

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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET 5
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	15-1315	I	FROM 10/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 9/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 2/20/2009 TIME 10:46

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:
CAMERON MEMORIAL COMMUNITY 15-1315
FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2007 AND ENDING 9/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 2/20/2009 TIME 10:46

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Samuel J. Day

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

CFO
2/20/09

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	519,555	948,284	0	
3	SWING BED - SNF	0	50,598	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	570,153	948,284	0	

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

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

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N 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? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? 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?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHC MQ 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
 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 69,991
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

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

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
 0 1 2 3 4

 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

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

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

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

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, 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

MULTI CAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.
IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3,
CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO:
15-1315

PERIOD:
FROM 10/1/2007
TO 9/30/2008

PREPARED 2/20/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	23	8,418	71,040.00			1,393	409
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						249	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	23	8,418	71,040.00			1,642	409
6 INTENSIVE CARE UNIT	2	732	1,656.00			35	
11 NURSERY							
12 TOTAL	25	9,150	72,696.00			1,677	409
13 RPCH VISITS							
18 HOME HEALTH AGENCY						2,498	501
21 HOSPICE							
25 TOTAL	25						
26 OBSERVATION BED DAYS							18
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	DIAGNOSIS / OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			2,960				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			249				
4 ADULTS & PED-SB NF			142				
5 TOTAL ADULTS AND PEDS			3,351				
6 INTENSIVE CARE UNIT			69				
11 NURSERY			453				
12 TOTAL			3,873				
13 RPCH VISITS							
18 HOME HEALTH AGENCY			4,306				
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS		18	385	58	327		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					412	139	1,259
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		278.14			412	139	1,259
13 RPCH VISITS							
18 HOME HEALTH AGENCY		13.89					
21 HOSPICE		2.30					
25 TOTAL		294.33					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 15-1315
HHA NO: 15-7117
COUNTY: STEUBEN
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 2/20/2009
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	1,024	263	976
2 UNDUPLICATED CENSUS COUNT				
TOTAL	5			

1 HOME HEALTH AIDE HOURS	2,263
2 UNDUPLICATED CENSUS COUNT	

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.01		1.01
5 OTHER ADMINISTRATIVE PERSONEL	3.17		3.17
6 DIRECTING NURSING SERVICE	4.17		4.17
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	1.37		1.37
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.25		.25
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.01		.01
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.18		.18
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.09		1.09
17 HOME HEALTH AIDE SUPERVISOR			
18 PRIVATE DUTY NURSING	2.81		2.81
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9915		

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

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	878	0	28	11
22 SKILLED NURSING VISIT CHARGES	132,415	0	4,212	1,585
23 PHYSICAL THERAPY VISITS	825	0	8	6
24 PHYSICAL THERAPY VISIT CHARGES	133,187	0	1,336	930
25 OCCUPATIONAL THERAPY VISITS	162	0	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	25,858	0	0	0
27 SPEECH PATHOLOGY VISITS	5	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	831	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	23	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	5,008	0	0	0
31 HOME HEALTH AIDE VISITS	541	0	2	1
32 HOME HEALTH AIDE VISIT CHARGES	37,624	0	134	67
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	2,434	0	38	18
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	334,923	0	5,682	2,582
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	163	0	16	3
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	14,599	0	8,112	0

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA
 HOME HEALTH AGENCY STATISTICAL DATA

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/1/2007	2/20/2009
HHA NO:	TO 9/30/2008	WORKSHEET S-4
15-7117		
COUNTY:	STEUBEN	

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	5	922
22 SKILLED NURSING VISIT CHARGES	0	720	138,932
23 PHYSICAL THERAPY VISITS	0	0	839
24 PHYSICAL THERAPY VISIT CHARGES	0	0	135,453
25 OCCUPATIONAL THERAPY VISITS	0	0	162
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	25,858
27 SPEECH PATHOLOGY VISITS	0	0	5
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	831
29 MEDICAL SOCIAL SERVICE VISITS	0	0	23
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	5,008
31 HOME HEALTH AIDE VISITS	0	3	547
32 HOME HEALTH AIDE VISIT CHARGES	0	201	38,026
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	8	2,498
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	921	344,108
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	1	183
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	22,711

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
15-1315

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/20/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,276,983	2,276,983	-1,334,010	942,973
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		837,402	837,402	1,954,059	2,791,461
5	0500 EMPLOYEE BENEFITS	172,573	5,205,713	5,378,286	206,097	5,584,383
6	0600 ADMINISTRATIVE & GENERAL	2,243,638	5,100,170	7,343,808	54,630	7,398,438
8	0800 OPERATION OF PLANT	393,901	1,097,001	1,490,902	26,500	1,517,402
9	0900 LAUNDRY & LINEN SERVICE		92,016	92,016		92,016
10	1000 HOUSEKEEPING	371,556	126,281	497,837		497,837
11	1100 DIETARY	358,289	389,005	747,294	-633,325	113,969
12	1200 CAFETERIA				399,284	399,284
14	1400 NURSING ADMINISTRATION	443,262	7,100	450,362		450,362
15	1500 CENTRAL SERVICES & SUPPLY	99,040	78,791	177,831		177,831
16	1600 PHARMACY	389,872	1,141,895	1,531,767		1,531,767
17	1700 MEDICAL RECORDS & LIBRARY	274,815	308,286	583,101		583,101
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,108,287	286,542	1,394,829	55,927	1,450,756
26	2600 INTENSIVE CARE UNIT				28,141	28,141
33	3300 NURSERY				168,137	168,137
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,073,093	597,596	1,670,689	-186,535	1,484,154
38	3800 RECOVERY ROOM		46,543	46,543	186,535	233,078
39	3900 DELIVERY ROOM & LABOR ROOM	438,547	37,775	476,322	-252,205	224,117
41	4100 RADIOLOGY-DIAGNOSTIC	1,140,264	805,720	1,945,984		1,945,984
44	4400 LABORATORY	817,041	952,153	1,769,194		1,769,194
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	33,177	624,498	657,675	-82,289	575,386
49.01	4901 SLEEP LAB				112,965	112,965
50	5000 PHYSICAL THERAPY	501,411	39,958	541,369		541,369
53	5300 ELECTROCARDIOLOGY		297,631	297,631	-30,676	266,955
53.01	3140 CARDIAC REHAB	40,797	7,652	48,449		48,449
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		791,185	791,185		791,185
56	5600 DRUGS CHARGED TO PATIENTS					
59	3550 CHEMICAL DEPENDENCY	148,960	8,509	157,469		157,469
59.01	3480 ONCOLOGY		1,598,829	1,598,829		1,598,829
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	1,127,811	86,304	1,214,115		1,214,115
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	648,126	91,469	739,595	8,907	748,502
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		524,043	524,043	-524,043	
93	9300 HOSPICE	108,650	33,197	141,847	-8,907	132,940
95	SUBTOTALS	11,933,110	23,490,247	35,423,357	149,192	35,572,549
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100	7950 DAYCARE-INFANT/TODDLER					
100.01	7951 MOB		26,500	26,500	-26,500	
100.02	7952 COMMUNITY HEALTH					
100.03	7953 ASSISTED LIVING/CAMERON WOODS					
100.04	7954 EDUCATION	80,039	6,527	86,566	-86,566	
100.05	7955 MARKETING	164,483	182,661	347,144	-64,070	283,074
100.06	7956 GUEST MEALS				27,944	27,944
100.07	7957 OUTSIDE LAUNDRY					
100.08	7958 CANCER CENTER					
100.09	7959 URGENT CARE	337,732	559,887	897,619		897,619
101	TOTAL	12,515,364	24,265,822	36,781,186	-0-	36,781,186

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1315
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 2/20/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-251,818	691,155
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-580,886	2,210,575
5	0500 EMPLOYEE BENEFITS	-363,615	5,220,768
6	0600 ADMINISTRATIVE & GENERAL	-2,799,180	4,599,258
8	0800 OPERATION OF PLANT	-3,300	1,514,102
9	0900 LAUNDRY & LINEN SERVICE		92,016
10	1000 HOUSEKEEPING		497,837
11	1100 DIETARY	-58,388	55,581
12	1200 CAFETERIA	-83,601	315,683
14	1400 NURSING ADMINISTRATION		450,362
15	1500 CENTRAL SERVICES & SUPPLY		177,831
16	1600 PHARMACY	-199,714	1,332,053
17	1700 MEDICAL RECORDS & LIBRARY	-384	582,717
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-152,020	1,298,736
26	2600 INTENSIVE CARE UNIT		28,141
33	3300 NURSERY		168,137
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-222,471	1,261,683
38	3800 RECOVERY ROOM		233,078
39	3900 DELIVERY ROOM & LABOR ROOM		224,117
41	4100 RADIOLOGY-DIAGNOSTIC		1,945,984
44	4400 LABORATORY	-8,416	1,760,778
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		575,386
49.01	4901 SLEEP LAB		112,965
50	5000 PHYSICAL THERAPY		541,369
53	5300 ELECTROCARDIOLOGY		266,955
53.01	3140 CARDIAC REHAB		48,449
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		791,185
56	5600 DRUGS CHARGED TO PATIENTS		
59	3550 CHEMICAL DEPENDENCY		157,469
59.01	3480 ONCOLOGY		1,598,829
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-18,979	1,195,136
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-1,563	746,939
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
93	9300 HOSPICE		132,940
95	SUBTOTALS	-4,744,335	30,828,214
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100	7950 DAYCARE-INFANT/TODDLER		
100.01	7951 MOB		
100.02	7952 COMMUNITY HEALTH		
100.03	7953 ASSISTED LIVING/CAMERON WOODS		
100.04	7954 EDUCATION		
100.05	7955 MARKETING		283,074
100.06	7956 GUEST MEALS		27,944
100.07	7957 OUTSIDE LAUNDRY		
100.08	7958 CANCER CENTER		
100.09	7959 URGENT CARE		897,619
101	TOTAL	-4,744,335	32,036,851

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-1315
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/20/2009
 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	ADMINISTRATIVE & GENERAL	0600	
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	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	3140	CARDIOLOGY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	CHEMICAL DEPENDENCY	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	ONCOLOGY	3480	ONCOLOGY
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	DAYCARE-INFANT/TODDLER	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MOB	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	COMMUNITY HEALTH	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	ASSISTED LIVING/CAMERON WOODS	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	EDUCATION	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	MARKETING	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	GUEST MEALS	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	OUTSIDE LAUNDRY	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	CANCER CENTER	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	URGENT CARE	7959	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
151315

