

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

FORM APPROVED OMB NO. 0938-0050

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 15-0048 | PERIOD FROM 1/1/2008 TO 12/31/2008 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 8/10/2009 TIME 10:00

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: REID HOSPITAL & HEALTH CARE SERVICES 15-0048

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

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with 5 columns: TITLE V, A, B, C, D. Rows include HOSPITAL, SUBPROVIDER, SUBPROVIDER II, and TOTAL with corresponding numerical values.

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.

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	84,367,839		84,367,839	2,994,661.00	28.17	
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	13,127,241	74,865	13,202,106	225,475.00	58.55	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	117,983		117,983	4,153.00	28.41	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	35,103		35,103	389.00	90.24	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	20,696,107		20,696,107			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	3,045,386		3,045,386			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	1,162,660	128,049	1,290,709	30,845.00	41.84	
22 ADMINISTRATIVE & GENERAL	9,560,257	-195,832	9,364,425	410,354.00	22.82	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,783,639		1,783,639	85,080.00	20.96	
25 LAUNDRY & LINEN SERVICE	400,983	-40,883	360,100	29,110.00	12.37	
26 HOUSEKEEPING	1,624,586		1,624,586	126,126.00	12.88	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,525,155	-911,126	1,614,029	112,581.00	14.34	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		911,126	911,126	63,544.00	14.34	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	644,610	195,832	840,442	21,253.00	39.54	
31 CENTRAL SERVICE AND SUPPLY	565,226		565,226	36,991.00	15.28	
32 PHARMACY	2,574,431		2,574,431	84,854.00	30.34	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,869,408		2,869,408	155,646.00	18.44	
34 SOCIAL SERVICE	1,751,319		1,751,319	42,220.00	41.48	
35 OTHER GENERAL SERVICE				21,317.00		
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	84,367,839		84,367,839	2,994,661.00	28.17	
2 EXCLUDED AREA SALARIES	13,127,241	74,865	13,202,106	225,475.00	58.55	
3 SUBTOTAL SALARIES	71,240,598	-74,865	71,165,733	2,769,186.00	25.70	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	153,086		153,086	4,542.00	33.70	
5 SUBTOTAL WAGE-RELATED COSTS	20,696,107		20,696,107		29.08	
6 TOTAL	92,089,791	-74,865	92,014,926	2,773,728.00	33.17	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
PART II - WAGE DATA						
13 TOTAL OVERHEAD COSTS	25,462,274	87,166	25,549,440	1,219,921.00	20.94	

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0048	FROM 1/ 1/2008	8/10/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET S-9
15-1524		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	7,393	322	1,471	4
3 INPATIENT RESPIRE CARE	49	4		
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	7,442	326	1,471	4

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	1,264	8,979
3 INPATIENT RESPIRE CARE	12	65
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	1,276	9,044

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	153	4	15	2
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	48.64	81.50	98.07	2.00
9 UNDUPLICATED CENSUS COUNT	151	4	15	2

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	26	183
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	49.08	49.42
9 UNDUPLICATED CENSUS COUNT	25	180

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	8,387,074
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	655,918
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	430,895
21	NON-RESTRICTED GRANTS	102,400
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	9,576,287
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	1,234,038
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.470461
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	580,567
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 8/10/2009
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				12,178,042	12,178,042
3.01	0301 NEW CAP BLDG & FIXT - OFFSITE BLDGS				682,329	682,329
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	1,162,660	18,711,729	19,874,389	623,658	20,498,047
6.01	0610 NONPATIENT TELEPHONES	239,328	314,759	554,087		554,087
6.02	0620 DATA PROCESSING	2,150,132	7,816,469	9,966,601		9,966,601
6.03	0630 PURCHASING, RECEIVING AND STORES	877,853	467,242	1,345,095	-20	1,345,075
6.04	0640 ADMITTING	1,040,566	146,626	1,187,192		1,187,192
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	1,431,143	1,997,736	3,428,879	-29,373	3,399,506
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	3,821,235	9,874,682	13,695,917	-1,463,191	12,232,726
8	0800 OPERATION OF PLANT	1,783,639	3,248,490	5,032,129	-979	5,031,150
9	0900 LAUNDRY & LINEN SERVICE	400,983	401,358	802,341	-81,163	721,178
10	1000 HOUSEKEEPING	1,624,586	471,604	2,096,190		2,096,190
11	1100 DIETARY	2,525,155	2,044,666	4,569,821	-2,105,589	2,464,232
12	1200 CAFETERIA				2,105,589	2,105,589
14	1400 NURSING ADMINISTRATION	644,610	86,554	731,164	195,832	926,996
15	1500 CENTRAL SERVICES & SUPPLY	565,226	1,685,555	2,250,781		2,250,781
16	1600 PHARMACY	2,574,431	11,588,346	14,162,777	-5,628	14,157,149
17	1700 MEDICAL RECORDS & LIBRARY	2,869,408	768,391	3,637,799		3,637,799
18	1800 SOCIAL SERVICE	1,166,075	192,437	1,358,512		1,358,512
18.01	1080 INSERVICE EDUCATION	585,244	531,193	1,116,437		1,116,437
24	2400 PARAMED PRGM	216,508	37,076	253,584		253,584
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	10,807,014	3,513,185	14,320,199	-1,892	14,318,307
26	2600 INTENSIVE CARE UNIT	4,667,383	1,226,817	5,894,200	-3,116	5,891,084
31	3100 SUBPROVIDER	1,212,804	332,314	1,545,118		1,545,118
31.01	3101 SUBPROVIDER 2	1,178,514	232,561	1,411,075		1,411,075
33	3300 NURSERY	490,920	69,021	559,941		559,941
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	4,806,934	29,604,320	34,411,254	-3,742	34,407,512
39	3900 DELIVERY ROOM & LABOR ROOM	807,781	174,026	981,807		981,807
41	4100 RADIOLOGY-DIAGNOSTIC	6,512,921	8,516,269	15,029,190	-111	15,029,079
44	4400 LABORATORY	3,265,121	5,023,576	8,288,697	-11,441	8,277,256
47	4700 BLOOD STORING, PROCESSING & TRANS.	331,757	1,379,666	1,711,423		1,711,423
49	4900 RESPIRATORY THERAPY	1,594,585	420,253	2,014,838		2,014,838
50	5000 PHYSICAL THERAPY	3,581,496	1,049,163	4,630,659	-295,399	4,335,260
53	5300 ELECTROCARDIOLOGY	1,026,257	3,731,267	4,757,524	-527,901	4,229,623
54	5400 ELECTROENCEPHALOGRAPHY	132,850	45,296	178,146		178,146
54.01	5401 CARDIAC REHAB	200,893	94,110	295,003		295,003
54.02	5402 EMG & ENG	110,439	48,236	158,675		158,675
54.03	5403 O/P CHEMICAL DEPENDENCY	260,547	38,227	298,774		298,774
54.04	5404 CARDIAC CATH	1,081,998	7,137,266	8,219,264	-752	8,218,512
54.06	5406 O/P PSYCHIATRIC	85,924	68,530	154,454		154,454
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS		444,321	444,321		444,321
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	4,411,897	5,754,329	10,166,226	-200,795	9,965,431
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 PATIENT CARE CENTER - OCC	1,073,242	245,101	1,318,343		1,318,343
	OTHER REIMBURS COST CNTRS					
66	6600 DURABLE MEDICAL EQUIP-RENTED SPEC PURPOSE COST CENTERS	528,365	941,119	1,469,484		1,469,484
88	8800 INTEREST EXPENSE					
93	9300 HOSPICE	582,543	537,105	1,119,648		1,119,648
95	SUBTOTALS	74,430,967	131,010,991	205,441,958	11,054,358	216,496,316
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	8,571,734	6,187,096	14,758,830	-321,982	14,436,848
100	7950 RENTAL SPACE		10,832,025	10,832,025	-10,855,518	-23,493
100.01	7951 FOUNDATION	284,869	139,174	424,043		424,043
100.02	7952 RETAIL SERVICES	48,416	16,084	64,500		64,500
100.03	7953 REID CONTRACTED SERVICES	346,137	30,513	376,650	81,163	457,813
100.04	7954 REID PHYSICIAN ASSOC.	685,716	551,298	1,237,014		1,237,014
100.05	7955 OTHER NON REIMBURSABLE COST CENTERS				41,979	41,979
100.06	7956 VACANT SPACE					
101	TOTAL	84,367,839	148,767,181	233,135,020	-0-	233,135,020

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0048
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 8/10/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-9,152	12,168,890
3.01	0301 NEW CAP BLDG & FIXT - OFFSITE BLDGS		682,329
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		
5	0500 EMPLOYEE BENEFITS	-6,403,777	14,094,270
6.01	0610 NONPATIENT TELEPHONES	-40,756	513,331
6.02	0620 DATA PROCESSING	15,002	9,981,603
6.03	0630 PURCHASING, RECEIVING AND STORES	-654,032	691,043
6.04	0640 ADMITTING		1,187,192
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	-23	3,399,483
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-1,885,867	10,346,859
8	0800 OPERATION OF PLANT	-16,849	5,014,301
9	0900 LAUNDRY & LINEN SERVICE		721,178
10	1000 HOUSEKEEPING		2,096,190
11	1100 DIETARY	-929,507	1,534,725
12	1200 CAFETERIA	-1,306,488	799,101
14	1400 NURSING ADMINISTRATION		926,996
15	1500 CENTRAL SERVICES & SUPPLY	-739	2,250,042
16	1600 PHARMACY	-260,965	13,896,184
17	1700 MEDICAL RECORDS & LIBRARY	-65,174	3,572,625
18	1800 SOCIAL SERVICE		1,358,512
18.01	1080 INSERVICE EDUCATION	-305,286	811,151
24	2400 PARAMED ED PRGM	-37,764	215,820
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,369,715	12,948,592
26	2600 INTENSIVE CARE UNIT	-510	5,890,574
31	3100 SUBPROVIDER	-996	1,544,122
31.01	3101 SUBPROVIDER 2	-75,637	1,335,438
33	3300 NURSERY	-1,010	558,931
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-8,806,747	25,600,765
39	3900 DELIVERY ROOM & LABOR ROOM		981,807
41	4100 RADIOLOGY-DIAGNOSTIC	-76,407	14,952,672
44	4400 LABORATORY	-820,331	7,456,925
47	4700 BLOOD STORING, PROCESSING & TRANS.		1,711,423
49	4900 RESPIRATORY THERAPY	-649	2,014,189
50	5000 PHYSICAL THERAPY	-31,405	4,303,855
53	5300 ELECTROCARDIOLOGY	-158,668	4,070,955
54	5400 ELECTROENCEPHALOGRAPHY		178,146
54.01	5401 CARDIAC REHAB		295,003
54.02	5402 EMG & ENG		158,675
54.03	5403 O/P CHEMICAL DEPENDENCY	-898	297,876
54.04	5404 CARDIAC CATH		8,218,512
54.06	5406 O/P PSYCHIATRIC		154,454
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		
57	5700 RENAL DIALYSIS	-21,106	423,215
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-4,711,319	5,254,112
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 PATIENT CARE CENTER - OCC		1,318,343
	OTHER REIMBURS COST CNTRS		
66	6600 DURABLE MEDICAL EQUIP-RENTED	-182,006	1,287,478
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
93	9300 HOSPICE	-425	1,119,223
95	SUBTOTALS	-28,159,206	188,337,110
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		14,436,848
100	7950 RENTAL SPACE		-23,493
100.01	7951 FOUNDATION		424,043
100.02	7952 RETAIL SERVICES		64,500
100.03	7953 REID CONTRACTED SERVICES		457,813
100.04	7954 REID PHYSICIAN ASSOC.		1,237,014
100.05	7955 OTHER NON REIMBURSABLE COST CENTERS		41,979
100.06	7956 VACANT SPACE		
101	TOTAL	-28,159,206	204,975,814

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP BLDG & FIXT - OFFSITE BLDGS	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
18.01	INSERVICE EDUCATION	1080	INSERVICE EDUCATION
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	CARDIAC REHAB	5401	ELECTROENCEPHALOGRAPHY
54.02	EMG & ENG	5402	ELECTROENCEPHALOGRAPHY
54.03	O/P CHEMICAL DEPENDENCY	5403	ELECTROENCEPHALOGRAPHY
54.04	CARDIAC CATH	5404	ELECTROENCEPHALOGRAPHY
54.06	O/P PSYCHIATRIC	5406	ELECTROENCEPHALOGRAPHY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	PATIENT CARE CENTER - OCC	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
66	DURABLE MEDICAL EQUIP-RENTED	6600	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	RENTAL SPACE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	FOUNDATION	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	RETAIL SERVICES	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	REID CONTRACTED SERVICES	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	REID PHYSICIAN ASSOC.	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	OTHER NON REIMBURSABLE COST CENTERS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	VACANT SPACE	7956	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DIETARY RECLASS	A	CAFETERIA	12	911,126	
2		CAFETERIA	12		1,194,463
3 LAUNDRY RECLASS	B	REID CONTRACTED SERVICES	100.03	40,883	40,280
4 VP OF NURSING SALARY	D	NURSING ADMINISTRATION	14	195,832	
5 QUAKER HILL RENT	E	RENTAL SPACE	100		979
6 OCCUPATIONAL THERAPY RECLASS	F	EMPLOYEE BENEFITS	5	128,049	30,135
7		OTHER NON REIMBURSABLE COST CENTERS	100.05	33,982	7,997
8 PROPERTY INSURANCE	H	NEW CAP REL COSTS-BLDG & FIXT	3		194,903
9 WORKERS COMPENSATION	I	EMPLOYEE BENEFITS	5		465,474
10 BUILDING RENTAL RECLASS	K	NEW CAP REL COSTS-BLDG & FIXT	3		4,297,871
11		NEW CAP BLDG & FIXT - OFFSITE BLDGS	3.01		21,942
12					
13					
14 BUILDING DEPRECIATION RECLASS	L	NEW CAP REL COSTS-BLDG & FIXT	3		6,982,139
15		NEW CAP BLDG & FIXT - OFFSITE BLDGS	3.01		583,825
16					
17					
18					
19					
20					
21					
22					
23					
24					
25 MOVABLE EQUIPMENT RECLASS	M	NEW CAP REL COSTS-BLDG & FIXT	3		601,589
26 PROPERTY TAX RECLASS	N	NEW CAP REL COSTS-BLDG & FIXT	3		101,540
27		NEW CAP BLDG & FIXT - OFFSITE BLDGS	3.01		76,562
28					
29					
30					
31					
36 TOTAL RECLASSIFICATIONS				1,309,872	14,599,699

