

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).

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO.	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	52-0028	I	FROM 1/1/2009	I	-- AUDITED -- DESK REVIEW	I	/ /
	I		I	TO 12/31/2009	I	-- INITIAL -- REOPENED	I	INTERMEDIARY NO.
	I		I		I	-- FINAL 1-MCR CODE	I	
	I		I		I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/25/2010 TIME 8:00

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: THE MONROE CLINIC 52-0028 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX	
1	2	3	4	5	6
1	HOSPITAL	0	38,488	59,510	521,360
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	38,488	59,510	521,360

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 515 22ND AVENUE
1.01 CITY: MONROE

P.O. BOX:
STATE: W ZIP CODE: 53566- COUNTY: GREEN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
0	1	2	2.01	3	4 5 6
02.00 HOSPITAL	THE MONROE CLINIC	52-0028		7/ 1/1966	N P O
09.00 HOSPITAL-BASED HHA	THE MONROE CLINIC HOME CARE	52-7157		5/21/1985	N P N
12.00 HOSP-BASED HOSPI CE	THE MONROE CLINIC HOSPI CE	52-1523		9/ 1/1988	

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM 1/ 1/2009 TO: 12/31/2009

18 TYPE OF CONTROL

TYPE OF HOSPITAL/ SUBPROVIDER

19 HOSPITAL
20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN OR (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDER'S ACTUAL MSA OR CBSA.

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN OR (2) RURAL.

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN OR (2) RURAL.

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MPPA §147? (SEE INSTRUCTIONS) ENTER "Y" FOR YES, AND "N" FOR NO.

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW
23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.

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

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

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

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.

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

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

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET S-2

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?		Y	
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?		Y	
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTIAL PATIENT AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.		Y	
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.		Y	
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I.		N	
25.05	HAS YOUR FACILITY DIRECT GIVE FTE CAP (COLUMN 1) OR TIME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)		N	N
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GIVE FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)		N	N
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.		0	
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /		/	/
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /		/	/
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWNG BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.		N	/ /
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02			
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)		1	2 3 4
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0.00	0 0.0000 0.0000
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)				
28.03	STAFFING	%	Y/N	
28.04	RECRUITMENT	0.00%		
28.05	RETENTION	0.00%		
28.06	TRAINING	0.00%		
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWNG BED OPTIMAL METHOD OF REIMBURSEMENT?		N	
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)		N	
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70			
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)		N	
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).		N	
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GIVE ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II		N	
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N	
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N	
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N	
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N	
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N	
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N	
MISCELLANEOUS COST REPORT INFORMATION				
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.		N	
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2		N	N
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?		N	
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N	
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N	
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N	
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N	
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N	

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVII XIX
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX INPATIENTS OCCUPYING TITLE XVII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-11, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS) N
40.01 NAME: FI / CONTRACTOR NAME FI / CONTRACTOR #
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? N
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
46 IF YOU ARE PARTICIPATING IN THE NHCQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 0
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET S-2

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTC)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTI CAMPUS

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
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62.00					0.00
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SETTLEMENT DATA

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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET S-3
		PART I

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTOH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	90	32,850					339
2	HMO						4,333	375
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	90	32,850				4,333	339
6	INTENSIVE CARE UNIT	10	3,650				786	115
11	NURSERY							55
12	TOTAL	100	36,500				5,119	509
13	RPCH VISITS							
18	HOME HEALTH AGENCY						6,830	
21	HOSPICE							
25	TOTAL	100						
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS - IRF							
29	LABOR & DELIVERY DAYS							

COMPONENT		TITLE XIX ADM TTD 5.01	I/P DAYS / OBSERVATION BEDS NOT ADM TTD 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADM TTD 6.01	OBSERVATION BEDS NOT ADM TTD 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYSICIANS 8
1	ADULTS & PEDIATRICS			8,591				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			8,591				
6	INTENSIVE CARE UNIT			1,432				
11	NURSERY			966				
12	TOTAL			10,989			1.03	
13	RPCH VISITS							
18	HOME HEALTH AGENCY			11,672				
21	HOSPICE							
25	TOTAL						1.03	
26	OBSERVATION BED DAYS			1,265	93	1,172		
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS - IRF							
29	LABOR & DELIVERY DAYS							

COMPONENT		I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					1,389	125	3,095
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL	1.03	884.53			1,389	125	3,095
13	RPCH VISITS							
18	HOME HEALTH AGENCY		17.60					
21	HOSPICE							
25	TOTAL	1.03	902.13					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS - IRF							
29	LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 52-0028	PERIOD: FROM 1/1/2009 TO 12/31/2009	PREPARED 5/25/2010 WORKSHEET S-3 PARTS II & III
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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	65,511,014		65,511,014	1,876,430.40	34.91	
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	24,461,442		24,461,442	199,472.00	122.63	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		65,370	65,370	2,142.40	30.51	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	2,560,063		2,560,063	86,652.80	29.54	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	691,379		691,379	11,339.49	60.97	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
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)	12,026,764		12,026,764			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	801,303		801,303			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	3,812,179		3,812,179			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	792,662	830,329	1,622,991	35,796.80	45.34	
22 ADMINISTRATIVE & GENERAL	7,868,370	-830,329	7,038,041	248,497.60	28.32	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	893,322		893,322	41,017.60	21.78	
24 OPERATION OF PLANT	208,097		208,097	6,198.40	33.57	
25 LAUNDRY & LINEN SERVICE	153,539		153,539	12,646.40	12.14	
26 HOUSEKEEPING	464,696		464,696	42,432.00	10.95	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	415,983		415,983	34,361.60	12.11	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	70,851		70,851	7,259.20	9.76	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATIVE	446,780		446,780	12,168.00	36.72	
31 CENTRAL SERVICE AND SUPPLY	118,049		118,049	8,611.20	13.71	
32 PHARMACY	1,299,237		1,299,237	36,816.00	35.29	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	385,115		385,115	25,542.40	15.08	
34 SOCIAL SERVICE	120,972		120,972	5,595.20	21.62	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	41,049,572	-65,370	40,984,202	1,674,816.00	24.47	
2 EXCLUDED AREA SALARIES	2,560,063		2,560,063	86,652.80	29.54	
3 SUBTOTAL SALARIES	38,489,509	-65,370	38,424,139	1,588,163.20	24.19	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	691,379		691,379	11,339.49	60.97	
5 SUBTOTAL WAGE-RELATED COSTS	12,026,764		12,026,764		31.30	
6 TOTAL	51,207,652	-65,370	51,142,282	1,599,502.69	31.97	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	13,237,673		13,237,673	516,942.40	25.61	

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HHA NO:	TO 12/31/2009	WORKSHEET S-4
52-7157		
COUNTY:	GREEN	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
HOME HEALTH AIDE HOURS	2,202	0	88
UNDULICATED CENSUS COUNT	488.00		193.00

TOTAL
5

HOME HEALTH AIDE HOURS	2,290
UNDULICATED CENSUS COUNT	681.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
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ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	.56		.56
OTHER ADMINISTRATIVE PERSONNEL	2.15		2.15
DIRECTING NURSING SERVICE	9.26		9.26
NURSING SUPERVISOR	1.00		1.00
PHYSICAL THERAPY SERVICE	2.66	.20	2.86
PHYSICAL THERAPY SUPERVISOR			
OCCUPATIONAL THERAPY SERVICE	.85		.85
OCCUPATIONAL THERAPY SUPERVISOR			
SPEECH PATHOLOGY SERVICE		.01	.01
SPEECH PATHOLOGY SUPERVISOR			
MEDICAL SOCIAL SERVICE	.02		.02
MEDICAL SOCIAL SERVICE SUPERVISOR			
HOME HEALTH AIDE	1.07		1.07
HOME HEALTH AIDE SUPERVISOR			
HOME HEALTH AGENCY MSA CODES	1	1.01	
HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	1	
LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9952	40420	

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

	FULL EPI SODES		LUPA EPI SODES 3	PEP ONLY EPI SODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
SKILLED NURSING VISITS	3,680	45	156	59
SKILLED NURSING VISIT CHARGES	594,920	7,290	25,272	9,548
PHYSICAL THERAPY VISITS	1,550	0	44	23
PHYSICAL THERAPY VISIT CHARGES	262,975	0	7,480	3,896
OCCUPATIONAL THERAPY VISITS	498	0	6	0
OCCUPATIONAL THERAPY VISIT CHARGES	100,866	0	1,218	0
SPEECH PATHOLOGY VISITS	10	0	0	0
SPEECH PATHOLOGY VISIT CHARGES	2,213	0	0	0
MEDICAL SOCIAL SERVICE VISITS	18	0	0	0
MEDICAL SOCIAL SERVICE VISIT CHARGES	3,122	0	0	0
HOME HEALTH AIDE VISITS	709	0	3	29
HOME HEALTH AIDE VISIT CHARGES	65,228	0	276	2,668
TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	6,465	45	209	111
OTHER CHARGES	0	0	0	0
TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	1,029,324	7,290	34,246	16,112
TOTAL NUMBER OF EPI SODES (STANDARD/ NON OUTLIER)	416	0	75	9
TOTAL NUMBER OF OUTLIER EPI SODES	0	1	0	0
TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	40,705	286	2,560	31

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/ 2009	5/25/2010
HHA NO:	TO 12/31/2009	WORKSHEET S-4
52-7157		
COUNTY:	GREEN	

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCI C WITHIN A PEP 5	SCI C ONLY EPI CODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	3,940
22 SKILLED NURSING VISIT CHARGES	0	0	637,030
23 PHYSICAL THERAPY VISITS	0	0	1,617
24 PHYSICAL THERAPY VISIT CHARGES	0	0	274,351
25 OCCUPATIONAL THERAPY VISITS	0	0	504
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	102,084
27 SPEECH PATHOLOGY VISITS	0	0	10
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	2,213
29 MEDICAL SOCIAL SERVICE VISITS	0	0	18
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	3,122
31 HOME HEALTH AIDE VISITS	0	0	741
32 HOME HEALTH AIDE VISIT CHARGES	0	0	68,172
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	6,830
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	1,086,972
36 TOTAL NUMBER OF EPI CODES (STANDARD/ NON OUTLIER)	0	0	500
37 TOTAL NUMBER OF OUTLIER EPI CODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	43,582

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET S-9
52-1523		

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	7,699	151	1,212	
3 INPATIENT RESPIRE CARE	18			
4 GENERAL INPATIENT CARE	23			
5 TOTAL HOSPICE DAYS	7,740	151	1,212	

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	296	8,146
3 INPATIENT RESPIRE CARE		18
4 GENERAL INPATIENT CARE		23
5 TOTAL HOSPICE DAYS	296	8,187

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	134	7	17	
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	57.76	21.57	71.29	
9 UNDUPLICATED CENSUS COUNT	134	7	17	

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	15	156
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	19.73	52.48
9 UNDUPLICATED CENSUS COUNT	15	156

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)		
PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04	OTHER METHODS OF WRITE-OFFS (SPEC.)	
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 UNCOMPENSATED 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	10,406,074
17.01	GROSS MEDICAL REVENUES	6,843,012
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	17,249,086
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.425055
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAL CHARGES FROM YOUR RECORDS	6,843,012

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	2,908,656
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	2,908,656

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESPROVIDER NO:
52-0028PERIOD:
FROM 1/1/2009
TO 12/31/2009PREPARED 5/25/2010
WORKSHEET A

COST CENTER		COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
3	0300	NEW CAP REL COSTS- BLDG & FIXT		1,820,313	1,820,313	-849,360	970,953
4	0400	NEW CAP REL COSTS- MVBLE EQUIP					
5	0500	EMPLOYEE BENEFITS	792,662	1,508,967	2,301,629	2,484,040	4,785,669
6.01	0620	DATA PROCESSING	1,806,848	4,578,378	6,385,226	-193,066	6,192,160
6.02	1160	COMMUNICATIONS	142,927	123,351	266,278	113,523	379,801
6.03	0630	MATERIALS MGMT	298,210	385,752	683,962		683,962
6.04	0640	ADMINISTRATIVE	409,609	213,334	622,943		622,943
6.05	0650	PATIENT ACCOUNTS	467,448	619,595	1,087,043		1,087,043
6.06	0660	ADMIN & GENERAL	4,743,328	12,818,448	17,561,776	-3,134,225	14,427,551
7	0700	MAINTENANCE & REPAIRS	893,322	2,617,494	3,510,816	-1,437,553	2,073,263
8	0800	OPERATION OF PLANT	208,097	115,563	323,660	1,239,935	1,563,595
9	0900	LAUNDRY & LINEN SERVICE	153,539	152,749	306,288		306,288
10	1000	HOUSEKEEPING	464,696	717,464	1,182,160	-358,994	823,166
11	1100	DINETARY	415,983	616,216	1,032,199		1,032,199
12	1200	CAFETERIA	70,851	41,596	112,447		112,447
14	1400	NURSING ADMINISTRATION	446,780	168,782	615,562		615,562
15	1500	CENTRAL SERVICES & SUPPLY	118,049	381,380	499,429	2,558	501,987
16	1600	PHARMACY	1,299,237	2,218,727	3,517,964		3,517,964
17	1700	MEDICAL RECORDS & LIBRARY	385,115	205,268	590,383		590,383
18	1800	SOCIAL SERVICE	120,972	18,204	139,176		139,176
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD				65,370	65,370
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		1	1		1
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	4,493,190	1,306,768	5,799,958		5,799,958
26	2600	INTENSIVE CARE UNIT	1,126,586	556,619	1,683,205		1,683,205
33	3300	NURSERY	294,574	107,979	402,553		402,553
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,479,801	4,538,578	6,018,379		6,018,379
38	3800	RECOVERY ROOM	301,112	72,107	373,219		373,219
39	3900	DELIVERY ROOM & LABOR ROOM	355,521	130,320	485,841		485,841
40	4000	ANESTHESIOLOGY	1,902,027	760,738	2,662,765		2,662,765
41	4100	RADIOLOGY-DIAGNOSTIC	1,257,333	2,224,419	3,481,752		3,481,752
41.01	3230	CAT SCAN	245,208	713,020	958,228		958,228
41.02	3430	MRI	17,984	795,010	812,994		812,994
41.03	3120	CARDIAC CATH	243,934	923,168	1,167,102		1,167,102
44	4400	LABORATORY	2,903,733	3,030,075	5,933,808		5,933,808
49	4900	RESPIRATORY THERAPY	509,617	295,597	805,214		805,214
50	5000	PHYSICAL THERAPY	780,987	313,801	1,094,788		1,094,788
51	5100	OCCUPATIONAL THERAPY	208,939	135,423	344,362		344,362
52	5200	SPEECH PATHOLOGY		168,804	168,804		168,804
53	5300	ELECTROCARDIOLOGY	36,703	47,653	84,356		84,356
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				-2,558	-2,558
56	5600	DRUGS CHARGED TO PATIENTS					
58	5800	ASC (NON-DIAGNOSTIC PART)	876,574	248,019	1,124,593		1,124,593
58.01	3340	PROCTO/ENTERO/GASTRO OUTPAT SERVICE COST CNTRS	370,831	364,314	735,145		735,145
60	6000	CLINIC	29,204,979	14,077,866	43,282,845	2,135,700	45,418,545
61	6100	EMERGENCY	2,907,991	1,011,772	3,919,763	-65,370	3,854,393
61.01	4950	CARDIAC REHAB	195,654	70,391	266,045		266,045
62	6200	OBSERVATION BEDS (NON-DIAGNOSTIC PART) OTHER REIMBURSEMENT COST CNTRS					
71	7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	1,138,682	522,808	1,661,490		1,661,490
88	8800	INTEREST EXPENSE					
90	9000	OTHER CAPITAL RELATED COSTS					
93	9300	HOSPICE	553,541	398,942	952,483		952,483
95	9300	SUBTOTALS	64,643,174	62,135,773	126,778,947	-0-	126,778,947
		NONREIMBURSEMENT COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800	PHYSICIANS' PRIVATE OFFICES					
100	7950	MONROE CLINIC INN		1,200	1,200		1,200
100.01	7951	5 WEST					
100.02	7952	LIFELINE	6,482	55,970	62,452		62,452
100.03	7953	PHARMACY NURSING HOME	127,086	373,900	500,986		500,986
100.04	7954	FREESTANDING CLINIC	734,272	4,230,602	4,964,874		4,964,874
101		TOTAL	65,511,014	66,797,445	132,308,459	-0-	132,308,459

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:

52-0028

PERIOD:

FROM 1/1/2009

TO 12/31/2009

PREPARED 5/25/2010

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		970,953
4	0400 NEW CAP REL COSTS- MVBLE EQUIP		
5	0500 EMPLOYEE BENEFITS		4,785,669
6.01	0620 DATA PROCESSING		6,192,160
6.02	1160 COMMUNICATIONS		379,801
6.03	0630 MATERIALS MGMT		683,962
6.04	0640 ADMSIONS		622,943
6.05	0650 PATIENT ACCOUNTS		1,087,043
6.06	0660 ADMIN & GENERAL	- 2,238,953	12,188,598
7	0700 MAINTENANCE & REPAIRS		2,073,263
8	0800 OPERATION OF PLANT	- 10,692	1,552,903
9	0900 LAUNDRY & LINEN SERVICE	- 7,924	298,364
10	1000 HOUSEKEEPING		823,166
11	1100 DIETARY	- 465,777	566,422
12	1200 CAFETERIA		112,447
14	1400 NURSING ADMINISTRATION	- 4,332	611,230
15	1500 CENTRAL SERVICES & SUPPLY	- 38,532	463,455
16	1600 PHARMACY	- 199,772	3,318,192
17	1700 MEDICAL RECORDS & LIBRARY		590,383
18	1800 SOCIAL SERVICE		139,176
22	2200 I&R SERVICES- SALARY & FRINGES APPRVD		65,370
23	2300 I&R SERVICES- OTHER PRGM COSTS APPRVD		1
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	- 1,634,797	4,165,161
26	2600 INTENSIVE CARE UNIT		1,683,205
33	3300 NURSERY		402,553
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		6,018,379
38	3800 RECOVERY ROOM		373,219
39	3900 DELIVERY ROOM & LABOR ROOM		485,841
40	4000 ANESTHESIOLOGY	- 2,044,671	618,094
41	4100 RADIOLOGY- DIAGNOSTIC		3,481,752
41.01	3230 CAT SCAN		958,228
41.02	3430 MRI		812,994
41.03	3120 CARDIAC CATH		1,167,102
44	4400 LABORATORY	- 933,609	5,000,199
49	4900 RESPIRATORY THERAPY		805,214
50	5000 PHYSICAL THERAPY	- 5,677	1,089,111
51	5100 OCCUPATIONAL THERAPY	- 39,944	304,418
52	5200 SPEECH PATHOLOGY		168,804
53	5300 ELECTROCARDIOLOGY		84,356
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		- 2,558
56	5600 DRUGS CHARGED TO PATIENTS		
58	5800 ASC (NON-DIAGNOSTIC PART)		1,124,593
58.01	3340 PROCTO/ENTERO/GASTRO		735,145
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	- 21,341,761	24,076,784
61	6100 EMERGENCY	- 1,658,536	2,195,857
61.01	4950 CARDIAC REHAB		266,045
62	6200 OBSERVATION BEDS (NON-DIAGNOSTIC PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		1,661,490
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		- 0-
90	9000 OTHER CAPITAL RELATED COSTS		- 0-
93	9300 HOSPICE		952,483
95	SUBTOTALS	- 30,624,977	96,153,970
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 MONROE CLINIC INN		1,200
100.01	7951 5 WEST		
100.02	7952 LIFELINE		62,452
100.03	7953 PHARMACY NURSING HOME		500,986
100.04	7954 FREESTANDING CLINIC		4,964,874
101	TOTAL	- 30,624,977	101,683,482

COST CENTERS USED IN COST REPORT

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS- BLDG & FIXT	0300	
4	NEW CAP REL COSTS- MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	DATA PROCESSING	0620	DATA PROCESSING
6.02	COMMUNICATIONS	1160	COMMUNICATIONS
6.03	MATERIALS MGMT	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	PATIENT ACCOUNTS	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	ADMIN & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
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	
22	I&R SERVICES- SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES- OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCI LLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY- DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
41.02	MRI	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.03	CARDIAC CATH	3120	CARDIAC CATHETERIZATION LABORATORY
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58	ASC (NON-DIAGNOSTIC PART)	5800	
58.01	PROCTO/ENTERO/GASTRO	3340	GASTROINTESTINAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
61.01	CARDIAC REHAB	4950	OTHER OUTPATIENT SERVICE COST CENTER
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	6200	
	OTHER REIMBURSABLE COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS- BLDG & FIXT
	NONREIMBURSABLE COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	MONROE CLINIC INN	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	5 WEST	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	LIFELINE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	PHARMACY NURSING HOME	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	FREESTANDING CLINIC	7954	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS- BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO.
520028PERIOD:
FROM 1/ 1/ 2009
TO 12/ 31/ 2009PREPARED 5/ 25/ 2010
WORKSHEET A- 6