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/20/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) COST CENTER 1	2	LINE NO 3	SALARY 4	OTHER 5
1 LABOR & DELIVERY	A	ADULTS & PEDIATRICS	25	84,068	
2		NURSERY	33	168,137	
3 PROPERTY INSURANCE	B	NEW CAP REL COSTS-BLDG & FIXT	3		34,379
4 CAFETERIA	C	EMPLOYEE BENEFITS	5	98,813	107,284
5		CAFETERIA	12	191,436	207,848
6		GUEST MEALS	100.06	13,398	14,546
7 INTEREST EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		232,714
8		NEW CAP REL COSTS-MVBLE EQUIP	4		291,329
9 DEPRECIATION EXPENSE	F	NEW CAP REL COSTS-MVBLE EQUIP	4		1,662,730
10 ICU	G	INTENSIVE CARE UNIT	26	22,360	5,781
11 ADVERTISING COSTS	H	ADMINISTRATIVE & GENERAL	6	24,848	47,256
12 PROPERTY TAXES	I	NEW CAP REL COSTS-BLDG & FIXT	3		61,627
13 EDUCATION COSTS	L	ADMINISTRATIVE & GENERAL	6	80,039	6,527
14 SLEEP LAB	M	SLEEP LAB	49.01		112,965
15					
16 UTILITIES	O	OPERATION OF PLANT	8		26,500
17 PUBLIC RELATIONS	P	MARKETING	100.05		8,034
18 MSW	R	HOME HEALTH AGENCY	71	8,907	
19 RECOVERY ROOM	S	RECOVERY ROOM	38	186,535	
36 TOTAL RECLASSIFICATIONS				878,541	2,819,520

(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:
151315

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/20/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	DECREASE			A-7 REF 10
		LINE NO 7	SALARY 8	OTHER 9	
1 LABOR & DELIVERY	A DELIVERY ROOM & LABOR ROOM	39	252,205		
2					
3 PROPERTY INSURANCE	B ADMINISTRATIVE & GENERAL	6		34,379	12
4 CAFETERIA	C DIETARY	11	303,647	329,678	
5					
6					
7 INTEREST EXPENSE	D INTEREST EXPENSE	88		524,043	11
8					11
9 DEPRECIATION EXPENSE	F NEW CAP REL COSTS-BLDG & FIXT	3		1,662,730	9
10 ICU	G ADULTS & PEDIATRICS	25	22,360	5,781	
11 ADVERTISING COSTS	H MARKETING	100.05	24,848	47,256	
12 PROPERTY TAXES	I ADMINISTRATIVE & GENERAL	6		61,627	13
13 EDUCATION COSTS	L EDUCATION	100.04	80,039	6,527	
14 SLEEP LAB	M RESPIRATORY THERAPY	49		82,289	
15	ELECTROCARDIOLOGY	53		30,676	
16 UTILITIES	O MOB	100.01		26,500	
17 PUBLIC RELATIONS	P ADMINISTRATIVE & GENERAL	6		8,034	
18 MSW	R HOSPICE	93	8,907		
19 RECOVERY ROOM	S OPERATING ROOM	37	186,535		
36 TOTAL RECLASSIFICATIONS			878,541	2,819,520	

(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:
151315

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/20/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : LABOR & DELIVERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	84,068	DELIVERY ROOM & LABOR ROOM	39	252,205	
2.00	NURSERY	33	168,137			0	
TOTAL RECLASSIFICATIONS FOR CODE A			252,205				252,205

RECLASS CODE: B
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	34,379	ADMINISTRATIVE & GENERAL	6	34,379	
TOTAL RECLASSIFICATIONS FOR CODE B			34,379				34,379

RECLASS CODE: C
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	206,097	DIETARY	11	633,325	
2.00	CAFETERIA	12	399,284			0	
3.00	GUEST MEALS	100.06	27,944			0	
TOTAL RECLASSIFICATIONS FOR CODE C			633,325				633,325

RECLASS CODE: D
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	232,714	INTEREST EXPENSE	88	524,043	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	291,329			0	
TOTAL RECLASSIFICATIONS FOR CODE D			524,043				524,043

RECLASS CODE: F
EXPLANATION : DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,662,730	NEW CAP REL COSTS-BLDG & FIXT	3	1,662,730	
TOTAL RECLASSIFICATIONS FOR CODE F			1,662,730				1,662,730

RECLASS CODE: G
EXPLANATION : ICU

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTENSIVE CARE UNIT	26	28,141	ADULTS & PEDIATRICS	25	28,141	
TOTAL RECLASSIFICATIONS FOR CODE G			28,141				28,141

RECLASS CODE: H
EXPLANATION : ADVERTISING COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	72,104	MARKETING	100.05	72,104	
TOTAL RECLASSIFICATIONS FOR CODE H			72,104				72,104

RECLASS CODE: I
EXPLANATION : PROPERTY TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	61,627	ADMINISTRATIVE & GENERAL	6	61,627	
TOTAL RECLASSIFICATIONS FOR CODE I			61,627				61,627

RECLASS CODE: L
EXPLANATION : EDUCATION COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	86,566	EDUCATION	100.04	86,566	
TOTAL RECLASSIFICATIONS FOR CODE L			86,566				86,566

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
151315	FROM 10/ 1/2007	2/20/2009
	TO 9/30/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: M
EXPLANATION : SLEEP LAB

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	SLEEP LAB	112,965	49	RESPIRATORY THERAPY	82,289
2.00		0	53	ELECTROCARDIOLOGY	30,676
TOTAL RECLASSIFICATIONS FOR CODE M		112,965			112,965

RECLASS CODE: O
EXPLANATION : UTILITIES

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OPERATION OF PLANT	26,500	100.01	MOB	26,500
TOTAL RECLASSIFICATIONS FOR CODE O		26,500			26,500

RECLASS CODE: P
EXPLANATION : PUBLIC RELATIONS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	MARKETING	8,034	6	ADMINISTRATIVE & GENERAL	8,034
TOTAL RECLASSIFICATIONS FOR CODE P		8,034			8,034

RECLASS CODE: R
EXPLANATION : MSW

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	HOME HEALTH AGENCY	8,907	93	HOSPICE	8,907
TOTAL RECLASSIFICATIONS FOR CODE R		8,907			8,907

RECLASS CODE: S
EXPLANATION : RECOVERY ROOM

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	RECOVERY ROOM	186,535	37	OPERATING ROOM	186,535
TOTAL RECLASSIFICATIONS FOR CODE S		186,535			186,535

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	1,043,373						1,043,373	
2	LAND IMPROVEMENTS	20,546,658	142,908			142,908	5,380	20,684,186	
3	BUILDINGS & FIXTURE								
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	14,322,037	1,512,979			1,512,979	2,181,302	13,653,714	
7	SUBTOTAL	35,912,068	1,655,887			1,655,887	2,186,682	35,381,273	
8	RECONCILING ITEMS								
9	TOTAL	35,912,068	1,655,887			1,655,887	2,186,682	35,381,273	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
*								8
3	NEW CAP REL COSTS-BL	21,727,559		21,727,559	.724845			
4	NEW CAP REL COSTS-MV	13,653,713	5,405,801	8,247,912	.275155			
5	TOTAL	35,381,272	5,405,801	29,975,471	1.000000			

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
*								15
3	NEW CAP REL COSTS-BL	595,149			34,379	61,627		691,155
4	NEW CAP REL COSTS-MV	2,210,575						2,210,575
5	TOTAL	2,805,724			34,379	61,627		2,901,730

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

	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1)
*								15
3	NEW CAP REL COSTS-BL	2,276,983						2,276,983
4	NEW CAP REL COSTS-MV	837,402						837,402
5	TOTAL	3,114,385						3,114,385

* 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).

PROVIDER NO:
 15-1315

 PERIOD:
 FROM 10/ 1/2007
 TO 9/30/2008

 PREPARED 2/20/2009
 WORKSHEET A-8

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	A	-232,714	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	A	-291,329	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-9,887	NEW CAP REL COSTS-MVBLE E	4	9
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-160,436			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-501,288			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-83,601	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-199,414	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-384	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-42,873	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 MRI DEPRECIATION CARRYFORWARD	A	-9,382	NEW CAP REL COSTS-MVBLE E	4	9
38 BAD DEBT EXPENSE	A	-2,710,773	ADMINISTRATIVE & GENERAL	6	
39 LOBBYING EXPENSES	A	-973	ADMINISTRATIVE & GENERAL	6	
40 PERSONAL USE OF AUTOS	A	-1,606	ADMINISTRATIVE & GENERAL	6	
41 EMPLOYEE CHRISTMAS PARTY	A	-10,128	ADMINISTRATIVE & GENERAL	6	
42 PHYSICIAN GUARANTEE	B	-18,979	EMERGENCY	61	
43 SPLIT OFF OF CAMERON WOODS AL	A	-31,615	ADMINISTRATIVE & GENERAL	6	
44 SPLIT OFF OF CAMERON WOODS AL	B	-1,563	HOME HEALTH AGENCY	71	
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER INCOME	B	-2,871	OPERATING ROOM	37	
47 MEALS ON WHEELS	B	-10,471	DIETARY	11	
48 BREAKFAST CART	B	-5,044	DIETARY	11	
49 DAY CARE MANAGEMENT FEES	B	-180,000	EMPLOYEE BENEFITS	5	
49.01 MISCELLANEOUS SPACE RENT	B	-300	PHARMACY	16	
49.02 ANESTHESIA SUBSIDY	A	-219,600	OPERATING ROOM	37	
49.03 RENTAL INCOME OFFSET	B	-19,104	NEW CAP REL COSTS-BLDG &	3	9
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,744,335			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS		183,615	-183,615	
2	6	ADMINISTRATIVE & GENERAL		44,085	-44,085	
3	8	OPERATION OF PLANT		3,300	-3,300	
4	4	NEW CAP REL COSTS-MVBLE E RENT PAID TO CMO	82,464	352,752	-270,288	9
5		TOTALS	82,464	583,752	-501,288	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
15-1315

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/20/2009
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	44	MEDICAL SPECIALIST	12,000	8,416	3,584			
2	25	HOSPITALIST	152,020	152,020				
3								
4								
5								
6								
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	164,020	160,436	3,584			

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 15-1315

PERIOD: FROM 10/1/2007 TO 9/30/2008

PREPARED 2/20/2009 WORKSHEET A-8-4 PARTS I - VII

RESPIRATORY THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	366
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.25
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED	1986.25	13426.35		
10	AHSEA (SEE INSTRUCTIONS)	60.25	52.40		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	26.20	26.20		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	119,672
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	703,541
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	823,213
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	823,213

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	823,213

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE		
24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	9,589
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	9,589
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	1,190
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	10,779
OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	