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

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE 7	NO			
1 DIETARY RECLASS	A		11		911,126		
2			11			1,194,463	
3 LAUNDRY RECLASS	B		9		40,883	40,280	
4 VP OF NURSING SALARY	D		6.06		195,832		
5 QUAKER HILL RENT	E		8			979	
6 OCCUPATIONAL THERAPY RECLASS	F		61		162,031	38,132	
7							
8 PROPERTY INSURANCE	H		6.06			194,903	12
9 WORKERS COMPENSATION	I		6.06			465,474	
10 BUILDING RENTAL RECLASS	K		6.06			606,842	10
11			53			525,943	10
12			100			3,165,086	
13			98			21,942	
14 BUILDING DEPRECIATION RECLASS	L		6.05			29,373	9
15			16			5,628	9
16			25			1,892	
17			26			3,116	
18			37			3,742	
19			41			111	
20			50			295,399	
21			54.04			752	
22			61			632	
23			98			235,167	
24			100			6,990,152	
25 MOVABLE EQUIPMENT RECLASS	M		100			601,589	9
26 PROPERTY TAX RECLASS	N		6.03			20	13
27			6.06			140	13
28			44			11,441	
29			53			1,958	
30			98			64,873	
31			100			99,670	
36 TOTAL RECLASSIFICATIONS					1,309,872	14,599,699	

(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:
150048

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

PREPARED 8/10/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : DIETARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	911,126	DIETARY	11	911,126	
2.00	CAFETERIA	12	1,194,463	DIETARY	11	1,194,463	
TOTAL RECLASSIFICATIONS FOR CODE A			2,105,589	TOTAL RECLASSIFICATIONS FOR CODE A			2,105,589

RECLASS CODE: B
EXPLANATION : LAUNDRY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	REID CONTRACTED SERVICES	100.03	81,163	LAUNDRY & LINEN SERVICE	9	81,163	
TOTAL RECLASSIFICATIONS FOR CODE B			81,163	TOTAL RECLASSIFICATIONS FOR CODE B			81,163

RECLASS CODE: D
EXPLANATION : VP OF NURSING SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	195,832	OTHER ADMINISTRATIVE AND GENER	6.06	195,832	
TOTAL RECLASSIFICATIONS FOR CODE D			195,832	TOTAL RECLASSIFICATIONS FOR CODE D			195,832

RECLASS CODE: E
EXPLANATION : QUAKER HILL RENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENTAL SPACE	100	979	OPERATION OF PLANT	8	979	
TOTAL RECLASSIFICATIONS FOR CODE E			979	TOTAL RECLASSIFICATIONS FOR CODE E			979

RECLASS CODE: F
EXPLANATION : OCCUPATIONAL THERAPY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	158,184	EMERGENCY	61	200,163	
2.00	OTHER NON REIMBURSABLE COST CE	100.05	41,979			0	
TOTAL RECLASSIFICATIONS FOR CODE F			200,163	TOTAL RECLASSIFICATIONS FOR CODE F			200,163

RECLASS CODE: H
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	194,903	OTHER ADMINISTRATIVE AND GENER	6.06	194,903	
TOTAL RECLASSIFICATIONS FOR CODE H			194,903	TOTAL RECLASSIFICATIONS FOR CODE H			194,903

RECLASS CODE: I
EXPLANATION : WORKERS COMPENSATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	465,474	OTHER ADMINISTRATIVE AND GENER	6.06	465,474	
TOTAL RECLASSIFICATIONS FOR CODE I			465,474	TOTAL RECLASSIFICATIONS FOR CODE I			465,474

RECLASS CODE: K
EXPLANATION : BUILDING RENTAL RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,297,871	OTHER ADMINISTRATIVE AND GENER	6.06	606,842	
2.00	NEW CAP BLDG & FIXT - OFFSITE	3.01	21,942	ELECTROCARDIOLOGY	53	525,943	
3.00			0	RENTAL SPACE	100	3,165,086	
4.00			0	PHYSICIANS' PRIVATE OFFICES	98	21,942	
TOTAL RECLASSIFICATIONS FOR CODE K			4,319,813	TOTAL RECLASSIFICATIONS FOR CODE K			4,319,813

RECLASS CODE: L
EXPLANATION : BUILDING DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	6,982,139	CASHIERING/ACCOUNTS RECEIVABLE	6.05	29,373	

RECLASSIFICATIONS

PROVIDER NO:
150048

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

PREPARED 8/10/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: L
EXPLANATION : BUILDING DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	NEW CAP BLDG & FIXT - OFFSITE	3.01	583,825	PHARMACY	16	5,628	
3.00			0	ADULTS & PEDIATRICS	25	1,892	
4.00			0	INTENSIVE CARE UNIT	26	3,116	
5.00			0	OPERATING ROOM	37	3,742	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	111	
7.00			0	PHYSICAL THERAPY	50	295,399	
8.00			0	CARDIAC CATH	54.04	752	
9.00			0	EMERGENCY	61	632	
10.00			0	PHYSICIANS' PRIVATE OFFICES	98	235,167	
11.00			0	RENTAL SPACE	100	6,990,152	
TOTAL RECLASSIFICATIONS FOR CODE L			7,565,964	7,565,964			

RECLASS CODE: M
EXPLANATION : MOVABLE EQUIPMENT RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	601,589	RENTAL SPACE	100	601,589	
TOTAL RECLASSIFICATIONS FOR CODE M			601,589	601,589			

RECLASS CODE: N
EXPLANATION : PROPERTY TAX RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	101,540	PURCHASING, RECEIVING AND STOR	6.03	20	
2.00	NEW CAP BLDG & FIXT - OFFSITE	3.01	76,562	OTHER ADMINISTRATIVE AND GENER	6.06	140	
3.00			0	LABORATORY	44	11,441	
4.00			0	ELECTROCARDIOLOGY	53	1,958	
5.00			0	PHYSICIANS' PRIVATE OFFICES	98	64,873	
6.00			0	RENTAL SPACE	100	99,670	
TOTAL RECLASSIFICATIONS FOR CODE N			178,102	178,102			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	8,888,233	203,900		203,900		9,092,133	
2 LAND IMPROVEMENTS	547,431	28,198,263		28,198,263		28,745,694	
3 BUILDINGS & FIXTURE	23,052,186	90,662,634		90,662,634	13,648,688	100,066,132	
4 BUILDING IMPROVEMENT		6,217,862		6,217,862		6,217,862	
5 FIXED EQUIPMENT	2,157,266	95,109,288		95,109,288		97,266,554	
6 MOVABLE EQUIPMENT	90,022,520	61,497,167		61,497,167	17,225,510	134,294,177	
7 SUBTOTAL	124,667,636	281,889,114		281,889,114	30,874,198	375,682,552	
8 RECONCILING ITEMS							
9 TOTAL	124,667,636	281,889,114		281,889,114	30,874,198	375,682,552	

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
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	-11,507,289			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-4,365,469			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
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			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	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		**COST CENTER DELETED**	52	
37 AURORA BOOKSTORE / MISC INCOME	B	-205	O/P CHEMICAL DEPENDENCY	54.03	
38 CAFETERIA EMPLOYEE REVENUE	B	-1,287,813	CAFETERIA	12	
39 CAFETERIA GUEST MEAL	B	-18,675	CAFETERIA	12	
40 CATERING	B	-242,488	DIETARY	11	
41 COFFEE KIOSK	B	-124,823	DIETARY	11	
42 EXTERNAL AUDIT FEE	B	-490	OTHER ADMINISTRATIVE AND	6.06	
43 MASSAGE THERAPY REVENUE	B	-48,841	EMPLOYEE BENEFITS	5	
44 MEALS ON WHEELS / HEAD START	B	-328,209	DIETARY	11	
45 MEDICAL STAFF APPLICATION FEE	B	-2,200	OTHER ADMINISTRATIVE AND	6.06	
46 MISC EQUIPMENT SALES	B	-24,095	OTHER ADMINISTRATIVE AND	6.06	
47 MISC. OPERATING INCOME	B	-38,182	EMPLOYEE BENEFITS	5	
48 MISC. OPERATING INCOME	B	15,002	DATA PROCESSING	6.02	
49 MISC. OPERATING INCOME	B	-23	CASHIERING/ACCOUNTS RECEI	6.05	
49.01 MISC. OPERATING INCOME	B	68,218	OTHER ADMINISTRATIVE AND	6.06	
49.02 MISC. OPERATING INCOME	B	-16,849	OPERATION OF PLANT	8	
49.03 MISC. OPERATING INCOME	B	-14,232	DIETARY	11	
49.04 MISC. OPERATING INCOME	B	-620	MEDICAL RECORDS & LIBRARY	17	
49.05 MISC. OPERATING INCOME	B	-5,270	ADULTS & PEDIATRICS	25	
49.06 MISC. OPERATING INCOME	B	-11,915	OPERATING ROOM	37	
49.07 MISC. OPERATING INCOME	B	-37,738	RADIOLOGY-DIAGNOSTIC	41	
49.08 MISC. OPERATING INCOME	B	-11,587	LABORATORY	44	
49.09 MISC. OPERATING INCOME	B	-1,050	PHYSICAL THERAPY	50	
49.10 MISC. OPERATING INCOME	B	-400	O/P CHEMICAL DEPENDENCY	54.03	
49.11 MISC. OPERATING INCOME	B	-21,106	RENAL DIALYSIS	57	
49.12 MISC. OPERATING INCOME	B	-1,371	EMERGENCY	61	
49.13 MISC OTC/MATERIALS REVENUE	B	-1,687	EMPLOYEE BENEFITS	5	
49.14 MISC OTC/MATERIALS REVENUE	B	-229	OTHER ADMINISTRATIVE AND	6.06	
49.15 MISC OTC/MATERIALS REVENUE	B	-136,947	DURABLE MEDICAL EQUIP-REN	66	
49.16 OP NUTRITION COUNSELING	B	-44,870	DIETARY	11	
49.17 OCC FOOD SERVICE REVENUE	B	-11,810	DIETARY	11	
49.18 PBX DOCTORS AND PATIENTS	B	-11,794	NONPATIENT TELEPHONES	6.01	
49.19 PHYS THERAPY	B	-29,416	PHYSICAL THERAPY	50	
49.20 POOL WATER TESTING	B	-34,333	LABORATORY	44	
49.21 PROPERTY LEASE RENTALS	B	-10	EMERGENCY	61	
49.22 PURCHASE DISCOUNTS	B	-104,703	OTHER ADMINISTRATIVE AND	6.06	
49.23 PURCHASE DISCOUNTS	B	-309	DIETARY	11	
49.24 PURCHASE DISCOUNTS	B	-739	CENTRAL SERVICES & SUPPLY	15	
49.25 PURCHASE DISCOUNTS	B	-654,032	PURCHASING, RECEIVING AND	6.03	
49.26 RADIOLOGY FILM COPIES	B	-1,370	RADIOLOGY-DIAGNOSTIC	41	
49.27 RADIOLOGY INC SERVICES	B	-2,400	RADIOLOGY-DIAGNOSTIC	41	
49.28 SALE OF MED. RECORDS	B	-64,262	MEDICAL RECORDS & LIBRARY	17	
49.29 VENDING MACHINES	B	-25,977	DIETARY	11	
49.30 OP DIABETES	B	-129,384	DIETARY	11	
49.31 VOLUME REBATES/PHARM MANUF. DISPLAYS	B	-260,698	PHARMACY	16	
49.32 XRAY TUITION	B	-37,497	PARAMED ED PRGM	24	
49.33 XRAY BILLING FEES	B	-13,162	RADIOLOGY-DIAGNOSTIC	41	
49.34 XRAY EQUIPMENT RENTAL	B	-21,737	RADIOLOGY-DIAGNOSTIC	41	

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4	
49.35 COMMUNITY EDUCATION	A	-260,833	INSERVICE EDUCATION	18.01	
49.36 AHA DUES FOR LOBBYING	A	-7,890	OTHER ADMINISTRATIVE AND	6.06	
49.37 AHA DUES FOR LOBBYING	A	-4,150	OTHER ADMINISTRATIVE AND	6.06	
49.38 MEDICAL STAFF DEVELOPMENT	A	-710,629	OTHER ADMINISTRATIVE AND	6.06	
49.39 LLC PHYSICIAN MINORITY INTEREST	A	-64,052	OTHER ADMINISTRATIVE AND	6.06	
49.40 SELF INSURANCE	A	-6,292,322	EMPLOYEE BENEFITS	5	
49.41 NONALLOWABLE ADVERTISING	A	-775,172	OTHER ADMINISTRATIVE AND	6.06	
49.42 COMMUNITY RECOGN./APPRECIATION	A	-10,227	EMPLOYEE BENEFITS	5	
49.43 COMMUNITY RECOGN./APPRECIATION	A	-43,772	OTHER ADMINISTRATIVE AND	6.06	
49.44 COMMUNITY RECOGN./APPRECIATION	A	-7,279	DIETARY	11	
49.45 COMMUNITY RECOGN./APPRECIATION	A	-267	PHARMACY	16	
49.46 COMMUNITY RECOGN./APPRECIATION	A	-292	MEDICAL RECORDS & LIBRARY	17	
49.47 COMMUNITY RECOGN./APPRECIATION	A	-44,453	INSERVICE EDUCATION	18.01	
49.48 COMMUNITY RECOGN./APPRECIATION	A	-267	PARAMED ED PRGM	24	
49.49 COMMUNITY RECOGN./APPRECIATION	A	-2,099	ADULTS & PEDIATRICS	25	
49.50 COMMUNITY RECOGN./APPRECIATION	A	-510	INTENSIVE CARE UNIT	26	
49.51 COMMUNITY RECOGN./APPRECIATION	A	-643	SUBPROVIDER	31	
49.52 COMMUNITY RECOGN./APPRECIATION	A	-84	SUBPROVIDER 2	31.01	
49.53 COMMUNITY RECOGN./APPRECIATION	A	-1,010	NURSERY	33	
49.54 COMMUNITY RECOGN./APPRECIATION	A	-1,532	OPERATING ROOM	37	
49.55 COMMUNITY RECOGN./APPRECIATION	A	-856	PHYSICAL THERAPY	50	
49.56 COMMUNITY RECOGN./APPRECIATION	A	-672	ELECTROCARDIOLOGY	53	
49.57 COMMUNITY RECOGN./APPRECIATION	A	-293	O/P CHEMICAL DEPENDENCY	54.03	
49.58 PHYSICIAN RELOCATION	A	-12,106	EMPLOYEE BENEFITS	5	
49.59 MARKETING	A	-412	EMPLOYEE BENEFITS	5	
49.60 MARKETING	A	-216,703	OTHER ADMINISTRATIVE AND	6.06	
49.61 MARKETING	A	-126	DIETARY	11	
49.62 MARKETING	A	-846	ADULTS & PEDIATRICS	25	
49.63 MARKETING	A	-353	SUBPROVIDER	31	
49.64 MARKETING	A	-83	PHYSICAL THERAPY	50	
49.65 MARKETING	A	-589	ELECTROCARDIOLOGY	53	
49.66 MARKETING	A	-425	HOSPICE	93	
49.67 PT TELEPHONE EXPENSE	A	-28,962	NONPATIENT TELEPHONES	6.01	
49.68 1994 AHA ADJUSTMENT BLDG	A	-499	NEW CAP REL COSTS-BLDG &	3	9
49.69 1994 AHA ADJUSTMENT MME	A	-5,067	NEW CAP REL COSTS-BLDG &	3	9
49.70 AHA DEPREC ADJUSTMENT	A	-165	NEW CAP REL COSTS-BLDG &	3	9
49.71 AHA LIVES 1991	A	-3,333	NEW CAP REL COSTS-BLDG &	3	9
49.72 LI FELINE EXPENSE	A	-88	NEW CAP REL COSTS-BLDG &	3	9
49.73 LI FELINE EXPENSE	A	-30,726	DURABLE MEDICAL EQUIP-REN	66	
49.74 LI FELINE EXPENSE	A	-14,333	DURABLE MEDICAL EQUIP-REN	66	
50 TOTAL (SUM OF LINES 1 THRU 49)		-28,159,206			

