAN SERVICES				23,280
10 NURSING CARE	476,704			
10.20 NURSING CARE-CONTINUOUS HOME CARE	10,334			
11 PHYSICAL THERAPY	1,636			
12 OCCUPATIONAL THERAPY	809			
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	121,358			
15 SPIRITUAL COUNSELING	95,981			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	75,558			
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				5,804
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,429,879			48,378

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
15-1563		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.	148,677	148,677		148,677
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	108,363	764,461		764,461
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		5,952		5,952
8 INPATIENT - RESPIRE CARE		4,743		4,743
VISITING SERVICES				
9 PHYSICIAN SERVICES		23,280		23,280
10 NURSING CARE		476,704		476,704
10.20 NURSING CARE-CONTINUOUS HOME CARE		10,334		10,334
11 PHYSICAL THERAPY		1,636		1,636
12 OCCUPATIONAL THERAPY		809		809
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		121,358		121,358
15 SPIRITUAL COUNSELING		95,981		95,981
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		75,558		75,558
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	351,568	351,568		351,568
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	15,817	15,817		15,817
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		5,804		5,804
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)	624,425	2,102,682		2,102,682

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 5/26/2011
15-0003	FROM 1/ 1/2010	WORKSHEET K
HOSPICE NO:	TO 12/31/2010	
15-1563		

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.		148,677
4 PLANT OPERATION AND MAINTENANCE		
5 TRANSPORTATION - STAFF		
6 VOLUNTEER SERVICE COORDINATION		
7 ADMINISTRATIVE AND GENERAL	-1,890	762,571
8 INPATIENT CARE SERVICE		
9 INPATIENT - GENERAL CARE		5,952
10 INPATIENT - RESPIRE CARE		4,743
11 VISITING SERVICES		
12 PHYSICIAN SERVICES		23,280
13 NURSING CARE		476,704
14.20 NURSING CARE-CONTINUOUS HOME CARE		10,334
15 PHYSICAL THERAPY		1,636
16 OCCUPATIONAL THERAPY		809
17 SPEECH/LANGUAGE PATHOLOGY		
18 MEDICAL SOCIAL SERVICES		121,358
19 SPIRITUAL COUNSELING		95,981
20 DIETARY COUNSELING		
21 COUNSELING - OTHER		
22 HOME HEALTH AIDE AND HOME MAKER		75,558
23.20 HH AIDE & HOME MAKER-CONT. HOME CARE		
24 OTHER HOSPICE SERVICE COSTS		
25 OTHER		
26 DRUGS BIOLOGICAL AND INFUSION THERAPY		351,568
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		15,817
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)		5,804
36 RADIATION THERAPY		
37 CHEMOTHERAPY		
38 OTHER		
39 BEREAVEMENT PROGRAM COSTS		
40 VOLUNTEER PROGRAM COSTS		
41 FUNDRAISING		
42 OTHER PROGRAM COSTS		
43 TOTAL (SUM OF LINES 1 THRU 33)	-1,890	2,100,792

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
15-1563		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL		42,875		76,923
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE			141	
8 INPATIENT - RESPIRE CARE			120	
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			121,358	
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)		42,875	121,619	76,923

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
15-1563		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				522,050
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	2,608		259	
8 INPATIENT - RESPIRE CARE	2,350		173	
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	476,704			
10.20 NURSING CARE-CONTINUOUS HOME CARE	9,043			1,291
11 PHYSICAL THERAPY		1,636		
12 OCCUPATIONAL THERAPY		809		
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				95,981
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			75,558	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	490,705	2,445	75,990	619,322

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
15-1563		

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	641,848
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	3,008
8	INPATIENT - RESPIRE CARE	2,643
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	476,704
10.20	NURSING CARE-CONTINUOUS HOME CARE	10,334
11	PHYSICAL THERAPY	1,636
12	OCCUPATIONAL THERAPY	809
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	121,358
15	SPIRITUAL COUNSELING	95,981
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOME MAKER	75,558
18.20	HH AIDE & HOME MAKER-CONT. HOME CARE	
OTHER HOSPICE SERVICE COSTS		
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	1,429,879