REASONABLE COST DETERMINATION FOR THERAPY
 SERVICES FURNISHED BY OUTSIDE SUPPLIERS
 ON OR AFTER APRIL 10, 1998

PROVIDER NO:
 15-1315

PERIOD:
 FROM 10/ 1/2007
 TO 9/30/2008

PREPARED 2/20/2009
 WORKSHEET A-8-4
 PARTS I - VII

RESPIRATORY THERAPY

31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)
 32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,
 LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)
 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 10,779
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE
 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
 TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINees	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1 509.25	2	3	4	5 509.25
48 OVERTIME RATE (SEE INSTRUCTIONS)	78.60				
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)	40,027				
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)	2080.00				2080.00
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)	52.40				
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)	108,992				
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)	40,027				
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)	26,685				
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)	13,342				13,342

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 823,213
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 10,779
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56) 13,342

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS ON OR AFTER APRIL 10, 1998

PROVIDER NO: 15-1315

PERIOD: FROM 10/1/2007 TO 9/30/2008

PREPARED 2/20/2009 WORKSHEET A-8-4 PARTS I - VII

RESPIRATORY THERAPY

- 61 EQUIPMENT COST (SEE INSTRUCTIONS)
- 62 SUPPLIES (SEE INSTRUCTIONS)
- 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 847,334
- 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)
- 65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

- 66 COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
- 66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
- 66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)
- 67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)
- 68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)
- 68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)
- 68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)
- 69 EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
- 69.01 EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
- 69.31 EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)
- 70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)

COST ALLOCATION STATISTICS

PROVIDER NO: 15-1315
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/20/2009
 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	2	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTES		ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIVE OPERATION OF E & GENERAL	PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	691,155	691,155					
005 NEW CAP REL COSTS-MVBLE E	2,210,575		2,210,575				
006 EMPLOYEE BENEFITS	5,220,768			5,220,768			
008 ADMINISTRATIVE & GENERAL	4,599,258	101,120	323,433	1,001,395	6,025,206	6,025,206	
009 OPERATION OF PLANT	1,514,102	94,373	301,841	167,957	2,078,273	481,401	2,559,674
010 LAUNDRY & LINEN SERVICE	92,016	8,260	26,418		126,694	29,347	42,656
011 HOUSEKEEPING	497,837	568	1,817	158,430	658,652	152,567	2,933
012 DIETARY	55,581	24,833	79,425	23,299	183,138	42,421	128,242
014 CAFETERIA	315,683	11,834	37,848	81,627	446,992	103,539	61,111
015 NURSING ADMINISTRATION	450,362	2,663	8,516	189,005	650,546	150,689	13,750
016 CENTRAL SERVICES & SUPPLY	177,831	12,254	39,192	42,230	271,507	62,891	63,281
017 PHARMACY	1,332,053	6,177	19,757	166,239	1,524,226	353,064	31,900
025 MEDICAL RECORDS & LIBRARY	582,717	8,863	28,348	117,180	737,108	170,740	45,772
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,298,736	51,459	164,584	498,880	2,013,659	466,434	265,742
033 INTENSIVE CARE UNIT	28,141	2,976	9,519	9,534	50,170	11,621	15,369
037 NURSERY	168,137	2,367	7,570	71,693	249,767	57,855	12,222
038 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,261,683	54,441	174,122	378,024	1,868,270	432,757	281,142
039 RECOVERY ROOM	233,078	12,319	39,400	79,538	364,335	84,393	63,617
041 DELIVERY ROOM & LABOR ROO	224,117	14,378	45,986	79,455	363,936	84,300	74,250
044 RADIOLOGY-DIAGNOSTIC	1,945,984	35,797	114,491	486,203	2,582,475	598,189	184,861
048 LABORATORY	1,760,778	20,129	64,380	348,382	2,193,669	508,131	103,950
049 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	575,386	5,580	17,846	14,147	612,959	141,983	28,814
049 01 SLEEP LAB	112,965	9,846	31,490		154,301	35,742	50,845
050 PHYSICAL THERAPY	541,369	24,543	78,498	213,799	858,209	198,791	126,745
053 ELECTROCARDIOLOGY	266,955	888	2,839		270,682	62,699	4,583
053 01 CARDIAC REHAB	48,449	10,455	33,439	17,396	109,739	25,419	53,992
055 MEDICAL SUPPLIES CHARGED	791,185				791,185	183,266	
056 DRUGS CHARGED TO PATIENTS							
059 CHEMICAL DEPENDENCY	157,469	14,674	46,932	63,516	282,591	65,458	75,778
059 01 ONCOLOGY	1,598,829	65,677	210,059		1,874,565	434,215	339,167
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,195,136	33,466	107,035	480,893	1,816,530	420,772	172,823
071 OBSERVATION BEDS (NON-DIS							
093 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY	746,939	8,207	26,248	280,156	1,061,550	245,892	42,381
096 SPEC PURPOSE COST CENTERS							
093 HOSPICE	132,940	1,680	5,374	42,530	182,524	42,279	8,678
095 SUBTOTALS	30,828,214	639,827	2,046,407	5,011,508	30,403,458	5,646,855	2,294,604
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		2,106	6,737		8,843	2,048	10,878
100 DAYCARE-INFANT/TODDLER							
100 01 MOB		6,355	20,325		26,680	6,180	32,817
100 02 COMMUNITY HEALTH							
100 03 ASSISTED LIVING/CAMERON W							
100 04 EDUCATION							
100 05 MARKETING	283,074	4,952	15,840	59,540	363,406	84,178	25,575
100 06 GUEST MEALS	27,944			5,713	33,657	7,796	
100 07 OUTSIDE LAUNDRY							
100 08 CANCER CENTER							
100 09 URGENT CARE	897,619	37,915	121,266	144,007	1,200,807	278,149	195,800
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	32,036,851	691,155	2,210,575	5,220,768	32,036,851	6,025,206	2,559,674

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	198,697							
011 HOUSEKEEPING	37,955	852,107						
012 DIETARY	2,287		356,088					
014 CAFETERIA		38,467		650,109				
015 NURSING ADMINISTRATION				21,128	836,113			
016 CENTRAL SERVICES & SUPPLY		3,497		11,779			412,955	
017 PHARMACY		8,160		19,619			1,254	1,938,223
025 MEDICAL RECORDS & LIBRARY				24,294			937	
026 INPAT ROUTINE SRVC CNTRS								
033 ADULTS & PEDIATRICS	50,206	174,853	348,892	107,150	179,063		11,604	
037 INTENSIVE CARE UNIT	1,698	2,331	7,196	2,061	3,392			
039 NURSERY	9,172	41,964		12,588	21,015			
041 ANCILLARY SRVC COST CNTRS								
044 OPERATING ROOM	24,979	80,431		56,501	94,421		57,096	
048 RECOVERY ROOM	14,335	24,479		19,913			10,134	
049 DELIVERY ROOM & LABOR ROO	2,083	16,319		13,104	21,914		5,643	
053 RADIOLOGY-DIAGNOSTIC	16,509	60,615		77,850	130,064		11,072	
055 LABORATORY	272	51,290		73,285	122,462		121,128	
056 INTRAVENOUS THERAPY								
059 RESPIRATORY THERAPY	23	11,657		1,472			2,125	
061 SLEEP LAB	3,080	9,325		1,472				
062 PHYSICAL THERAPY	2,174	26,810		33,606	56,126		2,628	
071 ELECTROCARDIOLOGY	23						513	
077 01 CARDIAC REHAB	2,174			3,055			156	
083 MEDICAL SUPPLIES CHARGED							172,273	
089 DRUGS CHARGED TO PATIENTS								1,938,223
093 CHEMICAL DEPENDENCY		12,822		11,815			235	
095 01 ONCOLOGY								
100 OUTPAT SERVICE COST CNTRS								
100 EMERGENCY	31,659	128,224		87,457	146,161		7,939	
100 OBSERVATION BEDS (NON-DIS								
100 OTHER REIMBURS COST CNTRS								
100 HOME HEALTH AGENCY		18,651		51,789	61,495		1,464	
100 SPEC PURPOSE COST CENTERS								
100 HOSPICE				7,803			927	
100 SUBTOTALS	198,629	709,895	356,088	637,741	836,113		407,128	1,938,223
100 NONREIMBURS COST CENTERS								
100 GIFT, FLOWER, COFFEE SHOP								
100 DAYCARE-INFANT/TODDLER								
100 01 MOB	68	93,254					486	
100 02 COMMUNITY HEALTH								
100 03 ASSISTED LIVING/CAMERON W								
100 04 EDUCATION							384	
100 05 MARKETING				10,270			1,033	
100 06 GUEST MEALS				2,098				
100 07 OUTSIDE LAUNDRY								
100 08 CANCER CENTER								
100 09 URGENT CARE		48,958					3,924	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	198,697	852,107	356,088	650,109	836,113		412,955	1,938,223

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	978,851			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	7,781	3,625,384		3,625,384
033 INTENSIVE CARE UNIT	452	94,290		94,290
037 NURSERY	4,290	408,873		408,873
037 ANCILLARY SRVC COST CNTRS				
038 OPERATING ROOM	23,152	2,918,749		2,918,749
039 RECOVERY ROOM		581,206		581,206
041 DELIVERY ROOM & LABOR ROO		581,549		581,549
044 RADIOLOGY-DIAGNOSTIC	253,004	3,914,639		3,914,639
048 LABORATORY	332,076	3,506,263		3,506,263
049 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY	30,741	829,774		829,774
049 01 SLEEP LAB		254,765		254,765
050 PHYSICAL THERAPY	94,232	1,399,321		1,399,321
053 ELECTROCARDIOLOGY	40,138	378,638		378,638
053 01 CARDIAC REHAB	25,749	220,284		220,284
055 MEDICAL SUPPLIES CHARGED		1,146,724		1,146,724
056 DRUGS CHARGED TO PATIENTS		1,938,223		1,938,223
059 CHEMICAL DEPENDENCY	30,875	479,574		479,574
059 01 ONCOLOGY		2,647,947		2,647,947
061 OUTPAT SERVICE COST CNTRS				
062 EMERGENCY	136,361	2,947,926		2,947,926
071 OBSERVATION BEDS (NON-DIS				
071 OTHER REIMBURS COST CNTRS				
093 HOME HEALTH AGENCY		1,483,222		1,483,222
095 SPEC PURPOSE COST CENTERS				
093 HOSPICE		242,211		242,211
095 SUBTOTALS	978,851	29,599,562		29,599,562
096 NONREIMBURS COST CENTERS				
100 GIFT, FLOWER, COFFEE SHOP		21,769		21,769
100 DAYCARE-INFANT/TODDLER				
100 01 MOB		159,485		159,485
100 02 COMMUNITY HEALTH				
100 03 ASSISTED LIVING/CAMERON W				
100 04 EDUCATION		384		384
100 05 MARKETING		484,462		484,462
100 06 GUEST MEALS		43,551		43,551
100 07 OUTSIDE LAUNDRY				
100 08 CANCER CENTER				
100 09 URGENT CARE		1,727,638		1,727,638
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	978,851	32,036,851		32,036,851