(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	37	OPERATING ROOM	REID OUTPATIENT SURGERY	13,509,992	17,875,461	-4,365,469	
2							
3							
4							
5		TOTALS		13,509,992	17,875,461	-4,365,469	

* 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 XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	A	REID O/P SURGERY & ENDO	55.00	0.00	OUTPATIENT SURGERY
2			0.00	0.00	
3			0.00	0.00	
4			0.00	0.00	
5			0.00	0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 8/10/2009
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	PSYCH	1,361,500	1,361,500					
2 31	1 ACUTE REHAB	75,553	75,553					
3 37	CV SURGERY/ANESTHESIA	4,427,831	4,427,831					
4 44	LABORATORY	774,411	774,411					
5 49	RESPIRATORY THERAPY	649	649					
6 53	CARDIOLOGY	157,407	157,407					
7 61	ER	4,739,824	4,700,924	38,900	159,800	389	29,886	1,494
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	11,537,175	11,498,275	38,900		389	29,886	1,494

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	PSYCH							1,361,500
2 31	1 ACUTE REHAB							75,553
3 37	CV SURGERY/ANESTHESIA							4,427,831
4 44	LABORATORY							774,411
5 49	RESPIRATORY THERAPY							649
6 53	CARDIOLOGY							157,407
7 61	ER					29,886	9,014	4,709,938
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					29,886	9,014	11,507,289

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3.01	NEW CAP BLDG & FIXT - OFFSITE BLDGS	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	7	PHONES		ENTERED
6.02	DATA PROCESSING	8	TERMINALS		ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	SUPPLY	EXPENSE	ENTERED
6.04	ADMITTING	10	TOTAL	REVENUE	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	10	TOTAL	REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-11	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	13	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	14	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	15	HOURS OF	SERVICE	ENTERED
11	DIETARY	16	MEALS	SERVED	ENTERED
12	CAFETERIA	17	MANHOURS		ENTERED
14	NURSING ADMINISTRATION	19	MANHOURS		ENTERED
15	CENTRAL SERVICES & SUPPLY	20	MED	SUPPLIES	ENTERED
16	PHARMACY	21	DRUGS		ENTERED
17	MEDICAL RECORDS & LIBRARY	22	TOTAL	REVENUE	ENTERED
18	SOCIAL SERVICE	23	TIME	SPENT	ENTERED
18.01	INSERVICE EDUCATION	24	IN HOUSE	ED	ENTERED
24	PARAMED ED PRGM	30	TIME	SPEND	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CAP BLDG & FIXT - OFF 3.01	NEW CAP REL C OSTS-MVBLE E FITS 4	EMPLOYEE BENE FITS 5	NONPATIENT TELEPHONES 6.01	DATA PROCESSING 6.02
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG & NEW CAP BLDG & FIXT - OFF	12,168,890	12,168,890	682,329				
004 NEW CAP REL COSTS-MVBLE E EMPLOYEE BENEFITS	14,094,270	48,197			14,142,467		
006 01 NONPATIENT TELEPHONES	513,331	21,857			40,742	575,930	
006 02 DATA PROCESSING	9,981,603	184,409	2,702		366,023	52,859	10,587,596
006 03 PURCHASING, RECEIVING AND	691,043	293,663			149,440	9,003	143,723
006 04 ADMINISTRATION	1,187,192	96,176	3,482		177,139	22,654	239,538
006 05 CASHIERING/ACCOUNTS RECEIVABLE	3,399,483	3,729	14,823		243,628	29,624	431,169
006 06 OTHER ADMINISTRATIVE AND OPERATIONS	10,346,859	435,293	1,687		617,163	26,139	550,938
008 OPERATION OF PLANT	5,014,301	2,613,914	3,530		303,634	14,231	223,569
009 LAUNDRY & LINEN SERVICE	721,178	191,934			61,946	1,743	15,969
010 HOUSEKEEPING	2,096,190	194,443			276,558	1,743	31,938
011 DIETARY	1,534,725	316,992			274,761	21,492	287,446
012 CAFETERIA	799,101	117,030			155,104		
014 NURSING ADMINISTRATION	926,996	39,250			143,071	5,228	87,831
015 CENTRAL SERVICES & SUPPLY	2,250,042	131,697			96,220	2,904	103,800
016 PHARMACY	13,896,184	102,682			438,253	12,198	263,492
017 MEDICAL RECORDS & LIBRARY	3,572,625	135,292	12,109		488,468	19,169	479,077
018 SOCIAL SERVICE	1,358,512	49,351			198,504	7,551	151,708
018 01 IN-SERVICE EDUCATION	811,151	241,536			99,628	9,875	934,200
024 PARAMEDICAL PRGM	215,820	36,708			36,857	871	55,892
025 INPATIENT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	12,948,592	1,523,618			1,839,708	59,539	1,197,692
026 INTENSIVE CARE UNIT	5,890,574	258,243			794,543	11,327	231,554
031 SUBPROVIDER	1,544,122	263,243			206,459	5,228	151,708
031 01 SUBPROVIDER 2	1,335,438	253,828			200,622	6,680	135,738
033 NURSERY	558,931	26,992			83,571		
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	25,600,765	753,272	15,942		818,299	37,176	830,400
039 DELIVERY ROOM & LABOR ROOM	981,807	75,356			137,511	11,036	223,569
041 RADIOLOGY-DIAGNOSTIC	14,952,672	1,145,368			1,108,714	38,337	878,307
044 LABORATORY	7,456,925	203,490			555,831	15,683	415,200
047 BLOOD STORAGE, PROCESSING	1,711,423	15,988			56,476		47,908
049 RESPIRATORY THERAPY	2,014,189	28,263			271,451	3,485	103,800
050 PHYSICAL THERAPY	4,303,855	46,558	268,003		609,689	22,654	447,138
053 ELECTROCARDIOLOGY	4,070,955	389,688			174,703	2,614	375,277
054 ELECTROENCEPHALOGRAPHY	178,146	32,845	6,269		22,615		23,954
054 01 CARDIAC REHAB	295,003	80,205			34,199	2,323	
054 02 EMG & ENG	158,675	21,590			18,800		
054 03 O/P CHEMICAL DEPENDENCY	297,876	105,056	3,132		44,354	2,614	47,908
054 04 CARDIAC CATH	8,218,512	296,104			184,192	8,132	
054 06 O/P PSYCHIATRIC	154,454	35,203			14,627	3,776	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	423,215	11,890				1,162	15,969
061 OUTPAT SERVICE COST CNTRS EMERGENCY	5,254,112	298,412			723,467	21,202	511,015
062 OBSERVATION BEDS (NON-DIS)							
063 PATIENT CARE CENTER - OCC	1,318,343	171,398			182,701	13,360	271,477
066 OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-REN SPEC PURPOSE COST CENTERS	1,287,478	52,093			89,945	5,518	71,862
093 HOSPICE	1,119,223	8,194			99,168		
095 SUBTOTALS	188,337,110	11,351,050	331,679		12,438,784	509,130	9,980,766
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFICE	14,436,848	75,422	221,883		1,459,192	26,429	319,384
100 RENTAL SPACE	-23,493	199,928	29,084			36,014	
100 01 FOUNDATION	424,043	9,850			48,494	1,162	23,954
100 02 RETAIL SERVICES	64,500	29,701			8,242		15,969
100 03 REID CONTRACTED SERVICES	457,813	9,984			65,239		
100 04 REID PHYSICIAN ASSOC.	1,237,014				116,731	3,195	247,523
100 05 OTHER NON REIMBURSABLE CO	41,979	58,816	33,516		5,785		
100 06 VACANT SPACE		434,139	66,167				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	204,975,814	12,168,890	682,329		14,142,467	575,930	10,587,596

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.03	6.04	6.05	6a.05	6.06	8	9
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP BLDG & FIXT - OFF							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND	1,286,872						
006 04 ADMINISTRATION	1,394	1,727,575					
006 05 CASHIERING/ACCOUNTS RECEI	1,507		4,123,963				
006 06 OTHER ADMINISTRATIVE AND	4,667			11,982,746	11,982,746		
008 OPERATION OF PLANT	7,716			8,180,895	507,944	8,688,839	
009 LAUNDRY & LINEN SERVICE	14,967			1,007,737	62,569	193,089	1,263,395
010 HOUSEKEEPING	7,624			2,608,496	161,959	195,612	
011 DIETARY	4,278			2,439,694	151,478	296,102	
012 CAFETERIA				1,071,235	66,512	117,734	
014 NURSING ADMINISTRATION	464			1,202,840	74,683	39,486	
015 CENTRAL SERVICES & SUPPLY	57,840			2,642,503	164,070	132,489	
016 PHARMACY	60,887			14,773,696	917,284	99,918	
017 MEDICAL RECORDS & LIBRARY	1,556			4,708,296	292,333	169,821	
018 SOCIAL SERVICE	443			1,766,069	109,653	49,648	
018 01 INSERVICE EDUCATION	1,415			2,097,805	130,251	242,989	
024 PARAMED ED PRGM	258			346,406	21,508	36,929	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	27,674	113,152	270,110	17,980,085	1,116,365	1,532,778	444,010
026 INTENSIVE CARE UNIT	20,147	31,563	75,345	7,313,296	454,075	259,796	103,593
031 SUBPROVIDER	2,294	9,620	22,964	2,205,638	136,946	264,826	37,690
031 01 SUBPROVIDER 2	1,687	9,057	21,619	1,964,669	121,984	255,354	56,731
033 NURSERY	1,264	5,708	13,625	690,091	42,847	27,154	51,642
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	412,678	316,985	756,681	29,542,198	1,834,247	641,414	195,042
039 DELIVERY ROOM & LABOR ROO	4,078	23,413	55,891	1,512,661	93,920	75,809	
041 RADIOLOGY-DIAGNOSTIC	68,239	280,797	670,302	19,142,736	1,188,553	729,454	104,893
044 LABORATORY	136,277	181,842	434,083	9,399,331	583,595	204,714	181
047 BLOOD STORING, PROCESSING	63,384	11,658	27,830	1,934,667	120,122	16,084	
049 RESPIRATORY THERAPY	8,207	34,052	81,286	2,544,733	158,000	24,883	
050 PHYSICAL THERAPY	4,542	33,835	80,768	5,817,042	361,174	792,678	10,799
053 ELECTROCARDIOLOGY	10,936	75,773	180,881	5,280,827	327,881	167,045	3,572
054 ELECTROENCEPHALOGRAPHY	310	5,765	13,763	283,667	17,613	50,489	5,413
054 01 CARDIAC REHAB	571	2,336	5,577	420,214	26,091	24,479	609
054 02 EMG & ENG	294	4,394	10,490	214,243	13,302	16,050	
054 03 O/P CHEMICAL DEPENDENCY	143	3,141	7,498	511,722	31,772	114,420	
054 04 CARDIAC CATH	280,951	133,657	319,058	9,440,606	586,158	188,428	33,946
054 06 O/P PSYCHIATRIC	434	1,334	3,185	213,013	13,226	35,414	
055 MEDICAL SUPPLIES CHARGED		2,180	5,205	7,385	459		
056 DRUGS CHARGED TO PATIENTS		160,105	382,194	542,299	33,671		
057 RENAL DIALYSIS	1,177	1,856	4,431	459,700	28,542	11,962	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	18,390	146,699	350,191	7,323,488	454,708	300,207	203,439
062 OBSERVATION BEDS (NON-DIS							
063 PATIENT CARE CENTER - OCC	1,183	3,201	7,641	1,969,304	122,272	50,859	11,835
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	31,832	14,637	34,941	1,588,306	98,616	52,407	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	10,353	7,165	17,105	1,261,208	78,307	8,244	
095 SUBTOTALS	1,272,061	1,613,925	3,852,664	184,391,547	10,704,690	7,418,765	1,263,395
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC	11,426	107,562	256,765	16,914,911	1,050,230	693,366	
100 RENTAL SPACE				241,533	14,997	282,071	
100 01 FOUNDATION	435			507,938	31,537	9,909	
100 02 RETAIL SERVICES	348			118,760	7,374	29,879	
100 03 REID CONTRACTED SERVICES				533,036	33,096	10,044	
100 04 REID PHYSICIAN ASSOC.	2,602	6,088	14,534	1,627,687	101,061		
100 05 OTHER NON REIMBURSABLE CO				140,096	8,698	194,569	
100 06 VACANT SPACE				500,306	31,063	50,236	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,286,872	1,727,575	4,123,963	204,975,814	11,982,746	8,688,839	1,263,395