EXPLANATION OF RECLASSIFICATION	CODE		LINE		SALARY	OTHER
	(1)	COST CENTER	NO			
	1	2	3		4	5
1 TO RECLASSIFY PHONE COSTS	A	COMMUNICATIONS	6.02			193,066
2 UNEMPLOYMENT	D	EMPLOYEE BENEFITS	5			66,509
3 WORKERS COMP	E	EMPLOYEE BENEFITS	5			89,981
4 RETIREMENT	F	EMPLOYEE BENEFITS	5			1,497,221
5 RENTAL SPD	I	CENTRAL SERVICES & SUPPLY	15			2,558
6 F/C BUILDING DEPR	J	CLINIC	60			849,360
7 F/C HOUSEKEEPING SERVICES	L	CLINIC	60			358,994
8 PROPERTY TAXES	M	CLINIC	60			576,765
9 UTILITIES TO FACILITIES	O	OPERATION OF PLANT	8			1,437,553
10 TO RECLASS GAIN SHARE	P	EMPLOYEE BENEFITS	5		830,329	
11 RECLASS PROP INS TO CAPITAL	Q	CLINIC	60			73,420
12 RESIDENT SALARY	S	I&R SERVICES- SALARY & FRINGES APPRVD	22		65,370	
13 PHONE EXPENSE	T	CLINIC	60			79,543
14 UTILITIES	U	CLINIC	60			197,618
36 TOTAL RECLASSIFICATIONS					895,699	5,422,588

(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.
520028PERIOD:
FROM 1/ 1/ 2009
TO 12/ 31/ 2009PREPARED 5/ 25/ 2010
WORKSHEET A- 6

EXPLANATION OF RECLASSIFICATION	CODE		DECREASE		SALARY	OTHER	A-7 REF 10
	(1) 1	COST CENTER 6	LINE NO 7				
1 TO RECLASSIFY PHONE COSTS	A	DATA PROCESSING	6.01			193,066	
2 UNEMPLOYMENT	D	ADMIN & GENERAL	6.06			66,509	
3 WORKERS COMP	E	ADMIN & GENERAL	6.06			89,981	
4 RETIREMENT	F	ADMIN & GENERAL	6.06			1,497,221	
5 RENTAL SPD	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			2,558	
6 F/C BUILDING DEPR	J	NEW CAP REL COSTS- BLDG & FIXT	3			849,360	9
7 F/C HOUSEKEEPING SERVICES	L	HOUSEKEEPING	10			358,994	
8 PROPERTY TAXES	M	ADMIN & GENERAL	6.06			576,765	
9 UTILITIES TO FACILITIES	O	MAINTENANCE & REPAIRS	7			1,437,553	
10 TO RECLASS GAIN SHARE	P	ADMIN & GENERAL	6.06		830,329		
11 RECLASS PROP INS TO CAPITAL	Q	ADMIN & GENERAL	6.06			73,420	12
12 RESIDENT SALARY	S	EMERGENCY	61		65,370		
13 PHONE EXPENSE	T	COMMUNICATIONS	6.02			79,543	
14 UTILITIES	U	OPERATION OF PLANT	8			197,618	
36 TOTAL RECLASSIFICATIONS					895,699	5,422,588	

(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:
520028PERIOD:
FROM 1/ 1/2009
TO 12/31/2009PREPARED 5/25/2010
WORKSHEET A-6
NOT A CMS WORKSHEETRECLASS CODE: A
EXPLANATION: TO RECLASSIFY PHONE COSTS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	COMMUNICATIONS	6.02	193,066
TOTAL RECLASSIFICATIONS FOR CODE A			193,066

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
	DATA PROCESSING	6.01	193,066

RECLASS CODE: D
EXPLANATION: UNEMPLOYMENT

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	66,509
TOTAL RECLASSIFICATIONS FOR CODE D			66,509

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
	ADMIN & GENERAL	6.06	66,509

RECLASS CODE: E
EXPLANATION: WORKERS COMP

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	89,981
TOTAL RECLASSIFICATIONS FOR CODE E			89,981

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
	ADMIN & GENERAL	6.06	89,981

RECLASS CODE: F
EXPLANATION: RETIREMENT

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	1,497,221
TOTAL RECLASSIFICATIONS FOR CODE F			1,497,221

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
	ADMIN & GENERAL	6.06	1,497,221

RECLASS CODE: I
EXPLANATION: RENTAL SPD

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	2,558
TOTAL RECLASSIFICATIONS FOR CODE I			2,558

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
	MEDICAL SUPPLIES CHARGED TO PA	55	2,558

RECLASS CODE: J
EXPLANATION: F/C BUILDING DEPR

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	849,360
TOTAL RECLASSIFICATIONS FOR CODE J			849,360

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
	NEW CAP REL COSTS- BLDG & FIXT	3	849,360

RECLASS CODE: L
EXPLANATION: F/C HOUSEKEEPING SERVICES

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	358,994
TOTAL RECLASSIFICATIONS FOR CODE L			358,994

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
	HOUSEKEEPING	10	358,994

RECLASS CODE: M
EXPLANATION: PROPERTY TAXES

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	576,765
TOTAL RECLASSIFICATIONS FOR CODE M			576,765

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
	ADMIN & GENERAL	6.06	576,765

RECLASS CODE: O
EXPLANATION: UTILITIES TO FACILITIES

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	1,437,553
TOTAL RECLASSIFICATIONS FOR CODE O			1,437,553

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
	MAINTENANCE & REPAIRS	7	1,437,553

RECLASS CODE: P
EXPLANATION: TO RECLASS GAIN SHARE

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	830,329
TOTAL RECLASSIFICATIONS FOR CODE P			830,329

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
	ADMIN & GENERAL	6.06	830,329

RECLASSIFICATIONS

PROVIDER NO: 520028	PERIOD: FROM 1/ 1/ 2009 TO 12/ 31/ 2009	IN LIEU OF FORM CMS-2552-96 (09/1996) PREPARED 5/ 25/ 2010 WORKSHEET A- 6 NOT A CMS WORKSHEET
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RECLASS CODE: Q
EXPLANATION: RECLASS PROP INS TO CAPITAL

LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	73,420
TOTAL RECLASSIFICATIONS FOR CODE Q			73,420

COST CENTER	LINE	AMOUNT
ADMIN & GENERAL	6.06	73,420

RECLASS CODE: S
EXPLANATION: RESIDENT SALARY

LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES- SALARY & FRINGES	22	65,370
TOTAL RECLASSIFICATIONS FOR CODE S			65,370

COST CENTER	LINE	AMOUNT
EMERGENCY	61	65,370

RECLASS CODE: T
EXPLANATION: PHONE EXPENSE

LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	79,543
TOTAL RECLASSIFICATIONS FOR CODE T			79,543

COST CENTER	LINE	AMOUNT
COMMUNICATIONS	6.02	79,543

RECLASS CODE: U
EXPLANATION: UTILITIES

LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC	60	197,618
TOTAL RECLASSIFICATIONS FOR CODE U			197,618

COST CENTER	LINE	AMOUNT
OPERATION OF PLANT	8	197,618

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES	PURCHASES	ACQUISITIONS DONATIONS	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	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	PURCHASES	ACQUISITIONS DONATIONS	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		1	2	3	4	5	6	7
1	LAND	1,263,864	13,300		13,300		1,277,164	
2	LAND IMPROVEMENTS	3,742,912	1,034,764		1,034,764		4,777,676	
3	BUILDINGS & FIXTURE	36,973,222	7,657,412		7,657,412		44,630,634	
4	BUILDING IMPROVEMENT	10,603,116	49,763		49,763		10,652,879	
5	FIXED EQUIPMENT	8,152,799	16,038		16,038		8,168,837	
6	MOVABLE EQUIPMENT	53,338,944	5,541,762		5,541,762	193,811	58,686,895	
7	SUBTOTAL	114,074,857	14,313,039		14,313,039	193,811	128,194,085	
8	RECONCILING ITEMS							
9	TOTAL	114,074,857	14,313,039		14,313,039	193,811	128,194,085	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
DESCRIPTION

COMPUTATION OF RATIOS
CAPITALIZED GROSS ASSETS
LEASES FOR RATIO

ALLOCATION OF OTHER CAPITAL
OTHER CAPITAL
RELATED COSTS

		GROSS ASSETS 1	LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	TOTAL 8
*									
3	NEW CAP REL COSTS- BL	69,507,190		69,507,190	.542203				
4	NEW CAP REL COSTS- IM	58,686,895		58,686,895	.457797				
5	TOTAL	128,194,085		128,194,085	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*								
3	NEW CAP REL COSTS- BL	970,953						970,953
4	NEW CAP REL COSTS- IM							
5	TOTAL	970,953						970,953

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

		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*								
3	NEW CAP REL COSTS- BL	1,820,313						1,820,313
4	NEW CAP REL COSTS- IM							
5	TOTAL	1,820,313						1,820,313

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

ADJUSTMENTS TO EXPENSES

 PROVIDER NO:
 52-0028

 PERIOD:
 FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET A-8

DESCR PTI ON (1)		(2) BASIS / CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	WKST. A- 7 REF. 5
		1	2	COST CENTER 3	4	
1	INVEST INCOME- OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2	INVESTMENT INCOME- OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3	INVEST INCOME- NEW BLDGS AND FIXTURES			NEW CAP REL COSTS- BLDG &	3	
4	INVESTMENT INCOME- NEW MOVABLE EQUIP			NEW CAP REL COSTS- MMBLE E	4	
5	INVESTMENT INCOME- OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS	B	- 38, 233	CENTRAL SERVICES & SUPPLY	15	
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES					
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A- 8- 2	- 25, 149, 861			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A- 8- 1				
15	LAUNDRY AND LINEN SERVICE	B	- 7, 924	LAUNDRY & LINEN SERVICE	9	
16	CAFETERIA- EMPLOYEES AND GUESTS	B	- 456, 821	DIETARY	11	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18	SALE OF MED AND SURG SUPPLIES	B	- 299	CENTRAL SERVICES & SUPPLY	15	
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	- 199, 772	PHARMACY	16	
20	SALE OF MEDICAL RECORDS & ABSTRACTS					
21	NURSG SCHOOL (TUITN, FEES, BOOKS, ETC.)					
22	VENDING MACHINES	B	- 10, 692	OPERATION OF PLANT	8	
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTERST 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 PHYSICIAN COMP					
29	DEPRECIATION- OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	89	
30	DEPRECIATION- OLD MOVABLE EQUIP			**COST CENTER DELETED**	1	
31	DEPRECIATION- NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	2	
32	DEPRECIATION- NEW MOVABLE EQUIP			NEW CAP REL COSTS- BLDG &	3	
33	NON- PHYSICIAN ANESTHETIST			NEW CAP REL COSTS- MMBLE E	4	
34	PHYSICIANS' ASSISTANT			**COST CENTER DELETED**	20	
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A- 8- 4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A- 8- 4		SPEECH PATHOLOGY	52	
37	PT OUTREACH	A	- 5, 677	PHYSICAL THERAPY	50	
38	OT OUTREACH	A	- 39, 944	OCCUPATIONAL THERAPY	51	
39	HOSPITALIST MID LEVEL SALARIES	A	- 101, 526	ADULTS & PEDIATRICS	25	
39. 01	HOSPITALIST MID LEVEL FRINGES	A	- 31, 778	ADMIN & GENERAL	6. 06	
39. 02						
40	INTEREST EXPENSE	A	- 898, 998	ADMIN & GENERAL	6. 06	
41	CATERING REVENUE	B	- 8, 956	DIETARY	11	
42	OUTREACH REVENUE	B	- 4, 332	NURSING ADMINISTRATION	14	
43	ADVERTISING EXPENSE	A	- 70, 266	ADMIN & GENERAL	6. 06	
44	MSC REVENUE	B	- 2, 305	ADMIN & GENERAL	6. 06	
45	MID LEVEL SALARIES	A	- 2, 515, 107	CLINIC	60	
46	MID LEVEL FRINGE BENEFITS	A	- 787, 228	CLINIC	60	
47	E/ R MID LEVEL	A	- 224, 873	EMERGENCY	61	
48	E/ R MID LEVEL FRINGES	A	- 70, 385	EMERGENCY	61	
49	OTHER ADJUSTMENTS (SPECIFY)					
50	TOTAL (SUM OF LINES 1 THRU 49)		- 30, 624, 977			

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	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 61	EMPLOYED PHYSICIANS	1,363,278	1,363,278					
2 60	CLINIC PHYSICIANS	18,039,426	18,039,426					
3 40	ANESTHESIA	2,044,671	2,044,671					
4 44	LABORATORY	933,609	933,609					
5 25	HOSPITALISTS	1,533,271	1,533,271					
6 6	PHYSICIAN FRI NGES	1,235,606	1,235,606					
7								
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	25,149,861	25,149,861					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET A-8-2
		GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 61	EMPLOYED PHYSICIANS							1,363,278
2 60	CLINIC PHYSICIANS							18,039,426
3 40	ANESTHESIA							2,044,671
4 44	LABORATORY							933,609
5 25	HOSPITALISTS							1,533,271
6 6 6	PHYSICIAN FRINGES							1,235,606
7								
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							25,149,861

COST ALLOCATION STATISTICS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS- BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS- MVBLE EQUIP	4	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.01	DATA PROCESSING	7	NO OF CRTS	ENTERED
6.02	COMMUNICATIONS	8	NO OF EXTENSIONS	ENTERED
6.03	MATERIALS MGMT	9	SUPPLY COST	ENTERED
6.04	ADMINISTRATIVE	30	GROSS REVENUE	ENTERED
6.05	PATIENT ACCOUNTS	10	GROSS REVENUE	ENTERED
6.06	ADMIN & GENERAL	- 11	ACCUM COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	12	MAINT HOURS	ENTERED
8	OPERATION OF PLANT	3	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	NO OF FTES	ENTERED
14	NURSING ADMINISTRATION	19	NURSING FTES	ENTERED
15	CENTRAL SERVICES & SUPPLY	20	COSTED REQUIS.	ENTERED
16	PHARMACY	21	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	22	TIME SPENT	ENTERED
18	SOCIAL SERVICE	23	TIME SPENT	ENTERED
22	I&R SERVICES- SALARY & FRINGES APPRVD	27	ASSIGNED TIME	ENTERED
23	I&R SERVICES- OTHER PRGM COSTS APPRVD	28	ACCUM COST	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET B
		PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C COSTS- BLDG &	NEW CAP REL C COSTS- M/BL E	EMPLOYEE BENE FI TS	DATA PROCESSI NG	COMMUNI CATI ON S	MATERI ALS T	MGM
		0	3	4	5	6.01	6.02	6.03	
003	GENERAL SERVICE COST CNTR								
004	NEW CAP REL COSTS- BLDG &	970,953	970,953						
005	NEW CAP REL COSTS- M/BL E								
006	EMPLOYEE BENEFITS	4,785,669	14,202		4,799,871				
006 01	DATA PROCESSING	6,192,160	25,468		135,747	6,353,375			
006 02	COMMUNICATIONS	379,801	734		10,738	59,938	451,211		
006 03	MATERIALS MGMT	683,962	16,721		22,404	179,813	7,313	910,213	
006 04	ADMISSIONS	622,943	10,577		30,774	359,625	9,751	273	
006 05	PATIENT ACCOUNTS	1,087,043	5,850		35,119	599,375	21,939	1,603	
006 06	ADMIN & GENERAL	12,188,598	47,865		293,980	419,563	39,003	6,911	
007	MAINTENANCE & REPAIRS	2,073,263	19,324		67,114		26,814	5,395	
008	OPERATION OF PLANT	1,552,903	321,957		15,634	59,938	9,751	452	
009	LAUNDRY & LINEN SERVICE	298,364	17,579		11,535		4,875	3,207	
010	HOUSEKEEPING	823,166	7,419		34,912	59,938	2,438	6,289	
011	DINETARY	566,422	24,616		31,252		7,313	2,033	
012	CAFETERIA	112,447	12,926		5,323		2,438		
014	NURSING ADMINISTRATION	611,230	4,587		33,566	59,938	29,252	694	
015	CENTRAL SERVICES & SUPPLY	463,455	8,802		8,869	119,875	4,875	19,357	
016	PHARMACY	3,318,192	6,564		97,610	119,875	7,313	1,368	
017	MEDICAL RECORDS & LIBRARY	590,383	11,768		28,933	179,813	21,939	953	
018	SOCIAL SERVICE	139,176	2,421		9,089		4,875	14	
022	I&R SERVICES- SALARY & FRI	65,370			4,911				
023	I&R SERVICES- OTHER PRGM C	1							
	INPAT ROUTINE SRVC CNTRS								
025	ADULTS & PEDIATRICS	4,165,161	70,041		337,569	179,813	77,999	5,661	
026	INTENSIVE CARE UNIT	1,683,205	30,273		84,639	59,938	9,751	2,618	
033	NURSERY	402,553	3,599		22,131		2,438		
	ANCILLARY SRVC COST CNTRS								
037	OPERATING ROOM	6,018,379	43,532		111,176	239,750	17,064	214,368	
038	RECOVERY ROOM	373,219	2,055		22,622		4,875	344	
039	DELIVERY ROOM & LABOR ROO	485,841	10,779		26,710		2,438		
040	ANESTHESIOLOGY	618,094			142,897			4,395	
041	RADIOLOGY- DIAGNOSTIC	3,481,752	49,284		94,462	59,938	19,501	42,313	
041 01	CAT SCAN	958,228	1,752		18,422		2,438	8,007	
041 02	MRI	812,994	914		1,351		4,875	2,576	
041 03	CARDIAC CATH	1,167,102	2,943		18,327	59,938	2,438	34,157	
044	LABORATORY	5,000,199	24,244		218,155	119,875	14,626	2,408	
049	RESPIRATORY THERAPY	805,214	6,124		38,287	59,938	9,751	3,868	
050	PHYSICAL THERAPY	1,089,111	12,352		58,675	59,938	7,313	2,222	
051	OCCUPATIONAL THERAPY	304,418	4,966		15,697	59,938	4,875	619	
052	SPEECH PATHOLOGY	168,804	2,114			59,938	2,438	12	
053	ELECTROCARDIOLOGY	84,356	418		2,757		2,438	134	
055	MEDICAL SUPPLIES CHARGED	-2,558							
056	DRUGS CHARGED TO PATIENTS								
058	ASC (NON-DIAGNOSTIC PART)	1,124,593	4,336		65,856	59,938	2,438	2,171	
058 01	PROCTO/ENTERO/GASTRO	735,145	6,059		27,860	59,938	2,438	8,712	
	OUTPAT SERVICE COST CNTRS								
060	CLINIC	24,076,784			2,194,171	2,637,240		281,711	
061	EMERGENCY	2,195,857	20,525		213,563	119,875	14,626	5,201	
061 01	CARDIAC REHAB	266,045	9,585		14,699	59,938	2,438	309	
062	OBSERVATION BEDS (NON-DIS								
	OTHER REIMBURS COST CNTRS								
071	HOME HEALTH AGENCY	1,661,490	29,862		85,548	59,938	9,751	3,372	
	SPEC PURPOSE COST CENTERS								
093	HOSPICE	952,483	646		41,587		2,438	3,464	
095	SUBTOTALS	96,153,970	895,783		4,734,671	6,173,562	419,276	677,191	
	NONREIMBURS COST CENTERS								
096	GIFT, FLOWER, COFFEE SHOP		5,093				2,438		
098	PHYSICIANS' PRIVATE OFFICE		18,270				2,438		
100	MONROE CLINIC INN	1,200	21,843				24,377	34	
100 01	5 WEST		15,615						
100 02	LIFELINE	62,452			487		2,438	14	
100 03	PHARMACY NURSING HOME	500,986			9,548			217	
100 04	FREESTANDING CLINIC	4,964,874	14,349		55,165	179,813	244	232,757	
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	TOTAL	101,683,482	970,953		4,799,871	6,353,375	451,211	910,213	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET B
		PART I