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
15-1563		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
15-1563		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				14, 250
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				2, 944
8 INPATIENT - RESPIRE CARE				2, 100
VISITING SERVICES				
9 PHYSICIAN SERVICES				23, 280
10 NURSING CARE				
10. 20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18. 20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20. 30 ANALGESICS				
20. 31 SEDATIVES / HYPNOTICS				
20. 32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				5, 804
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)				48, 378

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
15-1563		

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	14,250
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	2,944
8	INPATIENT - RESPIRE CARE	2,100
VISITING SERVICES		
9	PHYSICIAN SERVICES	23,280
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
OTHER HOSPICE SERVICE COSTS		
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	5,804
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)	48,378

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
15-1563		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.	148,677		148,677	
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	762,571		148,677	
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	5,952			
8 INPATIENT - RESPIRE CARE	4,743			
VISITING SERVICES				
9 PHYSICIAN SERVICES	23,280			
10 NURSING CARE	476,704			
10.20 NURSING CARE-CONTINUOUS HOME CARE	10,334			
11 PHYSICAL THERAPY	1,636			
12 OCCUPATIONAL THERAPY	809			
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	121,358			
15 SPIRITUAL COUNSELING	95,981			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	75,558			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	351,568			
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	15,817			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	5,804			
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	2,100,792		148,677	

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
15-1563		PART 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			911,248	911,248
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE			5,952	4,560
8 INPATIENT - RESPIRE CARE			4,743	3,633
VISITING SERVICES				
9 PHYSICIAN SERVICES			23,280	17,834
10 NURSING CARE			476,704	365,178
10.20 NURSING CARE-CONTINUOUS HOME CARE			10,334	7,916
11 PHYSICAL THERAPY			1,636	1,253
12 OCCUPATIONAL THERAPY			809	620
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			121,358	92,966
15 SPIRITUAL COUNSELING			95,981	73,526
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER			75,558	57,881
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY			351,568	269,318
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			15,817	12,117
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)			5,804	4,446
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)			1,189,544	911,248

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
15-1563		PART I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	10,512
10	INPATIENT - RESPIRE CARE	8,376
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	41,114
13	NURSING CARE	841,882
14	NURSING CARE-CONTINUOUS HOME CARE	18,250
15	PHYSICAL THERAPY	2,889
16	OCCUPATIONAL THERAPY	1,429
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	214,324
19	SPIRITUAL COUNSELING	169,507
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	133,439
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	620,886
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	27,934
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	10,250
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	2,100,792

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
15-1563		PART II

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.		12,633		
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL		12,633		
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39				
40				
41				
42 FUNDRAISING				
43 OTHER PROGRAM COSTS				
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)		148,677		
45 UNIT COST MULTIPLIER	.000000	11.768938	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
15-1563		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE		-911,248	1,189,544
8 INPATIENT - GENERAL CARE			5,952
9 INPATIENT - RESPIRE CARE			4,743
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			23,280
12 NURSING CARE			476,704
13 NURSING CARE-CONTINUOUS HOME CARE			10,334
14 PHYSICAL THERAPY			1,636
15 OCCUPATIONAL THERAPY			809
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			121,358
18 SPIRITUAL COUNSELING			95,981
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOMEMAKER			75,558
22 HH AIDE & HOMEMAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			351,568
26 ANALGESICS			
27 SEDATIVES / HYPNOTICS			
28 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			
30 PATIENT TRANSPORTATION			
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			
33 MEDICAL SUPPLIES			15,817
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			5,804
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38 FUNDRAISING			
39 OTHER PROGRAM COSTS			
40 COST TO BE ALLOCATED (PER WKST K-4, PART I)			911,248
41 UNIT COST MULTIPLIER	.000000		.766048