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP BLDG & FIXT - OFF							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,966,067						
011 DIETARY	62,102	2,949,376					
012 CAFETERIA	94,173		1,349,654				
014 NURSING ADMINISTRATION			12,766	1,329,775			
015 CENTRAL SERVICES & SUPPLY	28,548		22,218		2,989,828		
016 PHARMACY	32,256		50,967			15,874,121	
017 MEDICAL RECORDS & LIBRARY	21,319		93,488			21	5,285,290
018 SOCIAL SERVICE	2,781		25,359				
018 01 INSERVICE EDUCATION	30,031		12,804			711	
024 PARAMED ED PRGM	6,118		3,832				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	756,162	2,335,620	239,103	406,503	1,000	26,004	346,179
026 INTENSIVE CARE UNIT	202,990	206,000	90,988	154,690	5,558	11,915	96,564
031 SUBPROVIDER	97,509	211,438	26,628	45,271	84	1,969	29,431
031 01 SUBPROVIDER 2	93,431	196,318	22,060	37,504	43	2,661	27,708
033 NURSERY	18,909		8,093	13,758			17,462
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	178,520		77,301	131,420	1,512,824	129,730	969,704
039 DELIVERY ROOM & LABOR ROO	68,034		16,733	28,448	40	6,147	71,631
041 RADIOLOGY-DIAGNOSTIC	122,906		146,321	248,761	25,439	452,322	859,075
044 LABORATORY	82,494		88,085			48	556,331
047 BLOOD STORING, PROCESSING	3,893		6,475		249,013		35,668
049 RESPIRATORY THERAPY	31,144		33,384	56,756	13	23,234	104,178
050 PHYSICAL THERAPY	159,797		80,620		9,178	416	103,514
053 ELECTROCARDIOLOGY	22,246		24,367		269	406,287	231,821
054 ELECTROENCEPHALOGRAPHY	15,201		3,125				17,639
054 01 CARDIAC REHAB	12,235		5,041	8,571	20		7,148
054 02 EMG & ENG	1,483		2,992				13,444
054 03 O/P CHEMICAL DEPENDENCY	7,971		7,250				9,609
054 04 CARDIAC CATH	28,734		20,412	34,703	983,416	1,164	408,912
054 06 O/P PSYCHIATRIC	16,870		2,774	4,716	82		4,082
055 MEDICAL SUPPLIES CHARGED					95,955		6,671
056 DRUGS CHARGED TO PATIENTS						14,209,415	489,829
057 RENAL DIALYSIS	21,689						5,678
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	217,264		93,332	158,674	1,628	5,553	448,814
062 OBSERVATION BEDS (NON-DIS							
063 PATIENT CARE CENTER - OCC	19,650		31,320		20	7,572	9,792
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	12,420		18,371		105,225	87	44,781
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	8,157		13,068			178,278	21,922
095 SUBTOTALS	2,477,037	2,949,376	1,279,277	1,329,775	2,989,828	15,463,525	4,937,587
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC	30,958		32,447			311,580	329,076
100 RENTAL SPACE	41,340						
100 01 FOUNDATION	2,966		5,204				
100 02 RETAIL SERVICES			1,378				
100 03 REID CONTRACTED SERVICES	413,766		15,184				
100 04 REID PHYSICIAN ASSOC.			13,074			99,016	18,627
100 05 OTHER NON REIMBURSABLE CO			3,090				
100 06 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,966,067	2,949,376	1,349,654	1,329,775	2,989,828	15,874,121	5,285,290

COST CENTER DESCRIPTION	SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED ED PRGM	PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	18	18.01	24		25	26	27
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP BLDG & FIXT - OFF							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCI AL SERVICE	1,953,510						
018 01 INSERVICE EDUCATION		2,514,591					
024 PARAMED ED PRGM		46,972	461,765				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,452,726	845,708			27,482,243		27,482,243
026 INTENSIVE CARE UNIT	116,173	321,265			9,336,903		9,336,903
031 SUBPROVIDER		89,992			3,147,422		3,147,422
031 01 SUBPROVIDER 2		46,167			2,824,630		2,824,630
033 NURSERY		18,437			888,393		888,393
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		6,146			35,218,546		35,218,546
039 DELIVERY ROOM & LABOR ROO	10,151	31,753			1,915,327		1,915,327
041 RADIOLOGY-DIAGNOSTIC		154,450	461,765		23,636,675		23,636,675
044 LABORATORY		100,894			11,015,673		11,015,673
047 BLOOD STORING, PROCESSING		14,487			2,380,409		2,380,409
049 RESPIRATORY THERAPY		72,067			3,048,392		3,048,392
050 PHYSICAL THERAPY		101,845			7,437,063		7,437,063
053 ELECTROCARDIOLOGY		31,095			6,495,410		6,495,410
054 ELECTROENCEPHALOGRAPHY		3,439			396,586		396,586
054 01 CARDIAC REHAB		6,658			511,066		511,066
054 02 EMG & ENG		1,975			263,489		263,489
054 03 O/P CHEMICAL DEPENDENCY		10,609			693,353		693,353
054 04 CARDIAC CATH		69,726			11,796,205		11,796,205
054 06 O/P PSYCHIATRIC		5,195			295,372		295,372
055 MEDICAL SUPPLIES CHARGED					110,470		110,470
056 DRUGS CHARGED TO PATIENTS					15,275,214		15,275,214
057 RENAL DIALYSIS					527,571		527,571
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	374,460	338,752			9,920,319		9,920,319
062 OBSERVATION BEDS (NON-DIS							
063 PATIENT CARE CENTER - OCC		40,533			2,263,157		2,263,157
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN		17,047			1,937,260		1,937,260
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		17,486			1,586,670		1,586,670
095 SUBTOTALS	1,953,510	2,392,698	461,765		180,403,818		180,403,818
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC		45,581			19,408,149		19,408,149
100 RENTAL SPACE					579,941		579,941
100 01 FOUNDATION		4,683			562,237		562,237
100 02 RETAIL SERVICES		293			157,684		157,684
100 03 REID CONTRACTED SERVICES		9,146			1,014,272		1,014,272
100 04 REID PHYSICIAN ASSOC.		62,190			1,921,655		1,921,655
100 05 OTHER NON REIMBURSABLE CO					346,453		346,453
100 06 VACANT SPACE					581,605		581,605
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,953,510	2,514,591	461,765		204,975,814		204,975,814

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG & 3	NEW CAP BLDG & FIXT - OFF 3.01	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	NONPATIENT TELEPHONES 6.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP BLDG & FIXT - OFF							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	9,201	48,197			57,398	57,398	
006 01 NONPATIENT TELEPHONES	4,678	21,857			26,535	165	26,700
006 02 DATA PROCESSING	1,547,198	184,409	2,702		1,734,309	1,486	2,451
006 03 PURCHASING, RECEIVING AND	110,094	293,663			403,757	607	417
006 04 ADMINITTING	17,341	96,176	3,482		116,999	719	1,050
006 05 CASHIERING/ACCOUNTS RECEI	59,612	3,729	14,823		78,164	989	1,373
006 06 OTHER ADMINISTRATIVE AND	122,852	435,293	1,687		559,832	2,505	1,212
008 OPERATION OF PLANT	56,837	2,613,914	3,530		2,674,281	1,232	660
009 LAUNDRY & LINEN SERVICE	48,949	191,934			240,883	251	81
010 HOUSEKEEPING	19,681	194,443			214,124	1,123	81
011 DIETARY	142,258	316,992			459,250	1,115	996
012 CAFETERIA		117,030			117,030	630	
014 NURSING ADMINISTRATION	11,920	39,250			51,170	581	242
015 CENTRAL SERVICES & SUPPLY	301,222	131,697			432,919	391	135
016 PHARMACY	237,917	102,682			340,599	1,779	566
017 MEDICAL RECORDS & LIBRARY	438,546	135,292	12,109		585,947	1,983	889
018 SOCIAL SERVICE	22,110	49,351			71,461	806	350
018 01 INSERVICE EDUCATION	34,469	241,536			276,005	404	458
024 PARAMED PRGM	3,842	36,708			40,550	150	40
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	309,966	1,523,618			1,833,584	7,459	2,760
026 INTENSIVE CARE UNIT	335,013	258,243			593,256	3,225	525
031 SUBPROVIDER	23,375	263,243			286,618	838	242
031 01 SUBPROVIDER 2	18,297	253,828			272,125	814	310
033 NURSERY	4,804	26,992			31,796	339	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,425,292	753,272	15,942		4,194,506	3,322	1,723
039 DELIVERY ROOM & LABOR ROO	19,148	75,356			94,504	558	512
041 RADIOLOGY-DIAGNOSTIC	4,183,860	1,145,368			5,329,228	4,500	1,777
044 LABORATORY	232,854	203,490			436,344	2,256	727
047 BLOOD STORING, PROCESSING	6,974	15,988			22,962	229	
049 RESPIRATORY THERAPY	88,154	28,263			116,417	1,102	162
050 PHYSICAL THERAPY	150,828	46,558	268,003		465,389	2,475	1,050
053 ELECTROCARDIOLOGY	399,666	389,688			789,354	709	121
054 ELECTROENCEPHALOGRAPHY	17,167	32,845	6,269		56,281	92	
054 01 CARDIAC REHAB	61,879	80,205			142,084	139	108
054 02 EMG & ENG	21,760	21,590			43,350	76	
054 03 O/P CHEMICAL DEPENDENCY	2,703	105,056	3,132		110,891	180	121
054 04 CARDIAC CATH	954,668	296,104			1,250,772	748	377
054 06 O/P PSYCHIATRIC	13,708	35,203			48,911	59	175
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	2,510	11,890			14,400		54
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	248,313	298,412			546,725	2,937	983
062 OBSERVATION BEDS (NON-DIS							
063 PATIENT CARE CENTER - OCC	126,252	171,398			297,650	742	619
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	84,508	52,093			136,601	365	256
066 SPEC PURPOSE COST CENTERS							
093 HOSPICE	1,817	8,194			10,011	403	
095 SUBTOTALS	13,922,243	11,351,050	331,679		25,604,972	50,483	23,603
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	210,186	75,422	221,883		507,491	5,923	1,225
100 RENTAL SPACE	691	199,928	29,084		229,703		1,670
100 01 FOUNDATION	11,755	9,850			21,605	197	54
100 02 RETAIL SERVICES		29,701			29,701	33	
100 03 REID CONTRACTED SERVICES		9,984			9,984	265	
100 04 REID PHYSICIAN ASSOC.	37,480				37,480	474	148
100 05 OTHER NON REIMBURSABLE CO		58,816	33,516		92,332	23	
100 06 VACANT SPACE		434,139	66,167		500,306		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	14,182,355	12,168,890	682,329		27,033,574	57,398	26,700

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.02	6.03	6.04	6.05	6.06	8	9
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP BLDG & FIXT - OFF							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	1,738,246						
006 03 PURCHASING, RECEIVING AND	23,596	428,377					
006 04 ADMINISTRATION	39,327	464	158,559				
006 05 CASHIERING/ACCOUNTS RECEI	70,788	502		151,816			
006 06 OTHER ADMINISTRATIVE AND	90,452	1,554			655,555		
008 OPERATION OF PLANT	36,705	2,569			27,791	2,743,238	
009 LAUNDRY & LINEN SERVICE	2,622	4,982			3,423	60,962	313,204
010 HOUSEKEEPING	5,244	2,538			8,861	61,759	
011 DIETARY	47,192	1,424			8,288	93,485	
012 CAFETERIA					3,639	37,171	
014 NURSING ADMINISTRATION	14,420	155			4,086	12,466	
015 CENTRAL SERVICES & SUPPLY	17,042	19,255			8,977	41,829	
016 PHARMACY	43,260	20,269			50,186	31,546	
017 MEDICAL RECORDS & LIBRARY	78,654	518			15,994	53,616	
018 SOCIAL SERVICE	24,907	148			5,999	15,675	
018 01 INSERVICE EDUCATION	153,375	471			7,126	76,716	
024 PARAMED PRGM	9,176	86			1,177	11,659	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	196,632	9,213	10,389	9,956	61,078	483,930	110,074
026 INTENSIVE CARE UNIT	38,016	6,707	2,898	2,777	24,843	82,023	25,681
031 SUBPROVIDER	24,907	764	883	846	7,493	83,611	9,344
031 01 SUBPROVIDER 2	22,285	562	832	797	6,674	80,620	14,064
033 NURSERY		421	524	502	2,344	8,573	12,802
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	136,333	137,360	29,049	27,702	100,313	202,507	48,352
039 DELIVERY ROOM & LABOR ROO	36,705	1,357	2,150	2,060	5,139	23,934	
041 RADIOLOGY-DIAGNOSTIC	144,198	22,716	25,781	24,707	65,028	230,303	26,004
044 LABORATORY	68,167	45,365	16,696	16,000	31,930	64,632	45
047 BLOOD STORING, PROCESSING	7,865	21,100	1,070	1,026	6,572	5,078	
049 RESPIRATORY THERAPY	17,042	2,732	3,126	2,996	8,644	7,856	
050 PHYSICAL THERAPY	73,410	1,512	3,106	2,977	19,760	250,264	2,677
053 ELECTROCARDIOLOGY	61,612	3,641	6,957	6,667	17,939	52,739	885
054 ELECTROENCEPHALOGRAPHY	3,933	103	529	507	964	15,940	1,342
054 01 CARDIAC REHAB		190	214	206	1,427	7,728	151
054 02 EMG & ENG		98	403	387	728	5,067	
054 03 O/P CHEMICAL DEPENDENCY	7,865	48	288	276	1,738	36,125	
054 04 CARDIAC CATH		93,526	12,271	11,760	32,070	59,491	8,415
054 06 O/P PSYCHIATRIC		145	123	117	724	11,181	
055 MEDICAL SUPPLIES CHARGED			200	192	25		
056 DRUGS CHARGED TO PATIENTS			14,700	14,087	1,842		
057 RENAL DIALYSIS	2,622	392	170	163	1,562	3,777	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	83,897	6,122	13,469	12,908	24,878	94,781	50,434
062 OBSERVATION BEDS (NON-DIS							
063 PATIENT CARE CENTER - OCC	44,570	394	294	282	6,690	16,057	2,934
066 OTHER REIMBURS COST CNTRS							
066 DURABLE MEDICAL EQUIP-REN	11,798	10,597	1,344	1,288	5,395	16,546	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		3,446	658	630	4,284	2,603	
095 SUBTOTALS	1,638,617	423,446	148,124	141,816	585,631	2,342,250	313,204
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					820	89,055	
098 PHYSICIANS' PRIVATE OFFIC	52,436	3,804	9,876	9,464	57,460	218,909	
100 RENTAL SPACE							
100 01 FOUNDATION	3,933	145			1,725	3,129	
100 02 RETAIL SERVICES	2,622	116			403	9,434	
100 03 REID CONTRACTED SERVICES					1,811	3,171	
100 04 REID PHYSICIAN ASSOC.	40,638	866	559	536	5,529		
100 05 OTHER NON REIMBURSABLE CO					476	61,429	
100 06 VACANT SPACE					1,700	15,861	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,738,246	428,377	158,559	151,816	655,555	2,743,238	313,204