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINSTRATIVE & GENERAL		101,120	323,433	424,553		424,553	
008 OPERATION OF PLANT		94,373	301,841	396,214		33,922	430,136
009 LAUNDRY & LINEN SERVICE		8,260	26,418	34,678		2,068	7,168
010 HOUSEKEEPING		568	1,817	2,385		10,751	493
011 DIETARY		24,833	79,425	104,258		2,989	21,550
012 CAFETERIA		11,834	37,848	49,682		7,296	10,269
014 NURSING ADMINISTRATION		2,663	8,516	11,179		10,618	2,311
015 CENTRAL SERVICES & SUPPLY		12,254	39,192	51,446		4,432	10,634
016 PHARMACY		6,177	19,757	25,934		24,878	5,361
017 MEDICAL RECORDS & LIBRARY		8,863	28,348	37,211		12,031	7,692
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		51,459	164,584	216,043		32,867	44,656
026 INTENSIVE CARE UNIT		2,976	9,519	12,495		819	2,583
033 NURSERY		2,367	7,570	9,937		4,077	2,054
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		54,441	174,122	228,563		30,494	47,244
038 RECOVERY ROOM		12,319	39,400	51,719		5,947	10,690
039 DELIVERY ROOM & LABOR ROO		14,378	45,986	60,364		5,940	12,477
041 RADIOLOGY-DIAGNOSTIC		35,797	114,491	150,288		42,140	31,065
044 LABORATORY		20,129	64,380	84,509		35,805	17,468
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		5,580	17,846	23,426		10,005	4,842
049 01 SLEEP LAB		9,846	31,490	41,336		2,519	8,544
050 PHYSICAL THERAPY		24,543	78,498	103,041		14,008	21,299
053 ELECTROCARDIOLOGY		888	2,839	3,727		4,418	770
053 01 CARDIAC REHAB		10,455	33,439	43,894		1,791	9,073
055 MEDICAL SUPPLIES CHARGED						12,914	
056 DRUGS CHARGED TO PATIENTS							
059 CHEMICAL DEPENDENCY		14,674	46,932	61,606		4,612	12,734
059 01 ONCOLOGY		65,677	210,059	275,736		30,597	56,993
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		33,466	107,035	140,501		29,649	29,042
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		8,207	26,248	34,455		17,327	7,122
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		1,680	5,374	7,054		2,979	1,458
095 SUBTOTALS		639,827	2,046,407	2,686,234		397,893	385,592
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		2,106	6,737	8,843		144	1,828
100 DAYCARE-INFANT/TODDLER							
100 01 MOB		6,355	20,325	26,680		435	5,515
100 02 COMMUNITY HEALTH							
100 03 ASSISTED LIVING/CAMERON W							
100 04 EDUCATION							
100 05 MARKETING		4,952	15,840	20,792		5,932	4,298
100 06 GUEST MEALS						549	
100 07 OUTSIDE LAUNDRY							
100 08 CANCER CENTER							
100 09 URGENT CARE		37,915	121,266	159,181		19,600	32,903
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		691,155	2,210,575	2,901,730		424,553	430,136

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	43,914						
011 HOUSEKEEPING	8,388	22,017					
012 DIETARY	506		129,303				
014 CAFETERIA		994		68,241			
015 NURSING ADMINISTRATION				2,218	26,326		
016 CENTRAL SERVICES & SUPPLY		90		1,236		67,838	
017 PHARMACY		211		2,059		206	58,649
025 MEDICAL RECORDS & LIBRARY				2,550		154	
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	11,097	4,519	126,690	11,248	5,638	1,906	
037 INTENSIVE CARE UNIT	375	60	2,613	216	107		
038 NURSERY	2,027	1,084		1,321	662		
039 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	5,521	2,078		5,931	2,973	9,379	
044 RECOVERY ROOM	3,168	632		2,090		1,665	
048 DELIVERY ROOM & LABOR ROO	460	422		1,375	690	927	
049 RADIOLOGY-DIAGNOSTIC	3,649	1,566		8,172	4,095	1,819	
053 LABORATORY	60	1,325		7,693	3,856	19,898	
055 INTRAVENOUS THERAPY							
056 RESPIRATORY THERAPY	5	301		155		349	
059 01 SLEEP LAB	681	241		155			
061 PHYSICAL THERAPY	480	693		3,528	1,767	432	
062 ELECTROCARDIOLOGY	5					84	
071 01 CARDIAC REHAB	480			321		26	
075 MEDICAL SUPPLIES CHARGED						28,299	
080 DRUGS CHARGED TO PATIENTS							58,649
085 CHEMICAL DEPENDENCY		331		1,240		39	
090 01 ONCOLOGY							
093 OUTPAT SERVICE COST CNTRS							
095 EMERGENCY	6,997	3,313		9,180	4,602	1,304	
100 OBSERVATION BEDS (NON-DIS							
100 OTHER REIMBURS COST CNTRS							
103 HOME HEALTH AGENCY		482		5,436	1,936	241	
106 SPEC PURPOSE COST CENTERS							
109 HOSPICE				819		152	
112 SUBTOTALS	43,899	18,342	129,303	66,943	26,326	66,880	58,649
115 NONREIMBURS COST CENTERS							
118 GIFT, FLOWER, COFFEE SHOP							
120 DAYCARE-INFANT/TODDLER							
120 01 MOB	15	2,410				80	
120 02 COMMUNITY HEALTH							
120 03 ASSISTED LIVING/CAMERON W							
120 04 EDUCATION						63	
120 05 MARKETING				1,078		170	
120 06 GUEST MEALS				220			
120 07 OUTSIDE LAUNDRY							
120 08 CANCER CENTER							
120 09 URGENT CARE		1,265				645	
121 CROSS FOOT ADJUSTMENTS							
122 NEGATIVE COST CENTER							
123 TOTAL	43,914	22,017	129,303	68,241	26,326	67,838	58,649

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	59,638			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	474	455,138		455,138
033 INTENSIVE CARE UNIT	28	19,296		19,296
037 NURSERY	261	21,423		21,423
037 ANCILLARY SRVC COST CNTRS				
038 OPERATING ROOM	1,411	333,594		333,594
039 RECOVERY ROOM		75,911		75,911
041 DELIVERY ROOM & LABOR ROO		82,655		82,655
044 RADIOLOGY-DIAGNOSTIC	15,415	258,209		258,209
048 LABORATORY	20,232	190,846		190,846
049 INTRAVENOUS THERAPY				
049 01 RESPIRATORY THERAPY	1,873	40,956		40,956
050 SLEEP LAB		53,476		53,476
053 PHYSICAL THERAPY	5,741	150,989		150,989
053 01 ELECTROCARDIOLOGY	2,445	11,449		11,449
055 CARDIAC REHAB	1,569	57,154		57,154
056 MEDICAL SUPPLIES CHARGED		41,213		41,213
059 DRUGS CHARGED TO PATIENTS		58,649		58,649
059 01 CHEMICAL DEPENDENCY	1,881	82,443		82,443
059 01 ONCOLOGY		363,326		363,326
061 OUTPAT SERVICE COST CNTRS				
062 EMERGENCY	8,308	232,896		232,896
071 OBSERVATION BEDS (NON-DIS				
071 OTHER REIMBURS COST CNTRS				
093 HOME HEALTH AGENCY		66,999		66,999
095 SPEC PURPOSE COST CENTERS				
093 HOSPICE		12,462		12,462
095 SUBTOTALS	59,638	2,609,084		2,609,084
096 NONREIMBURS COST CENTERS				
100 GIFT, FLOWER, COFFEE SHOP		10,815		10,815
100 01 DAYCARE-INFANT/TODDLER				
100 01 MOB		35,135		35,135
100 02 COMMUNITY HEALTH				
100 03 ASSISTED LIVING/CAMERON W				
100 04 EDUCATION		63		63
100 05 MARKETING		32,270		32,270
100 06 GUEST MEALS		769		769
100 07 OUTSIDE LAUNDRY				
100 08 CANCER CENTER				
100 09 URGENT CARE		213,594		213,594
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	59,638	2,901,730		2,901,730

	COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
		(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
		3	4	5	6a.00	6	8
003	GENERAL SERVICE COST						
004	NEW CAP REL COSTS-BLD	116,812					
005	NEW CAP REL COSTS-MVB		116,812				
006	EMPLOYEE BENEFITS			12,243,978			
008	ADMINISTRATIVE & GENERAL	17,091	17,091	2,348,525	-6,025,206	26,011,645	
009	OPERATION OF PLANT	15,950	15,950	393,901		2,078,273	83,771
010	LAUNDRY & LINEN SERVICE	1,396	1,396			126,694	1,396
011	HOUSEKEEPING	96	96	371,556		658,652	96
012	DIETARY	4,197	4,197	54,642		183,138	4,197
014	CAFETERIA	2,000	2,000	191,436		446,992	2,000
015	NURSING ADMINISTRATION	450	450	443,262		650,546	450
016	CENTRAL SERVICES & SUPPLY	2,071	2,071	99,040		271,507	2,071
017	PHARMACY	1,044	1,044	389,872		1,524,226	1,044
025	MEDICAL RECORDS & LIBRARY	1,498	1,498	274,815		737,108	1,498
026	INPATIENT ROUTINE SERVICE CENTER						
033	ADULTS & PEDIATRICS	8,697	8,697	1,169,995		2,013,659	8,697
	INTENSIVE CARE UNIT	503	503	22,360		50,170	503
	NURSERY	400	400	168,137		249,767	400
037	ANCILLARY SERVICE COST CENTER						
038	OPERATING ROOM	9,201	9,201	886,558		1,868,270	9,201
039	RECOVERY ROOM	2,082	2,082	186,535		364,335	2,082
041	DELIVERY ROOM & LABOR	2,430	2,430	186,342		363,936	2,430
044	RADIOLOGY-DIAGNOSTIC LABORATORY	6,050	6,050	1,140,264		2,582,475	6,050
048	LABORATORY	3,402	3,402	817,041		2,193,669	3,402
049	INTRAVENOUS THERAPY						
049 01	RESPIRATORY THERAPY	943	943	33,177		612,959	943
050	SLEEP LAB	1,664	1,664			154,301	1,664
053	PHYSICAL THERAPY	4,148	4,148	501,411		858,209	4,148
053 01	ELECTROCARDIOLOGY	150	150			270,682	150
055	CARDIAC REHAB	1,767	1,767	40,797		109,739	1,767
056	MEDICAL SUPPLIES CHARGED TO PATIENT					791,185	
059	CHEMICAL DEPENDENCY	2,480	2,480	148,960		282,591	2,480
059 01	ONCOLOGY	11,100	11,100			1,874,565	11,100
061	OUTPATIENT SERVICE COST CENTER						
062	EMERGENCY	5,656	5,656	1,127,811		1,816,530	5,656
071	OBSERVATION BEDS (NON-OTHER REIMBURS COST CENTER)						
071	HOME HEALTH AGENCY SPEC PURPOSE COST CENTER	1,387	1,387	657,033		1,061,550	1,387
093	HOSPICE	284	284	99,743		182,524	284
095	SUBTOTALS	108,137	108,137	11,753,213	-6,025,206	24,378,252	75,096
096	NONREIMBURS COST CENTER						
100	GIFT, FLOWER, COFFEE	356	356			8,843	356
100 01	DAYCARE-INFANT/TODDLER	1,074	1,074			26,680	1,074
100 02	MOB						
100 03	COMMUNITY HEALTH						
100 04	ASSISTED LIVING/CAMERON						
100 05	EDUCATION						
100 06	MARKETING	837	837	139,635		363,406	837
100 07	GUEST MEALS			13,398		33,657	
100 08	OUTSIDE LAUNDRY						
100 09	CANCER CENTER						
101	URGENT CARE	6,408	6,408	337,732		1,200,807	6,408
102	CROSS FOOT ADJUSTMENT						
103	NEGATIVE COST CENTER						
104	COST TO BE ALLOCATED (WRKSHT B, PART I)	691,155	2,210,575	5,220,768		6,025,206	2,559,674
105	UNIT COST MULTIPLIER (WRKSHT B, PT I)	5.916815	18.924212	.426395		.231635	30.555610
106	COST TO BE ALLOCATED (WRKSHT B, PART II)						
107	UNIT COST MULTIPLIER (WRKSHT B, PT II)					424,553	430,136
108	COST TO BE ALLOCATED (WRKSHT B, PART III)					.016322	
	UNIT COST MULTIPLIER (WRKSHT B, PT III)						5.134665