COST CENTER DESCRIPTION		ADMINISTRATIVE	PATIENT ACCOUNTS	SUBTOTAL	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
		6.04	6.05	6a.05	6.06	7	8	9
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS- BLDG &							
005	NEW CAP REL COSTS- MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 DATA PROCESSING							
006	02 COMMUNICATIONS							
006	03 MATERIALS MGMT							
006	04 ADMINISTRATIVE	1,033,943						
006	05 PATIENT ACCOUNTS		1,750,929					
006	06 ADMIN & GENERAL			12,995,920	12,995,920			
007	MAINTENANCE & REPAIRS			2,191,910	321,185	2,513,095		
008	OPERATION OF PLANT			1,960,635	287,296	1,581,480	3,829,411	
009	LAUNDRY & LINEN SERVICE			335,560	49,170	53,015	132,445	570,190
010	HOUSEKEEPING			934,162	136,885	38,088	55,898	41,629
011	DIETARY			631,636	92,555	42,000	185,468	19,605
012	CAFETERIA			133,134	19,508	5,456	97,392	
014	NURSING ADMINISTRATION			739,267	108,326	2,574	34,562	
015	CENTRAL SERVICES & SUPPLY			625,233	91,617	3,191	66,321	9,591
016	PHARMACY			3,550,922	520,324	17,912	49,458	875
017	MEDICAL RECORDS & LIBRARY			833,789	122,177	7,000	88,666	
018	SOCIAL SERVICE			155,575	22,797	309	18,240	
022	I&R SERVICES- SALARY & FRI			70,281	10,298			
023	I&R SERVICES- OTHER PRGM C			1				
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	73,593	106,454	5,016,291	735,047	37,882	527,716	229,197
026	INTENSIVE CARE UNIT	23,258	33,636	1,927,318	282,414	29,544	228,092	23,749
033	NURSERY	5,291	7,654	443,666	65,011		27,113	2,764
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	245,393	354,880	7,244,542	1,061,557	57,338	327,992	25,380
038	RECOVERY ROOM	18,559	26,845	448,519	65,722	3,294	15,486	64,020
039	DELIVERY ROOM & LABOR ROO	14,770	21,365	561,903	82,337		81,217	
040	ANESTHESIOLOGY	79,203	114,568	959,157	140,547	1,338		
041	RADIOLOGY- DIAGNOSTIC	84,316	121,964	3,953,530	579,319	926	371,329	15,985
041	01 CAT SCAN	102,311	147,995	1,239,153	181,576	721	13,200	
041	02 MRI	56,092	81,138	959,940	140,662	412	6,883	
041	03 CARDIAC CATH	30,021	43,426	1,358,352	199,042	8,956	22,173	
044	LABORATORY	71,115	344,894	5,795,516	849,229	412	182,665	4,995
049	RESPIRATORY THERAPY	38,630	55,879	1,017,691	149,124	412	46,140	7,229
050	PHYSICAL THERAPY	25,759	48,793	1,304,163	191,102	13,485	93,066	27,018
051	OCCUPATIONAL THERAPY	10,392	16,880	417,785	61,219	103	37,413	
052	SPEECH PATHOLOGY	5,268	7,620	246,194	36,075		15,929	
053	ELECTROCARDIOLOGY	11,879	17,183	119,165	17,461		3,146	
055	MEDICAL SUPPLIES CHARGED			-2,558				
056	DRUGS CHARGED TO PATIENTS							
058	ASC (NON-DIAGNOSTIC PART)	37,825	54,715	1,351,872	198,093	29,029	32,669	
058	01 PROCTOENTERO GASTRO			840,152	123,109	4,735	45,648	
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC			29,189,906	4,277,235	313,043		54,905
061	EMERGENCY	96,789	140,007	2,806,443	411,234	28,720	154,642	32,978
061	01 CARDIAC REHAB	2,893	4,185	360,092	52,765	4,426	72,221	
062	OBSERVATION BEDS (NON-DIS							
071	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY			1,849,961	271,078	3,912	224,995	
093	SPEC PURPOSE COST CENTERS							
093	HOSPICE			1,000,618	146,623	1,750	4,867	
095	SUBTOTALS	1,033,357	1,750,081	95,567,396	12,099,719	2,291,463	3,263,052	559,920
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP			7,531	1,104		38,372	
098	PHYSICIANS' PRIVATE OFFICE			20,708	3,034		137,657	
100	MONROE CLINIC INN	88	128	47,670	6,985	9,059	164,573	10,270
100	01 5 WEST			15,615	2,288		117,647	
100	02 LIFELINE	498	720	66,609	9,760			
100	03 PHARMACY NURSING HOME			510,751	74,841			
100	04 FREESTANDING CLINIC			5,447,202	798,189	212,573	108,110	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	1,033,943	1,750,929	101,683,482	12,995,920	2,513,095	3,829,411	570,190

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/ 2009	5/ 25/ 2010
	TO 12/ 31/ 2009	WORKSHEET B
		PART I

		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
COST CENTER DESCRIPTION		10	11	12	14	15	16	17
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS- BLDG &							
005	NEW CAP REL COSTS- MMBLE E							
006	EMPLOYEE BENEFITS							
006	01 DATA PROCESSING							
006	02 COMMUNICATIONS							
006	03 MATERIALS MGMT							
006	04 ADMINISTRATIONS							
006	05 PATIENT ACCOUNTS							
006	06 ADMIN & GENERAL							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	1, 206, 662						
011	DIETARY	40, 654	1, 011, 918					
012	CAFETERIA	23, 807	818, 006	1, 097, 303				
014	NURSING ADMINISTRATION	28, 408		13, 602	926, 739			
015	CENTRAL SERVICES & SUPPLY	14, 818		9, 626		820, 397		
016	PHARMACY	20, 952		41, 154	60, 151	1, 019	4, 262, 767	
017	MEDICAL RECORDS & LIBRARY	20, 504		28, 552				1, 100, 688
018	SOCIAL SERVICE			6, 254	9, 142			7, 488
022	I & R SERVICES- SALARY & FRI							
023	I & R SERVICES- OTHER PRGM C							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	428, 387	164, 184	162, 315	237, 242	79, 287	218	345, 503
026	INTENSIVE CARE UNIT	52, 310	17, 930	37, 620	54, 986	25, 835	181	29, 951
033	NURSERY	37, 587				59	3, 714	6, 418
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	101, 741		55, 686	81, 391	847	14, 313	376, 521
038	RECOVERY ROOM	29, 588		8, 394	12, 268	1, 635		
039	DELIVERY ROOM & LABOR ROO	39, 309					3, 423	8, 557
040	ANESTHESIOLOGY			12, 486	18, 249	32, 106		13, 906
041	RADIOLOGY- DIAGNOSTIC	109, 291		49, 803	72, 793	1, 868	14, 588	39, 578
041	01 CAT SCAN			9, 463	13, 831		6, 265	
041	02 MRI			1, 139	1, 665			
041	03 CARDIAC CATH			7, 045	10, 297	331		
044	LABORATORY	56, 816		104, 652				
049	RESPIRATORY THERAPY	45, 420		20, 810	30, 416	207		13, 906
050	PHYSICAL THERAPY	27, 865		32, 644	47, 713	861		35, 299
051	OCCUPATIONAL THERAPY	22, 486		9, 370	13, 695			
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY			2, 581	3, 772			
055	MEDICAL SUPPLIES CHARGED					629, 516		
056	DRUGS CHARGED TO PATIENTS						3, 348, 008	48, 135
058	ASC (NON-DIAGNOSTIC PART)		11, 798	30, 691	44, 859	4, 429	1, 702	78, 086
058	01 PROCTO/ENTERO/ GASTRO	3, 870		11, 021	16, 108	93		
	OUTPAT SERVICE COST CNTRS							
060	CLINIC			306, 818				
061	EMERGENCY	68, 684		62, 359	91, 145	27, 626	6, 923	97, 340
061	01 CARDIAC REHAB	2, 076		7, 580	11, 079	392		
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	19, 230		40, 922	59, 812	6, 537		
	SPEC PURPOSE COST CENTERS							
093	HOSPICE			19, 949	29, 158	814	98, 168	
095	SUBTOTALS	1, 193, 803	1, 011, 918	1, 092, 536	919, 772	813, 462	3, 497, 503	1, 100, 688
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFICE							
100	MONROE CLINIC INN	12, 859				33		
100	01 5 WEST							
100	02 LIFELINE			512	748			
100	03 PHARMACY NURSING HOME			4, 255	6, 219	2, 532	765, 264	
100	04 FREESTANDING CLINIC					4, 370		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	1, 206, 662	1, 011, 918	1, 097, 303	926, 739	820, 397	4, 262, 767	1, 100, 688

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET B
		PART I

COST CENTER DESCRIPTION		SOCI AL SERVIC E	I&R SERVIC SALARY & FRI	I&R SERVIC OTHER PRGM C	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
		18	22	23	25	26	27
003	GENERAL SERVICE COST CNTR						
004	NEW CAP REL COSTS- BLDG &						
005	NEW CAP REL COSTS- MVBLE E						
006	EMPLOYEE BENEFITS						
006	01 DATA PROCESSING						
006	02 COMMUNICATIONS						
006	03 MATERIALS MGMT						
006	04 ADMSIONS						
006	05 PATIENT ACCOUNTS						
006	06 ADMIN & GENERAL						
007	MAINTENANCE & REPAIRS						
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	219,805					
022	I&R SERVICES- SALARY & FRI		80,579				
023	I&R SERVICES- OTHER PRGM C			1			
025	INPAT ROUTINE SRVC CNTRS	210,700		1	8,173,970	-1	8,173,969
026	INTENSIVE CARE UNIT	6,937			2,716,867		2,716,867
033	NURSERY				586,332		586,332
037	ANCILLARY SRVC COST CNTRS						
038	OPERATING ROOM		53,182		9,400,490	-53,182	9,347,308
039	RECOVERY ROOM				648,926		648,926
040	DELIVERY ROOM & LABOR ROO				776,746		776,746
041	ANESTHESIOLOGY				1,177,789		1,177,789
041	RADIOLOGY- DIAGNOSTIC				5,209,010		5,209,010
041	01 CAT SCAN				1,464,209		1,464,209
041	02 MRI				1,110,701		1,110,701
041	03 CARDIAC CATH				1,606,196		1,606,196
044	LABORATORY				6,994,285		6,994,285
049	RESPIRATORY THERAPY				1,331,355		1,331,355
050	PHYSICAL THERAPY				1,773,216		1,773,216
051	OCCUPATIONAL THERAPY				562,071		562,071
052	SPEECH PATHOLOGY				298,198		298,198
053	ELECTROCARDIOLOGY				146,125		146,125
055	MEDICAL SUPPLIES CHARGED				626,958		626,958
056	DRUGS CHARGED TO PATIENTS				3,396,143		3,396,143
058	ASC (NON-DIAGNOSTIC PART)				1,783,228		1,783,228
058	01 PROCTOENTEROGASTRO				1,044,736		1,044,736
060	OUTPAT SERVICE COST CNTRS						
061	CLINIC				34,141,907		34,141,907
061	EMERGENCY	2,168	27,397		3,817,659	-27,397	3,790,262
061	01 CARDIAC REHAB				510,631		510,631
062	OBSERVATION BEDS (NON-DIS						
071	OTHER REIMBURS COST CNTRS						
093	HOME HEALTH AGENCY				2,476,447		2,476,447
093	SPEC PURPOSE COST CENTERS						
095	HOSPICE				1,301,947		1,301,947
095	SUBTOTALS	219,805	80,579	1	93,076,142	-80,580	92,995,562
096	NONREIMBURS COST CENTERS						
098	GIFT, FLOWER, COFFEE SHOP				47,007		47,007
100	PHYSICIANS' PRIVATE OFFICE				161,399		161,399
100	MONROE CLINIC INN				251,449		251,449
100	01 5 WEST				135,550		135,550
100	02 LIFELINE				77,629		77,629
100	03 PHARMACY NURSING HOME				1,363,862		1,363,862
100	04 FREESTANDING CLINIC				6,570,444		6,570,444
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL	219,805	80,579	1	101,683,482	-80,580	101,602,902

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET B
		PART III

COST CENTER DESCRIPTION		DIRECT ASSIGNED NEW CAPITAL REL COSTS	NEW CAPITAL COSTS- BLDG &	NEW CAPITAL COSTS- MBL E	SUBTOTAL	EMPLOYEE BENEFITS	DATA PROCESSING	COMMUNICATIONS
		0	3	4	4a	5	6.01	6.02
003	GENERAL SERVICE COST CENTER							
004	NEW CAPITAL COSTS- BLDG &							
005	NEW CAPITAL COSTS- MBL E							
006	EMPLOYEE BENEFITS		14,202		14,202	14,202		
006 01	DATA PROCESSING		25,468		25,468	401	25,869	
006 02	COMMUNICATIONS		734		734	32	244	1,010
006 03	MATERIALS MGMT		16,721		16,721	66	732	16
006 04	ADMINISTRATIVE		10,577		10,577	91	1,464	22
006 05	PATIENT ACCOUNTS		5,850		5,850	104	2,440	49
006 06	ADMIN & GENERAL		47,865		47,865	869	1,708	87
007	MAINTENANCE & REPAIRS		19,324		19,324	198		60
008	OPERATION OF PLANT		321,957		321,957	46	244	22
009	LAUNDRY & LINEN SERVICE		17,579		17,579	34		11
010	HOUSEKEEPING		7,419		7,419	103	244	5
011	DIETARY		24,616		24,616	92		16
012	CAFETERIA		12,926		12,926	16		5
014	NURSING ADMINISTRATION		4,587		4,587	99	244	65
015	CENTRAL SERVICES & SUPPLY		8,802		8,802	26	488	11
016	PHARMACY		6,564		6,564	288	488	16
017	MEDICAL RECORDS & LIBRARY		11,768		11,768	85	732	49
018	SOCIAL SERVICE		2,421		2,421	27		11
022	I&R SERVICES- SALARY & FRI					15		
023	I&R SERVICES- OTHER PROGRAM							
025	INPATIENT ROUTINE SERVICE CENTERS		70,041		70,041	997	732	181
026	ADULTS & PEDIATRICS		30,273		30,273	250	244	22
033	INTENSIVE CARE UNIT		3,599		3,599	65		5
037	NURSERY							
037	ANCILLARY SERVICE COST CENTERS							
038	OPERATING ROOM		43,532		43,532	329	976	38
039	RECOVERY ROOM		2,055		2,055	67		11
040	DELIVERY ROOM & LABOR ROOM		10,779		10,779	79		5
041	ANESTHESIOLOGY					422		
041	RADIOLOGY- DIAGNOSTIC		49,284		49,284	279	244	44
041 01	CAT SCAN		1,752		1,752	54		5
041 02	MRI		914		914	4		11
041 03	CARDIAC CATH		2,943		2,943	54	244	5
044	LABORATORY		24,244		24,244	645	488	33
049	RESPIRATORY THERAPY		6,124		6,124	113	244	22
050	PHYSICAL THERAPY		12,352		12,352	173	244	16
051	OCCUPATIONAL THERAPY		4,966		4,966	46	244	11
052	SPEECH PATHOLOGY		2,114		2,114		244	5
053	ELECTROCARDIOLOGY		418		418	8		5
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
058	ASC (NON-DIAGNOSTIC PART)		4,336		4,336	195	244	5
058 01	PROCTOENTEROGASTRO		6,059		6,059	82	244	5
060	OUTPATIENT SERVICE COST CENTERS							
061	CLINIC					6,506	10,741	
061	EMERGENCY		20,525		20,525	631	488	33
061 01	CARDIAC REHAB		9,585		9,585	43	244	5
062	OBSERVATION BEDS (NON-DIAGNOSTIC)							
071	OTHER REIMBURSEMENT COST CENTERS							
093	HOME HEALTH AGENCY		29,862		29,862	253	244	22
093	SPEC PURPOSE COST CENTERS							
095	HOSPICE		646		646	123		5
095	SUBTOTALS		895,783		895,783	14,010	25,137	939
096	NONREIMBURSEMENT COST CENTERS							
098	GIFT, FLOWER, COFFEE SHOP		5,093		5,093			5
100	PHYSICIANS' PRIVATE OFFICE		18,270		18,270			5
100	MONROE CLINIC INN		21,843		21,843			55
100 01	5 WEST		15,615		15,615			
100 02	LIFELINE					1		5
100 03	PHARMACY NURSING HOME					28		
100 04	FREESTANDING CLINIC		14,349		14,349	163	732	1
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		970,953		970,953	14,202	25,869	1,010

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET B
		PART III

COST CENTER DESCRIPTION		MATERIALS T	MGM ADM SSIONS	PATIENT NTS	ACQU AL	ADMIN & GENERAL REPAIRS	MAINTENANCE & OPERATIONS OF PLANT	LAUNDRY & LINEN SERVICE
		6.03	6.04	6.05	6.06	7	8	9
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS- BLDG &							
005	NEW CAP REL COSTS- MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 DATA PROCESSING							
006	02 COMMUNICATIONS							
006	03 MATERIALS MGMT	17,535						
006	04 ADM SSIONS	5	12,159					
006	05 PATIENT ACCOUNTS	31		8,474				
006	06 ADMIN & GENERAL	133			50,662			
007	MAINTENANCE & REPAIRS	104			1,252	20,938		
008	OPERATION OF PLANT	9			1,120	13,178	336,576	
009	LAUNDRY & LINEN SERVICE	62			192	442	11,641	29,961
010	HOUSEKEEPING	121			533	317	4,913	2,187
011	DIETARY	39			361	350	16,301	1,030
012	CAFETERIA				76	45	8,560	
014	NURSING ADMINISTRATION	13			422	21	3,038	
015	CENTRAL SERVICES & SUPPLY	373			357	27	5,829	504
016	PHARMACY	26			2,028	149	4,347	46
017	MEDICAL RECORDS & LIBRARY	18			476	58	7,793	
018	SOCIAL SERVICE				89	3	1,603	
022	I&R SERVICES- SALARY & FRI				40			
023	I&R SERVICES- OTHER PRGM C							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	109	867	515	2,864	316	46,382	12,043
026	INTENSIVE CARE UNIT	50	274	163	1,100	246	20,048	1,248
033	NURSERY		62	37	253		2,383	145
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	4,130	2,866	1,724	4,137	478	28,828	1,334
038	RECOVERY ROOM	7	219	130	256	27	1,361	3,364
039	DELIVERY ROOM & LABOR ROO		174	103	321		7,138	
040	ANESTHESIOLOGY	85	933	554	548	11		
041	RADIOLOGY- DIAGNOSTIC	815	994	590	2,257	8	32,637	840
041	01 CAT SCAN	154	1,206	715	708	6	1,160	
041	02 MRI	50	661	392	548	3	605	
041	03 CARDIAC CATH	658	354	210	776	75	1,949	
044	LABORATORY	46	838	1,667	3,309	3	16,055	262
049	RESPIRATORY THERAPY	75	455	270	581	3	4,055	380
050	PHYSICAL THERAPY	43	304	236	745	112	8,180	1,420
051	OCCUPATIONAL THERAPY	12	122	82	239	1	3,288	
052	SPEECH PATHOLOGY		62	37	141		1,400	
053	ELECTROCARDIOLOGY	3	140	83	68		277	
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
058	ASC (NON-DIAGNOSTIC PART)	42	446	265	772	242	2,871	
058	01 PROCTOENTERO GASTRO	168			480	39	4,012	
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC	5,427			16,686	2,608		2,885
061	EMERGENCY	100	1,141	677	1,602	239	13,592	1,733
061	01 CARDIAC REHAB	6	34	20	206	37	6,348	
062	OBSERVATION BEDS (NON-DIS							
071	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	65			1,056	33	19,775	
093	SPEC PURPOSE COST CENTERS							
093	HOSPICE	67			571	15	428	
095	SUBTOTALS	13,046	12,152	8,470	47,170	19,092	286,797	29,421
096	NONREIMBURS COST CENTERS							
098	GIFT, FLOWER, COFFEE SHOP				4		3,373	
098	PHYSICIANS' PRIVATE OFFICE				12		12,099	
100	MONROE CLINIC INN	1	1	1	27	75	14,465	540
100	01 5 WEST				9		10,340	
100	02 LIFELINE		6	3	38			
100	03 PHARMACY NURSING HOME	4			292			
100	04 FREESTANDING CLINIC	4,484			3,110	1,771	9,502	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	17,535	12,159	8,474	50,662	20,938	336,576	29,961

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET B
		PART III

		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
COST CENTER DESCRIPTION		10	11	12	14	15	16	17
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS- BLDG &							
005	NEW CAP REL COSTS- MMBLE E							
006	EMPLOYEE BENEFITS							
006	01 DATA PROCESSING							
006	02 COMMUNICATIONS							
006	03 MATERIALS MGMT							
006	04 ADMSIONS							
006	05 PATIENT ACCOUNTS							
006	06 ADMIN & GENERAL							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	15, 842						
011	DIETARY	534	43, 339					
012	CAFETERIA	313	35, 034	56, 975				
014	NURSING ADMINISTRATION	373		706	9, 568			
015	CENTRAL SERVICES & SUPPLY	195		500		17, 112		
016	PHARMACY	275		2, 137	621	21	17, 006	
017	MEDICAL RECORDS & LIBRARY	269		1, 483				22, 731
018	SOCIAL SERVICE			325	94			155
022	I&R SERVICES- SALARY & FRI							
023	I&R SERVICES- OTHER PRGM C							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	5, 624	7, 032	8, 428	2, 450	1, 654	1	7, 135
026	INTENSIVE CARE UNIT	687	768	1, 953	568	539	1	619
033	NURSERY	493				1	15	133
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	1, 336		2, 891	840	18	57	7, 775
038	RECOVERY ROOM	388		436	127	34		
039	DELIVERY ROOM & LABOR ROO	516					14	177
040	ANESTHESIOLOGY			648	188	670		287
041	RADIOLOGY- DIAGNOSTIC	1, 435		2, 586	752	39	58	817
041	01 CAT SCAN			491	143		25	
041	02 MRI			59	17			
041	03 CARDIAC CATH			366	106	7		
044	LABORATORY	746		5, 434				
049	RESPIRATORY THERAPY	596		1, 080	314	4		287
050	PHYSICAL THERAPY	366		1, 695	493	18		729
051	OCCUPATIONAL THERAPY	295		487	141			
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY			134	39			
055	MEDICAL SUPPLIES CHARGED					13, 131		
056	DRUGS CHARGED TO PATIENTS						13, 355	994
058	ASC (NON-DIAGNOSTIC PART)		505	1, 594	463	92	7	1, 613
058	01 PROCTO/ ENTERO/ GASTRO	51		572	166	2		
	OUTPAT SERVICE COST CNTRS							
060	CLINIC			15, 929				
061	EMERGENCY	902		3, 238	941	576	28	2, 010
061	01 CARDIAC REHAB	27		394	114	8		
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
071	HOME HEALTH AGENCY	252		2, 125	618	136		
	SPEC PURPOSE COST CENTERS							
093	HOSPICE			1, 036	301	17	392	
095	SUBTOTALS	15, 673	43, 339	56, 727	9, 496	16, 967	13, 953	22, 731
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
098	PHYSICIANS' PRIVATE OFFICE							
100	MONROE CLINIC INN	169				1		
100	01 5 WEST							
100	02 LIFELINE			27	8			
100	03 PHARMACY NURSING HOME			221	64	53	3, 053	
100	04 FREESTANDING CLINIC					91		
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	15, 842	43, 339	56, 975	9, 568	17, 112	17, 006	22, 731