ALLOCATION OF NEW CAPITAL RELATED COSTS

15-0048

FROM 1/ 1/2008

WORKSHEET B

TO 12/31/2008

PART III

COST CENTER DESCRIPTION		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		10	11	12	14	15	16	17
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG & FIXT - OFF							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING AND							
006	04 ADMINISTRATION							
006	05 CASHIERING/ACCOUNTS RECEI							
006	06 OTHER ADMINISTRATIVE AND							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	293,730						
011	DIETARY	6,150	617,900					
012	CAFETERIA	9,326		167,796				
014	NURSING ADMINISTRATION			1,587	84,707			
015	CENTRAL SERVICES & SUPPLY	2,827		2,762		526,137		
016	PHARMACY	3,194		6,336			497,735	
017	MEDICAL RECORDS & LIBRARY	2,111		11,623		4		751,339
018	SOCIAL SERVICE	275		3,153				
018	01 INSERVICE EDUCATION	2,974		1,592			22	
024	PARAMEDICAL PRGM	606		476				
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	74,883	489,317	29,730	25,895	176	815	49,203
026	INTENSIVE CARE UNIT	20,102	43,157	11,312	9,854	978	374	13,725
031	SUBPROVIDER	9,656	44,297	3,311	2,884	15	62	4,183
031	01 SUBPROVIDER 2	9,252	41,129	2,743	2,389	8	83	3,938
033	NURSERY	1,873		1,006	876			2,482
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	17,679		9,610	8,371	266,220	4,068	137,959
039	DELIVERY ROOM & LABOR ROO	6,737		2,080	1,812	7	193	10,181
041	RADIOLOGY-DIAGNOSTIC	12,171		18,191	15,846	4,477	14,183	122,101
044	LABORATORY	8,169		10,951			1	79,072
047	BLOOD STORING, PROCESSING	386		805		43,820		5,070
049	RESPIRATORY THERAPY	3,084		4,150	3,615	2	729	14,807
050	PHYSICAL THERAPY	15,825		10,023		1,615	13	14,713
053	ELECTROCARDIOLOGY	2,203		3,029		47	12,739	32,949
054	ELECTROENCEPHALOGRAPHY	1,505		388				2,507
054	01 CARDIAC REHAB	1,212		627	546	4		1,016
054	02 EMG & ENG	147		372				1,911
054	03 O/P CHEMICAL DEPENDENCY	789		901				1,366
054	04 CARDIAC CATH	2,846		2,538	2,211	173,057	36	58,119
054	06 O/P PSYCHIATRIC	1,671		345	300	14		580
055	MEDICAL SUPPLIES CHARGED					16,886		948
056	DRUGS CHARGED TO PATIENTS						445,538	69,620
057	RENAL DIALYSIS	2,148						807
	OUTPAT SERVICE COST CNTRS							
061	EMERGENCY	21,516		11,603	10,108	286	174	63,790
062	OBSERVATION BEDS (NON-DIS							
063	PATIENT CARE CENTER - OCC	1,946		3,894		4	237	1,392
	OTHER REIMBURS COST CNTRS							
066	DURABLE MEDICAL EQUIP-REN	1,230		2,284		18,517	3	6,365
	SPEC PURPOSE COST CENTERS							
093	HOSPICE	808		1,625			5,590	3,116
095	SUBTOTALS	245,301	617,900	159,047	84,707	526,137	484,860	701,920
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFIC	3,066		4,034			9,770	46,772
100	RENTAL SPACE	4,094						
100	01 FOUNDATION	294		647				
100	02 RETAIL SERVICES			171				
100	03 REID CONTRACTED SERVICES	40,975		1,888				
100	04 REID PHYSICIAN ASSOC.			1,625			3,105	2,647
100	05 OTHER NON REIMBURSABLE CO			384				
100	06 VACANT SPACE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	293,730	617,900	167,796	84,707	526,137	497,735	751,339

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		18	18.01	24	25	26	27
003	GENERAL SERVICE COST CNTR						
003	01 NEW CAP REL COSTS-BLDG & BLDG & FIXT - OFF						
004	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006	01 NONPATIENT TELEPHONES						
006	02 DATA PROCESSING						
006	03 PURCHASING, RECEIVING AND						
006	04 ADMINITTING						
006	05 CASHIERING/ACCOUNTS RECEI						
006	06 OTHER ADMINISTRATIVE AND						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE	122,774					
018	01 INSERVICE EDUCATION		519,143				
024	PARAMED ED PRGM		9,697	73,617			
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	91,301	174,600		3,660,995		3,660,995
026	INTENSIVE CARE UNIT	7,301	66,326		953,080		953,080
031	SUBPROVIDER		18,579		498,533		498,533
031	01 SUBPROVIDER 2		9,531		468,156		468,156
033	NURSERY		3,806		67,344		67,344
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM		1,269		5,326,343		5,326,343
039	DELIVERY ROOM & LABOR ROO	638	6,556		195,123		195,123
041	RADIOLOGY-DIAGNOSTIC		31,887		6,093,098		6,093,098
044	LABORATORY		20,830		801,185		801,185
047	BLOOD STORING, PROCESSING		2,991		118,974		118,974
049	RESPIRATORY THERAPY		14,878		201,342		201,342
050	PHYSICAL THERAPY		21,026		885,835		885,835
053	ELECTROCARDIOLOGY		6,420		998,011		998,011
054	ELECTROENCEPHALOGRAPHY		710		84,801		84,801
054	01 CARDIAC REHAB		1,375		157,027		157,027
054	02 EMG & ENG		408		52,947		52,947
054	03 O/P CHEMICAL DEPENDENCY		2,190		162,778		162,778
054	04 CARDIAC CATH		14,395		1,722,632		1,722,632
054	06 O/P PSYCHIATRIC		1,072		65,417		65,417
055	MEDICAL SUPPLIES CHARGED				18,251		18,251
056	DRUGS CHARGED TO PATIENTS				545,787		545,787
057	RENAL DIALYSIS				26,095		26,095
	OUTPAT SERVICE COST CNTRS						
061	EMERGENCY	23,534	69,936		1,038,081		1,038,081
062	OBSERVATION BEDS (NON-DIS						
063	PATIENT CARE CENTER - OCC		8,368		386,073		386,073
	OTHER REIMBURS COST CNTRS						
066	DURABLE MEDICAL EQUIP-REN		3,519		216,108		216,108
	SPEC PURPOSE COST CENTERS						
093	HOSPICE		3,610		36,784		36,784
095	SUBTOTALS	122,774	493,979		24,780,800		24,780,800
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						
098	PHYSICIANS' PRIVATE OFFIC		9,410		939,640		939,640
100	RENTAL SPACE				325,342		325,342
100	01 FOUNDATION		967		32,696		32,696
100	02 RETAIL SERVICES		60		42,540		42,540
100	03 REID CONTRACTED SERVICES		1,888		59,982		59,982
100	04 REID PHYSICIAN ASSOC.		12,839		106,446		106,446
100	05 OTHER NON REIMBURSABLE CO				154,644		154,644
100	06 VACANT SPACE				517,867		517,867
101	CROSS FOOT ADJUSTMENTS			73,617	73,617		73,617
102	NEGATIVE COST CENTER						
103	TOTAL	122,774	519,143	73,617	27,033,574		27,033,574

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
15-0048

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

PREPARED 8/10/2009
WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP BLDG & FIXT - OFF (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (TERMINALS)
	3	3.01	4	5	6.01	6.02
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	727,657					
003 01 NEW CAP BLDG & FIXT -		112,868				
004 NEW CAP REL COSTS-MVB			665,933			
005 EMPLOYEE BENEFITS	2,882		2,882	83,077,128		
006 01 NONPATIENT TELEPHONES	1,307		1,307	239,328	1,983	
006 02 DATA PROCESSING	11,027	447	11,027	2,150,132	182	1,326
006 03 PURCHASING, RECEIVING	17,560		17,560	877,853	31	18
006 04 ADMITTING	5,751	576	5,751	1,040,566	78	30
006 05 CASHIERING/ACCOUNTS R	223	2,452	223	1,431,143	102	54
006 06 OTHER ADMINISTRATIVE	26,029	279	26,029	3,625,403	90	69
008 OPERATION OF PLANT	156,303	584	156,303	1,783,639	49	28
009 LAUNDRY & LINEN SERVI	11,477		11,477	363,889	6	2
010 HOUSEKEEPING	11,627		11,627	1,624,586	6	4
011 DIETARY	18,955		18,955	1,614,029	74	36
012 CAFETERIA	6,998		6,998	911,126		
014 NURSING ADMINISTRATIO	2,347		2,347	840,442	18	11
015 CENTRAL SERVICES & SU	7,875		7,875	565,226	10	13
016 PHARMACY	6,140		6,140	2,574,431	42	33
017 MEDICAL RECORDS & LIB	8,090	2,003	8,090	2,869,408	66	60
018 SOCIAL SERVICE	2,951		2,951	1,166,075	26	19
018 01 INSERVICE EDUCATION	14,443		14,443	585,244	34	117
024 PARAMED ED PRGM	2,195		2,195	216,508	3	7
025 INPAT ROUTINE SRVC CN	91,107		91,107	10,807,014	205	150
026 ADULTS & PEDIATRICS	15,442		15,442	4,667,383	39	29
031 INTENSIVE CARE UNIT	15,741		15,741	1,212,804	18	19
031 01 SUBPROVIDER 2	15,178		15,178	1,178,514	23	17
033 NURSERY	1,614		1,614	490,920		
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	45,043	2,637	45,043	4,806,934	128	104
039 DELIVERY ROOM & LABOR	4,506		4,506	807,781	38	28
041 RADIOLOGY-DIAGNOSTIC	68,489		52,707	6,512,921	132	110
044 LABORATORY	12,168		12,168	3,265,121	54	52
047 BLOOD STORING, PROCES	956		956	331,757		6
049 RESPIRATORY THERAPY	1,690		1,690	1,594,584	12	13
050 PHYSICAL THERAPY	2,784	44,332	2,784	3,581,496	78	56
053 ELECTROCARDIOLOGY	23,302		23,302	1,026,257	9	47
054 ELECTROENCEPHALOGRAPH	1,964	1,037	1,964	132,850		3
054 01 CARDIAC REHAB	4,796		4,796	200,893	8	
054 02 EMG & ENG	1,291		1,291	110,439		
054 03 O/P CHEMICAL DEPENDEN	6,282	518	6,282	260,547	9	6
054 04 CARDIAC CATH	17,706		17,706	1,081,998	28	
054 06 O/P PSYCHIATRIC	2,105		2,105	85,924	13	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	711		711	582,543	4	2
061 OUTPAT SERVICE COST C						
061 EMERGENCY	17,844		17,844	4,249,866	73	64
062 OBSERVATION BEDS (NON						
063 PATIENT CARE CENTER -	10,249		10,249	1,073,242	46	34
066 OTHER REIMBURS COST C	3,115		3,115	528,365	19	9
066 DURABLE MEDICAL EQUIP						
066 SPEC PURPOSE COST CEN						
093 HOSPICE	490		490	582,543		
095 SUBTOTALS	678,753	54,865	662,971	73,069,181	1,753	1,250
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O	4,510	36,703		8,571,734	91	40
100 RENTAL SPACE	11,955	4,811			124	
100 01 FOUNDATION	589		589	284,869	4	3
100 02 RETAIL SERVICES	1,776		1,776	48,416		2
100 03 REID CONTRACTED SERVI	597		597	383,231		
100 04 REID PHYSICIAN ASSOC.				685,716	11	31
100 05 OTHER NON REIMBURSABL	3,517	5,544		33,981		
100 06 VACANT SPACE	25,960	10,945				
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	12,168,890	682,329		14,142,467	575,930	10,587,596
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	16.723388				290.433686	
(WRKSHT B, PT I)		6.045372		.170233		7,984.612368
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED				57,398	26,700	1,738,246
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER				.000691	13.464448	1,310.894419
(WRKSHT B, PT III)						

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	27,482,243		27,482,243		27,482,243
26	INTENSIVE CARE UNIT	9,336,903		9,336,903		9,336,903
31	SUBPROVIDER	3,147,422		3,147,422		3,147,422
31	01 SUBPROVIDER 2	2,824,630		2,824,630		2,824,630
33	NURSERY	888,393		888,393		888,393
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	35,218,546		35,218,546		35,218,546
39	DELIVERY ROOM & LABOR ROO	1,915,327		1,915,327		1,915,327
41	RADIOLOGY-DIAGNOSTIC	23,636,675		23,636,675		23,636,675
44	LABORATORY	11,015,673		11,015,673		11,015,673
47	BLOOD STORING, PROCESSING	2,380,409		2,380,409		2,380,409
49	RESPIRATORY THERAPY	3,048,392		3,048,392		3,048,392
50	PHYSICAL THERAPY	7,437,063		7,437,063		7,437,063
53	ELECTROCARDIOLOGY	6,495,410		6,495,410		6,495,410
54	ELECTROENCEPHALOGRAPHY	396,586		396,586		396,586
54	01 CARDIAC REHAB	511,066		511,066		511,066
54	02 EMG & ENG	263,489		263,489		263,489
54	03 O/P CHEMICAL DEPENDENCY	693,353		693,353		693,353
54	04 CARDIAC CATH	11,796,205		11,796,205		11,796,205
54	06 O/P PSYCHIATRIC	295,372		295,372		295,372
55	MEDICAL SUPPLIES CHARGED	110,470		110,470		110,470
56	DRUGS CHARGED TO PATIENTS	15,275,214		15,275,214		15,275,214
57	RENAL DIALYSIS	527,571		527,571		527,571
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	9,920,319		9,920,319	9,014	9,929,333
62	OBSERVATION BEDS (NON-DIS	1,969,889		1,969,889		1,969,889
63	PATIENT CARE CENTER - OCC	2,263,157		2,263,157		2,263,157
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-REN	1,937,260		1,937,260		1,937,260
101	SUBTOTAL	180,787,037		180,787,037	9,014	180,796,051
102	LESS OBSERVATION BEDS	1,969,889		1,969,889		1,969,889
103	TOTAL	178,817,148		178,817,148	9,014	178,826,162

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	23,390,026		23,390,026			
26	INTENSIVE CARE UNIT	8,003,581		8,003,581			
31	SUBPROVIDER	2,453,406		2,453,406			
31	01 SUBPROVIDER 2	2,301,840		2,301,840			
33	NURSERY	1,383,866		1,383,866			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	36,398,669	35,656,212	72,054,881	.488774	.488774	.488774
39	DELIVERY ROOM & LABOR ROO	4,763,771	1,176,839	5,940,610	.322413	.322413	.322413
41	RADIOLOGY-DIAGNOSTIC	16,375,710	53,557,965	69,933,675	.337987	.337987	.337987
44	LABORATORY	21,704,273	21,502,043	43,206,316	.254955	.254955	.254955
47	BLOOD STORING, PROCESSING	2,371,119	568,428	2,939,547	.809788	.809788	.809788
49	RESPIRATORY THERAPY	7,588,100	1,019,054	8,607,154	.354170	.354170	.354170
50	PHYSICAL THERAPY	3,193,070	5,420,672	8,613,742	.863395	.863395	.863395
53	ELECTROCARDIOLOGY	2,593,672	15,253,505	17,847,177	.363946	.363946	.363946
54	ELECTROENCEPHALOGRAPHY	2,483	1,405,864	1,408,347	.281597	.281597	.281597
54	01 CARDIAC REHAB	1,040	594,790	595,830	.857738	.857738	.857738
54	02 EMG & ENG	216,917	862,207	1,079,124	.244169	.244169	.244169
54	03 O/P CHEMICAL DEPENDENCY		801,057	801,057	.865548	.865548	.865548
54	04 CARDIAC CATH	25,101,048	8,413,790	33,514,838	.351970	.351970	.351970
54	06 O/P PSYCHIATRIC	11,818	328,478	340,296	.867986	.867986	.867986
55	MEDICAL SUPPLIES CHARGED	259,360	279,731	539,091	.204919	.204919	.204919
56	DRUGS CHARGED TO PATIENTS	26,946,802	12,890,081	39,836,883	.383444	.383444	.383444
57	RENAL DIALYSIS	468,510	4,847	473,357	1.114531	1.114531	1.114531
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	7,996,686	18,345,232	26,341,918	.376598	.376598	.376940
62	OBSERVATION BEDS (NON-DIS	219,858	3,740,351	3,960,209	.497420	.497420	.497420
63	PATIENT CARE CENTER - OCC		800,219	800,219	2.828172	2.828172	2.828172
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		3,722,294	3,722,294	.520448	.520448	.520448
101	SUBTOTAL	193,745,625	186,343,659	380,089,284			
102	LESS OBSERVATION BEDS						
103	TOTAL	193,745,625	186,343,659	380,089,284			