COST ALLOCATION - STATISTICAL BASIS

15-1315

FROM 10/ 1/2007

WORKSHEET B-1

TO 9/30/2008

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTES)	(DIRECT NRSNG HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	8,774						
010 HOUSEKEEPING	1,676	731					
011 DIETARY	101		14,548				
012 CAFETERIA		33		17,662			
014 NURSING ADMINISTRATION				574	282,763		
015 CENTRAL SERVICES & SUPPLY		3		320		1,896,538	
016 PHARMACY		7		533		5,757	100
017 MEDICAL RECORDS & LIBRARY				660		4,302	
025 ADULTS & PEDIATRICS	2,217	150	14,254	2,911	60,557	53,291	
026 INTENSIVE CARE UNIT	75	2	294	56	1,147		
033 NURSERY	405	36		342	7,107		
037 ANCILLARY SRVC COST CENTER OPERATING ROOM	1,103	69		1,535	31,932	262,219	
038 RECOVERY ROOM	633	21		541		46,543	
039 DELIVERY ROOM & LABOR	92	14		356	7,411	25,917	
041 RADIOLOGY-DIAGNOSTIC	729	52		2,115	43,986	50,851	
044 LABORATORY	12	44		1,991	41,415	556,293	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1	10		40		9,758	
049 01 SLEEP LAB	136	8		40			
050 PHYSICAL THERAPY	96	23		913	18,981	12,070	
053 ELECTROCARDIOLOGY	1					2,354	
053 01 CARDIAC REHAB	96			83		715	
055 MEDICAL SUPPLIES CHARACTERIZED AS DRUGS CHARGED TO PATIENTS						791,185	100
056 DRUGS CHARGED TO PATIENTS							
059 CHEMICAL DEPENDENCY		11		321		1,081	
059 01 ONCOLOGY							
061 OUTPAT SERVICE COST CENTER EMERGENCY	1,398	110		2,376	49,430	36,462	
062 OBSERVATION BEDS (NON-RESIDENTIAL) OTHER REIMBURS COST CENTER HOME HEALTH AGENCY		16		1,407	20,797	6,725	
071 SPEC PURPOSE COST CENTER HOSPICE				212		4,256	
093 SUBTOTALS	8,771	609	14,548	17,326	282,763	1,869,779	100
095 NONREIMBURS COST CENTER GIFT, FLOWER, COFFEE							
100 DAYCARE-INFANT/TODDLER							
100 01 MOB	3	80				2,233	
100 02 COMMUNITY HEALTH							
100 03 ASSISTED LIVING/CAMERON							
100 04 EDUCATION						1,762	
100 05 MARKETING				279		4,744	
100 06 GUEST MEALS				57			
100 07 OUTSIDE LAUNDRY							
100 08 CANCER CENTER							
100 09 URGENT CARE		42				18,020	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	198,697	852,107	356,088	650,109	836,113	412,955	1,938,223
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	22.646114	1,165.673051	24.476767	36.808346	2.956939	.217741	19,382.230000
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)	43,914	22,017	129,303	68,241	26,326	67,838	58,649
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	5.005015	30.119015	8.888026	3.863719	.093103	.035769	586.490000

COST ALLOCATION - STATISTICAL BASIS

COST CENTER	MEDICAL RECORDS & LIBRARY	(TIME SPENT)
		17
003 GENERAL SERVICE COST		
004 NEW CAP REL COSTS-BLD		
005 NEW CAP REL COSTS-MVB		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENERAL		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
015 NURSING ADMINISTRATION		
016 CENTRAL SERVICES & SUPPLY		
017 PHARMACY		
017 MEDICAL RECORDS & LIBRARY	101,768	
025 INPATIENT ROUTINE SERVICE CENTER		
026 ADULTS & PEDIATRICS	809	
033 INTENSIVE CARE UNIT	47	
037 NURSERY	446	
037 ANCILLARY SERVICE COST CENTER		
038 OPERATING ROOM	2,407	
039 RECOVERY ROOM		
041 DELIVERY ROOM & LABOR		
044 RADIOLOGY-DIAGNOSTIC LABORATORY	26,304	
048 LABORATORY	34,525	
049 INTRAVENOUS THERAPY		
049 01 RESPIRATORY THERAPY	3,196	
050 SLEEP LAB		
053 PHYSICAL THERAPY	9,797	
053 01 ELECTROCARDIOLOGY	4,173	
055 CARDIAC REHAB	2,677	
056 MEDICAL SUPPLIES CHARGED TO PATIENT		
059 DRUGS CHARGED TO PATIENT		
059 01 CHEMICAL DEPENDENCY	3,210	
059 01 ONCOLOGY		
061 OUTPATIENT SERVICE COST CENTER		
062 EMERGENCY	14,177	
071 OBSERVATION BEDS (NON-REIMBURSABLE)		
071 OTHER REIMBURSABLE COST CENTER		
093 HOME HEALTH AGENCY		
093 01 SPECIFIC PURPOSE COST CENTER		
095 HOSPICE		
095 SUBTOTALS	101,768	
096 NONREIMBURSABLE COST CENTER		
100 GIFT, FLOWER, COFFEE		
100 01 DAYCARE-INFANT/TODDLER		
100 02 MOB		
100 03 COMMUNITY HEALTH		
100 04 ASSISTED LIVING/CAMERON		
100 05 EDUCATION		
100 06 MARKETING		
100 07 GUEST MEALS		
100 08 OUTSIDE LAUNDRY		
100 09 CANCER CENTER		
101 URGENT CARE		
102 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	978,851	
104 UNIT COST MULTIPLIER (WORKSHEET B, PART I)	9,618,456	
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART II)		
106 UNIT COST MULTIPLIER (WORKSHEET B, PART II)	59,638	
107 COST TO BE ALLOCATED (PER WORKSHEET B, PART III)		
108 UNIT COST MULTIPLIER (WORKSHEET B, PART III)	58,601.9	

COMPUTATION OF RATIO OF COSTS TO CHARGES

15-1315

FROM 10/ 1/2007

WORKSHEET C

|

| TO 9/30/2008

| 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	3,625,384		3,625,384		3,625,384
26	INTENSIVE CARE UNIT	94,290		94,290		94,290
33	NURSERY	408,873		408,873		408,873
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,918,749		2,918,749		2,918,749
38	RECOVERY ROOM	581,206		581,206		581,206
39	DELIVERY ROOM & LABOR ROO	581,549		581,549		581,549
41	RADIOLOGY-DIAGNOSTIC	3,914,639		3,914,639		3,914,639
44	LABORATORY	3,506,263		3,506,263		3,506,263
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	829,774		829,774		829,774
49	01 SLEEP LAB	254,765		254,765		254,765
50	PHYSICAL THERAPY	1,399,321		1,399,321		1,399,321
53	ELECTROCARDIOLOGY	378,638		378,638		378,638
53	01 CARDIAC REHAB	220,284		220,284		220,284
55	MEDICAL SUPPLIES CHARGED	1,146,724		1,146,724		1,146,724
56	DRUGS CHARGED TO PATIENTS	1,938,223		1,938,223		1,938,223
59	CHEMICAL DEPENDENCY	479,574		479,574		479,574
59	01 ONCOLOGY	2,647,947		2,647,947		2,647,947
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,947,926		2,947,926		2,947,926
62	OBSERVATION BEDS (NON-DIS	386,328		386,328		386,328
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	28,260,457		28,260,457		28,260,457
102	LESS OBSERVATION BEDS	386,328		386,328		386,328
103	TOTAL	27,874,129		27,874,129		27,874,129