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0003
 HOSPICE NO: 15-1563
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL	OLD CAP REL	OLD CAP REL	NEW CAP REL
		BALANCE (1)	COSTS-BLDG & FIXT	COSTS-MVBLE EQUIP	COSTS-BLDG & FIXT
		0	1	2	3
1.00 ADMINISTRATIVE AND GENERAL	6		2,001		20,807
2.00 INPATIENT - GENERAL CARE	7	10,512			
3.00 INPATIENT - RESPIRE CARE	8	8,376			
4.00 PHYSICIAN SERVICES	9	41,114			
5.00 NURSING CARE	10	841,882			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20	18,250			
6.00 PHYSICAL THERAPY	11	2,889			
7.00 OCCUPATIONAL THERAPY	12	1,429			
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	214,324			
10.00 SPIRITUAL COUNSELING	15	169,507			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	133,439			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	620,886			
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	27,934			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26	10,250			
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		2,100,792	2,001		20,807
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL	EMPLOYEE	MGMT INFO	PURCHASING
	COSTS-MVBLE EQUIP	BENEFITS	SYSTEMS	
	4	5	6.02	6.03
1.00 ADMINISTRATIVE AND GENERAL		416,888	17,716	2,077
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		416,888	17,716	2,077
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0003
 HOSPICE NO: 15-1563
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET K-5
 PART I

HOSPICE 1

	ADMINISTRATIVE	PATIENT ACCOUNTING	SUBTOTAL	ADMINISTRATIVE AND GENERAL
HOSPICE COST CENTER	6.04	6.05	6A.05	6.06
1.00 ADMINISTRATIVE AND GENERAL			459,489	40,419
2.00 INPATIENT - GENERAL CARE			10,512	925
3.00 INPATIENT - RESPIRE CARE			8,376	737
4.00 PHYSICIAN SERVICES			41,114	3,617
5.00 NURSING CARE			841,882	74,057
5.20 NURSING CARE-CONTINUOUS HOME CARE			18,250	1,605
6.00 PHYSICAL THERAPY			2,889	254
7.00 OCCUPATIONAL THERAPY			1,429	126
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES			214,324	18,853
10.00 SPIRITUAL COUNSELING			169,507	14,911
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			133,439	11,738
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			620,886	54,617
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			27,934	2,457
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			10,250	902
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)			2,560,281	225,218
30.00 UNIT COST MULTIPLIER				

	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
HOSPICE COST CENTER	8	9	10	11
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	99,135		32,677	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	99,135		32,677	
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
15-1563		PART I

HOSPICE 1

CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
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HOSPICE COST CENTER

12	14	15	16
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1.00 ADMINISTRATIVE AND GENERAL	37,572	34,838		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	37,572	34,838		
30.00 UNIT COST MULTIPLIER				

MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	PARAMED ED PRGM
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HOSPICE COST CENTER

17	18	21	24
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1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

PROVIDER NO: 15-0003
 HOSPICE NO: 15-1563
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/26/2011
 WORKSHEET K-5
 PART I

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	704,130		704,130	
2.00 INPATIENT - GENERAL CARE	11,437		11,437	3,523
3.00 INPATIENT - RESPIRE CARE	9,113		9,113	2,807
4.00 PHYSICIAN SERVICES	44,731		44,731	13,780
5.00 NURSING CARE	915,939		915,939	282,178
5.20 NURSING CARE-CONTINUOUS HOME CARE	19,855		19,855	6,117
6.00 PHYSICAL THERAPY	3,143		3,143	968
7.00 OCCUPATIONAL THERAPY	1,555		1,555	479
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	233,177		233,177	71,836
10.00 SPIRITUAL COUNSELING	184,418		184,418	56,814
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	145,177		145,177	44,725
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	675,503		675,503	208,104
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	30,391		30,391	9,363
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	11,152		11,152	3,436
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)	2,989,721		2,989,721	
30.00 UNIT COST MULTIPLIER				.308073

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	14,960
3.00 INPATIENT - RESPIRE CARE	11,920
4.00 PHYSICIAN SERVICES	58,511
5.00 NURSING CARE	1,198,117
5.20 NURSING CARE-CONTINUOUS HOME CARE	25,972
6.00 PHYSICAL THERAPY	4,111
7.00 OCCUPATIONAL THERAPY	2,034
8.00 SPEECH/LANGUAGE PATHOLOGY	
9.00 MEDICAL SOCIAL SERVICES	305,013
10.00 SPIRITUAL COUNSELING	241,232
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	189,902
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	883,607
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	39,754
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	14,588
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)	2,989,721
30.00 UNIT COST MULTIPLIER	

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE		PROVIDER NO:		PERIOD:		PREPARED	5/26/2011
COST CENTERS		15-0003		FROM 1/ 1/2010		WORKSHEET	K-5
		HOSPICE NO:		TO 12/31/2010		PART	I
		15-1563					