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	35,218,546	5,326,343	29,892,203			35,218,546
39	DELIVERY ROOM & LABOR ROO	1,915,327	195,123	1,720,204			1,915,327
41	RADIOLOGY-DIAGNOSTIC	23,636,675	6,093,098	17,543,577			23,636,675
44	LABORATORY	11,015,673	801,185	10,214,488			11,015,673
47	BLOOD STORING, PROCESSING	2,380,409	118,974	2,261,435			2,380,409
49	RESPIRATORY THERAPY	3,048,392	201,342	2,847,050			3,048,392
50	PHYSICAL THERAPY	7,437,063	885,835	6,551,228			7,437,063
53	ELECTROCARDIOLOGY	6,495,410	998,011	5,497,399			6,495,410
54	ELECTROENCEPHALOGRAPHY	396,586	84,801	311,785			396,586
54	01 CARDIAC REHAB	511,066	157,027	354,039			511,066
54	02 EMG & ENG	263,489	52,947	210,542			263,489
54	03 O/P CHEMICAL DEPENDENCY	693,353	162,778	530,575			693,353
54	04 CARDIAC CATH	11,796,205	1,722,632	10,073,573			11,796,205
54	06 O/P PSYCHIATRIC	295,372	65,417	229,955			295,372
55	MEDICAL SUPPLIES CHARGED	110,470	18,251	92,219			110,470
56	DRUGS CHARGED TO PATIENTS	15,275,214	545,787	14,729,427			15,275,214
57	RENAL DIALYSIS	527,571	26,095	501,476			527,571
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	9,920,319	1,038,081	8,882,238			9,920,319
62	OBSERVATION BEDS (NON-DIS	1,969,889	262,415	1,707,474			1,969,889
63	PATIENT CARE CENTER - OCC	2,263,157	386,073	1,877,084			2,263,157
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	1,937,260	216,108	1,721,152			1,937,260
101	SUBTOTAL	137,107,446	19,358,323	117,749,123			137,107,446
102	LESS OBSERVATION BEDS	1,969,889	262,415	1,707,474			1,969,889
103	TOTAL	135,137,557	19,095,908	116,041,649			135,137,557

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	72,054,881	.488774	.488774
39	DELIVERY ROOM & LABOR ROO	5,940,610	.322413	.322413
41	RADIOLOGY-DIAGNOSTIC	69,933,675	.337987	.337987
44	LABORATORY	43,206,316	.254955	.254955
47	BLOOD STORING, PROCESSING	2,939,547	.809788	.809788
49	RESPIRATORY THERAPY	8,607,154	.354170	.354170
50	PHYSICAL THERAPY	8,613,742	.863395	.863395
53	ELECTROCARDIOLOGY	17,847,177	.363946	.363946
54	ELECTROENCEPHALOGRAPHY	1,408,347	.281597	.281597
54	01 CARDIAC REHAB	595,830	.857738	.857738
54	02 EMG & ENG	1,079,124	.244169	.244169
54	03 O/P CHEMICAL DEPENDENCY	801,057	.865548	.865548
54	04 CARDIAC CATH	33,514,838	.351970	.351970
54	06 O/P PSYCHIATRIC	340,296	.867986	.867986
55	MEDICAL SUPPLIES CHARGED	539,091	.204919	.204919
56	DRUGS CHARGED TO PATIENTS	39,836,883	.383444	.383444
57	RENAL DIALYSIS	473,357	1.114531	1.114531
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	26,341,918	.376598	.376598
62	OBSERVATION BEDS (NON-DIS	3,960,209	.497420	.497420
63	PATIENT CARE CENTER - OCC	800,219	2.828172	2.828172
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	3,722,294	.520448	.520448
101	SUBTOTAL	342,556,565		
102	LESS OBSERVATION BEDS	3,960,209		
103	TOTAL	338,596,356		

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	35,218,546	5,326,343	29,892,203			35,218,546
39	OPERATING ROOM	1,915,327	195,123	1,720,204			1,915,327
41	DELIVERY ROOM & LABOR ROO	23,636,675	6,093,098	17,543,577			23,636,675
44	RADIOLOGY-DIAGNOSTIC	11,015,673	801,185	10,214,488			11,015,673
47	LABORATORY	2,380,409	118,974	2,261,435			2,380,409
49	BLOOD STORING, PROCESSING	3,048,392	201,342	2,847,050			3,048,392
50	RESPIRATORY THERAPY	7,437,063	885,835	6,551,228			7,437,063
53	PHYSICAL THERAPY	6,495,410	998,011	5,497,399			6,495,410
54	ELECTROCARDIOLOGY	396,586	84,801	311,785			396,586
54	ELECTROENCEPHALOGRAPHY	511,066	157,027	354,039			511,066
54	01 CARDIAC REHAB	263,489	52,947	210,542			263,489
54	02 EMG & ENG	693,353	162,778	530,575			693,353
54	03 O/P CHEMICAL DEPENDENCY	11,796,205	1,722,632	10,073,573			11,796,205
54	04 CARDIAC CATH	295,372	65,417	229,955			295,372
54	06 O/P PSYCHIATRIC	110,470	18,251	92,219			110,470
55	MEDICAL SUPPLIES CHARGED	15,275,214	545,787	14,729,427			15,275,214
56	DRUGS CHARGED TO PATIENTS	527,571	26,095	501,476			527,571
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	9,920,319	1,038,081	8,882,238			9,920,319
62	OBSERVATION BEDS (NON-DIS	1,969,889	262,415	1,707,474			1,969,889
63	PATIENT CARE CENTER - OCC	2,263,157	386,073	1,877,084			2,263,157
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN	1,937,260	216,108	1,721,152			1,937,260
101	SUBTOTAL	137,107,446	19,358,323	117,749,123			137,107,446
102	LESS OBSERVATION BEDS	1,969,889	262,415	1,707,474			1,969,889
103	TOTAL	135,137,557	19,095,908	116,041,649			135,137,557

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	72,054,881	.488774	.488774
39	DELIVERY ROOM & LABOR ROO	5,940,610	.322413	.322413
41	RADIOLOGY-DIAGNOSTIC	69,933,675	.337987	.337987
44	LABORATORY	43,206,316	.254955	.254955
47	BLOOD STORING, PROCESSING	2,939,547	.809788	.809788
49	RESPIRATORY THERAPY	8,607,154	.354170	.354170
50	PHYSICAL THERAPY	8,613,742	.863395	.863395
53	ELECTROCARDIOLOGY	17,847,177	.363946	.363946
54	ELECTROENCEPHALOGRAPHY	1,408,347	.281597	.281597
54	01 CARDIAC REHAB	595,830	.857738	.857738
54	02 EMG & ENG	1,079,124	.244169	.244169
54	03 O/P CHEMICAL DEPENDENCY	801,057	.865548	.865548
54	04 CARDIAC CATH	33,514,838	.351970	.351970
54	06 O/P PSYCHIATRIC	340,296	.867986	.867986
55	MEDICAL SUPPLIES CHARGED	539,091	.204919	.204919
56	DRUGS CHARGED TO PATIENTS	39,836,883	.383444	.383444
57	RENAL DIALYSIS	473,357	1.114531	1.114531
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	26,341,918	.376598	.376598
62	OBSERVATION BEDS (NON-DIS	3,960,209	.497420	.497420
63	PATIENT CARE CENTER - OCC	800,219	2.828172	2.828172
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-REN	3,722,294	.520448	.520448
101	SUBTOTAL	342,556,565		
102	LESS OBSERVATION BEDS	3,960,209		
103	TOTAL	338,596,356		

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				3,660,995		3,660,995
26	INTENSIVE CARE UNIT				953,080		953,080
31	SUBPROVIDER				498,533		498,533
31 01	SUBPROVIDER 2				468,156		468,156
33	NURSERY				67,344		67,344
101	TOTAL				5,648,108		5,648,108

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	41,072	22,082			89.14	1,968,389
26	INTENSIVE CARE UNIT	3,434	1,930			277.54	535,652
31	SUBPROVIDER	3,538	2,668			140.91	375,948
31	01 SUBPROVIDER 2	3,274	2,383			142.99	340,745
33	NURSERY	1,785				37.73	
101	TOTAL	53,103	29,063				3,220,734

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		5,326,343	72,054,881	21,338,724		
39	DELIVERY ROOM & LABOR ROO		195,123	5,940,610	26,099		
41	RADIOLOGY-DIAGNOSTIC		6,093,098	69,933,675	9,894,470		
44	LABORATORY		801,185	43,206,316	13,164,164		
47	BLOOD STORING, PROCESSING		118,974	2,939,547	1,601,007		
49	RESPIRATORY THERAPY		201,342	8,607,154	5,132,224		
50	PHYSICAL THERAPY		885,835	8,613,742	1,143,211		
53	ELECTROCARDIOLOGY		998,011	17,847,177	1,704,476		
54	ELECTROENCEPHALOGRAPHY		84,801	1,408,347	2,383		
54 01	CARDIAC REHAB		157,027	595,830	104		
54 02	EMG & ENG		52,947	1,079,124	107,099		
54 03	O/P CHEMICAL DEPENDENCY		162,778	801,057			
54 04	CARDIAC CATH		1,722,632	33,514,838	15,507,235		
54 06	O/P PSYCHIATRIC		65,417	340,296	2,896		
55	MEDICAL SUPPLIES CHARGED		18,251	539,091	147,995		
56	DRUGS CHARGED TO PATIENTS		545,787	39,836,883	15,707,495		
57	RENAL DIALYSIS		26,095	473,357	343,365		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		1,038,081	26,341,918	4,924,016		
62	OBSERVATION BEDS (NON-DIS		262,415	3,960,209	142,738		
63	PATIENT CARE CENTER - OCC		386,073	800,219			
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		216,108	3,722,294			
101	TOTAL		19,358,323	342,556,565	90,889,701		

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

PROVIDER NO: 15-0048
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 8/10/2009
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					41,072	
26	INTENSIVE CARE UNIT					3,434	
31	SUBPROVIDER					3,538	
31 01	SUBPROVIDER 2					3,274	
33	NURSERY					1,785	
101	TOTAL					53,103	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	22,082	
26	INTENSIVE CARE UNIT	1,930	
31	SUBPROVIDER	2,668	
31 01	SUBPROVIDER 2	2,383	
33	NURSERY		
101	TOTAL	29,063	

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
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
39	DELIVERY ROOM & LABOR ROO										
41	RADIOLOGY-DIAGNOSTIC			461,765							
44	LABORATORY										
47	BLOOD STORING, PROCESSING										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
54	01 CARDIAC REHAB										
54	02 EMG & ENG										
54	03 O/P CHEMICAL DEPENDENCY										
54	04 CARDIAC CATH										
54	06 O/P PSYCHIATRIC										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	PATIENT CARE CENTER - OCC										
	OTHER REIMBURS COST CNTRS										
66	DURABLE MEDICAL EQUIP-REN										
101	TOTAL			461,765							

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 CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			72,054,881			21,338,724	
39	DELIVERY ROOM & LABOR ROO			5,940,610			26,099	
41	RADIOLOGY-DIAGNOSTIC	461,765	461,765	69,933,675	.006603	.006603	9,894,470	65,333
44	LABORATORY			43,206,316			13,164,164	
47	BLOOD STORING, PROCESSING			2,939,547			1,601,007	
49	RESPIRATORY THERAPY			8,607,154			5,132,224	
50	PHYSICAL THERAPY			8,613,742			1,143,211	
53	ELECTROCARDIOLOGY			17,847,177			1,704,476	
54	ELECTROENCEPHALOGRAPHY			1,408,347			2,383	
54	01 CARDIAC REHAB			595,830			104	
54	02 EMG & ENG			1,079,124			107,099	
54	03 O/P CHEMICAL DEPENDENCY			801,057				
54	04 CARDIAC CATH			33,514,838			15,507,235	
54	06 O/P PSYCHIATRIC			340,296			2,896	
55	MEDICAL SUPPLIES CHARGED			539,091			147,995	
56	DRUGS CHARGED TO PATIENTS			39,836,883			15,707,495	
57	RENAL DIALYSIS			473,357			343,365	
61	OUTPAT SERVICE COST CNTRS EMERGENCY			26,341,918			4,924,016	
62	OBSERVATION BEDS (NON-DIS			3,960,209			142,738	
63	PATIENT CARE CENTER - OCC			800,219				
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-REN			3,722,294				
101	TOTAL	461,765	461,765	342,556,565			90,889,701	65,333

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	14, 114, 342					
39	DELIVERY ROOM & LABOR ROO	55					
41	RADIOLOGY-DIAGNOSTIC	23, 470, 027			154, 973		
44	LABORATORY	1, 631, 860					
47	BLOOD STORING, PROCESSING	268, 436					
49	RESPIRATORY THERAPY	411, 263					
50	PHYSICAL THERAPY	5, 502					
53	ELECTROCARDIOLOGY	7, 200, 049					
54	ELECTROENCEPHALOGRAPHY	517, 071					
54	01 CARDIAC REHAB	303, 043					
54	02 EMG & ENG	298, 764					
54	03 O/P CHEMICAL DEPENDENCY	32, 634					
54	04 CARDIAC CATH	4, 830, 242					
54	06 O/P PSYCHIATRIC	31, 878					
55	MEDICAL SUPPLIES CHARGED	80, 848					
56	DRUGS CHARGED TO PATIENTS	3, 968, 279					
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4, 646, 018					
62	OBSERVATION BEDS (NON-DIS	1, 452, 821					
63	PATIENT CARE CENTER - OCC	315, 615					
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL	63, 578, 747			154, 973		