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,691,702		3,691,702			
26	INTENSIVE CARE UNIT	145,102		145,102			
33	NURSERY	287,994		287,994			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,225,657	4,825,337	6,050,994	.482359	.482359	.482359
38	RECOVERY ROOM	183,843	1,136,691	1,320,534	.440130	.440130	.440130
39	DELIVERY ROOM & LABOR ROO	290,565	85,677	376,242	1.545678	1.545678	1.545678
41	RADIOLOGY-DIAGNOSTIC	808,290	13,882,656	14,690,946	.266466	.266466	.266466
44	LABORATORY	836,657	7,489,235	8,325,892	.421128	.421128	.421128
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	507,578	307,257	814,835	1.018334	1.018334	1.018334
49	01 SLEEP LAB		749,488	749,488	.339919	.339919	.339919
50	PHYSICAL THERAPY	279,823	1,694,462	1,974,285	.708774	.708774	.708774
53	ELECTROCARDIOLOGY	54,555	512,295	566,850	.667969	.667969	.667969
53	01 CARDIAC REHAB	863	194,332	195,195	1.128533	1.128533	1.128533
55	MEDICAL SUPPLIES CHARGED	354,740	2,541,983	2,896,723	.395869	.395869	.395869
56	DRUGS CHARGED TO PATIENTS	1,253,935	2,052,819	3,306,754	.586141	.586141	.586141
59	CHEMICAL DEPENDENCY		334,342	334,342	1.434382	1.434382	1.434382
59	01 ONCOLOGY	4,051	3,174,580	3,178,631	.833046	.833046	.833046
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	166,279	5,648,720	5,814,999	.506952	.506952	.506952
62	OBSERVATION BEDS (NON-DIS	75,037	466,098	541,135	.713922	.713922	.713922
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	10,166,671	45,095,972	55,262,643			
102	LESS OBSERVATION BEDS						
103	TOTAL	10,166,671	45,095,972	55,262,643			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
15-1315

PERIOD:
FROM 10/1/2007
TO 9/30/2008

PREPARED 2/20/2009
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	3,625,384		3,625,384		3,625,384
26	INTENSIVE CARE UNIT	94,290		94,290		94,290
33	NURSERY	408,873		408,873		408,873
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,918,749		2,918,749		2,918,749
38	RECOVERY ROOM	581,206		581,206		581,206
39	DELIVERY ROOM & LABOR ROO	581,549		581,549		581,549
41	RADIOLOGY-DIAGNOSTIC	3,914,639		3,914,639		3,914,639
44	LABORATORY	3,506,263		3,506,263		3,506,263
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	829,774		829,774		829,774
49	01 SLEEP LAB	254,765		254,765		254,765
50	PHYSICAL THERAPY	1,399,321		1,399,321		1,399,321
53	ELECTROCARDIOLOGY	378,638		378,638		378,638
53	01 CARDIAC REHAB	220,284		220,284		220,284
55	MEDICAL SUPPLIES CHARGED	1,146,724		1,146,724		1,146,724
56	DRUGS CHARGED TO PATIENTS	1,938,223		1,938,223		1,938,223
59	CHEMICAL DEPENDENCY	479,574		479,574		479,574
59	01 ONCOLOGY	2,647,947		2,647,947		2,647,947
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,947,926		2,947,926		2,947,926
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	386,328		386,328		386,328
101	SUBTOTAL	28,260,457		28,260,457		28,260,457
102	LESS OBSERVATION BEDS	386,328		386,328		386,328
103	TOTAL	27,874,129		27,874,129		27,874,129

PROVIDER NO:
15-1315

PERIOD:
FROM 10/ 1/2007
TO 9/30/2008

PREPARED 2/20/2009
WORKSHEET C
PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,691,702		3,691,702			
26	INTENSIVE CARE UNIT	145,102		145,102			
33	NURSERY	287,994		287,994			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,225,657	4,825,337	6,050,994	.482359	.482359	.482359
38	RECOVERY ROOM	183,843	1,136,691	1,320,534	.440130	.440130	.440130
39	DELIVERY ROOM & LABOR ROO	290,565	85,677	376,242	1.545678	1.545678	1.545678
41	RADIOLOGY-DIAGNOSTIC	808,290	13,882,656	14,690,946	.266466	.266466	.266466
44	LABORATORY	836,657	7,489,235	8,325,892	.421128	.421128	.421128
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	507,578	307,257	814,835	1.018334	1.018334	1.018334
49	01 SLEEP LAB		749,488	749,488	.339919	.339919	.339919
50	PHYSICAL THERAPY	279,823	1,694,462	1,974,285	.708774	.708774	.708774
53	ELECTROCARDIOLOGY	54,555	512,295	566,850	.667969	.667969	.667969
53	01 CARDIAC REHAB	863	194,332	195,195	1.128533	1.128533	1.128533
55	MEDICAL SUPPLIES CHARGED	354,740	2,541,983	2,896,723	.395869	.395869	.395869
56	DRUGS CHARGED TO PATIENTS	1,253,935	2,052,819	3,306,754	.586141	.586141	.586141
59	CHEMICAL DEPENDENCY		334,342	334,342	1.434382	1.434382	1.434382
59	01 ONCOLOGY	4,051	3,174,580	3,178,631	.833046	.833046	.833046
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	166,279	5,648,720	5,814,999	.506952	.506952	.506952
62	OBSERVATION BEDS (NON-DIS	75,037	466,098	541,135	.713922	.713922	.713922
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	10,166,671	45,095,972	55,262,643			
102	LESS OBSERVATION BEDS						
103	TOTAL	10,166,671	45,095,972	55,262,643			

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	2,918,749	333,594	2,585,155			2,918,749
38	RECOVERY ROOM	581,206	75,911	505,295			581,206
39	DELIVERY ROOM & LABOR ROO	581,549	82,655	498,894			581,549
41	RADIOLOGY-DIAGNOSTIC	3,914,639	258,209	3,656,430			3,914,639
44	LABORATORY	3,506,263	190,846	3,315,417			3,506,263
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	829,774	40,956	788,818			829,774
49	01 SLEEP LAB	254,765	53,476	201,289			254,765
50	PHYSICAL THERAPY	1,399,321	150,989	1,248,332			1,399,321
53	ELECTROCARDIOLOGY	378,638	11,449	367,189			378,638
53	01 CARDIAC REHAB	220,284	57,154	163,130			220,284
55	MEDICAL SUPPLIES CHARGED	1,146,724	41,213	1,105,511			1,146,724
56	DRUGS CHARGED TO PATIENTS	1,938,223	58,649	1,879,574			1,938,223
59	CHEMICAL DEPENDENCY	479,574	82,443	397,131			479,574
59	01 ONCOLOGY	2,647,947	363,326	2,284,621			2,647,947
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,947,926		2,715,030			2,947,926
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	386,328	232,896	386,328			386,328
101	SUBTOTAL	24,131,910	2,033,766	22,098,144			24,131,910
102	LESS OBSERVATION BEDS	386,328		386,328			386,328
103	TOTAL	23,745,582	2,033,766	21,711,816			23,745,582

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	6,050,994	.482359	.482359
38	RECOVERY ROOM	1,320,534	.440130	.440130
39	DELIVERY ROOM & LABOR ROO	376,242	1.545678	1.545678
41	RADIOLOGY-DIAGNOSTIC	14,690,946	.266466	.266466
44	LABORATORY	8,325,892	.421128	.421128
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	814,835	1.018334	1.018334
49	01 SLEEP LAB	749,488	.339919	.339919
50	PHYSICAL THERAPY	1,974,285	.708774	.708774
53	ELECTROCARDIOLOGY	566,850	.667969	.667969
53	01 CARDIAC REHAB	195,195	1.128533	1.128533
55	MEDICAL SUPPLIES CHARGED	2,896,723	.395869	.395869
56	DRUGS CHARGED TO PATIENTS	3,306,754	.586141	.586141
59	CHEMICAL DEPENDENCY	334,342	1.434382	1.434382
59	01 ONCOLOGY	3,178,631	.833046	.833046
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	5,814,999	.506952	.506952
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	541,135	.713922	.713922
101	SUBTOTAL	51,137,845		
102	LESS OBSERVATION BEDS	541,135		
103	TOTAL	50,596,710		

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	2,918,749	333,594	2,585,155			2,918,749
38	RECOVERY ROOM	581,206	75,911	505,295			581,206
39	DELIVERY ROOM & LABOR ROO	581,549	82,655	498,894			581,549
41	RADIOLOGY-DIAGNOSTIC	3,914,639	258,209	3,656,430			3,914,639
44	LABORATORY	3,506,263	190,846	3,315,417			3,506,263
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	829,774	40,956	788,818			829,774
49	01 SLEEP LAB	254,765	53,476	201,289			254,765
50	PHYSICAL THERAPY	1,399,321	150,989	1,248,332			1,399,321
53	ELECTROCARDIOLOGY	378,638	11,449	367,189			378,638
53	01 CARDIAC REHAB	220,284	57,154	163,130			220,284
55	MEDICAL SUPPLIES CHARGED	1,146,724	41,213	1,105,511			1,146,724
56	DRUGS CHARGED TO PATIENTS	1,938,223	58,649	1,879,574			1,938,223
59	CHEMICAL DEPENDENCY	479,574	82,443	397,131			479,574
59	01 ONCOLOGY	2,647,947	363,326	2,284,621			2,647,947
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,947,926	232,896	2,715,030			2,947,926
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	386,328		386,328			386,328
101	SUBTOTAL	24,131,910	2,033,766	22,098,144			24,131,910
102	LESS OBSERVATION BEDS	386,328		386,328			386,328
103	TOTAL	23,745,582	2,033,766	21,711,816			23,745,582