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET B
		PART III

COST CENTER DESCRIPTION		SOCI AL SERVIC E	I & R SERVIC ES- SALARY & FRI	I & R SERVIC ES- OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		18	22	23	25	26	27
003	GENERAL SERVICE COST CNTR						
004	NEW CAP REL COSTS- BLDG &						
005	NEW CAP REL COSTS- MVBLE E						
006	EMPLOYEE BENEFITS						
006 01	DATA PROCESSING						
006 02	COMMUNICATIONS						
006 03	MATERIALS MGMT						
006 04	ADMINISTRATIONS						
006 05	PATIENT ACCOUNTS						
006 06	ADMIN & GENERAL						
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE	4,728					
022	I & R SERVICES- SALARY & FRI		55				
023	I & R SERVICES- OTHER PRGM C						
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	4,532			171,903		171,903
026	INTENSIVE CARE UNIT	149			59,202		59,202
033	NURSERY				7,191		7,191
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM				101,289		101,289
038	RECOVERY ROOM				8,482		8,482
039	DELIVERY ROOM & LABOR ROO				19,306		19,306
040	ANESTHESIOLOGY				4,346		4,346
041	RADIOLOGY- DIAGNOSTIC				93,679		93,679
041 01	CAT SCAN				6,419		6,419
041 02	MRI				3,264		3,264
041 03	CARDIAC CATH				7,747		7,747
044	LABORATORY				53,770		53,770
049	RESPIRATORY THERAPY				14,603		14,603
050	PHYSICAL THERAPY				27,126		27,126
051	OCCUPATIONAL THERAPY				9,934		9,934
052	SPEECH PATHOLOGY				4,003		4,003
053	ELECTROCARDIOLOGY				1,175		1,175
055	MEDICAL SUPPLIES CHARGED				13,131		13,131
056	DRUGS CHARGED TO PATIENTS				14,349		14,349
058	ASC (NON-DIAGNOSTIC PART)				13,692		13,692
058 01	PROCTOENTERO GASTRO				11,880		11,880
	OUTPAT SERVICE COST CNTRS						
060	CLINIC				60,782		60,782
061	EMERGENCY	47			48,503		48,503
061 01	CARDIAC REHAB				17,071		17,071
062	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
071	HOME HEALTH AGENCY				54,441		54,441
	SPEC PURPOSE COST CENTERS						
093	HOSPICE				3,601		3,601
095	SUBTOTALS	4,728			830,889		830,889
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP				8,475		8,475
098	PHYSICIANS' PRIVATE OFFICE				30,386		30,386
100	MONROE CLINIC INN				37,178		37,178
100 01	5 WEST				25,964		25,964
100 02	LIFELINE				88		88
100 03	PHARMACY NURSING HOME				3,715		3,715
100 04	FREESTANDING CLINIC				34,203		34,203
101	CROSS FOOT ADJUSTMENTS		55		55		55
102	NEGATIVE COST CENTER						
103	TOTAL	4,728	55		970,953		970,953

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET B-1

COST CENTER DESCRIPTION		NEW CAP REL COSTS- BLDG &	NEW CAP REL COSTS- MBLE E	EMPLOYEE BENE FIT S	DATA PROCESSI NG	COMMUNI CATION S	MATERI ALS MGM T
		(SQUARE FEET	(DOLLAR) VALUE	(GROSS SALARIES	(NO OF) CRTS	(NO OF) EXTENS IONS	(SUPPLY) COST
		3	4	5	6.01	6.02	6.03
003	GENERAL SERVICE COST						
004	NEW CAP REL COSTS- BLD	297,605					
005	NEW CAP REL COSTS- MVB		4,616,639				
006	EMPLOYEE BENEFITS	4,353	8,301	63,888,023			
006 01	DATA PROCESSING	7,806	1,994,633	1,806,848	106		
006 02	COMMUNICATIONS	225	35,541	142,927	1	1,851	
006 03	MATERIALS MGMT	5,125	9,011	298,210	3	30	15,614,859
006 04	ADMINISTRATIVE	3,242	4,636	409,609	6	40	4,679
006 05	PATIENT ACCOUNTS	1,793	1,470	467,448	10	90	27,502
006 06	ADMIN & GENERAL	14,671	51,720	3,912,999	7	160	118,566
007	MAINTENANCE & REPAIRS	5,923	60,477	893,322		110	92,554
008	OPERATION OF PLANT	98,683	10,825	208,097	1	40	7,755
009	LAUNDRY & LINEN SERVICE	5,388	21,343	153,539		20	55,017
010	HOUSEKEEPING	2,274	2,236	464,696	1	10	107,886
011	DIETARY	7,545	34,558	415,983		30	34,876
012	CAFETERIA	3,962	5,295	70,851		10	
014	NURSING ADMINISTRATION	1,406	5,586	446,780	1	120	11,907
015	CENTRAL SERVICES & SUPPLY	2,698	355	118,049	2	20	332,076
016	PHARMACY	2,012	35,276	1,299,237	2	30	23,466
017	MEDICAL RECORDS & LIBRARY	3,607	19,315	385,115	3	90	16,343
018	SOCIAL SERVICE	742		120,972		20	243
022	I&R SERVICES- SALARY & BENEFITS			65,370			
023	I&R SERVICES- OTHER PERSONNEL						
025	INPATIENT ROUTINE SERVICE						
026	ADULTS & PEDIATRICS	21,468	72,659	4,493,190	3	320	97,117
026	INTENSIVE CARE UNIT	9,279	91,365	1,126,586	1	40	44,920
033	NURSERY	1,103		294,574		10	
037	ANCILLARY SERVICE COST CENTER						
038	OPERATING ROOM	13,343	221,168	1,479,801	4	70	3,677,544
038	RECOVERY ROOM	630	15,164	301,112		20	5,898
039	DELIVERY ROOM & LABOR	3,304		355,521		10	
040	ANESTHESIOLOGY		148,562	1,902,027			75,402
041	RADIOLOGY- DIAGNOSTIC	15,106	757,608	1,257,333	1	80	725,886
041 01	CAT SCAN	537	317,394	245,208		10	137,360
041 02	MRI	280	116	17,984		20	44,186
041 03	CARDIAC CATH	902	221,469	243,934	1	10	585,982
044	LABORATORY	7,431	217,803	2,903,733	2	60	41,304
049	RESPIRATORY THERAPY	1,877	35,892	509,617	1	40	66,356
050	PHYSICAL THERAPY	3,786	14,647	780,987	1	30	38,111
051	OCCUPATIONAL THERAPY	1,522	6,088	208,939	1	20	10,621
052	SPEECH PATHOLOGY	648	121		1	10	198
053	ELECTROCARDIOLOGY	128	1,401	36,703		10	2,307
055	MEDICAL SUPPLIES CHARGE						
056	DRUGS CHARGED TO PATIENT						
058	ASC (NON-DIAGNOSTIC) PAR	1,329	1,969	876,574	1	10	37,238
058 01	PROCTO/ENTERO GASTRO	1,857	66,300	370,831	1	10	149,456
060	OUTPATIENT SERVICE COST CENTER						
061	CLINIC			29,204,979	44		4,832,739
061	EMERGENCY	6,291	32,862	2,842,621	2	60	89,223
061 01	CARDIAC REHAB	2,938	13,830	195,654	1	10	5,307
062	OBSERVATION BEDS (NON-REIMBURSABLE)						
071	HOME HEALTH AGENCY	9,153	16,923	1,138,682	1	40	57,840
093	SPECIAL PURPOSE COST CENTER						
095	HOSPICE	198	232	553,541		10	59,419
095	SUBTOTALS	274,565	4,554,151	63,020,183	103	1,720	11,617,284
096	NONREIMBURSABLE COST CENTER						
098	GIFT, FLOWER, COFFEE	1,561				10	
098	PHYSICIANS' PRIVATE OFFICE	5,600				10	
100	MONROE CLINIC INN	6,695	451			100	584
100 01	5 WEST	4,786					
100 02	LIFELINE		13,979	6,482		10	237
100 03	PHARMACY NURSING HOME			127,086			3,730
100 04	FREESTANDING CLINIC	4,398	48,058	734,272	3	1	3,993,024
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	970,953		4,799,871	6,353,375	451,211	910,213
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	3.262556		.075129	59,937.500000	243.766072	.058291
105	COST TO BE ALLOCATED (WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III)			14,202	25,869	1,010	17,535
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000222	244.047170	.545651	.001123

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET B-1

COST CENTER DESCRIPTION	ADM SSIONS (GROSS REVENUE)	PATIENT ACCO UNTS (GROSS REVENUE)	RECONCI L- IATION ()	ADM N & GENER MAINTENANCE & OPERATI ON OF AL REPAIRS PLANT (ACCUM COST)	(MAINT HOURS)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
	6.04	6.05	6a.06	6.06	7	8	9
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 COMMUNICATIONS							
006 03 MATERIALS MGMT							
006 04 ADM SSIONS	133,890,617						
006 05 PATIENT ACCOUNTS		156,755,273					
006 06 ADM N & GENERAL			-12,995,920	88,690,120			
007 MAINTENANCE & REPAIRS				2,191,910	24,413		
008 OPERATION OF PLANT				1,960,635	15,363	155,784	
009 LAUNDRY & LINEN SERVICE				335,560	515	5,388	529,780
010 HOUSEKEEPING				934,162	370	2,274	38,679
011 DIETARY				631,636	408	7,545	18,216
012 CAFETERIA				133,134	53	3,962	
014 NURSING ADMINISTRATION				739,267	25	1,406	
015 CENTRAL SERVICES & SUP				625,233	31	2,698	8,911
016 PHARMACY				3,550,922	174	2,012	813
017 MEDICAL RECORDS & LIB				833,789	68	3,607	
018 SOCIAL SERVICE				155,575	3	742	
022 I&R SERVICES-SALARY &				70,281			
023 I&R SERVICES-OTHER PR				1			
INPAT ROUTINE SERVICE							
025 ADULTS & PEDIATRICS	9,530,364	9,530,364		5,016,291	368	21,468	212,953
026 INTENSIVE CARE UNIT	3,011,923	3,011,293		1,927,318	287	9,279	22,066
033 NURSERY	685,242	685,242		443,666		1,103	2,568
ANCILLARY SERVICE COST C							
037 OPERATING ROOM	31,773,307	31,773,307		7,244,542	557	13,343	23,581
038 RECOVERY ROOM	2,403,356	2,403,356		448,519	32	630	59,483
039 DELIVERY ROOM & LABOR	1,912,751	1,912,751		561,903		3,304	
040 ANESTHESIOLOGY	10,256,737	10,256,737		959,157	13		
041 RADIOLOGY-DIAGNOSTIC	10,918,872	10,918,872		3,953,530	9	15,106	14,852
041 01 CAT SCAN	13,249,306	13,249,306		1,239,153	7	537	
041 02 MRI	7,263,877	7,263,877		959,940	4	280	
041 03 CARDIAC CATH	3,887,703	3,887,703		1,358,352	87	902	
044 LABORATORY	9,209,406	30,876,818		5,795,516	4	7,431	4,641
049 RESPIRATORY THERAPY	5,002,617	5,002,617		1,017,691	4	1,877	6,717
050 PHYSICAL THERAPY	3,335,775	4,368,242		1,304,163	131	3,786	25,103
051 OCCUPATIONAL THERAPY	1,345,770	1,511,177		417,785	1	1,522	
052 SPEECH PATHOLOGY	682,160	682,160		246,194		648	
053 ELECTROCARDIOLOGY	1,538,314	1,538,314		119,165		128	
055 MEDICAL SUPPLIES CHAR			2,558				
056 DRUGS CHARGED TO PATI							
058 ASC (NON-DIAGNOSTIC PAR	4,898,378	4,898,378		1,351,872	282	1,329	
058 01 PROCTO/ENTERO GASTRO				840,152	46	1,857	
OUTPAT SERVICE COST C							
060 CLINIC				29,189,906	3,041		51,014
061 EMERGENCY	12,534,171	12,534,171		2,806,443	279	6,291	30,641
061 01 CARDIAC REHAB	374,700	374,700		360,092	43	2,938	
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY				1,849,961	38	9,153	
SPEC PURPOSE COST CEN							
093 HOSPICE				1,000,618	17	198	
095 SUBTOTALS	133,814,729	156,679,385	-12,993,362	82,574,034	22,260	132,744	520,238
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE				7,531		1,561	
098 PHYSICIANS' PRIVATE O				20,708		5,600	
100 MONROE CLINIC INN	11,443	11,443		47,670	88	6,695	9,542
100 01 5 WEST				15,615		4,786	
100 02 LIFELINE	64,445	64,445		66,609			
100 03 PHARMACY NURSING HOME				510,751			
100 04 FREESTANDING CLINIC				5,447,202	2,065	4,398	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,033,943	1,750,929		12,995,920	2,513,095	3,829,411	570,190
(WRKSH B, PART I)							
104 UNIT COST MULTIPLIER		.011170		.146532		24.581542	
(WRKSH B, PT I)	.007722				102.940851		1.076277
105 COST TO BE ALLOCATED							
(WRKSH B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSH B, PT II)							
107 COST TO BE ALLOCATED	12,159	8,474		50,662	20,938	336,576	29,961
(WRKSH B, PART III)							
108 UNIT COST MULTIPLIER		.000054		.000571		2.160530	
(WRKSH B, PT III)	.000091				.857658		.056554

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET B-1

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		(HOURS OF SERVICE)	(MEALS SERVED)	(NO OF FTE'S)	(NURSING FTE'S)	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)
		10	11	12	14	15	16	17
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	01 DATA PROCESSING							
006	02 COMMUNICATIONS							
006	03 MATERIALS MGMT							
006	04 ADMINISTRATIONS							
006	05 PATIENT ACCOUNTS							
006	06 ADMIN & GENERAL							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	51,141						
011	DIETARY	1,723	171,796					
012	CAFETERIA	1,009	138,875	47,194				
014	NURSING ADMINISTRATION	1,204		585	27,270			
015	CENTRAL SERVICES & SUPPLY	628		414		416,433		
016	PHARMACY	888		1,770	1,770	517	2,091,049	
017	MEDICAL RECORDS & LIBRARY	869		1,228				1,029
018	SOCIAL SERVICE			269	269			7
022	I & R SERVICES-SALARY & BENEFITS							
023	I & R SERVICES-OTHER PERSONNEL							
025	ADULTS & PEDIATRICS	18,156	27,874	6,981	6,981	40,246	107	323
026	INTENSIVE CARE UNIT	2,217	3,044	1,618	1,618	13,114	89	28
033	NURSERY	1,593				30	1,822	6
037	ANCI LLARY SRVC COST C							
038	OPERATING ROOM	4,312		2,395	2,395	430	7,021	352
039	RECOVERY ROOM	1,254		361	361	830		
040	DELIVERY ROOM & LABOR	1,666					1,679	8
041	ANESTHESIOLOGY			537	537	16,297		13
041	RADIOLOGY-DIAGNOSTIC	4,632		2,142	2,142	948	7,156	37
041	01 CAT SCAN			407	407		3,073	
041	02 MRI			49	49			
041	03 CARDIAC CATH			303	303	168		
044	LABORATORY	2,408		4,501				
049	RESPIRATORY THERAPY	1,925		895	895	105		13
050	PHYSICAL THERAPY	1,181		1,404	1,404	437		33
051	OCCUPATIONAL THERAPY	953		403	403			
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY			111	111			
055	MEDICAL SUPPLIES CHARGED TO PATIENTS					319,543		
056	DRUGS CHARGED TO PATIENTS						1,642,325	45
058	ASC (NON-DIAGNOSTIC) PAR		2,003	1,320	1,320	2,248	835	73
058	01 PROCTO/ENTERO GASTRO	164		474	474	47		
060	OUTPAT SERVICE COST C							
061	CLINIC			13,196				
061	EMERGENCY	2,911		2,682	2,682	14,023	3,396	91
061	01 CARDIAC REHAB	88		326	326	199		
062	OBSERVATION BEDS (NON-REIMBURSABLE)							
071	HOME HEALTH AGENCY	815		1,760	1,760	3,318		
093	SPEC PURPOSE COST CENTER							
095	HOSPICE			858	858	413	48,155	
095	SUBTOTALS	50,596	171,796	46,989	27,065	412,913	1,715,658	1,029
096	NONREIMBURSABLE COST CENTER							
098	GIFT, FLOWER, COFFEE							
100	PHYSICIANS' PRIVATE OFFICE							
100	MONROE CLINIC INN	545				17		
100	01 5 WEST							
100	02 LIFELINE			22	22			
100	03 PHARMACY NURSING HOME			183	183	1,285	375,391	
100	04 FREESTANDING CLINIC					2,218		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSH T B, PART I)	1,206,662	1,011,918	1,097,303	926,739	820,397	4,262,767	1,100,688
104	UNIT COST MULTIPLIER (WRKSH T B, PT I)		5.890230		33.983828		2.038578	
105	COST TO BE ALLOCATED (WRKSH T B, PART II)	23.594807		23.250901		1.970058		1,069.667638
106	UNIT COST MULTIPLIER (WRKSH T B, PT II)							
107	COST TO BE ALLOCATED (WRKSH T B, PART III)	15,842	43,339	56,975	9,568	17,112	17,006	22,731
108	UNIT COST MULTIPLIER (WRKSH T B, PT III)		.252270		.350862		.008133	
		.309771		1.207251		.041092		22.090379

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET B-1

COST CENTER DESCRIPTION	SOCI AL SERVI C E (TIME SPENT)	I & R SERVI CES- SALARY & FRI (ASSIGNED) TIME	I & R SERVI CES- OTHER PRGM C (ACCUM) ST	CO ()
GENERAL SERVICE COST	18	22	23	
003 NEW CAP REL COSTS- BLD				
004 NEW CAP REL COSTS- MVB				
005 EMPLOYEE BENEFITS				
006 01 DATA PROCESSING				
006 02 COMMUNICATIONS				
006 03 MATERIALS MGMT				
006 04 ADMSIONS				
006 05 PATIENT ACCOUNTS				
006 06 ADMIN & GENERAL				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERV				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB				
018 SOCIAL SERVICE	1,014			
022 I & R SERVICES- SALARY &		1,000		
023 I & R SERVICES- OTHER PR			1,000	
025 INPAT ROUTINE SRVCN				
026 ADULTS & PEDIATRICS	972		1,000	
033 INTENSIVE CARE UNIT	32			
NURSERY				
ANCILLARY SRVC COST C				
037 OPERATING ROOM		660		
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR				
040 ANESTHESIOLOGY				
041 RADIOLOGY- DIAGNOSTIC				
041 01 CAT SCAN				
041 02 MRI				
041 03 CARDIAC CATH				
044 LABORATORY				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
055 MEDICAL SUPPLIES CHAR				
056 DRUGS CHARGED TO PATI				
058 ASC (NON-DIAGNOSTIC PAR				
058 01 PROCTO/ENTERO/GASTRO				
OUTPAT SERVICE COST C				
060 CLINIC				
061 EMERGENCY	10	340		
061 01 CARDIAC REHAB				
062 OBSERVATION BEDS (NON				
OTHER REIMBURS COST C				
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CEN				
093 HOSPICE				
095 SUBTOTALS	1,014	1,000	1,000	
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
098 PHYSICIANS' PRIVATE O				
100 MONROE CLINIC INN				
100 01 5 WEST				
100 02 LIFELINE				
100 03 PHARMACY NURSING HOME				
100 04 FREESTANDING CLINIC				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	219,805	80,579	1	
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		80.579000		
(WRKSHT B, PT I)	216.770217		.001000	
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				
(WRKSHT B, PT III)				
107 COST TO BE ALLOCATED	4,728	55		
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER		.055000		
(WRKSHT B, PT III)	4.662722			

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET C
		PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	8,173,969		8,173,969		8,173,969
26	INTENSIVE CARE UNIT	2,716,867		2,716,867		2,716,867
33	NURSERY	586,332		586,332		586,332
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	9,347,308		9,347,308		9,347,308
38	RECOVERY ROOM	648,926		648,926		648,926
39	DELIVERY ROOM & LABOR ROOM	776,746		776,746		776,746
40	ANESTHESIOLOGY	1,177,789		1,177,789		1,177,789
41	RADIOLOGY-DIAGNOSTIC	5,209,010		5,209,010		5,209,010
41 01	CAT SCAN	1,464,209		1,464,209		1,464,209
41 02	MRI	1,110,701		1,110,701		1,110,701
41 03	CARDIAC CATH	1,606,196		1,606,196		1,606,196
44	LABORATORY	6,994,285		6,994,285		6,994,285
49	RESPIRATORY THERAPY	1,331,355		1,331,355		1,331,355
50	PHYSICAL THERAPY	1,773,216		1,773,216		1,773,216
51	OCCUPATIONAL THERAPY	562,071		562,071		562,071
52	SPEECH PATHOLOGY	298,198		298,198		298,198
53	ELECTROCARDIOLOGY	146,125		146,125		146,125
55	MEDICAL SUPPLIES CHARGED	626,958		626,958		626,958
56	DRUGS CHARGED TO PATIENTS	3,396,143		3,396,143		3,396,143
58	ASC (NON-DIAGNOSTIC PART)	1,783,228		1,783,228		1,783,228
58 01	PROCTO/ENTERO/GASTRO	1,044,736		1,044,736		1,044,736
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	34,141,907		34,141,907		34,141,907
61	EMERGENCY	3,790,262		3,790,262		3,790,262
61 01	CARDIAC REHAB	510,631		510,631		510,631
62	OBSERVATION BEDS (NON-DIS)	1,049,115		1,049,115		1,049,115
	OTHER REIMBURSE COST CNTRS					
101	SUBTOTAL	90,266,283		90,266,283		90,266,283
102	LESS OBSERVATION BEDS	1,049,115		1,049,115		1,049,115
103	TOTAL	89,217,168		89,217,168		89,217,168