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		14,114,342			
39 DELIVERY ROOM & LABOR ROOM		55			
41 RADIOLOGY-DIAGNOSTIC		23,470,027	339		
44 LABORATORY		1,631,860	13		
47 BLOOD STORING, PROCESSING & TRANS.		268,436			
49 RESPIRATORY THERAPY		411,263			
50 PHYSICAL THERAPY		5,502			
53 ELECTROCARDIOLOGY		7,200,049	30		
54 ELECTROENCEPHALOGRAPHY		517,071			
54 01 CARDIAC REHAB		303,043			
54 02 EMG & ENG		298,764			
54 03 O/P CHEMICAL DEPENDENCY		32,634			
54 04 CARDIAC CATH		4,830,242			
54 06 O/P PSYCHIATRIC		31,878			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		80,848			
56 DRUGS CHARGED TO PATIENTS		3,968,279	6,194		
57 RENAL DIALYSIS					
OUTPAT SERVICE COST CNTRS					
61 EMERGENCY		4,646,018			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,452,821			
63 PATIENT CARE CENTER - OCC		315,615	1		
OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED					
101 SUBTOTAL		63,578,747	6,577		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		63,578,747	6,577		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART A SUBPROVIDER 1 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		5,326,343	72,054,881	16,878		
39	DELIVERY ROOM & LABOR ROO		195,123	5,940,610			
41	RADIOLOGY-DIAGNOSTIC		6,093,098	69,933,675	317,054		
44	LABORATORY		801,185	43,206,316	469,737		
47	BLOOD STORING, PROCESSING		118,974	2,939,547	4,702		
49	RESPIRATORY THERAPY		201,342	8,607,154	93,012		
50	PHYSICAL THERAPY		885,835	8,613,742	104,116		
53	ELECTROCARDIOLOGY		998,011	17,847,177	26,166		
54	ELECTROENCEPHALOGRAPHY		84,801	1,408,347			
54	01 CARDIAC REHAB		157,027	595,830			
54	02 EMG & ENG		52,947	1,079,124	12,225		
54	03 O/P CHEMICAL DEPENDENCY		162,778	801,057			
54	04 CARDIAC CATH		1,722,632	33,514,838			
54	06 O/P PSYCHIATRIC		65,417	340,296	3,885		
55	MEDICAL SUPPLIES CHARGED		18,251	539,091	7,884		
56	DRUGS CHARGED TO PATIENTS		545,787	39,836,883	336,156		
57	RENAL DIALYSIS		26,095	473,357			
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		1,038,081	26,341,918	89,219		
62	OBSERVATION BEDS (NON-DIS		262,415	3,960,209			
63	PATIENT CARE CENTER - OCC		386,073	800,219			
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		216,108	3,722,294			
101	TOTAL		19,358,323	342,556,565	1,481,034		

TITLE XVIII, PART A SUBPROVIDER 1 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
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
39	DELIVERY ROOM & LABOR ROO										
41	RADIOLOGY-DIAGNOSTIC			461,765							
44	LABORATORY										
47	BLOOD STORING, PROCESSING										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
54	01 CARDIAC REHAB										
54	02 EMG & ENG										
54	03 O/P CHEMICAL DEPENDENCY										
54	04 CARDIAC CATH										
54	06 O/P PSYCHIATRIC										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
	OUTPAT SERVICE COST CNTRS										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	PATIENT CARE CENTER - OCC										
	OTHER REIMBURS COST CNTRS										
66	DURABLE MEDICAL EQUIP-REN										
101	TOTAL			461,765							

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			72,054,881			16,878	
39	DELIVERY ROOM & LABOR ROO			5,940,610				
41	RADIOLOGY-DIAGNOSTIC	461,765	461,765	69,933,675	.006603	.006603	317,054	2,094
44	LABORATORY			43,206,316			469,737	
47	BLOOD STORING, PROCESSING			2,939,547			4,702	
49	RESPIRATORY THERAPY			8,607,154			93,012	
50	PHYSICAL THERAPY			8,613,742			104,116	
53	ELECTROCARDIOLOGY			17,847,177			26,166	
54	ELECTROENCEPHALOGRAPHY			1,408,347				
54	01 CARDIAC REHAB			595,830				
54	02 EMG & ENG			1,079,124			12,225	
54	03 O/P CHEMICAL DEPENDENCY			801,057				
54	04 CARDIAC CATH			33,514,838				
54	06 O/P PSYCHIATRIC			340,296			3,885	
55	MEDICAL SUPPLIES CHARGED			539,091			7,884	
56	DRUGS CHARGED TO PATIENTS			39,836,883			336,156	
57	RENAL DIALYSIS			473,357				
61	OUTPAT SERVICE COST CNTRS EMERGENCY			26,341,918			89,219	
62	OBSERVATION BEDS (NON-DIS			3,960,209				
63	PATIENT CARE CENTER - OCC			800,219				
66	OTHER REIMBURS COST CNTRS							
101	DURABLE MEDICAL EQUIP-REN TOTAL	461,765	461,765	342,556,565			1,481,034	2,094

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 CARDIAC REHAB						
54	02 EMG & ENG						
54	03 O/P CHEMICAL DEPENDENCY						
54	04 CARDIAC CATH						
54	06 O/P PSYCHIATRIC						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,174					
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	PATIENT CARE CENTER - OCC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL	1,174					

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.488774	.488774			
39 DELIVERY ROOM & LABOR ROOM	.322413	.322413			
41 RADIOLOGY-DIAGNOSTIC	.337987	.337987			
44 LABORATORY	.254955	.254955			
47 BLOOD STORING, PROCESSING & TRANS.	.809788	.809788			
49 RESPIRATORY THERAPY	.354170	.354170			
50 PHYSICAL THERAPY	.863395	.863395			
53 ELECTROCARDIOLOGY	.363946	.363946			
54 ELECTROENCEPHALOGRAPHY	.281597	.281597			
54 01 CARDIAC REHAB	.857738	.857738			
54 02 EMG & ENG	.244169	.244169			
54 03 O/P CHEMICAL DEPENDENCY	.865548	.865548			
54 04 CARDIAC CATH	.351970	.351970			
54 06 O/P PSYCHIATRIC	.867986	.867986			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.204919	.204919			
56 DRUGS CHARGED TO PATIENTS	.383444	.383444			
57 RENAL DIALYSIS	1.114531	1.114531			
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY	.376598	.376598			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.497420	.497420			
63 PATIENT CARE CENTER - OCC	2.828172	2.828172			
66 OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED	.520448	.520448			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC			99		
44 LABORATORY					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
54 01 CARDIAC REHAB					
54 02 EMG & ENG					
54 03 O/P CHEMICAL DEPENDENCY					
54 04 CARDIAC CATH					
54 06 O/P PSYCHIATRIC					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,174	696		
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 PATIENT CARE CENTER - OCC					
63 OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED					
101 SUBTOTAL		1,174	795		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		1,174	795		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC					33
44 LABORATORY					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
54 01 CARDIAC REHAB					
54 02 EMG & ENG					
54 03 O/P CHEMICAL DEPENDENCY					
54 04 CARDIAC CATH					
54 06 O/P PSYCHIATRIC					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				450	267
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 PATIENT CARE CENTER - OCC					
63 OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED					
101 SUBTOTAL				450	300
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				450	300

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		5,326,343	72,054,881	4,267		
39	DELIVERY ROOM & LABOR ROO		195,123	5,940,610			
41	RADIOLOGY-DIAGNOSTIC		6,093,098	69,933,675	75,326		
44	LABORATORY		801,185	43,206,316	215,279		
47	BLOOD STORING, PROCESSING		118,974	2,939,547	13,634		
49	RESPIRATORY THERAPY		201,342	8,607,154	49,808		
50	PHYSICAL THERAPY		885,835	8,613,742	1,044,177		
53	ELECTROCARDIOLOGY		998,011	17,847,177	6,531		
54	ELECTROENCEPHALOGRAPHY		84,801	1,408,347			
54	01 CARDIAC REHAB		157,027	595,830			
54	02 EMG & ENG		52,947	1,079,124	1,990		
54	03 O/P CHEMICAL DEPENDENCY		162,778	801,057			
54	04 CARDIAC CATH		1,722,632	33,514,838	3,080		
54	06 O/P PSYCHIATRIC		65,417	340,296			
55	MEDICAL SUPPLIES CHARGED		18,251	539,091	3,300		
56	DRUGS CHARGED TO PATIENTS		545,787	39,836,883	342,542		
57	RENAL DIALYSIS		26,095	473,357	18,297		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		1,038,081	26,341,918	2,741		
62	OBSERVATION BEDS (NON-DIS		262,415	3,960,209			
63	PATIENT CARE CENTER - OCC		386,073	800,219			
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN		216,108	3,722,294			
101	TOTAL		19,358,323	342,556,565	1,780,972		

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
39	DELIVERY ROOM & LABOR ROO											
41	RADIOLOGY-DIAGNOSTIC											
44	LABORATORY				461,765							
47	BLOOD STORING, PROCESSING											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
54	01 CARDIAC REHAB											
54	02 EMG & ENG											
54	03 O/P CHEMICAL DEPENDENCY											
54	04 CARDIAC CATH											
54	06 O/P PSYCHIATRIC											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
	OUTPAT SERVICE COST CNTRS											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
63	PATIENT CARE CENTER - OCC											
	OTHER REIMBURS COST CNTRS											
66	DURABLE MEDICAL EQUIP-REN											
101	TOTAL				461,765							

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			72,054,881			4,267	
39	DELIVERY ROOM & LABOR ROO			5,940,610				
41	RADIOLOGY-DIAGNOSTIC	461,765	461,765	69,933,675	.006603	.006603	75,326	497
44	LABORATORY			43,206,316			215,279	
47	BLOOD STORING, PROCESSING			2,939,547			13,634	
49	RESPIRATORY THERAPY			8,607,154			49,808	
50	PHYSICAL THERAPY			8,613,742			1,044,177	
53	ELECTROCARDIOLOGY			17,847,177			6,531	
54	ELECTROENCEPHALOGRAPHY			1,408,347				
54	01 CARDIAC REHAB			595,830				
54	02 EMG & ENG			1,079,124			1,990	
54	03 O/P CHEMICAL DEPENDENCY			801,057				
54	04 CARDIAC CATH			33,514,838			3,080	
54	06 O/P PSYCHIATRIC			340,296				
55	MEDICAL SUPPLIES CHARGED			539,091			3,300	
56	DRUGS CHARGED TO PATIENTS			39,836,883			342,542	
57	RENAL DIALYSIS			473,357			18,297	
61	OUTPAT SERVICE COST CNTRS EMERGENCY			26,341,918			2,741	
62	OBSERVATION BEDS (NON-DIS			3,960,209				
63	PATIENT CARE CENTER - OCC			800,219				
66	OTHER REIMBURS COST CNTRS DURABLE MEDICAL EQUIP-REN			3,722,294				
101	TOTAL	461,765	461,765	342,556,565			1,780,972	497

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
54	01 CARDIAC REHAB						
54	02 EMG & ENG						
54	03 O/P CHEMICAL DEPENDENCY						
54	04 CARDIAC CATH						
54	06 O/P PSYCHIATRIC						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	160					
57	RENAL DIALYSIS						
61	OUTPAT SERVICE COST CNTRS						
	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	PATIENT CARE CENTER - OCC						
	OTHER REIMBURS COST CNTRS						
66	DURABLE MEDICAL EQUIP-REN						
101	TOTAL	160					

TITLE XVIII, PART B

SUBPROVIDER 2

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
54 01 CARDIAC REHAB					
54 02 EMG & ENG					
54 03 O/P CHEMICAL DEPENDENCY					
54 04 CARDIAC CATH					
54 06 O/P PSYCHIATRIC					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		160			
57 RENAL DIALYSIS					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 PATIENT CARE CENTER - OCC					
63 OTHER REIMBURS COST CNTRS					
66 DURABLE MEDICAL EQUIP-RENTED					
101 SUBTOTAL		160			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		160			

(A) WORKSHEET A LINE NUMBERS

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

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	2,944
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	669.12
85	OBSERVATION BED COST	1,969,889

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	27,482,243		1,969,889	
87	NEW CAPITAL-RELATED COST	3,660,995	.133213	1,969,889	262,415
88	NON PHYSICIAN ANESTHETIST	27,482,243		1,969,889	
89	MEDICAL EDUCATION	27,482,243		1,969,889	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3	TITLE XIX	
					HOSPITAL	OTHER
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,811,690			
26	INTENSIVE CARE UNIT		479,998			
31	SUBPROVIDER					
31	01 SUBPROVIDER 2					
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.488774	1,256,066	613,932		
39	DELIVERY ROOM & LABOR ROOM	.322413	2,582,174	832,526		
41	RADIOLOGY-DIAGNOSTIC	.337987	1,004,031	339,349		
44	LABORATORY	.254955	1,572,199	400,840		
47	BLOOD STORING, PROCESSING & TRANS.	.809788	178,503	144,550		
49	RESPIRATORY THERAPY	.354170	531,098	188,099		
50	PHYSICAL THERAPY	.863395	96,099	82,971		
53	ELECTROCARDIOLOGY	.363946	138,704	50,481		
54	ELECTROENCEPHALOGRAPHY	.281597				
54	01 CARDIAC REHAB	.857738				
54	02 EMG & ENG	.244169	32,478	7,930		
54	03 O/P CHEMICAL DEPENDENCY	.865548				
54	04 CARDIAC CATH	.351970	924,947	325,554		
54	06 O/P PSYCHIATRIC	.867986	1,451	1,259		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.204919	18,507	3,792		
56	DRUGS CHARGED TO PATIENTS	.383444	2,376,583	911,286		
57	RENAL DIALYSIS	1.114531	25,559	28,486		
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	.376598	647,000	243,659		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.497420	12,791	6,362		
63	PATIENT CARE CENTER - OCC	2.828172				
	OTHER REIMBURS COST CNTRS					
66	DURABLE MEDICAL EQUIP-RENTED	.520448				
101	TOTAL		11,398,190	4,181,076		
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES					
103	NET CHARGES		11,398,190			