HOSPICE 1

TOTAL HOSPICE
COSTS

HOSPICE COST CENTER

29

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

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)
	1	2	3	4
1.00 ADMINISTRATIVE AND GENERAL	4,695		4,695	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	4,695		4,695	
30.00 TOTAL COST TO BE ALLOCATED	2,001		20,807	
31.00 UNIT COST MULTIPLIER	.426198	.000000	4.431736	.000000

HOSPICE COST CENTER	EMPLOYEE BENEFITS	MGMT INFO SYSTEMS	PURCHASING	ADMINITTING
	(GROSS SALARIES)	(MANHRS)	(COSTED REQUISTION)	(INPATIENT REVENUE)
	5	6.02	6.03	6.04
1.00 ADMINISTRATIVE AND GENERAL	1,429,878	47,431	15,817	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

HOSPICE 1

	EMPLOYEE BENEFITS	MGMT INFO SYSTEMS	PURCHASING	ADMINING
HOSPICE COST CENTER	5	6.02	6.03	6.04
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	1,429,878	47,431	15,817	
30.00 TOTAL COST TO BE ALLOCATED	416,888	17,716	2,077	
31.00 UNIT COST MULTIPLIER	.291555	.373511	.131314	.000000

	PATIENT ACCOUNTING	RECONCILIATION	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT
	(GROSS CHARGES)		(ACCUMULATED COST)	(SQUARE FEET)
HOSPICE COST CENTER	6.05	6A.06	6.06	8
1.00 ADMINISTRATIVE AND GENERAL			459,489	4,695
2.00 INPATIENT - GENERAL CARE			10,512	
3.00 INPATIENT - RESPIRE CARE			8,376	
4.00 PHYSICIAN SERVICES			41,114	
5.00 NURSING CARE			841,882	
5.20 NURSING CARE-CONTINUOUS HOME CARE			18,250	
6.00 PHYSICAL THERAPY			2,889	
7.00 OCCUPATIONAL THERAPY			1,429	
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES			214,324	
10.00 SPIRITUAL COUNSELING			169,507	
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			133,439	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			620,886	
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			27,934	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			10,250	
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)			2,560,281	4,695
30.00 TOTAL COST TO BE ALLOCATED			225,218	99,135
31.00 UNIT COST MULTIPLIER	.000000		.087966	21.115016

HOSPICE 1

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (SQUARE FEET) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (MANHRS) 12
1.00 ADMINISTRATIVE AND GENERAL		4,695		47,431
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		4,695		47,431
30.00 TOTAL COST TO BE ALLOCATED		32,677		37,572
31.00 UNIT COST MULTIPLIER	.000000	6.959957	.000000	.792140

HOSPICE COST CENTER	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRARY (GROSS CHARGES) 17
1.00 ADMINISTRATIVE AND GENERAL	47,431			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	14	15	16	17
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	47,431			
30.00 TOTAL COST TO BE ALLOCATED	34,838			
31.00 UNIT COST MULTIPLIER	.734499	.000000	.000000	.000000

SOCIAL SERVICE NURSING SCHOOL PARAMED ED PRGM

HOSPICE COST CENTER	(GROSS CHARGES)	(ASSIGNED TIME)	(ASSIGNED TIME)
	18	21	24
1.00 ADMINISTRATIVE AND GENERAL			
2.00 INPATIENT - GENERAL CARE			
3.00 INPATIENT - RESPIRE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28)			
30.00 TOTAL COST TO BE ALLOCATED			
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000

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

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-5
15-1563		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.364387	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52	.508078	
4	DRUGS CHARGED TO PATIENTS	56	.408773	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.164971	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.672047	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.271778	
8	EMERGENCY	61	.244349	
8.01	WOUND CARE	61.01	.316961	
9	RADIOLOGY-DIAGNOSTIC	41	.245937	
9.01	CAT SCAN	41.01	.073439	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-6
15-1563		

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)				2,989,721
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				17,265
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				173.17
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	16,010			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	2,772,452			
6 UNDUPLICATED MEDICAID DAYS		203		
7 AGGREGATE MEDICAID COST		35,154		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			1,052	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			182,175	

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0003	FROM 1/ 1/2010	5/26/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
15-0003		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,040,021
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	27,599
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	38.71
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.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	1,067,620
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)	