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	6,050,994	.482359	.482359
38	RECOVERY ROOM	1,320,534	.440130	.440130
39	DELIVERY ROOM & LABOR ROO	376,242	1.545678	1.545678
41	RADIOLOGY-DIAGNOSTIC	14,690,946	.266466	.266466
44	LABORATORY	8,325,892	.421128	.421128
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	814,835	1.018334	1.018334
49	01 SLEEP LAB	749,488	.339919	.339919
50	PHYSICAL THERAPY	1,974,285	.708774	.708774
53	ELECTROCARDIOLOGY	566,850	.667969	.667969
53	01 CARDIAC REHAB	195,195	1.128533	1.128533
55	MEDICAL SUPPLIES CHARGED	2,896,723	.395869	.395869
56	DRUGS CHARGED TO PATIENTS	3,306,754	.586141	.586141
59	CHEMICAL DEPENDENCY	334,342	1.434382	1.434382
59	01 ONCOLOGY	3,178,631	.833046	.833046
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	5,814,999	.506952	.506952
62	OBSERVATION BEDS (NON-DIS	541,135	.713922	.713922
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	51,137,845		
102	LESS OBSERVATION BEDS	541,135		
103	TOTAL	50,596,710		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,918,749	6,050,994			
38	RECOVERY ROOM	581,206	1,320,534			
39	DELIVERY ROOM & LABOR ROO	581,549	376,242			
41	RADIOLOGY-DIAGNOSTIC	3,914,639	14,690,946			
44	LABORATORY	3,506,263	8,325,892			
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	829,774	814,835			
49	01 SLEEP LAB	254,765	749,488			
50	PHYSICAL THERAPY	1,399,321	1,974,285			
53	ELECTROCARDIOLOGY	378,638	566,850			
53	01 CARDIAC REHAB	220,284	195,195			
55	MEDICAL SUPPLIES CHARGED	1,146,724	2,896,723			
56	DRUGS CHARGED TO PATIENTS	1,938,223	3,306,754			
59	CHEMICAL DEPENDENCY	479,574	334,342			
59	01 ONCOLOGY	2,647,947	3,178,631			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,947,926	5,814,999			
62	OBSERVATION BEDS (NON-DIS	386,328	541,135			
	OTHER REIMBURS COST CNTRS					
101	TOTAL	24,131,910	51,137,845			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCI LLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCI LLARY SRVC COST CNTRS							
	OPERATING ROOM	2,918,749		2,918,749	6,050,994			
38	RECOVERY ROOM	581,206		581,206	1,320,534			
39	DELIVERY ROOM & LABOR ROO	581,549		581,549	376,242			
41	RADIOLOGY-DIAGNOSTIC	3,914,639		3,914,639	14,690,946			
44	LABORATORY	3,506,263	8,416	3,514,679	8,325,892			
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY	829,774		829,774	814,835			
49	01 SLEEP LAB	254,765		254,765	749,488			
50	PHYSICAL THERAPY	1,399,321		1,399,321	1,974,285			
53	ELECTROCARDIOLOGY	378,638		378,638	566,850			
53	01 CARDIAC REHAB	220,284		220,284	195,195			
55	MEDICAL SUPPLIES CHARGED	1,146,724		1,146,724	2,896,723			
56	DRUGS CHARGED TO PATIENTS	1,938,223		1,938,223	3,306,754			
59	CHEMICAL DEPENDENCY	479,574		479,574	334,342			
59	01 ONCOLOGY	2,647,947		2,647,947	3,178,631			
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY	2,947,926		2,947,926	5,814,999			
62	OBSERVATION BEDS (NON-DIS	386,328		386,328	541,135			
	OTHER REIMBURS COST CNTRS							
101	TOTAL	24,131,910	8,416	24,140,326	51,137,845			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,345	409			125.97	51,522
26	INTENSIVE CARE UNIT	69				279.65	
33	NURSERY	453				47.29	
101	TOTAL	3,867	409				51,522

TITLE XIX 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						
	OPERATING ROOM		333,594	6,050,994	120,010		
38	RECOVERY ROOM		75,911	1,320,534	45,578		
39	DELIVERY ROOM & LABOR ROO		82,655	376,242	266,676		
41	RADIOLOGY-DIAGNOSTIC		258,209	14,690,946	52,212		
44	LABORATORY		190,846	8,325,892	111,291		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		40,956	814,835	38,657		
49	01 SLEEP LAB		53,476	749,488			
50	PHYSICAL THERAPY		150,989	1,974,285	1,122		
53	ELECTROCARDIOLOGY		11,449	566,850	3,598		
53	01 CARDIAC REHAB		57,154	195,195			
55	MEDICAL SUPPLIES CHARGED		41,213	2,896,723	47,060		
56	DRUGS CHARGED TO PATIENTS		58,649	3,306,754	161,661		
59	CHEMICAL DEPENDENCY		82,443	334,342			
59	01 ONCOLOGY		363,326	3,178,631			
61	OUTPAT SERVICE COST CNTRS						
	EMERGENCY		232,896	5,814,999	30,285		
62	OBSERVATION BEDS (NON-DIS			541,135	2,874		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,033,766	51,137,845	881,024		

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	.055130		6,616
38	RECOVERY ROOM	.057485		2,620
39	DELIVERY ROOM & LABOR ROO	.219686		58,585
41	RADIOLOGY-DIAGNOSTIC	.017576		918
44	LABORATORY	.022922		2,551
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.050263		1,943
49	01 SLEEP LAB	.071350		
50	PHYSICAL THERAPY	.076478		86
53	ELECTROCARDIOLOGY	.020198		73
53	01 CARDIAC REHAB	.292805		
55	MEDICAL SUPPLIES CHARGED	.014227		670
56	DRUGS CHARGED TO PATIENTS	.017736		2,867
59	CHEMICAL DEPENDENCY	.246583		
59	01 ONCOLOGY	.114303		
61	OUTPAT SERVICE COST CNTRS			
	EMERGENCY	.040051		1,213
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
101	TOTAL			78,142

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

PROVIDER NO: 15-1315
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/20/2009
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					3,345	
26	INTENSIVE CARE UNIT					69	
33	NURSERY					453	
101	TOTAL					3,867	

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

PROVIDER NO: 15-1315
 PERIOD: FROM 10/1/2007 TO 9/30/2008
 PREPARED 2/20/2009
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		409
26	INTENSIVE CARE UNIT		
33	NURSERY		
101	TOTAL		409

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	CHEMICAL DEPENDENCY						
59	01 ONCOLOGY						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX

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			6,050,994			120,010	
38	OPERATING ROOM			1,320,534			45,578	
39	RECOVERY ROOM			376,242			266,676	
41	DELIVERY ROOM & LABOR ROO			14,690,946			52,212	
44	RADIOLOGY-DIAGNOSTIC			8,325,892			111,291	
48	LABORATORY							
49	INTRAVENOUS THERAPY			814,835			38,657	
49	RESPIRATORY THERAPY			749,488				
49	01 SLEEP LAB							
50	PHYSICAL THERAPY			1,974,285			1,122	
53	ELECTROCARDIOLOGY			566,850			3,598	
53	01 CARDIAC REHAB			195,195				
55	MEDICAL SUPPLIES CHARGED			2,896,723			47,060	
56	DRUGS CHARGED TO PATIENTS			3,306,754			161,661	
59	CHEMICAL DEPENDENCY			334,342				
59	01 ONCOLOGY			3,178,631				
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			5,814,999			30,285	
62	OBSERVATION BEDS (NON-DIS			541,135			2,874	
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			51,137,845			881,024	

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	344,864					
38	RECOVERY ROOM	97,123					
39	DELIVERY ROOM & LABOR ROO	10,317					
41	RADIOLOGY-DIAGNOSTIC	1,223,042					
44	LABORATORY	472,632					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	21,958					
49	01 SLEEP LAB	58,583					
50	PHYSICAL THERAPY	148,317					
53	ELECTROCARDIOLOGY	38,449					
53	01 CARDIAC REHAB	17,882					
55	MEDICAL SUPPLIES CHARGED	486,995					
56	DRUGS CHARGED TO PATIENTS	237,088					
59	CHEMICAL DEPENDENCY	31,725					
59	01 ONCOLOGY	290,508					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	459,670					
62	OBSERVATION BEDS (NON-DIS	46,098					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	3,985,251					

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,528,227	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		69,656	
37	OPERATING ROOM	.482359	146,873	70,846
38	RECOVERY ROOM	.440130	27,986	12,317
39	DELIVERY ROOM & LABOR ROOM	1.545678		
41	RADIOLOGY-DIAGNOSTIC	.266466	384,126	102,357
44	LABORATORY	.421128	365,268	153,825
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1.018334	302,619	308,167
49	01 SLEEP LAB	.339919		
50	PHYSICAL THERAPY	.708774	90,727	64,305
53	ELECTROCARDIOLOGY	.667969	27,107	18,107
53	01 CARDIAC REHAB	1.128533		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.395869	156,386	61,908
56	DRUGS CHARGED TO PATIENTS	.586141	531,771	311,693
59	CHEMICAL DEPENDENCY	1.434382		
59	01 ONCOLOGY	.833046	3,620	3,016
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.506952	1,941	984
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.713922	5,011	3,577
101	TOTAL		2,043,435	1,111,102
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,043,435	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.482359		
38	RECOVERY ROOM	.440130		
39	DELIVERY ROOM & LABOR ROOM	1.545678		
41	RADIOLOGY-DIAGNOSTIC	.266466	7,363	1,962
44	LABORATORY	.421128	8,826	3,717
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1.018334	7,143	7,274
49	01 SLEEP LAB	.339919		
50	PHYSICAL THERAPY	.708774	105,343	74,664
53	ELECTROCARDIOLOGY	.667969	218	146
53	01 CARDIAC REHAB	1.128533		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.395869	4,648	1,840
56	DRUGS CHARGED TO PATIENTS	.586141	32,673	19,151
59	CHEMICAL DEPENDENCY	1.434382		
59	01 ONCOLOGY	.833046		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.506952		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.713922		
101	TOTAL		166,214	108,754
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		166,214	

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		1,878,313		3,640,396
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		4/15/2008	10,707
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50	4/15/2008 1,485	9/25/2008	139,559
ADJUSTMENTS TO PROGRAM	.51	9/25/2008 77,942		
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	-79,427		-128,852
4 TOTAL INTERIM PAYMENTS		1,798,886		3,511,544
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)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

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 XVIII SWING BED SNF

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		311,218		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		311,218		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2007	2/20/2009
COMPONENT NO:	TO	WORKSHEET E-2
15-Z315	9/30/2008	

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES

	PART A 1	PART B 2
1 INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	252,358	
2 INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3 ANCILLARY SERVICES (SEE INSTRUCTIONS)	109,842	
4 PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5 PROGRAM DAYS	249	
6 INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7 UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8 SUBTOTAL	362,200	
9 PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10 SUBTOTAL	362,200	
11 DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12 SUBTOTAL	362,200	
13 COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	384	
14 80% OF PART B COSTS		
15 SUBTOTAL	361,816	
16 OTHER ADJUSTMENTS (SPECIFY)		
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL	361,816	
19 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20 INTERIM PAYMENTS	311,218	
20.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21 BALANCE DUE PROVIDER/PROGRAM	50,598	
22 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2007	2/20/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET E-3
15-1315		PART II

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,556,736
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,556,736
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,582,303

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	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)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,582,303
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	291,678
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,290,625
23	COINSURANCE	10,952
24	SUBTOTAL	2,279,673
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	38,768
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	38,768
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	25,131
26	SUBTOTAL	2,318,441
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,318,441
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,798,886
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	519,555
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

BALANCE SHEET

ASSETS		GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,325,763			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	6,956,526			
5	OTHER RECEIVABLES	403,976			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,088,146			
7	INVENTORY	717,830			
8	PREPAID EXPENSES	533,305			
9	OTHER CURRENT ASSETS	273,783			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	8,123,037			
FIXED ASSETS					
12	LAND	1,388,346			
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	16,229,450			
14.01	LESS ACCUMULATED DEPRECIATION	-9,511,382			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	13,190,429			
16.01	LESS ACCUMULATED DEPRECIATION	-7,748,553			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	13,548,290			
OTHER ASSETS					
22	INVESTMENTS	12,447,336			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,855,743			
26	TOTAL OTHER ASSETS	14,303,079			
27	TOTAL ASSETS	35,974,406			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,865,021			
29 SALARIES, WAGES & FEES PAYABLE	1,182,090			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	747,766			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,413,943			
36 TOTAL CURRENT LIABILITIES	5,208,820			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	4,352,872			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	2,694,034			
42 TOTAL LONG-TERM LIABILITIES	7,046,906			
43 TOTAL LIABILITIES	12,255,726			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	23,718,680			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	23,718,680			
52 TOTAL LIABILITIES AND FUND BALANCES	35,974,406			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		26,082,898		
2 OF PERIOD				
3 NET INCOME (LOSS)		-2,365,690		
4 TOTAL		23,717,208		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 TRANSFER	1,472			
7				
8				
9				
10 TOTAL ADDITIONS		1,472		
11 SUBTOTAL		23,718,680		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		23,718,680		
PERIOD PER BALANCE SHEET				