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	TITLE XIX			
	SUBPROVIDER 1			
	SUBPROVIDER 2		79,850	
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.488774		
39	DELIVERY ROOM & LABOR ROOM	.322413		
41	RADIOLOGY-DIAGNOSTIC	.337987	11,687	3,950
44	LABORATORY	.254955	30,721	7,832
47	BLOOD STORING, PROCESSING & TRANS.	.809788	850	688
49	RESPIRATORY THERAPY	.354170	7,922	2,806
50	PHYSICAL THERAPY	.863395	5,127	4,427
53	ELECTROCARDIOLOGY	.363946	277	101
54	ELECTROENCEPHALOGRAPHY	.281597		
54	01 CARDIAC REHAB	.857738		
54	02 EMG & ENG	.244169	1,120	273
54	03 O/P CHEMICAL DEPENDENCY	.865548		
54	04 CARDIAC CATH	.351970		
54	06 O/P PSYCHIATRIC	.867986	133	115
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.204919	199	41
56	DRUGS CHARGED TO PATIENTS	.383444	25,949	9,950
57	RENAL DIALYSIS	1.114531	2,203	2,455
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.376598	3,841	1,447
62	OBSERVATION BEDS (NON-DISTINCT PART)	.497420		
63	PATIENT CARE CENTER - OCC	2.828172		
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED	.520448		
101	TOTAL		90,029	34,085
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		90,029	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER 2		124,560	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.488774		
39	DELIVERY ROOM & LABOR ROOM	.322413		
41	RADIOLOGY-DIAGNOSTIC	.337987	2,288	773
44	LABORATORY	.254955	10,144	2,586
47	BLOOD STORING, PROCESSING & TRANS.	.809788		
49	RESPIRATORY THERAPY	.354170	6,547	2,319
50	PHYSICAL THERAPY	.863395	86,383	74,583
53	ELECTROCARDIOLOGY	.363946	166	60
54	ELECTROENCEPHALOGRAPHY	.281597		
54 01	CARDIAC REHAB	.857738		
54 02	EMG & ENG	.244169		
54 03	O/P CHEMICAL DEPENDENCY	.865548		
54 04	CARDIAC CATH	.351970		
54 06	O/P PSYCHIATRIC	.867986		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.204919	144	30
56	DRUGS CHARGED TO PATIENTS	.383444	26,744	10,255
57	RENAL DIALYSIS	1.114531		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.376598		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.497420		
63	PATIENT CARE CENTER - OCC	2.828172		
	OTHER REIMBURS COST CNTRS			
66	DURABLE MEDICAL EQUIP-RENTED	.520448		
101	TOTAL		132,416	90,606
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		132,416	

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)	42,992,535	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	36,815,480	
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)	42,992,535	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,371,593	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	65,333	
16 TOTAL	46,429,461	
17 PRIMARY PAYER PAYMENTS	21,567	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	46,407,894	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,920,225	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	90,624	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	888,706	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	622,094	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	548,562	
22 SUBTOTAL	43,019,139	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	43,019,139	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	43,129,801	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-110,662	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	5,135,420	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		43,097,783		15,853,764
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	12/18/2008	52,087		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	8/15/2008	20,069		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		32,018		NONE
4 TOTAL INTERIM PAYMENTS		43,129,801		15,853,764
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		110,662		87,278
7 TOTAL MEDICARE PROGRAM LIABILITY		43,019,139		15,941,042

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,043,308		3,470
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99			
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		2,043,308		3,470
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99			
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER	.01	2,094		
SETTLEMENT TO PROGRAM	.02			530
7 TOTAL MEDICARE PROGRAM LIABILITY		2,045,402		2,940

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.

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

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,045,402
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,043,308
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	2,094
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,798,032	
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
19	INTERIM PAYMENTS	2,741,799	
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
20	BALANCE DUE PROVIDER/PROGRAM	56,233	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	125,400	

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

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

	TITLE XIX	HOSPITAL	TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		4,181,076	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		4,181,076	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		4,181,076	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES		11,398,190	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		11,398,190	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		11,398,190	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		7,217,114	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		4,181,076	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		4,181,076	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		4,181,076	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		4,181,076	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		4,181,076	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		4,181,076	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		4,181,076	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

TITLE XIX	SUBPROVIDER 1	TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES	34,085	
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	34,085	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	34,085	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES	90,029	
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	90,029	
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)	90,029	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	55,944	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	34,085	
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	34,085	
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	34,085	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	34,085	
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)	34,085	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL	34,085	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	34,085	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		

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

TITLE XIX

SUBPROVIDER 1

TITLE V OR
TITLE XIX

TITLE XVIII
SNF PPS

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

1 34,085

2

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

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

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

TITLE XIX

SUBPROVIDER 2

TITLE V OR
TITLE XIX

TITLE XVIII
SNF PPS

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

1
90,606

2

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		472,435,621		
2	NET INCOME (LOSS)		-35,463,154		
3	TOTAL		436,972,467		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		436,972,467		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	UNREALIZED LOSS ON INVEST	71,276,215			
14	CHGS IN FOUNDATION NET AS	6,085,752			
15	CHG IN PENSION OBLIGATION	4,974,371			
16	UNREALIZED LOSS ON INVEST				
17	VARIANCE	3,207			
18	TOTAL DEDUCTIONS		82,339,545		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		354,632,922		

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

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0048	FROM 1/ 1/2008	8/10/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
15-1524		

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	144,830			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	53,375			
10 NURSING CARE	328,915			
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 HOME MAKER	55,423			
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)	582,543			

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO: 15-0048
HOSPICE NO: 15-1524
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 8/10/2009
WORKSHEET K

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	532,511	677,341		677,341
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES		53,375		53,375
10 NURSING CARE		328,915		328,915
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		55,423		55,423
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)	532,511	1,115,054		1,115,054

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0048	FROM 1/ 1/2008	8/10/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K
15-1524		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL	-425	676,916
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		53,375
10 NURSING CARE		328,915
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 HOME MAKER		55,423
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)	-425	1,114,629

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0048	FROM 1/ 1/2008	8/10/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
15-1524		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL	144,830	
	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		
8	INPATIENT - RESPI TE 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)	144,830	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0048	FROM 1/ 1/2008	8/10/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
15-1524		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				53,375
10 NURSING CARE	328,915			
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 HOME MAKER			55,423	
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)	328,915		55,423	53,375

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0048	FROM 1/ 1/2008	8/10/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-1
15-1524		

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	144,830
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	53,375
10	NURSING CARE	328,915
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	55,423
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
OTHER HOSPICE SERVICE COSTS		
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	582,543

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0048	FROM 1/ 1/2008	8/10/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
15-1524		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.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	676,916			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES	53,375			
10 NURSING CARE	328,915			
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	55,423			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	1,114,629			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0048	FROM 1/ 1/2008	8/10/2009
HOSPICE NO:	TO 12/31/2008	WORKSHEET K-4
15-1524		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			676,916	676,916
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES			53,375	82,544
10 NURSING CARE			328,915	508,661
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			55,423	85,711
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)			437,713	676,916

COST ALLOCATION -		PROVIDER NO:		PERIOD:		PREPARED	8/10/2009
HOSPICE GENERAL SERVICE COST		15-0048		FROM 1/ 1/2008		WORKSHEET	K-4
		HOSPICE NO:		TO 12/31/2008		PART I	
		15-1524					

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	135,919
13	NURSING CARE	837,576
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	141,134
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	1,114,629

HOSPICE 1

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

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		-676,916	437,713
8 INPATIENT - GENERAL CARE			
9 INPATIENT - RESPIRE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			53,375
12 NURSING CARE			328,915
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			
18 SPIRITUAL COUNSELING			
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOME MAKER			55,423
22.20 HH AIDE & HOME MAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			
30 PATIENT TRANSPORTATION			
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			
33 MEDICAL SUPPLIES			
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			676,916
45 UNIT COST MULTIPLIER	.000000		1.546484

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE BLDGS	NEW CAP REL COSTS-MVBLE EQUIP
		0	3	3.01	4
1.00 ADMINISTRATIVE AND GENERAL	6		8,194		
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9	135,919			
5.00 NURSING CARE	10	837,576			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	141,134			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,114,629	8,194		
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES
	5	6.01	6.02	6.03
1.00 ADMINISTRATIVE AND GENERAL	99,168			10,353
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)	99,168			10,353
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	ADMINI TTING	CASHI ERI NG/ACCO UNTS RECEI VABLE	SUBTOTAL	OTHER ADMINI STRATI VE AND GENERAL
	6.04	6.05	6A.05	6.06
1.00 ADMINISTRATIVE AND GENERAL	7,165	17,105	141,985	8,848
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPI TE CARE				
4.00 PHYSI CI AN SERVI CES			135,919	8,470
5.00 NURSI NG CARE			837,576	52,194
5.20 NURSI NG CARE-CONTINUOUS HOME CARE				
6.00 PHYSI CAL THERAPY				
7.00 OCCUPATI ONAL THERAPY				
8.00 SPEECH/LANGU AGE PATHOLOGY				
9.00 MEDI CAL SOCI AL SERVI CES				
10.00 SPI RI TUAL COUNSEL I NG				
11.00 DI ETARY COUNSEL I NG				
12.00 COUNSEL I NG - OTHER				
13.00 HOME HEALTH AI DE AND HOME MAKER			141,134	8,795
13.20 HH AI DE&HOME MAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY				
15.30 ANALGESI CS				
15.31 SEDATI VES / HYPNOTI CS				
15.32 OTHER				
16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN				
17.00 PATI ENT TRANSPORTATI ON				
18.00 I MAGI NG SERVI CES				
19.00 LABS AND DI AGNOSTI CS				
20.00 MEDI CAL SUPPL I ES				
21.00 OUTPATI ENT SERVI CES (INCL. E/R DEPT.)				
22.00 RADI ATI ON THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAI SI NG				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	7,165	17,105	1,256,614	78,307
30.00 UNIT COST MUL TIPL I ER				

HOSPICE COST CENTER	OPERATI ON OF PLANT	LAUNDRY & LI NEN SERVI CE	HOUSEKEEPI NG	DI ETARY
	8	9	10	11
1.00 ADMINISTRATIVE AND GENERAL	8,244		8,157	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPI TE CARE				
4.00 PHYSI CI AN SERVI CES				
5.00 NURSI NG CARE				
5.20 NURSI NG CARE-CONTINUOUS HOME CARE				
6.00 PHYSI CAL THERAPY				
7.00 OCCUPATI ONAL THERAPY				
8.00 SPEECH/LANGU AGE PATHOLOGY				
9.00 MEDI CAL SOCI AL SERVI CES				
10.00 SPI RI TUAL COUNSEL I NG				
11.00 DI ETARY COUNSEL I NG				
12.00 COUNSEL I NG - OTHER				
13.00 HOME HEALTH AI DE AND HOME MAKER				
13.20 HH AI DE&HOME MAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BI OLOGI CAL AND I NFUSI ON THERAPY				
15.30 ANALGESI CS				
15.31 SEDATI VES / HYPNOTI CS				
15.32 OTHER				
16.00 DURABLE MEDI CAL EQUI PMENT/OXYGEN				
17.00 PATI ENT TRANSPORTATI ON				
18.00 I MAGI NG SERVI CES				
19.00 LABS AND DI AGNOSTI CS				
20.00 MEDI CAL SUPPL I ES				
21.00 OUTPATI ENT SERVI CES (INCL. E/R DEPT.)				
22.00 RADI ATI ON THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAI SI NG				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	8,244		8,157	
30.00 UNIT COST MUL TIPL I ER				

HOSPICE 1

HOSPICE COST CENTER	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	12	14	15	16
1.00 ADMINISTRATIVE AND GENERAL	13,068			178,278
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)	13,068			178,278
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED ED PRGM
	17	18	18.01	24
1.00 ADMINISTRATIVE AND GENERAL	21,922		17,486	
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)	21,922		17,486	
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	397,988		397,988	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES	144,389		144,389	48,531
5.00 NURSING CARE	889,770		889,770	299,064
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	149,929		149,929	50,393
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)	1,582,076		1,582,076	
30.00 UNIT COST MULTIPLIER				.336114

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	SUBTOTAL
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	
3.00 INPATIENT - RESPIRE CARE	
4.00 PHYSICIAN SERVICES	192,920
5.00 NURSING CARE	1,188,834
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	200,322
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)	1,582,076
30.00 UNIT COST MULTIPLIER	

HOSPICE 1

TOTAL HOSPICE COSTS

HOSPICE COST CENTER

29

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP BLDG & FIXT - OFFSITE BLDGS (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)
	3	3.01	4	5
1.00 ADMINISTRATIVE AND GENERAL	490		490	582,543
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)	490		490	582,543
30.00 TOTAL COST TO BE ALLOCATED	8,194			99,168
31.00 UNIT COST MULTIPLIER	16.722449	.000000	.000000	.170233

HOSPICE COST CENTER	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (TERMINALS)	PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINITTING (TOTAL REVENUE)
	6.01	6.02	6.03	6.04
1.00 ADMINISTRATIVE AND GENERAL			214,420	1,827,430
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE
	6.01	6.02	6.03	6.04
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			214,420	1,827,430
30.00 TOTAL COST TO BE ALLOCATED			10,353	7,165
31.00 UNIT COST MULTIPLIER	.000000	.000000	.048284	.003921

HOSPICE COST CENTER	CASHIERING/ACCOUNTS RECEIVABLE	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT
	(TOTAL REVENUE)		(ACCUMULATED COST)	(SQUARE FEET)
	6.05	6A.06	6.06	8
1.00 ADMINISTRATIVE AND GENERAL	1,827,430		141,985	490
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES			135,919	
5.00 NURSING CARE			837,576	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER			141,134	
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)	1,827,430		1,256,614	490
30.00 TOTAL COST TO BE ALLOCATED	17,105		78,307	8,244
31.00 UNIT COST MULTIPLIER	.009360		.062316	16.824490

HOSPICE 1

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (MANHOURS) 12
1.00 ADMINISTRATIVE AND GENERAL			44	21,756
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)			44	21,756
30.00 TOTAL COST TO BE ALLOCATED			8,157	13,068
31.00 UNIT COST MULTIPLIER	.000000	185.386364	.000000	.600662

HOSPICE COST CENTER	NURSING ADMINISTRATION (MANHOURS) 14	CENTRAL SERVICES & SUPPLY (MED SUPPLIES) 15	PHARMACY (DRUGS) 16	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE) 17
1.00 ADMINISTRATIVE AND GENERAL			130,665	1,827,430
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	14	15	16	17
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			130,665	1,827,430
30.00 TOTAL COST TO BE ALLOCATED			178,278	21,922
31.00 UNIT COST MULTIPLIER	.000000	.000000	1.364390	.011996

HOSPICE COST CENTER	SOCIAL SERVICE (TIME SPENT)	INSERVICE EDUCATION (IN HOUSE ED)	PARAMED ED PRGM (TIME SPEND)
	18	18.01	24
1.00 ADMINISTRATIVE AND GENERAL			239
2.00 INPATIENT - GENERAL CARE			
3.00 INPATIENT - RESPIRE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOME MAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28)		239	
30.00 TOTAL COST TO BE ALLOCATED		17,486	
31.00 UNIT COST MULTIPLIER	.000000	73.163180	.000000

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				1,582,076
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				9,044
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				174.93
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	7,442			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,301,829			
6 UNDUPLICATED MEDICAID DAYS		326		
7 AGGREGATE MEDICAID COST		57,027		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	1,471			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	257,322			
10 UNDUPLICATED NF DAYS		4		
11 AGGREGATE NF COST		700		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			1,276	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			223,211	

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