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 52-0028	PERIOD: FROM 1/1/2009 TO 12/31/2009	PREPARED 5/25/2010 WORKSHEET C PART I
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WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- ENT RATIO 10	PPS INPAT- ENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	8,138,089		8,138,089			
26	INTENSIVE CARE UNIT	2,804,742		2,804,742			
33	NURSERY	682,548		682,548			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	12,071,033	19,702,273	31,773,306	.294187	.294187	.294187
38	RECOVERY ROOM	841,978	1,561,378	2,403,356	.270008	.270008	.270008
39	DELIVERY ROOM & LABOR ROOM	1,680,669	232,082	1,912,751	.406088	.406088	.406088
40	ANESTHESIOLOGY	1,335,801	4,097,100	5,432,901	.216788	.216788	.216788
41	RADIOLOGY-DIAGNOSTIC	2,172,674	8,746,199	10,918,873	.477065	.477065	.477065
41 01	CAT SCAN	4,150,300	9,099,006	13,249,306	.110512	.110512	.110512
41 02	MRI	623,465	6,640,412	7,263,877	.152907	.152907	.152907
41 03	CARDIAC CATH	1,506,175	2,723,666	4,229,841	.379730	.379730	.379730
44	LABORATORY	5,255,265	23,968,011	29,223,276	.239340	.239340	.239340
49	RESPIRATORY THERAPY	3,498,306	1,504,330	5,002,636	.266131	.266131	.266131
50	PHYSICAL THERAPY	864,589	2,417,641	3,282,230	.540247	.540247	.540247
51	OCCUPATIONAL THERAPY	504,161	735,315	1,239,476	.453475	.453475	.453475
52	SPEECH PATHOLOGY	36,514	532,999	569,513	.523602	.523602	.523602
53	ELECTROCARDIOLOGY	299,715	1,238,599	1,538,314	.094990	.094990	.094990
55	MEDICAL SUPPLIES CHARGED	1,751,652	1,380,896	3,132,548	.200143	.200143	.200143
56	DRUGS CHARGED TO PATIENTS	13,497,566	8,813,508	22,311,074	.152218	.152218	.152218
58	ASC (NON-DIAGNOSTIC PART)	20,598	4,877,780	4,898,378	.364045	.364045	.364045
58 01	PROCTO/ENTERO/GASTRO	292,335	2,921,563	3,213,898	.325068	.325068	.325068
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	324,015	38,264,165	38,588,180	.884776	.884776	.884776
61	EMERGENCY	1,406,980	5,211,222	6,618,202	.572703	.572703	.572703
61 01	CARDIAC REHAB	16,241	358,459	374,700	1.362773	1.362773	1.362773
62	OBSERVATION BEDS (NON-DIS)	118,537	975,206	1,093,743	.959197	.959197	.959197
	OTHER REIMBURSE COST CNTRS						
101	SUBTOTAL	63,893,948	146,001,810	209,895,758			
102	LESS OBSERVATION BEDS						
103	TOTAL	63,893,948	146,001,810	209,895,758			

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	9,347,308	101,289	9,246,019			9,347,308
38	RECOVERY ROOM	648,926	8,482	640,444			648,926
39	DELIVERY ROOM & LABOR ROO	776,746	19,306	757,440			776,746
40	ANESTHESIOLOGY	1,177,789	4,346	1,173,443			1,177,789
41	RADIOLOGY-DIAGNOSTIC	5,209,010	93,679	5,115,331			5,209,010
41 01	CAT SCAN	1,464,209	6,419	1,457,790			1,464,209
41 02	MRI	1,110,701	3,264	1,107,437			1,110,701
41 03	CARDIAC CATH	1,606,196	7,747	1,598,449			1,606,196
44	LABORATORY	6,994,285	53,770	6,940,515			6,994,285
49	RESPIRATORY THERAPY	1,331,355	14,603	1,316,752			1,331,355
50	PHYSICAL THERAPY	1,773,216	27,126	1,746,090			1,773,216
51	OCCUPATIONAL THERAPY	562,071	9,934	552,137			562,071
52	SPEECH PATHOLOGY	298,198	4,003	294,195			298,198
53	ELECTROCARDIOLOGY	146,125	1,175	144,950			146,125
55	MEDICAL SUPPLIES CHARGED	626,958	13,131	613,827			626,958
56	DRUGS CHARGED TO PATIENTS	3,396,143	14,349	3,381,794			3,396,143
58	ASC (NON-DIAGNOSTIC PART)	1,783,228	13,692	1,769,536			1,783,228
58 01	PROCTO/ENTERO/GASTRO	1,044,736	11,880	1,032,856			1,044,736
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	34,141,907	60,782	34,081,125			34,141,907
61	EMERGENCY	3,790,262	48,503	3,741,759			3,790,262
61 01	CARDIAC REHAB	510,631	17,071	493,560			510,631
62	OBSERVATION BEDS (NON-DIS	1,049,115	22,064	1,027,051			1,049,115
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	78,789,115	556,615	78,232,500			78,789,115
102	LESS OBSERVATION BEDS	1,049,115	22,064	1,027,051			1,049,115
103	TOTAL	77,740,000	534,551	77,205,449			77,740,000

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	31,773,306	.294187	.294187
38	RECOVERY ROOM	2,403,356	.270008	.270008
39	DELIVERY ROOM & LABOR ROOM	1,912,751	.406088	.406088
40	ANESTHESIOLOGY	5,432,901	.216788	.216788
41	RADIOLOGY-DIAGNOSTIC	10,918,873	.477065	.477065
41 01	CAT SCAN	13,249,306	.110512	.110512
41 02	MRI	7,263,877	.152907	.152907
41 03	CARDIAC CATH	4,229,841	.379730	.379730
44	LABORATORY	29,223,276	.239340	.239340
49	RESPIRATORY THERAPY	5,002,636	.266131	.266131
50	PHYSICAL THERAPY	3,282,230	.540247	.540247
51	OCCUPATIONAL THERAPY	1,239,476	.453475	.453475
52	SPEECH PATHOLOGY	569,513	.523602	.523602
53	ELECTROCARDIOLOGY	1,538,314	.094990	.094990
55	MEDICAL SUPPLIES CHARGED	3,132,548	.200143	.200143
56	DRUGS CHARGED TO PATIENTS	22,311,074	.152218	.152218
58	ASC (NON-DIAGNOSTIC PART)	4,898,378	.364045	.364045
58 01	PROCTO/ENTERO/GASTRO	3,213,898	.325068	.325068
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	38,588,180	.884776	.884776
61	EMERGENCY	6,618,202	.572703	.572703
61 01	CARDIAC REHAB	374,700	1.362773	1.362773
62	OBSERVATION BEDS (NON-DIAGNOSTIC)	1,093,743	.959197	.959197
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	198,270,379		
102	LESS OBSERVATION BEDS	1,093,743		
103	TOTAL	197,176,636		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/ 2009	5/ 25/ 2010
	TO 12/ 31/ 2009	WORKSHEET D
		PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I)	SWING BED ADJUSTMENT	REDUCED CAP RELATED COST	CAPITAL REL COST (B, I I I)	SWING BED ADJUSTMENT	REDUCED CAP RELATED COST
		1	2	3	4	5	6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDI ATRICS				171,903		171,903
26	INTENSIVE CARE UNIT				59,202		59,202
33	NURSERY				7,191		7,191
101	TOTAL				238,296		238,296

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/ 2009	5/ 25/ 2010
	TO 12/ 31/ 2009	WORKSHEET D
		PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	9,856	4,333			17.44	75,568
26	INTENSIVE CARE UNIT	1,432	786			41.34	32,493
33	NURSERY	966				7.44	
101	TOTAL	12,254	5,119				108,061

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/ 2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
52-0028		PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		101,289	31,773,306	5,851,575		
39	RECOVERY ROOM		8,482	2,403,356	352,374		
40	DELIVERY ROOM & LABOR ROOM		19,306	1,912,751	14,564		
41	ANESTHESIOLOGY		4,346	5,432,901	531,825		
41	RADIOLOGY-DIAGNOSTIC		93,679	10,918,873	2,073,135		
41 01	CAT SCAN		6,419	13,249,306	4,021,615		
41 02	MRI		3,264	7,263,877	400,680		
41 03	CARDIAC CATH		7,747	4,229,841	1,445,780		
44	LABORATORY		53,770	29,223,276	2,958,833		
49	RESPIRATORY THERAPY		14,603	5,002,636	1,202,320		
50	PHYSICAL THERAPY		27,126	3,282,230	589,001		
51	OCCUPATIONAL THERAPY		9,934	1,239,476	351,105		
52	SPEECH PATHOLOGY		4,003	569,513	28,419		
53	ELECTROCARDIOLOGY		1,175	1,538,314	288,057		
55	MEDICAL SUPPLIES CHARGED		13,131	3,132,548	853,600		
56	DRUGS CHARGED TO PATIENTS		14,349	22,311,074	3,858,673		
58	ASC (NON-DIAGNOSTIC PART)		13,692	4,898,378	3,207		
58 01	PROCTO/ENTERO/GASTRO		11,880	3,213,898	99,660		
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC		60,782	38,588,180	258		
61	EMERGENCY		48,503	6,618,202	806,281		
61 01	CARDIAC REHAB		17,071	374,700	3,899		
62	OBSERVATION BEDS (NON-DIAGNOSTIC)		22,064	1,093,743	88,504		
101	OTHER REIMBURS COST CNTRS						
	TOTAL		556,615	198,270,379	25,823,365		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/25/2010
52-0028	FROM 1/1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART II
52-0028		

PPS

TITLE XVIII, PART A

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.003188	18,655
38	RECOVERY ROOM	.003529	1,244
39	DELIVERY ROOM & LABOR ROOM	.010093	147
40	ANESTHESIOLOGY	.000800	425
41	RADIOLOGY-DIAGNOSTIC	.008580	17,787
41 01	CAT SCAN	.000484	1,946
41 02	MRI	.000449	180
41 03	CARDIAC CATH	.001832	2,649
44	LABORATORY	.001840	5,444
49	RESPIRATORY THERAPY	.002919	3,510
50	PHYSICAL THERAPY	.008265	4,868
51	OCCUPATIONAL THERAPY	.008015	2,814
52	SPEECH PATHOLOGY	.007029	200
53	ELECTROCARDIOLOGY	.000764	220
55	MEDICAL SUPPLIES CHARGED	.004192	3,578
56	DRUGS CHARGED TO PATIENTS	.000643	2,481
58	ASC (NON-DIAGNOSTIC PART)	.002795	9
58 01	PROCTO/ENTERO/GASTRO	.003696	368
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.001575	
61	EMERGENCY	.007329	5,909
61 01	CARDIAC REHAB	.045559	178
62	OBSERVATION BEDS (NON-DIS)	.020173	1,785
	OTHER REIMBURS COST CNTRS		
101	TOTAL		74,397

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/ 2009	5/25/2010
	TO 12/31/2009	WORKSHEET D
		PART III

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

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATION COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS					9,856	
26	ADULTS & PEDIATRICS					1,432	
33	INTENSIVE CARE UNIT					966	
101	NURSERY					12,254	
	TOTAL						

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

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	4,333	
26	INTENSIVE CARE UNIT	786	
33	NURSERY		
101	TOTAL	5,119	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
38	OPERATING ROOM											
39	RECOVERY ROOM											
40	DELIVERY ROOM & LABOR ROO											
41	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
41	01 CAT SCAN											
41	02 MRI											
41	03 CARDIAC CATH											
44	LABORATORY											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
58	ASC (NON-DIAGNOSTIC PART)											
58	01 PROCTO/ENTERO/GASTRO											
60	OUTPAT SERVICE COST CNTRS											
61	CLINIC											
61	EMERGENCY											
61	01 CARDIAC REHAB											
62	OBSERVATION BEDS (NON-DIS											
62	OTHER REIMBURS COST CNTRS											
101	TOTAL											

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			31,773,306			5,851,575	
39	RECOVERY ROOM			2,403,356			352,374	
40	DELIVERY ROOM & LABOR ROO			1,912,751			14,564	
41	ANESTHESIOLOGY			5,432,901			531,825	
41	RADIOLOGY-DIAGNOSTIC			10,918,873			2,073,135	
41 01	CAT SCAN			13,249,306			4,021,615	
41 02	MRI			7,263,877			400,680	
41 03	CARDIAC CATH			4,229,841			1,445,780	
44	LABORATORY			29,223,276			2,958,833	
49	RESPIRATORY THERAPY			5,002,636			1,202,320	
50	PHYSICAL THERAPY			3,282,230			589,001	
51	OCCUPATIONAL THERAPY			1,239,476			351,105	
52	SPEECH PATHOLOGY			569,513			28,419	
53	ELECTROCARDIOLOGY			1,538,314			288,057	
55	MEDICAL SUPPLIES CHARGED			3,132,548			853,600	
56	DRUGS CHARGED TO PATIENTS			22,311,074			3,858,673	
58	ASC (NON-DIAGNOSTIC PART)			4,898,378			3,207	
58 01	PROCTO/ENTERO/GASTRO			3,213,898			99,660	
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC			38,588,180			258	
61	EMERGENCY			6,618,202			806,281	
61 01	CARDIAC REHAB			374,700			3,899	
62	OBSERVATION BEDS (NON-DIS			1,093,743			88,504	
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			198,270,379			25,823,365	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	3,590,238					
39	RECOVERY ROOM	426,363					
40	DELIVERY ROOM & LABOR ROOM	994					
41	ANESTHESIOLOGY	1,114,674					
41	RADIOLOGY-DIAGNOSTIC	4,376,781					
41 01	CAT SCAN	2,696,505					
41 02	MRI	1,519,525					
41 03	CARDIAC CATH	1,056,234					
44	LABORATORY	523,412					
49	RESPIRATORY THERAPY	169,806					
50	PHYSICAL THERAPY	128					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,463,042					
55	MEDICAL SUPPLIES CHARGED	332,509					
56	DRUGS CHARGED TO PATIENTS	1,756,892					
58	ASC (NON-DIAGNOSTIC PART)	3,957,563					
58 01	PROCTO/ENTERO/GASTRO						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	12,095,796					
61	EMERGENCY	1,236,255					
61 01	CARDIAC REHAB	155,451					
62	OBSERVATION BEDS (NON-DIS)	661,395					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	37,133,563					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:

PERIOD:

PREPARED 5/25/2010

52-0028

FROM 1/1/2009

WORKSHEET D

COMPONENT NO:

TO 12/31/2009

PART V

52-0028

TITLE XVIII, PART B

HOSPITAL

Cost / Charge
Ratio (C, Pt I,
col. 9)Cost / Charge
Ratio (C, Pt
II, col. 9)Outpatient
Ambulatory
Surgical CtrOutpatient
RadiologyOther
Outpatient
Diagnostic

Cost Center	Description	1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.294187	.294187			
38	RECOVERY ROOM	.270008	.270008			
39	DELIVERY ROOM & LABOR ROOM	.406088	.406088			
40	ANESTHESIOLOGY	.216788	.216788			
41	RADIOLOGY-DIAGNOSTIC	.477065	.477065			
41 01	CAT SCAN	.110512	.110512			
41 02	MRI	.152907	.152907			
41 03	CARDIAC CATH	.379730	.379730			
44	LABORATORY	.239340	.239340			
49	RESPIRATORY THERAPY	.266131	.266131			
50	PHYSICAL THERAPY	.540247	.540247			
51	OCCUPATIONAL THERAPY	.453475	.453475			
52	SPEECH PATHOLOGY	.523602	.523602			
53	ELECTROCARDIOLOGY	.094990	.094990			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.200143	.200143			
56	DRUGS CHARGED TO PATIENTS	.152218	.152218			
58	ASC (NON-DIAGNOSTIC PART)	.364045	.364045			
58 01	PROCTO/ENTERO/GASTRO	.325068	.325068			
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC	.884776	.884776			
61	EMERGENCY	.572703	.572703			
61 01	CARDIAC REHAB	1.362773	1.362773			
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	.959197	.959197			
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
52-0028		PART V

TITLE XVIII, PART B

HOSPITAL

All Other (1)

PPS Services
FYB to 12/31Non-PPS
ServicesPPS Services
1/1 to FYEOutpatient
Ambulatory
Surgical Ctr

Cost Center	Description	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		3,590,238			
38	RECOVERY ROOM		426,363			
39	DELIVERY ROOM & LABOR ROOM		994			
40	ANESTHESIOLOGY		1,114,674			
41	RADIOLOGY-DIAGNOSTIC		4,376,781			
41 01	CAT SCAN		2,696,505			
41 02	MRI		1,519,525			
41 03	CARDIAC CATH		1,056,234			
44	LABORATORY		523,412	25		
49	RESPIRATORY THERAPY		169,806			
50	PHYSICAL THERAPY		128			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		1,463,042			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		332,509	47		
56	DRUGS CHARGED TO PATIENTS		1,756,892			
58	ASC (NON-DIAGNOSTIC PART)		3,957,563			
58 01	PROCTO/ENTERO/GASTRO					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC		12,095,796	1,392		
61	EMERGENCY		1,236,255			
61 01	CARDIAC REHAB		155,451			
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)		661,395			
101	SUBTOTAL		37,133,563	1,464		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		37,133,563	1,464		

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:

PERIOD:

PREPARED 5/25/2010

52-0028

FROM 1/1/2009

WORKSHEET D

COMPONENT NO:

TO 12/31/2009

PART V

52-0028

TITLE XVIII, PART B

HOSPITAL

Outpatient
RadiologyOther
Outpatient
Diagnostic

All Other

PPS Services
FYB to 12/31Non-PPS
Services

Cost Center Description

7

8

9

9.01

9.02

(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM			1,056,201		
38	RECOVERY ROOM			115,121		
39	DELIVERY ROOM & LABOR ROOM			404		
40	ANESTHESIOLOGY			241,648		
41	RADIOLOGY-DIAGNOSTIC			2,088,009		
41 01	CAT SCAN			297,996		
41 02	MRI			232,346		
41 03	CARDIAC CATH			401,084		
44	LABORATORY			125,273		6
49	RESPIRATORY THERAPY			45,191		
50	PHYSICAL THERAPY			69		
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY			138,974		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			66,549		9
56	DRUGS CHARGED TO PATIENTS			267,431		
58	ASC (NON-DIAGNOSTIC PART)			1,440,731		
58 01	PROCTO/ENTERO/GASTRO					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC			10,702,070		1,232
61	EMERGENCY			708,007		
61 01	CARDIAC REHAB			211,844		
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)			634,408		
101	SUBTOTAL			18,773,356		1,247
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES			18,773,356		1,247

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS	PROVIDER NO: 52-0028	PERIOD: FROM 1/1/2009	PREPARED 5/25/2010
	COMPONENT NO: 52-0028	TO 12/31/2009	WORKSHEET D
			PART V

TITLE XVIII, PART B

HOSPITAL

 PPS Services
1/1 to FYE

 Hospital I/P
Part B Charges

 Hospital I/P
Part B Costs

Cost Center Description

9.03

10

11

(A) ANCILLARY SRVC COST CNTRS
 37 OPERATING ROOM
 38 RECOVERY ROOM
 39 DELIVERY ROOM & LABOR ROOM
 40 ANESTHESIOLOGY
 41 RADIOLOGY-DIAGNOSTIC
 41 01 CAT SCAN
 41 02 MRI
 41 03 CARDIAC CATH
 44 LABORATORY
 49 RESPIRATORY THERAPY
 50 PHYSICAL THERAPY
 51 OCCUPATIONAL THERAPY
 52 SPEECH PATHOLOGY
 53 ELECTROCARDIOLOGY
 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
 56 DRUGS CHARGED TO PATIENTS
 58 ASC (NON-DIAGNOSTIC PART)
 58 01 PROCTO/ENTERO/GASTRO
 60 OUTPAT SERVICE COST CNTRS
 60 CLINIC
 61 EMERGENCY
 61 01 CARDIAC REHAB
 62 OBSERVATION BEDS (NON-DIAGNOSTIC PART)
 101 SUBTOTAL
 102 CRNA CHARGES
 103 LESS PBP CLINIC LAB SVCS-
 PROGRAM ONLY CHARGES
 104 NET CHARGES

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

PROVIDER NO:	PERIOD:	PREPARED
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52-0028		PART VI

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS- RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1
. 152218
77, 572
11, 808

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
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52-0028		PART I

TITLE XVII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	9,856
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM EXCLUDING SWING-BED AND NEWBORN DAYS)	9,856
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEM - PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,856
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,333
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	8,173,969
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	8,173,969

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	10,310,365
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEM - PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	10,310,365
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.792791
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEM - PRIVATE ROOM PER DIEM CHARGE	1,046.10
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	8,173,969

COMPUTATION OF INPATIENT OPERATING COST

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52-0028		PART II

TITLE XVII PART A

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	829.34
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,593,530
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,593,530

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT	2,716,867	1,432	1,897.25	786
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				6,873,304
49	TOTAL PROGRAM INPATIENT COSTS				11,958,073

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	108,061
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	74,397
52	TOTAL PROGRAM EXCLUDABLE COST	182,458
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	11,775,615

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DI CHARGES

55 TARGET AMOUNT PER DI CHARGE

56 TARGET AMOUNT

57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT

58 BONUS PAYMENT

58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET

58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET

58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO

58.04 RELIEF PAYMENT

59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT

59.01 ALLOWABLE INPATIENT COST PER DI CHARGE (LINE 59 / LINE 54) (LTCH ONLY)

59.02 PROGRAM DI CHARGES PRIOR TO JULY 1

59.03 PROGRAM DI CHARGES AFTER JULY 1

59.04 PROGRAM DI CHARGES (SEE INSTRUCTIONS)

59.05 REDUCED INPATIENT COST PER DI CHARGE FOR DI CHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)

59.06 REDUCED INPATIENT COST PER DI CHARGE FOR DI CHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)

59.07 REDUCED INPATIENT COST PER DI CHARGE (SEE INSTRUCTIONS) (LTCH ONLY)

59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

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52-0028		PART III

TITLE XVII PART A

HOSPITAL

PPS

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

1

66 SKILLED NURSING FACILITY/ OTHER NURSING FACILITY/ ICF/MR ROUTINE
SERVICE COST

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 UTILITY ZATION REVIEW - PHYSICIAN COMPENSATION

82 TOTAL PROGRAM INPATIENT OPERATING COSTS

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,265
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	829.34
85	OBSERVATION BED COST	1,049,115

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DEDUCTED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		8,173,969		1,049,115	
87 NEW CAPITAL-RELATED COST	171,903	8,173,969	.021031	1,049,115	22,064
88 NON PHYSICIAN ANESTHETIST		8,173,969		1,049,115	
89 MEDICAL EDUCATION		8,173,969		1,049,115	
89.01 MEDICAL EDUCATION - ALLIED HEALTH					
89.02 MEDICAL EDUCATION - ALL OTHER					

INPATIENT ANCI L LARY SERVICE COST APPORTIONMENT

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52-0028		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		3,990,823	
	INTENSIVE CARE UNIT		1,404,721	
	ANCI L LARY SRVC COST CNTRS			
37	OPERATING ROOM	.294187	5,851,575	1,721,457
38	RECOVERY ROOM	.270008	352,374	95,144
39	DELIVERY ROOM & LABOR ROOM	.406088	14,564	5,914
40	ANESTHESIOLOGY	.216788	531,825	115,293
41	RADIOLOGY-DIAGNOSTIC	.477065	2,073,135	989,020
41 01	CAT SCAN	.110512	4,021,615	444,437
41 02	MRI	.152907	400,680	61,267
41 03	CARDIAC CATH	.379730	1,445,780	549,006
44	LABORATORY	.239340	2,958,833	708,167
49	RESPIRATORY THERAPY	.266131	1,202,320	319,975
50	PHYSICAL THERAPY	.540247	589,001	318,206
51	OCCUPATIONAL THERAPY	.453475	351,105	159,217
52	SPEECH PATHOLOGY	.523602	28,419	14,880
53	ELECTROCARDIOLOGY	.094990	288,057	27,363
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.200143	853,600	170,842
56	DRUGS CHARGED TO PATIENTS	.152218	3,858,673	587,359
58	ASC (NON-DIAGNOSTIC PART)	.364045	3,207	1,167
58 01	PROCTO/ENTERO/GASTRO	.325068	99,660	32,396
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.884776	258	228
61	EMERGENCY	.572703	806,281	461,760
61 01	CARDIAC REHAB	1.362773	3,899	5,313
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	.959197	88,504	84,893
	OTHER REIMBURS COST CNTRS			
101	TOTAL		25,823,365	6,873,304
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		25,823,365	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
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COMPONENT NO:	TO 12/31/2009	WORKSHEET E
52-0028		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1

1.01

DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10,153,334	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1/10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	161,442	
3 BED DAYS AVAILABLE DEDUCTED BY # DAYS IN COST RPTG PERIOD	96.79	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	1.13	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
FOR OR PERIODS ENDING ON OR AFTER 7/1/2005		
E-3 PT 6 LN 15 PLUS LN 3.06		
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	1.13	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	1.03	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	1.03	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	.97	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	.80	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	.93	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.009608	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.009589	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)	.009589	
3.21 TIME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 TIME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	53,092	
3.23 TIME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
SUM OF LINES 3.21 - 3.23		
53,092		
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	53,092	
DI SPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICARE PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DI SPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DI SPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

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52-0028		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1

1.01

5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)

5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)

5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK

5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS) 335.00

5.06 TOTAL ADDITIONAL PAYMENT

6 SUBTOTAL (SEE INSTRUCTIONS) 10,367,868

7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)

7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)

8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS) 10,367,868

9 PAYMENT FOR INPATIENT PROGRAM CAPITAL

10 EXCEPTON PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS) 845,005

11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS) 9,621

11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT

11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES

12 NET ORGAN ACQUISITION COST

13 COST OF TEACHING PHYSICIANS

14 ROUTINE SERVICE OTHER PASS THROUGH COSTS

15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS

16 TOTAL 11,222,494

17 PRIMARY PAYER PAYMENTS

18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES 11,222,494

19 DEDUCTIONS BILLED TO PROGRAM BENEFICIARIES 1,092,036

20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES 1,068

21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 48,649

21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 34,054

21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 48,649

22 SUBTOTAL 10,163,444

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 10,163,444

27 SEQUESTRATION ADJUSTMENT

28 INTERIM PAYMENTS 10,124,956

28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)

29 BALANCE DUE PROVIDER (PROGRAM) 38,488

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

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

50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01

51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01

52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY

55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)

56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
52-0028		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	13,055
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS)	18,773,356
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	13,231,780
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO	.791
1.04	LINE 1.01 TIMES LINE 1.03	14,849,725
1.05	LINE 1.02 DIVIDED BY LINE 1.04	89.10
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	1,375,253
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	13,055
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	79,036
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS	
10	TOTAL REASONABLE CHARGES	79,036
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	79,036
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	65,981
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	13,055
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	14,607,033
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	288
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,955,455
19	SUBTOTAL (SEE INSTRUCTIONS)	11,664,345
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	15,115
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	11,679,460
24	PRIMARY PAYER PAYMENTS	256
25	SUBTOTAL	11,679,204
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	99,055
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	69,339
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	99,055
28	SUBTOTAL	11,748,543
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERM NATI ON OR A DECREASE IN PROGRAM UTILIZATION	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
32	SUBTOTAL	11,748,543
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	11,689,033
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER PROGRAM	59,510
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/ 2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-1
52-0028		

TITLE XVII

HOSPITAL

DESCRIPTION

INPATIENT- PART A		PART B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		10,131,376	11,690,995
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	8/10/2009	6,420	1,962
ADJUSTMENTS TO PROGRAM .51			
ADJUSTMENTS TO PROGRAM .52			
ADJUSTMENTS TO PROGRAM .53			
ADJUSTMENTS TO PROGRAM .54			
SUBTOTAL .99		-6,420	-1,962
4 TOTAL INTERIM PAYMENTS		10,124,956	11,689,033
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)		38,488	59,510
7 TOTAL MEDICARE PROGRAM LIABILITY		10,163,444	11,748,543

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 I

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTRUCTIONS)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTRUCTIONS)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPORTING PERIODS ENDING ON OR BEFORE 12/31/96	1.10
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	1.10
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	1.03
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	1.03
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	1.03
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	1.03
3.10	SEE INSTRUCTIONS	1.03
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.12	SEE INSTRUCTIONS	
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	
3.18	SEE INSTRUCTIONS	
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	.97
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	.80
3.21	SEE INSTRUCTIONS	RES INIT YEARS .93
3.22	SEE INSTRUCTIONS	.93
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	52,078.39
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	48,433
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	48,433

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS	5,119
5	TOTAL INPATIENT DAYS	10,023
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11 .510725
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	24,736
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)	
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.	10,023
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)	100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.	
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)	
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422 E-3, 6 LN 12

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVII I ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XVIII

10 MEDICARE OUTPATIENT ESRD CHARGES
11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	11,958,073
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	
16	TOTAL PART A REASONABLE COST	11,958,073

PART B REASONABLE COST

17	REASONABLE COST	18,786,411
18	PRIMARY PAYER PAYMENTS	256
19	TOTAL PART B REASONABLE COST	18,786,155
20	TOTAL REASONABLE COST	30,744,228
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.388953
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.611047

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	24,736
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	9,621
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	15,115

TITLE XVII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

COLUMN 1
1.000000

COLUMN 1.01

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

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

CALCULATION OF REDUCED TIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL TIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

BALANCE SHEET

PROVIDER NO:

PERIOD:

PREPARED 5/25/2010

52-0028

FROM 1/1/2009

TO 12/31/2009

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
1	CURRENT ASSETS				
2	CASH ON HAND AND IN BANKS	46,164,355			
3	TEMPORARY INVESTMENTS				
4	NOTES RECEIVABLE				
5	ACCOUNTS RECEIVABLE	37,750,428			
6	OTHER RECEIVABLES	520,905			
7	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-19,945,501			
8	INVENTORY	2,178,674			
9	PREPAID EXPENSES	2,294,200			
10	OTHER CURRENT ASSETS	2,389,572			
11	DUE FROM OTHER FUNDS				
12	TOTAL CURRENT ASSETS	71,352,633			
13	FIXED ASSETS				
14	LAND	1,277,164			
15	LAND IMPROVEMENTS	4,777,675			
16	LESS ACCUMULATED DEPRECIATION				
17	BUILDINGS	56,011,737			
18	LESS ACCUMULATED DEPRECIATION				
19	LEASEHOLD IMPROVEMENTS				
20	LESS ACCUMULATED DEPRECIATION				
21	FIXED EQUIPMENT				
22	LESS ACCUMULATED DEPRECIATION				
23	AUTOMOBILES AND TRUCKS				
24	LESS ACCUMULATED DEPRECIATION				
25	MAJOR MOVABLE EQUIPMENT	56,802,838			
26	LESS ACCUMULATED DEPRECIATION	-86,694,827			
27	MINOR EQUIPMENT DEPRECIABLE	9,324,672			
28	LESS ACCUMULATED DEPRECIATION				
29	MINOR EQUIPMENT- NONDEPRECIABLE				
30	TOTAL FIXED ASSETS	41,499,259			
31	OTHER ASSETS				
32	INVESTMENTS	96,552,360			
33	DEPOSITS ON LEASES				
34	DUE FROM OWNERS/ OFFICERS				
35	OTHER ASSETS	5,043,570			
36	TOTAL OTHER ASSETS	101,595,930			
37	TOTAL ASSETS	214,447,822			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,766,222			
29 SALARIES, WAGES & FEES PAYABLE	11,283,989			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,539,328			
36 TOTAL CURRENT LIABILITIES	15,589,539			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	83,075,640			
39 UNSECURED LOANS	1,062,417			
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	2,997,109			
42 TOTAL LONG TERM LIABILITIES	87,135,166			
43 TOTAL LIABILITIES	102,724,705			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	111,723,117			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE- INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	111,723,117			
52 TOTAL LIABILITIES AND FUND BALANCES	214,447,822			

STATEMENT OF CHANGES IN FUND BALANCES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET G-1

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		98,033,656		
2	NET INCOME (LOSS)		8,122,898		
3	TOTAL		106,156,554		
	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
4	NET UNREALIZED GAIN		196,325		
5	CHANGE IN UNREALIZED GAINS OR	5,086,203			
6	NET ASSETS RELEASED FROM	284,030			
7	ROUNDING		5		
8					
9					
10	TOTAL ADDITIONS		5,566,563		
11	SUBTOTAL		111,723,117		
	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12	DEDUCTIONS (DEBIT ADJUSTM				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		111,723,117		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/ 2009	5/25/2010
	TO 12/31/2009	WORKSHEET G-2
		PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	10,310,365		10,310,365
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	10,310,365		10,310,365
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	3,011,923		3,011,923
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,011,923		3,011,923
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	13,322,288		13,322,288
17 00 ANCILLARY SERVICES	53,191,102	97,201,372	150,392,474
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		1,980,776	1,980,776
23 00 HOSPICE		1,488,470	1,488,470
24 00 CLINIC OUTPATIENT		122,303,056	122,303,056
25 00 TOTAL PATIENT REVENUES	66,513,390	222,973,674	289,487,064

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		132,308,459
ADD (SPECIFY)		
27 00 BAD DEBTS	4,979,295	
28 00		
29 00		
30 00		
31 00		
32 00		
33 00 TOTAL ADDITIONS		4,979,295
DEDUCT (SPECIFY)		
34 00 DEDUCT (SPECIFY)		
35 00		
36 00		
37 00		
38 00		
39 00 TOTAL DEDUCTIONS		
40 00 TOTAL OPERATING EXPENSES		137,287,754

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/ 2009	5/25/2010
	TO 12/31/2009	WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	289,487,064
2	LESS: ALLOWANCES AND DISCOUNTS ON	149,614,462
3	NET PATIENT REVENUES	139,872,602
4	LESS: TOTAL OPERATING EXPENSES	137,287,754
5	NET INCOME FROM SERVICE TO PATIENT	2,584,848
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH	
9	REVENUE FROM TELEVISION AND RADIO	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINENS	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SUPPLIES	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHERS	
18	REVENUE FROM SALE OF MEDICAL RECORDS	
19	TUTORING (FEES, SALE OF TEXTBOOKS)	
20	REVENUE FROM GIFTS, FLOWERS, COFFEES	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	5,369,399
24.01		
24.02	GAIN ON SALE OF FIXED ASSETS	230
24.03	CHANGE IN INTEREST IN NET ASSETS OF FUND	539,613
24.04		
24.05		
24.06		
24.07		
24.08		
25	TOTAL OTHER INCOME	5,909,242
26	TOTAL	8,494,090
	OTHER EXPENSES	
27	OTHER	140,459
28	DECREASE IN EQUITY IN AFFILIATE	1,658
29		
29.01	INVESTMENT LOSS	229,075
30	TOTAL OTHER EXPENSES	371,192
31	NET INCOME (OR LOSS) FOR THE PERIOD	8,122,898

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST- BLDG & FIX						
2 CAP-REL COST- MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMIN & GENERAL	129,604	39,085			28,836	197,525
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE	746,615	163,527	62,063		106,895	1,079,100
7 PHYSICAL THERAPY	177,410	41,663	16,313			235,386
8 OCCUPATIONAL THERAPY	56,696	13,314	5,213			75,223
9 SPEECH PATHOLOGY						
10 MEDICAL SOCIAL SERVICES	1,342	314	123			1,779
11 HOME HEALTH AIDE	36,164	15,944	7,482		12,887	72,477
12 SUPPLIES						
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DIME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHER						
23.50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)	1,147,831	273,847	91,194		148,618	1,661,490

	RECLASSIFIED - CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1 CAP-REL COST- BLDG & FIX				
2 CAP-REL COST- MOV EQUIP				
3 PLANT OPER & MAINT				
4 TRANSPORTATION				
5 ADMIN & GENERAL		197,525		197,525
HHA REIMBURSABLE SERVICES				
6 SKILLED NURSING CARE		1,079,100		1,079,100
7 PHYSICAL THERAPY		235,386		235,386
8 OCCUPATIONAL THERAPY		75,223		75,223
9 SPEECH PATHOLOGY				
10 MEDICAL SOCIAL SERVICES		1,779		1,779
11 HOME HEALTH AIDE		72,477		72,477
12 SUPPLIES				
13 DRUGS				
13.20 COST ADMINISTERING DRUGS				
14 DIME				
HHA NONREIMBURSABLE SERVICES				
15 HOME DIALYSIS AIDE SVCS				
16 RESPIRATORY THERAPY				
17 PRIVATE DUTY NURSING				
18 CLINIC				
19 HEALTH PROM ACTIVITIES				
20 DAY CARE PROGRAM				
21 HOME DEL MEALS PROGRAM				
22 HOMEMAKER SERVICE				
23 ALL OTHER				
23.50 TELEMEDICINE				
24 TOTAL (SUM OF LINES 1-23)		1,661,490		1,661,490

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST- BLDG & FIX	CAP-REL COST- MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1 CAP-REL COST- BLDG & FIX							
2 CAP-REL COST- MOV EQUIP							
3 PLANT OPER & MAINT							
4 TRANSPORTATION							
5 ADMINSTRATIVE & GENERAL	197,525					197,525	197,525
HHA REIMBURSABLE SERVICES							
6 SKILLED NURSING CARE	1,079,100					1,079,100	145,598
7 PHYSICAL THERAPY	235,386					235,386	31,759
8 OCCUPATIONAL THERAPY	75,223					75,223	10,149
9 SPEECH PATHOLOGY							
10 MEDICAL SOCIAL SERVICES	1,779					1,779	240
11 HOME HEALTH AIDE	72,477					72,477	9,779
12 SUPPLIES							
13 DRUGS							
13.20 COST ADMINISTERING DRUGS							
14 DME							
HHA NONREIMBURSABLE SERVICES							
15 HOME DIAGNOSTIC AID SVCS							
16 RESPIRATORY THERAPY							
17 PRIVATE DUTY NURSING							
18 CLINIC							
19 HEALTH PROM ACTIVITIES							
20 DAY CARE PROGRAM							
21 HOME DEL MEALS PROGRAM							
22 HOMEMAKER SERVICE							
23 ALL OTHERS							
23.50 TELEMEDICINE							
24 TOTAL (SUM OF LINES 1-23)	1,661,490					1,661,490	

TOTAL

6

GENERAL SERVICE COST CENTERS	
1 CAP-REL COST- BLDG & FIX	
2 CAP-REL COST- MOV EQUIP	
3 PLANT OPER & MAINT	
4 TRANSPORTATION	
5 ADMINSTRATIVE & GENERAL	
HHA REIMBURSABLE SERVICES	
6 SKILLED NURSING CARE	1,224,698
7 PHYSICAL THERAPY	267,145
8 OCCUPATIONAL THERAPY	85,372
9 SPEECH PATHOLOGY	
10 MEDICAL SOCIAL SERVICES	2,019
11 HOME HEALTH AIDE	82,256
12 SUPPLIES	
13 DRUGS	
13.20 COST ADMINISTERING DRUGS	
14 DME	
HHA NONREIMBURSABLE SERVICES	
15 HOME DIAGNOSTIC AID SVCS	
16 RESPIRATORY THERAPY	
17 PRIVATE DUTY NURSING	
18 CLINIC	
19 HEALTH PROM ACTIVITIES	
20 DAY CARE PROGRAM	
21 HOME DEL MEALS PROGRAM	
22 HOMEMAKER SERVICE	
23 ALL OTHERS	
23.50 TELEMEDICINE	
24 TOTAL (SUM OF LINES 1-23)	1,661,490

HHA 1

	CAP-REL COST-BLDG & FIX (FEET	SQUARE)	CAP-REL COST-MOV EQUIP (VALUE	DOLLAR)	PLANT OPER & MAINT (FEET	SQUARE)	TRANSPORTATION (MILEAGE	RECONCILIATION (5A	ADMINISTRATIVE & GENERAL (COST	ACCUM)	5
	1		2		3		4				
1	GENERAL SERVICE COST CENTERS										
2	CAP-REL COST-BLDG & FIX	6,840									
3	CAP-REL COST-MOV EQUIP		53,332								
4	PLANT OPER & MAINT				6,840						
5	TRANSPORTATION										
6	ADMINISTRATIVE & GENERAL	6,840	53,332		6,840			- 197,525		1,463,965	
7	HHA REIMBURSABLE SERVICES										
8	SKILLED NURSING CARE									1,079,100	
9	PHYSICAL THERAPY									235,386	
10	OCCUPATIONAL THERAPY									75,223	
11	SPEECH PATHOLOGY										
12	MEDICAL SOCIAL SERVICES									1,779	
13	HOME HEALTH AIDE									72,477	
14	SUPPLIES										
15	DRUGS										
16	COST ADMINISTERING DRUGS										
17	DIME										
18	HHA NONREIMBURSABLE SERVICES										
19	HOME DIALYSIS AID SVCS										
20	RESPIRATORY THERAPY										
21	PRIVATE DUTY NURSING										
22	CLINIC										
23	HEALTH PROM ACTIVITIES										
24	DAY CARE PROGRAM										
25	HOME DEL MEALS PROGRAM										
26	HOMEMAKER SERVICE										
27	ALL OTHERS										
28	TELEMEDICINE										
29	TOTAL (SUM OF LINES 1-23)	6,840	53,332		6,840			- 197,525		1,463,965	
30	COST TO BE ALLOCATED							- 93,753		197,525	
31	UNIT COST MULTIPLIER							- .093753		.134925	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS- BLDG & 3	NEW CAP REL COSTS- M/BLE 4	EMPLOYEE BEN EFITS 5	DATA PROCESS ING 6.01	COMMUNICATIO NS 6.02
1 ADM N & GENERAL		29,862			59,938	
2 SKILLED NURSING CARE	1,224,698			85,548		9,751
3 PHYSICAL THERAPY	267,145					
4 OCCUPATIONAL THERAPY	85,372					
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	2,019					
7 HOME HEALTH AIDE	82,256					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AID SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,661,490	29,862		85,548	59,938	9,751
21 UNIT COST MULTIPLIER						

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

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

HHA COST CENTER	MATERIALS MG MT 6.03	ADMINISTRATIVE 6.04	PATIENT ACCO UNTS 6.05	SUBTOTAL 6A.05	ADMIN & GENE RAL 6.06	MAINTENANCE & REPAIRS 7
1 ADM N & GENERAL				89,800	13,159	3,912
2 SKILLED NURSING CARE	3,372			1,323,369	193,915	
3 PHYSICAL THERAPY				267,145	39,145	
4 OCCUPATIONAL THERAPY				85,372	12,510	
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES				2,019	296	
7 HOME HEALTH AIDE				82,256	12,053	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AID SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,372			1,849,961	271,078	3,912
21 UNIT COST MULTIPLIER						

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

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

HHA 1

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	224,995		19,230			
2 SKILLED NURSING CARE					40,922	59,812
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AID SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	224,995		19,230		40,922	59,812
21 UNIT COST MULTIPLIER						

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

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

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I & R SERVICES - SALARY & FR 22	I & R SERVICES - OTHER PRGM 23
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE	6,537					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AID SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	6,537					
21 UNIT COST MULTIPLIER						

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

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

HHA 1

HHA COST CENTER	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADM N & GENERAL	351,096		351,096		
2 SKILLED NURSING CARE	1,624,555		1,624,555	268,368	1,892,923
3 PHYSICAL THERAPY	306,290		306,290	50,597	356,887
4 OCCUPATIONAL THERAPY	97,882		97,882	16,170	114,052
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES	2,315		2,315	382	2,697
7 HOME HEALTH AIDE	94,309		94,309	15,579	109,888
8 SUPPLIES					
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AID SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19) (2)	2,476,447		2,476,447	351,096	2,476,447
21 UNIT COST MULTIPLIER				0.165194	

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

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

HHA 1

HHA COST CENTER		NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BEN EFITS (GROSS SALARIES)	DATA PROCESS ING (NO OF CRTS)	COMMUNICATI O NS (NO OF EXTENSIONS)	MATERI ALS MG MT (SUPPLY COST)
		3	4	5	6.01	6.02	6.03
1	ADMIN & GENERAL	9,153	16,923		1		
2	SKILLED NURSING CARE			1,138,682		40	57,840
3	PHYSICAL THERAPY						
4	OCCUPATIONAL THERAPY						
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES						
7	HOME HEALTH AIDE						
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DIME						
11	HOME DIALYSIS AID SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEVISION						
20	TOTAL (SUM OF 1-19)	9,153	16,923	1,138,682	1	40	57,840
21	COST TO BE ALLOCATED	29,862		85,548	59,938	9,751	3,372
22	UNIT COST MULTIPLIER	3.262537		0.075129	9938.000000	243.775000	0.058299

HHA COST CENTER		ADMINISTRATIVE (GROSS REVENUE)	PATIENT ACCO UNITS (GROSS REVENUE)	RECONCILIATION ON	ADMIN & GENE RAL (ACCUM COST)	MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)
		6.04	6.05	6A.06	6.06	7	8
1	ADMIN & GENERAL				89,800	38	9,153
2	SKILLED NURSING CARE				1,323,369		
3	PHYSICAL THERAPY				267,145		
4	OCCUPATIONAL THERAPY				85,372		
5	SPEECH PATHOLOGY						
6	MEDICAL SOCIAL SERVICES				2,019		
7	HOME HEALTH AIDE				82,256		
8	SUPPLIES						
9	DRUGS						
9.20	COST ADMINISTERING DRUGS						
10	DIME						
11	HOME DIALYSIS AID SVCS						
12	RESPIRATORY THERAPY						
13	PRIVATE DUTY NURSING						
14	CLINIC						
15	HEALTH PROM ACTIVITIES						
16	DAY CARE PROGRAM						
17	HOME DEL MEALS PROGRAM						
18	HOMEMAKER SERVICE						
19	ALL OTHER						
19.50	TELEVISION						
20	TOTAL (SUM OF 1-19)				1,849,961	38	9,153
21	COST TO BE ALLOCATED				271,078	3,912	224,995
22	UNIT COST MULTIPLIER				0.146532	102.947368	24.581558

HHA 1

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (NO OF FTE'S) 12	NURSING ADMINISTRATION (NURSING FTES) 14	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS) 15
1 ADM N & GENERAL		815				
2 SKILLED NURSING CARE				1,760	1,760	3,318
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DIME						
11 HOME DIALYSIS AIDES SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOME/MAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		815		1,760	1,760	3,318
21 COST TO BE ALLOCATED		19,230		40,922	59,812	6,537
22 UNIT COST MULTIPLIER		23.595092		23.251136	33.984091	1.970163

HHA COST CENTER	PHARMACY (COSTED REQUIS) 16	MEDICAL RECORDS & LIBRARY (TIME SPENT) 17	SOCIAL SERVICE (TIME SPENT) 18	I & R SERVICES - SALARY & FR (ASSIGNED TIME) 22	I & R SERVICES - OTHER PRGM (ACCUM CO ST) 23
1 ADM N & GENERAL					
2 SKILLED NURSING CARE					
3 PHYSICAL THERAPY					
4 OCCUPATIONAL THERAPY					
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES					
7 HOME HEALTH AIDE					
8 SUPPLIES					
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DIME					
11 HOME DIALYSIS AIDES SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOME/MAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19)					
21 COST TO BE ALLOCATED					
22 UNIT COST MULTIPLIER					

I PROVIDER NO:	I PERIOD:	I PREPARED 5/25/2010
I 52-0028	I FROM 1/ 1/2009	I WORKSHEET H-6
I HHA NO:	I TO 12/31/2009	I PARTS I II & III
I 52-7157		I HHA 1

[] TITLE V [X] TITLE XVII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION		FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES								
1	SKILLED NURSING	2	1,892,923	2	1,892,923	7,256	260.88	1,938
2	PHYSICAL THERAPY	3	356,887		356,887	2,734	130.54	1,069
3	OCCUPATIONAL THERAPY	4	114,052		114,052	733	155.60	324
4	SPEECH PATHOLOGY	5				34		5
5	MEDICAL SOCIAL SERVICES	6	2,697		2,697	34	79.32	12
6	HOME HEALTH AIDE SERVICE	7	109,888		109,888	881	124.73	218
7	TOTAL		2,476,447		2,476,447	11,672		3,566

		----- PROGRAM VISITS -----		----- COST OF SERVICES -----			
		----- PART B -----		----- PART B -----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	9	10	11	12
1	SKILLED NURSING	2,002		505,585	522,282		1,027,867
2	PHYSICAL THERAPY	548		139,547	71,536		211,083
3	OCCUPATIONAL THERAPY	180		50,414	28,008		78,422
4	SPEECH PATHOLOGY						
5	MEDICAL SOCIAL SERVICES			952	476		1,428
6	HOME HEALTH AIDE SERVICES	523		27,191	65,234		92,425
7	TOTAL	3,264		723,689	687,536		1,411,225

LIMITATION COST COMPUTATION						PROGRAM COST LIMITS	PROGRAM VISITS
PATIENT SERVICES							
		1	2	3	4	5	6
8	SKILLED NURSING	9952					
9	PHYSICAL THERAPY	9952					
10	OCCUPATIONAL THERAPY	9952					
11	SPEECH PATHOLOGY	9952					
12	MEDICAL SOCIAL SERVICES	9952					
13	HOME HEALTH AIDE SERVICE	9952					
14	TOTAL						

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

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HHA NO:	TO 12/31/2009	WORKSHEET H-6
52-7157		PARTS I, II & III
		HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILTY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00				43,582		25,229
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES		COST OF SERVICES	
	-----PART B-----		-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
		PART A 9		
15 COST OF MEDICAL SUPPLIES	18,353			
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WKST S-4	9952	
17 PER BENE COST LIMITATION (FRM FI)	9952	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.540247			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.453475			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.523602			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.200143			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.152218			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE				
			PROGRAM VISITS		PROGRAM COSTS		PROGRAM VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998	TO 12/31/1998	PRIOR 1/1/1998	TO 12/31/1998	
			3	4	5		
1 PHYSICAL THERAPY	2	130.54	2.01		3.01		
2 OCCUPATIONAL THERAPY	3	155.60					
3 SPEECH PATHOLOGY	4						
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT
SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HHA NO:	TO 12/31/2009	WORKSHEET H-7
52-7157		PARTS I & II

TITLE XVII I

HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

PART A

PART B
NOT SUBJECT TO
DED & COINSPART B
SUBJECT TO
DED & COINS

1

2

3

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A
SERVICES
1PART B
SERVICES
2

- | | | |
|---|---------|---------|
| 10 TOTAL REASONABLE COST | | |
| 10.01 TOTAL PPS REIMBURSEMENT- FULL EPI CODES WITHOUT
OUTLIERS | 651,262 | 479,109 |
| 10.02 TOTAL PPS REIMBURSEMENT- FULL EPI CODES WITH
OUTLIERS | 2,613 | |
| 10.03 TOTAL PPS REIMBURSEMENT- LUPA EPI CODES | 11,500 | 13,918 |
| 10.04 TOTAL PPS REIMBURSEMENT- PEP EPI CODES | 2,638 | 6,634 |
| 10.05 TOTAL PPS REIMBURSEMENT- SCI C WITHIN A PEP EPI CODE | | |
| 10.06 TOTAL PPS REIMBURSEMENT- SCI C EPI CODES | | |
| 10.07 TOTAL PPS OUTLIER REIMBURSEMENT- FULL EPI CODES WITH
OUTLIERS | | |
| 10.08 TOTAL PPS OUTLIER REIMBURSEMENT- PEP EPI CODES | | |
| 10.09 TOTAL PPS OUTLIER REIMBURSEMENT- SCI C WITHIN A PEP
EPI CODE | | |
| 10.10 TOTAL PPS OUTLIER REIMBURSEMENT- SCI C EPI CODES | | |
| 10.11 TOTAL OTHER PAYMENTS | | |
| 10.12 DME PAYMENTS | | |
| 10.13 OXYGEN PAYMENTS | | |
| 10.14 PROSTHETIC AND ORTHOTIC PAYMENTS | | |
| 11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS
(EXCLUDE COINSURANCE) | | |
| 12 SUBTOTAL | 668,013 | 499,661 |
| 13 EXCESS REASONABLE COST | | |
| 14 SUBTOTAL | 668,013 | 499,661 |
| 15 COINSURANCE BILLED TO PROGRAM PATIENTS | | |
| 16 NET COST | 668,013 | 499,661 |
| 17 REIMBURSABLE BAD DEBTS | | |
| 17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE
BENEFICIARIES (SEE INSTRUCTIONS) | | |
| 18 TOTAL COSTS - CURRENT COST REPORTING PERIOD | 668,013 | 499,661 |
| 19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS
RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | |
| 20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM
AGENCIES' TERMINATION OR DECREASE IN MEDICARE
UTILIZATION | | |
| 21 OTHER ADJUSTMENTS (SPECIFY) | | |
| 22 SUBTOTAL | 668,013 | 499,661 |
| 23 SEQUESTRATION ADJUSTMENT | | |
| 24 SUBTOTAL | 668,013 | 499,661 |
| 25 INTERIM PAYMENTS | 668,013 | 499,661 |
| 25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE
ONLY) | | |
| 26 BALANCE DUE PROVIDER PROGRAM | | |
| 27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2 | | |

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO	PROVIDER NO: 52-0028	PERIOD: FROM 1/1/2009 TO 12/31/2009	PREPARED 5/25/2010
PROGRAM BENEFICIARIES	HHA NO: 52-7157		WORKSHEET H-8

TITLE XVII

HHA 1

DESCRIPTION

	PART A	PART B
MM/DD/YYYY	AMOUNT	AMOUNT
1	2	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	668,013	499,661
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	NONE	NONE
4 TOTAL INTERIM PAYMENTS	668,013	499,661
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) SETTLEMENT TO PROVIDER .01		
BASED ON COST REPORT (1) SETTLEMENT TO PROGRAM .02		
7 TOTAL MEDICARE PROGRAM LIABILITY	668,013	499,661

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

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

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K
52-1523		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS- BLDG AND FIXT.				
2 CAPITAL RELATED COSTS- MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION	23,099		853	
6 ADMINISTRATIVE AND GENERAL	71,861	17,262		
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				6,144
8 INPATIENT - RESPIRATORY CARE				1,796
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	360,770	81,473	14,213	103,971
10.20 NURSING CARE- CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	68,401	20,994	4,164	
15 SPIRITUAL COUNSELING	9,772	2,138	691	
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	18,472	1,308	6,078	
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				235
24 LABS AND DIAGNOSTICS				762
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	19,543	5,241	450	
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	571,918	128,416	26,449	112,908

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K
52-1523		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS- BLDG AND FIXT.				
2 CAPITAL RELATED COSTS- MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION		23,952		23,952
6 ADMINISTRATIVE AND GENERAL	10,954	100,077		100,077
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		6,144		6,144
8 INPATIENT - RESPIRE CARE		1,796		1,796
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	93,734	654,161		654,161
10.20 NURSING CARE- CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/ LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		93,559		93,559
15 SPIRITUAL COUNSELING		12,601		12,601
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		25,858		25,858
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	3,534	3,534		3,534
23 IMAGING SERVICES		235		235
24 LABS AND DIAGNOSTICS		762		762
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS		25,234		25,234
31 VOLUNTEER PROGRAM COSTS	4,570	4,570		4,570
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	112,792	952,483		952,483

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K
52-1523		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS- BLDG AND FIXT.		
2 CAPITAL RELATED COSTS- MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		23,952
6 ADMINISTRATIVE AND GENERAL		100,077
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		6,144
8 INPATIENT - RESPIRATORY CARE		1,796
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		654,161
10.20 NURSING CARE- CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/ LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		93,559
15 SPIRITUAL COUNSELING		12,601
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOME MAKER		25,858
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		3,534
23 IMAGING SERVICES		235
24 LABS AND DIAGNOSTICS		762
25 MEDICAL SUPPLIES		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		25,234
31 VOLUNTEER PROGRAM COSTS		4,570
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		952,483

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-1
52-1523		

HOSPICE 1

ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
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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	48,762	
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRATORY CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		77,752
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		
23	Home Health 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 Diagnostic Tests		
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)	48,762	77,752

COMPENSATION ANALYSIS
SALARIES AND WAGES

IN LIEU OF FORM CMS-2552-96-K-1 (05/2007)
 PROVIDER NO: 52-0028 PERIOD: FROM 1/1/2009 TO 12/31/2009
 HOSPICE NO: 52-1523 PREPARED 5/25/2010 WORKSHEET K-1

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				23,099
6 ADMINISTRATIVE AND GENERAL				23,099
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRATORY CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	283,018			
10.20 NURSING CARE- CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/ LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				68,401
15 SPIRITUAL COUNSELING				9,772
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			18,472	
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				19,543
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	283,018		18,472	143,914

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-1
52-1523		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS- BLDG AND FIXT.	
3	CAPITAL RELATED COSTS- MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	23,099
7	ADMINISTRATIVE AND GENERAL	71,861
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	360,770
14	NURSING CARE- CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/ LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	68,401
19	SPIRITUAL COUNSELING	9,772
20	Dietary Counseling	
21	Counseling - Other	
22	HOME HEALTH AIDE AND HOME MAKER	18,472
23	HH AIDE & HOME MAKER- CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/ OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	19,543
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	571,918

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/ 2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-2
52-1523		

HOSPICE 1

ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
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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	13,095	
8	INPATIENT CARE SERVICE		
9	INPATIENT - GENERAL CARE		
10	INPATIENT - RESPIRE CARE		
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		17,559
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		
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)	13,095	17,559

COMPENSATION ANALYSIS
SALARIES AND WAGES

IN LIEU OF FORM CMS-2552-96-K-2 (05/2007)
 PROVIDER NO: 52-0028 PERIOD: FROM 1/1/2009 TO 12/31/2009
 HOSPICE NO: 52-1523 PREPARED 5/25/2010 WORKSHEET K-2

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				4,167
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRATORY CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	63,914			
10.20 NURSING CARE- CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/ LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				20,994
15 SPIRITUAL COUNSELING				2,138
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			1,308	
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				5,241
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	63,914		1,308	32,540

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-2
52-1523		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS- BLDG AND FIXT.	
3	CAPITAL RELATED COSTS- MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	17,262
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRATORY CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	81,473
14	NURSING CARE- CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/ LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	20,994
19	SPIRITUAL COUNSELING	2,138
20	Dietary Counseling	
21	Counseling - Other	
22	Home Health Aide and Homemaker	1,308
23	Home Health 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	5,241
40	Volunteer Program Costs	
41	Fundraising	
42	Other Program Costs	
43	TOTAL (SUM OF LINES 1 THRU 33)	128,416

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-3
52-1523		

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
 7 ADMINISTRATIVE AND GENERAL
 8 INPATIENT CARE SERVICE
 9 INPATIENT - GENERAL CARE
 10 INPATIENT - RESPIRATORY CARE
 11 VISITING SERVICES
 12 PHYSICIAN SERVICES
 13 NURSING CARE
 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 HOME MAKER
 23 HH AIDE & HOME MAKER- CONT. HOME CARE
 24 OTHER HOSPICE SERVICE COSTS
 25 OTHER
 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
 27 ANALGESICS
 28 SEDATIVES / HYPNOTICS
 29 OTHER - SPECIFY
 30 DURABLE MEDICAL EQUIPMENT/ OXYGEN
 31 PATIENT TRANSPORTATION
 32 IMAGING SERVICES
 33 LABS AND DIAGNOSTICS
 34 MEDICAL SUPPLIES
 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)
 36 RADIATION THERAPY
 37 CHEMOTHERAPY
 38 OTHER
 39 BEREAVEMENT PROGRAM COSTS
 40 VOLUNTEER PROGRAM COSTS
 41 FUNDRAISING
 42 OTHER PROGRAM COSTS
 43 TOTAL (SUM OF LINES 1 THRU 33)
 44

COMPENSATION ANALYSIS
SALARIES AND WAGES

IN LIEU OF FORM CMS-2552-96-K-3 (05/2007)
 PROVIDER NO: 52-0028 PERIOD: FROM 1/1/2009 TO 12/31/2009
 HOSPICE NO: 52-1523 PREPARED 5/25/2010 WORKSHEET K-3

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				6,144
8 INPATIENT - RESPIRATORY CARE				1,796
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				103,971
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				
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				235
24 LABS AND DIAGNOSTICS				762
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)				112,908

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-3
52-1523		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS- BLDG AND FIXT.	
3	CAPITAL RELATED COSTS- MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	6,144
10	INPATIENT - RESPIRE CARE	1,796
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	103,971
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 HOME MAKER	
23	HH AIDE & HOME MAKER- CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/ OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	235
33	LABS AND DIAGNOSTICS	762
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)	112,908

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
52-1523		PART I

HOSPICE 1

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

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS- BLDG AND FIXT.			
3	CAPITAL RELATED COSTS- MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION	23,952		
7	ADMINISTRATIVE AND GENERAL	100,077		
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE	6,144		
10	INPATIENT - RESPIRATORY CARE	1,796		
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE	654,161		
14	NURSING CARE- CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/ LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES	93,559		
19	SPIRITUAL COUNSELING	12,601		
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOME MAKER	25,858		
23	HH AIDE & HOME MAKER- CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/ OXYGEN			
31	PATIENT TRANSPORTATION	3,534		
32	IMAGING SERVICES	235		
33	LABS AND DIAGNOSTICS	762		
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS	25,234		
40	VOLUNTEER PROGRAM COSTS	4,570		
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)	952,483		

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
52-1523		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	23,952		
6 ADMINISTRATIVE AND GENERAL	23,952	124,029	124,029
INPATIENT CARE SERVICE			
7 INPATIENT - GENERAL CARE		6,144	920
8 INPATIENT - RESPIRATORY CARE		1,796	269
VISITING SERVICES			
9 PHYSICIAN SERVICES			
10 NURSING CARE		654,161	97,935
10.20 NURSING CARE- CONTINUOUS HOME CARE			
11 PHYSICAL THERAPY			
12 OCCUPATIONAL THERAPY			
13 SPEECH/ LANGUAGE PATHOLOGY			
14 MEDICAL SOCIAL SERVICES		93,559	14,007
15 SPIRITUAL COUNSELING		12,601	1,887
16 DIETARY COUNSELING			
17 COUNSELING - OTHER			
18 HOME HEALTH AIDE AND HOME MAKER		25,858	3,871
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		3,534	529
23 IMAGING SERVICES		235	35
24 LABS AND DIAGNOSTICS		762	114
25 MEDICAL SUPPLIES			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27 RADIATION THERAPY			
28 CHEMOTHERAPY			
29 OTHER			
30 BEREAVEMENT PROGRAM COSTS		25,234	3,778
31 VOLUNTEER PROGRAM COSTS		4,570	684
32 FUNDRAISING			
33 OTHER PROGRAM COSTS			
34 TOTAL (SUM OF LINES 1 THRU 33)	23,952	828,454	124,029

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/ 2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
52-1523		PART I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS- BLDG AND FIXT.	
3	CAPITAL RELATED COSTS- MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	7,064
10	INPATIENT - RESPIRE CARE	2,065
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	752,096
14	NURSING CARE- CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/ LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	107,566
19	SPIRITUAL COUNSELING	14,488
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOME MAKER	29,729
23	HH AIDE & HOME MAKER- CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/ OXYGEN	
31	PATIENT TRANSPORTATION	4,063
32	IMAGING SERVICES	270
33	LABS AND DIAGNOSTICS	876
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	29,012
40	VOLUNTEER PROGRAM COSTS	5,254
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	952,483

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO: 52-0028
HOSPICE NO: 52-1523
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/25/2010
WORKSHEET K-4
PART 11

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS- BLDG AND FIXT.	326			
3 CAPITAL RELATED COSTS- MOVABLE EQUIP.		1,120		
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				15,815
6 VOLUNTEER SERVICE COORDINATION				533
7 ADMINISTRATIVE AND GENERAL	326	1,120		
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRATORY CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				8,820
14 NURSING CARE- CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/ LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				2,456
19 SPIRITUAL COUNSELING				375
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER				3,601
23 HH AIDE & HOME MAKER- CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/ OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				30
39 FUNDRAISING				
40 OTHER PROGRAM COSTS				
41 COST TO BE ALLOCATED (PER WKST K-4, PART I)				
42 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-4
52-1523		PART 11

HOSPICE 1

VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM COST) 6
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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	100	
7	ADMINISTRATIVE AND GENERAL	100	- 124,029
8	INPATIENT CARE SERVICE		828,454
9	INPATIENT - GENERAL CARE		6,144
10	INPATIENT - RESPIRATORY CARE		1,796
11	VISITING SERVICES		
12	PHYSICIAN SERVICES		
13	NURSING CARE		654,161
14	NURSING CARE- CONTINUOUS HOME CARE		
15	PHYSICAL THERAPY		
16	OCCUPATIONAL THERAPY		
17	SPEECH/ LANGUAGE PATHOLOGY		
18	MEDICAL SOCIAL SERVICES		93,559
19	SPIRITUAL COUNSELING		12,601
20	DIETARY COUNSELING		
21	COUNSELING - OTHER		
22	HOME HEALTH AIDE AND HOME MAKER		25,858
23	HH AIDE & HOME MAKER- CONT. HOME CARE		
24	OTHER HOSPICE SERVICE COSTS		
25	OTHER		
26	DRUGS BIOLOGICAL AND INFUSION THERAPY		
27	ANALGESICS		
28	SEDATIVES / HYPNOTICS		
29	OTHER - SPECIFY		
30	DURABLE MEDICAL EQUIPMENT/ OXYGEN		
31	PATIENT TRANSPORTATION		3,534
32	IMAGING SERVICES		235
33	LABS AND DIAGNOSTICS		762
34	MEDICAL SUPPLIES		
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36	RADIATION THERAPY		
37	CHEMOTHERAPY		
38	OTHER		
39			25,234
40			4,570
41	FUNDRAISING		
42	OTHER PROGRAM COSTS		
43	COST TO BE ALLOCATED (PER WKST K-4, PART I)	23,952	124,029
44	UNIT COST MULTIPLIER	239.520000	149711

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
52-1523		PART I

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS- BLDG & FIXT	NEW CAP REL COSTS- MMBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6		646		
2.00 INPATIENT - GENERAL CARE	7	7,064			
3.00 INPATIENT - RESPIRE CARE	8	2,065			
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	752,096			41,587
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	107,566			
10.00 SPIRITUAL COUNSELING	15	14,488			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOME MAKER	18	29,729			
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	4,063			
18.00 IMAGING SERVICES	23	270			
19.00 LABS AND DIAGNOSTICS	24	876			
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	29,012			
26.00 VOLUNTEER PROGRAM COSTS	31	5,254			
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		952,483	646		41,587
30.00 UNIT COST MULTIPLIER					

DATA PROCESSING COMMUNICATIONS MATERIALS MGMT ADMSIONS

HOSPICE COST CENTER	6.01	6.02	6.03	6.04
1.00 ADMINISTRATIVE AND GENERAL		2,438		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			3,464	
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) (2)		2,438	3,464	
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
52-1523		PART I

HOSPICE 1

PATIENT ACCOUNTS	SUBTOTAL	ADMIN & GENERAL	MAINTENANCE & REPAIRS
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HOSPICE COST CENTER

6.05

6A.05

6.06

7

1.00 ADMINISTRATIVE AND GENERAL	3,084	452	1,750
2.00 INPATIENT - GENERAL CARE	7,064	1,035	
3.00 INPATIENT - RESPIRE CARE	2,065	303	
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE	797,147	116,808	
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	107,566	15,762	
10.00 SPIRITUAL COUNSELING	14,488	2,123	
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOME MAKER	29,729	4,356	
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	4,063	595	
18.00 IMAGING SERVICES	270	40	
19.00 LABS AND DIAGNOSTICS	876	128	
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	29,012	4,251	
26.00 VOLUNTEER PROGRAM COSTS	5,254	770	
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,000,618	146,623	1,750
30.00 UNIT COST MULTIPLIER			

OPERATION OF
PLANTLAUNDRY & LINEN
SERVICE

HOUSEKEEPING

DIETARY

HOSPICE COST CENTER

8

9

10

11

1.00 ADMINISTRATIVE AND GENERAL	4,867		
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) (2)	4,867		
30.00 UNIT COST MULTIPLIER			

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
52-1523		PART I

HOSPICE 1

CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
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HOSPICE COST CENTER

	12	14	15	16
1.00 ADMINISTRATIVE AND GENERAL	19,949	29,158		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			814	98,168
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) (2)	19,949	29,158	814	98,168
30.00 UNIT COST MULTIPLIER				

MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- SALARY & FRINGES APPRVD	I&R SERVICES- OTHER PRGM COSTS APPRVD
17	18	22	23

HOSPICE COST CENTER

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

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
52-1523		PART I

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	INTRN & RESIDENT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	59,260		59,260	
2.00 INPATIENT - GENERAL CARE	8,099		8,099	386
3.00 INPATIENT - RESPIRE CARE	2,368		2,368	113
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	1,012,937		1,012,937	48,305
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	123,328		123,328	5,881
10.00 SPIRITUAL COUNSELING	16,611		16,611	792
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER	34,085		34,085	1,625
13.20 HH AIDE&HOME MAKER- 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	4,658		4,658	222
18.00 IMAGING SERVICES	310		310	15
19.00 LABS AND DIAGNOSTICS	1,004		1,004	48
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	33,263		33,263	1,586
26.00 VOLUNTEER PROGRAM COSTS	6,024		6,024	287
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,301,947		1,301,947	
30.00 UNIT COST MULTIPLIER				.047687

TOTAL HOSPICE
COSTS

HOSPICE COST CENTER

29

1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	8,485
3.00 INPATIENT - RESPIRE CARE	2,481
4.00 PHYSICIAN SERVICES	
5.00 NURSING CARE	1,061,242
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	129,209
10.00 SPIRITUAL COUNSELING	17,403
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOME MAKER	35,710
13.20 HH AIDE&HOME MAKER- 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	4,880
18.00 IMAGING SERVICES	325
19.00 LABS AND DIAGNOSTICS	1,052
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	34,849
26.00 VOLUNTEER PROGRAM COSTS	6,311
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	1,301,947
30.00 UNIT COST MULTIPLIER	

HOSPICE 1

TOTAL HOSPICE
COSTS

HOSPICE COST CENTER

29

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

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

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
52-1523		PART 11

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS- BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS- MMBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES) 5	DATA PROCESSING (NO OF CRTS) 6.01
1.00 ADMINISTRATIVE AND GENERAL	198	232		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			553,541	
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&HOME MAKER- 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)	198	232	553,541	
30.00 TOTAL COST TO BE ALLOCATED	646		41,587	
31.00 UNIT COST MULTIPLIER	3.262626	.000000	.075129	.000000

HOSPICE COST CENTER	COMMUNICATIONS (NO OF EXTENSIONS) 6.02	MATERIALS MGMT (SUPPLY COST) 6.03	ADMINISTRATIVE (GROSS REVENUE) 6.04	PATIENT ACCOUNTS (GROSS REVENUE) 6.05
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1.00 ADMINISTRATIVE AND GENERAL	10			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		59,419		
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&HOME MAKER- 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				

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

PROVIDER NO: 52-0028
HOSPICE NO: 52-1523
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/25/2010
WORKSHEET K-5
PART 11

HOSPICE 1

COMMUNICATIONS MATERIALS MGMT ADMSIONS PATIENT ACCOUNTS

HOSPICE COST CENTER

	6.02	6.03	6.04	6.05
29.00 TOTAL (SUM OF LINE 1 THRU 28)	10	59,419		
30.00 TOTAL COST TO BE ALLOCATED	2,438	3,464		
31.00 UNIT COST MULTIPLIER	243.800000	.058298	.000000	.000000

RECONCILIATION ADMIN & GENERAL MAINTENANCE & REPAIRS OPERATION OF PLANT

HOSPICE COST CENTER

	(ACCUMULATED COST)	(MAINT HOURS)	(SQUARE FEET)
6A.06	6.06	7	8

1.00 ADMINISTRATIVE AND GENERAL	3,084	17	198
2.00 INPATIENT - GENERAL CARE	7,064		
3.00 INPATIENT - RESPIRE CARE	2,065		
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE	797,147		
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	107,566		
10.00 SPIRITUAL COUNSELING	14,488		
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOME MAKER	29,729		
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	4,063		
18.00 IMAGING SERVICES	270		
19.00 LABS AND DIAGNOSTICS	876		
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	29,012		
26.00 VOLUNTEER PROGRAM COSTS	5,254		
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28)	1,000,618	17	198
30.00 TOTAL COST TO BE ALLOCATED	146,623	1,750	4,867
31.00 UNIT COST MULTIPLIER	.146532	102.941176	24.580808

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

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
52-1523		PART 11

HOSPICE 1

LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
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HOSPICE COST CENTER

(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(NO OF FTE'S)
9	10	11	12

1.00	ADMINISTRATIVE AND GENERAL				858
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)				858
30.00	TOTAL COST TO BE ALLOCATED				19,949
31.00	UNIT COST MULTIPLIER	.000000	.000000	.000000	23.250583

NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
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HOSPICE COST CENTER

(NURSING FTES)	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)
14	15	16	17

1.00	ADMINISTRATIVE AND GENERAL	858			
2.00	INPATIENT - GENERAL CARE				
3.00	INPATIENT - RESPIRE CARE				
4.00	PHYSICIAN SERVICES				
5.00	NURSING CARE		413	48,155	
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				

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

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/ 2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
52-1523		PART 11

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
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	14	15	16	17
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29.00 TOTAL (SUM OF LINE 1 THRU 28)	858	413	48,155	
30.00 TOTAL COST TO BE ALLOCATED	29,158	814	98,168	
31.00 UNIT COST MULTIPLIER	33.983683	1.970944	2.038584	.000000

HOSPICE COST CENTER	SOCIAL SERVICE (TIME SPENT)	I & R SERVICES- SALARY & FRINGES APPRVD (ASSIGNED TIME)	I & R SERVICES- OTHER PRGM COSTS APPRVD (ACCUM COST)
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	18	22	23
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1.00 ADMINISTRATION AND GENERAL			
2.00 INPATIENT - GENERAL CARE			
3.00 INPATIENT - RESPIRE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE- CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/ LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOME MAKER			
13.20 HH AIDE & HOME MAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/ OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28)			
30.00 TOTAL COST TO BE ALLOCATED			
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000

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

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/ 2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-5
52-1523		PART 111

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1 PHYSICAL THERAPY	50	.540247		
2 OCCUPATIONAL THERAPY	51	.453475		
3 SPEECH PATHOLOGY	52	.523602		
4 DRUGS CHARGED TO PATIENTS	56	.152218		
5 DURABLE MEDICAL EQUIP- SOLD	67			
6 LABORATORY	44	.239340		
7 MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.200143		
8 EMERGENCY	61	.572703		
8.01 CARDIAC REHAB	61.01	1.362773		
9 RADIOLOGY- DIAGNOSTIC	41	.477065		
9.01 CAT SCAN	41.01	.110512		
9.02 MRI	41.02	.152907		
9.03 CARDIAC CATH	41.03	.379730		
10 OTHER ANCILLARY	59			
11 TOTAL (SUM OF LINES 1-10)				

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/ 2009	5/25/2010
HOSPICE NO:	TO 12/31/2009	WORKSHEET K-6
52-1523		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				1,301,947
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				8,187
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				159.03
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	7,740			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	1,230,892			
6 UNDUPLICATED MEDICAID DAYS		151		
7 AGGREGATE MEDICAID COST		24,014		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	1,212			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	192,744			
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			296	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			47,073	

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

PROVIDER NO:	PERIOD:	PREPARED 5/25/2010
52-0028	FROM 1/1/2009	WORKSHEET L
COMPONENT NO:	TO 12/31/2009	PARTS I-IV
52-0028		

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	836,854
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	117
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	27.46
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.93
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.96
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	8,034
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	845,005
PART II -	HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III -	PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV -	COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/ 1/ 2009	5/25/2010
	TO 12/31/2009	WORKSHEET C
		PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	8,173,970		8,173,970		8,173,970
26	INTENSIVE CARE UNIT	2,716,867		2,716,867		2,716,867
33	NURSERY	586,332		586,332		586,332
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	9,400,490		9,400,490		9,400,490
38	RECOVERY ROOM	648,926		648,926		648,926
39	DELIVERY ROOM & LABOR ROOM	776,746		776,746		776,746
40	ANESTHESIOLOGY	1,177,789		1,177,789		1,177,789
41	RADIOLOGY-DIAGNOSTIC	5,209,010		5,209,010		5,209,010
41 01	CAT SCAN	1,464,209		1,464,209		1,464,209
41 02	MRI	1,110,701		1,110,701		1,110,701
41 03	CARDIAC CATH	1,606,196		1,606,196		1,606,196
44	LABORATORY	6,994,285		6,994,285		6,994,285
49	RESPIRATORY THERAPY	1,331,355		1,331,355		1,331,355
50	PHYSICAL THERAPY	1,773,216		1,773,216		1,773,216
51	OCCUPATIONAL THERAPY	562,071		562,071		562,071
52	SPEECH PATHOLOGY	298,198		298,198		298,198
53	ELECTROCARDIOLOGY	146,125		146,125		146,125
55	MEDICAL SUPPLIES CHARGED	626,958		626,958		626,958
56	DRUGS CHARGED TO PATIENTS	3,396,143		3,396,143		3,396,143
58	ASC (NON-DIAGNOSTIC PART)	1,783,228		1,783,228		1,783,228
58 01	PROCTO/ENTERO/GASTRO	1,044,736		1,044,736		1,044,736
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	34,141,907		34,141,907		34,141,907
61	EMERGENCY	3,817,659		3,817,659		3,817,659
61 01	CARDIAC REHAB	510,631		510,631		510,631
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,049,115		1,049,115		1,049,115
101	SUBTOTAL	90,346,863		90,346,863		90,346,863
102	LESS OBSERVATION BEDS	1,049,115		1,049,115		1,049,115
103	TOTAL	89,297,748		89,297,748		89,297,748

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:	PERIOD:	PREPARED
52-0028	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET C
		PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- ENT RATIO 10	PPS INPAT- ENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	8,138,089		8,138,089			
26	INTENSIVE CARE UNIT	2,804,742		2,804,742			
33	NURSERY	682,548		682,548			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	12,071,033	19,702,273	31,773,306	.295861	.295861	.295861
38	RECOVERY ROOM	841,978	1,561,378	2,403,356	.270008	.270008	.270008
39	DELIVERY ROOM & LABOR ROOM	1,680,669	232,082	1,912,751	.406088	.406088	.406088
40	ANESTHESIOLOGY	1,335,801	4,097,100	5,432,901	.216788	.216788	.216788
41	RADIOLOGY-DIAGNOSTIC	2,172,674	8,746,199	10,918,873	.477065	.477065	.477065
41 01	CAT SCAN	4,150,300	9,099,006	13,249,306	.110512	.110512	.110512
41 02	MRI	623,465	6,640,412	7,263,877	.152907	.152907	.152907
41 03	CARDIAC CATH	1,506,175	2,723,666	4,229,841	.379730	.379730	.379730
44	LABORATORY	5,255,265	23,968,011	29,223,276	.239340	.239340	.239340
49	RESPIRATORY THERAPY	3,498,306	1,504,330	5,002,636	.266131	.266131	.266131
50	PHYSICAL THERAPY	864,589	2,417,641	3,282,230	.540247	.540247	.540247
51	OCCUPATIONAL THERAPY	504,161	735,315	1,239,476	.453475	.453475	.453475
52	SPEECH PATHOLOGY	36,514	532,999	569,513	.523602	.523602	.523602
53	ELECTROCARDIOLOGY	299,715	1,238,599	1,538,314	.094990	.094990	.094990
55	MEDICAL SUPPLIES CHARGED	1,751,652	1,380,896	3,132,548	.200143	.200143	.200143
56	DRUGS CHARGED TO PATIENTS	13,497,566	8,813,508	22,311,074	.152218	.152218	.152218
58	ASC (NON-DIAGNOSTIC PART)	20,598	4,877,780	4,898,378	.364045	.364045	.364045
58 01	PROCTO/ENTERO/GASTRO	292,335	2,921,563	3,213,898	.325068	.325068	.325068
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	324,015	38,264,165	38,588,180	.884776	.884776	.884776
61	EMERGENCY	1,406,980	5,211,222	6,618,202	.576842	.576842	.576842
61 01	CARDIAC REHAB	16,241	358,459	374,700	1.362773	1.362773	1.362773
62	OBSERVATION BEDS (NON-DIS)	118,537	975,206	1,093,743	.959197	.959197	.959197
	OTHER REIMBURSE COST CNTRS						
101	SUBTOTAL	63,893,948	146,001,810	209,895,758			
102	LESS OBSERVATION BEDS						
103	TOTAL	63,893,948	146,001,810	209,895,758			

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	9,400,490	101,289	9,299,201	10,129	539,354	8,851,007
39	RECOVERY ROOM	648,926	8,482	640,444	848	37,146	610,932
40	DELIVERY ROOM & LABOR ROOM	776,746	19,306	757,440	1,931	43,932	730,883
41	ANESTHESIOLOGY	1,177,789	4,346	1,173,443	435	68,060	1,109,294
41	RADIOLOGY-DIAGNOSTIC	5,209,010	93,679	5,115,331	9,368	296,689	4,902,953
41 01	CAT SCAN	1,464,209	6,419	1,457,790	642	84,552	1,379,015
41 02	MRI	1,110,701	3,264	1,107,437	326	64,231	1,046,144
41 03	CARDIAC CATH	1,606,196	7,747	1,598,449	775	92,710	1,512,711
44	LABORATORY	6,994,285	53,770	6,940,515	5,377	402,550	6,586,358
49	RESPIRATORY THERAPY	1,331,355	14,603	1,316,752	1,460	76,372	1,253,523
50	PHYSICAL THERAPY	1,773,216	27,126	1,746,090	2,713	101,273	1,669,230
51	OCCUPATIONAL THERAPY	562,071	9,934	552,137	993	32,024	529,054
52	SPEECH PATHOLOGY	298,198	4,003	294,195	400	17,063	280,735
53	ELECTROCARDIOLOGY	146,125	1,175	144,950	118	8,407	137,600
55	MEDICAL SUPPLIES CHARGED	626,958	13,131	613,827	1,313	35,602	590,043
56	DRUGS CHARGED TO PATIENTS	3,396,143	14,349	3,381,794	1,435	196,144	3,198,564
58	ASC (NON-DIAGNOSTIC PART)	1,783,228	13,692	1,769,536	1,369	102,633	1,679,226
58 01	PROCTO/ENTERO/GASTRO	1,044,736	11,880	1,032,856	1,188	59,906	983,642
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	34,141,907	60,782	34,081,125	6,078	1,976,705	32,159,124
61	EMERGENCY	3,817,659	48,503	3,769,156	4,850	218,611	3,594,198
61 01	CARDIAC REHAB	510,631	17,071	493,560	1,707	28,626	480,298
62	OBSERVATION BEDS (NON-DIAGNOSTIC)	1,049,115	22,064	1,027,051	2,206	59,569	987,340
101	OTHER REIMBURSEMENT COST CNTRS						
101	SUBTOTAL	78,869,694	556,615	78,313,079	55,661	4,542,159	74,271,874
102	LESS OBSERVATION BEDS	1,049,115	22,064	1,027,051	2,206	59,569	987,340
103	TOTAL	77,820,579	534,551	77,286,028	53,455	4,482,590	73,284,534

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	31,773,306	.278567	.295542
38	RECOVERY ROOM	2,403,356	.254200	.269655
39	DELIVERY ROOM & LABOR ROOM	1,912,751	.382111	.405079
40	ANESTHESIOLOGY	5,432,901	.204181	.216708
41	RADIOLOGY-DIAGNOSTIC	10,918,873	.449035	.476207
41 01	CAT SCAN	13,249,306	.104082	.110464
41 02	MRI	7,263,877	.144020	.152863
41 03	CARDIAC CATH	4,229,841	.357628	.379546
44	LABORATORY	29,223,276	.225381	.239156
49	RESPIRATORY THERAPY	5,002,636	.250572	.265839
50	PHYSICAL THERAPY	3,282,230	.508566	.539421
51	OCCUPATIONAL THERAPY	1,239,476	.426837	.452674
52	SPEECH PATHOLOGY	569,513	.492939	.522899
53	ELECTROCARDIOLOGY	1,538,314	.089449	.094914
55	MEDICAL SUPPLIES CHARGED	3,132,548	.188359	.199724
56	DRUGS CHARGED TO PATIENTS	22,311,074	.143362	.152154
58	ASC (NON-DIAGNOSTIC PART)	4,898,378	.342813	.363765
58 01	PROCTO/ENTERO/GASTRO	3,213,898	.306059	.324699
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	38,588,180	.833393	.884619
61	EMERGENCY	6,618,202	.543078	.576109
61 01	CARDIAC REHAB	374,700	1.281820	1.358217
62	OBSERVATION BEDS (NON-DIAGNOSTIC)	1,093,743	.902717	.957180
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	198,270,379		
102	LESS OBSERVATION BEDS	1,093,743		
103	TOTAL	197,176,636		