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

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION

1	TOTAL PATIENT REVENUES	58,487,613
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	21,927,061
3	NET PATIENT REVENUES	36,560,552
4	LESS: TOTAL OPERATING EXPENSES	36,781,186
5	NET INCOME FROM SERVICE TO PATIENTS	-220,634
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
25	TOTAL OTHER INCOME	
26	TOTAL	-220,634
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	2,142,786
28		2,270
29		
30	TOTAL OTHER EXPENSES	2,145,056
31	NET INCOME (OR LOSS) FOR THE PERIOD	-2,365,690

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	171,376			7,661	50,255	229,292
HHA REIMBURSABLE SERVICES						
6	258,447		33,553			292,000
7	87,079					87,079
8	16,530					16,530
9	754					754
10	8,907					8,907
11	27,989					27,989
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17	85,951					85,951
18						
19						
20						
21						
22						
23						
23.50						
24	657,033		33,553	7,661	50,255	748,502

	RECLASSIFIED - CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		229,292	-1,563	227,729
HHA REIMBURSABLE SERVICES				
6		292,000		292,000
7		87,079		87,079
8		16,530		16,530
9		754		754
10		8,907		8,907
11		27,989		27,989
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17		85,951		85,951
18				
19				
20				
21				
22				
23				
23.50				
24		748,502	-1,563	746,939

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							
2							
3							
4							
5						227,729	227,729
HHA REIMBURSABLE SERVICES							
6						227,729	227,729
7							
8							
9							
10							
11							
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17						85,951	85,951
18							
19							
20							
21							
22							
23							
23.50							
24						746,939	746,939

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6						420,073	420,073
7						125,272	125,272
8						23,780	23,780
9						1,085	1,085
10						12,814	12,814
11						40,265	40,265
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17						123,650	123,650
18							
19							
20							
21							
22							
23							
23.50							
24						746,939	746,939

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCI LIATIO N 5A	ADMINI STRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4		5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-227,729	519,210
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					292,000
7	PHYSICAL THERAPY					87,079
8	OCCUPATIONAL THERAPY					16,530
9	SPEECH PATHOLOGY					754
10	MEDICAL SOCIAL SERVICES					8,907
11	HOME HEALTH AIDE					27,989
12	SUPPLIES					
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					85,951
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)				-227,729	519,210
25	COST TO BE ALLOCATED					227,729
26	UNIT COST MULTIPLIER					.438607

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL		8,207	26,248	73,074	107,529	24,907
2 SKILLED NURSING CARE	420,073			105,022	525,095	121,630
3 PHYSICAL THERAPY	125,272			37,194	162,466	37,633
4 OCCUPATIONAL THERAPY	23,780			7,048	30,828	7,141
5 SPEECH PATHOLOGY	1,085			322	1,407	326
6 MEDICAL SOCIAL SERVICES	12,814			3,798	16,612	3,848
7 HOME HEALTH AIDE	40,265			11,802	52,067	12,061
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING	123,650			41,896	165,546	38,346
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)	746,939	8,207	26,248	280,156	1,061,550	245,892
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	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	42,381		18,651		15,422	
2 SKILLED NURSING CARE					15,349	30,071
3 PHYSICAL THERAPY					5,043	8,448
4 OCCUPATIONAL THERAPY					920	1,529
5 SPEECH PATHOLOGY					37	92
6 MEDICAL SOCIAL SERVICES					663	1,112
7 HOME HEALTH AIDE					4,012	20,243
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING					10,343	
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)	42,381		18,651		51,789	61,495
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	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRAR	SUBTOTAL	POST STEP DOWN ADJUST	SUBTOTAL
	15	16	17	25	26	27
1 ADMIN & GENERAL	1,464			210,354		210,354
2 SKILLED NURSING CARE				692,145		692,145
3 PHYSICAL THERAPY				213,590		213,590
4 OCCUPATIONAL THERAPY				40,418		40,418
5 SPEECH PATHOLOGY				1,862		1,862
6 MEDICAL SOCIAL SERVICES				22,235		22,235
7 HOME HEALTH AIDE				88,383		88,383
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING				214,235		214,235
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)	1,464			1,483,222		1,483,222
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	ALLOCATED HHA A & G	TOTAL HHA COSTS
	28	29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	114,384	806,529
3 PHYSICAL THERAPY	35,298	248,888
4 OCCUPATIONAL THERAPY	6,679	47,097
5 SPEECH PATHOLOGY	308	2,170
6 MEDICAL SOCIAL SERVICES	3,675	25,910
7 HOME HEALTH AIDE	14,606	102,989
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING	35,404	249,639
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)	210,354	1,483,222
21 UNIT COST MULTIPLIER	0.165260	

(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) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BEN EFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6	OPERATION OF PLANT (SQUARE FEET) 8
1 ADMIN & GENERAL	1,387	1,387	171,376		107,529	1,387
2 SKILLED NURSING CARE			246,303		525,095	
3 PHYSICAL THERAPY			87,228		162,466	
4 OCCUPATIONAL THERAPY			16,530		30,828	
5 SPEECH PATHOLOGY			754		1,407	
6 MEDICAL SOCIAL SERVICES			8,907		16,612	
7 HOME HEALTH AIDE			27,678		52,067	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING			98,257		165,546	
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)	1,387	1,387	657,033		1,061,550	1,387
21 COST TO BE ALLOCATED	8,207	26,248	280,156		245,892	42,381
22 UNIT COST MULTIPLIER	5.917087	18.924297	0.426396		0.231635	30.555876

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (FTES) 12	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 14	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.) 15
1 ADMIN & GENERAL		16		419		6,725
2 SKILLED NURSING CARE				417	10,170	
3 PHYSICAL THERAPY				137	2,857	
4 OCCUPATIONAL THERAPY				25	517	
5 SPEECH PATHOLOGY				1	31	
6 MEDICAL SOCIAL SERVICES				18	376	
7 HOME HEALTH AIDE				109	6,846	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING				281		
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		16		1,407	20,797	6,725
21 COST TO BE ALLOCATED		18,651		51,789	61,495	1,464
22 UNIT COST MULTIPLIER		1165.687500		36.808102	2.956917	0.217695

HHA 1

PHARMACY	MEDICAL RECO
(COSTED	(TIME
REQUI S.	SPENT)
16	17

HHA COST CENTER

- 1 ADMIN & GENERAL
- 2 SKILLED NURSING CARE
- 3 PHYSICAL THERAPY
- 4 OCCUPATIONAL THERAPY
- 5 SPEECH PATHOLOGY
- 6 MEDICAL SOCIAL SERVICES
- 7 HOME HEALTH AIDE
- 8 SUPPLIES
- 9 DRUGS
- 9.20 COST ADMINISTERING DRUGS
- 10 DME
- 11 HOME DIALYSIS AIDE SVCS
- 12 RESPIRATORY THERAPY
- 13 PRIVATE DUTY NURSING
- 14 CLINIC
- 15 HEALTH PROM ACTIVITIES
- 16 DAY CARE PROGRAM
- 17 HOME DEL MEALS PROGRAM
- 18 HOMEMAKER SERVICE
- 19 ALL OTHER
- 19.50 TELEMEDICINE
- 20 TOTAL (SUM OF 1-19)
- 21 COST TO BE ALLOCATED
- 22 UNIT COST MULTIPLIER

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							6
1 SKILLED NURSING	2	806,529	2	806,529	1,617	498.78	590
2 PHYSICAL THERAPY	3	248,888		248,888	1,171	212.54	560
3 OCCUPATIONAL THERAPY	4	47,097		47,097	227	207.48	104
4 SPEECH PATHOLOGY	5	2,170		2,170	18	120.56	3
5 MEDICAL SOCIAL SERVICES	6	25,910		25,910	22	1,177.73	13
6 HOME HEALTH AIDE SERVICE	7	102,989		102,989	1,251	82.33	271
7 TOTAL		1,233,583		1,233,583	4,306		1,541

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	PART A 9	10	11
1 SKILLED NURSING	332		294,280	165,595	459,875
2 PHYSICAL THERAPY	279		119,022	59,299	178,321
3 OCCUPATIONAL THERAPY	58		21,578	12,034	33,612
4 SPEECH PATHOLOGY	2		362	241	603
5 MEDICAL SOCIAL SERVICES	10		15,310	11,777	27,087
6 HOME HEALTH AIDE SERVICES	276		22,311	22,723	45,034
7 TOTAL	957		472,863	271,669	744,532

LIMITATION COST COMPUTATION					PROGRAM COST LIMITS	PROGRAM VISITS
	1	2	3	4	5	PART A 6
PATIENT SERVICES						
8 SKILLED NURSING	9915					
9 PHYSICAL THERAPY	9915					
10 OCCUPATIONAL THERAPY	9915					
11 SPEECH PATHOLOGY	9915					
12 MEDICAL SOCIAL SERVICES	9915					
13 HOME HEALTH AIDE SERVICE	9915					
14 TOTAL						

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

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00				22,711		3,514
16 COST OF DRUGS	9.00				2,548		
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	19,197			
16 COST OF DRUGS		2,548		
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9915	
17 PER BENE COST LIMITATION (FRM FI)	9915	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.708774			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.395869			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.586141			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 COSTS -----		PROG VISITS ON OR AFTER 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY	2	212.54	2.01	3	3.01		
2 OCCUPATIONAL THERAPY	3	207.48					
3 SPEECH PATHOLOGY	4	120.56					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2007	2/20/2009
HHA NO:	TO 9/30/2008	WORKSHEET H-7
15-7117		PARTS I & II

TITLE XVIII

HHA 1

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

	PART A	PART B NOT SUBJECT TO DED & COINS	PART 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	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPI SODES WITHOUT OUTLIERS	258,337	154,513
10.02 TOTAL PPS REIMBURSEMENT-FULL EPI SODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPI SODES	1,728	1,742
10.04 TOTAL PPS REIMBURSEMENT-PEP EPI SODES	521	809
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPI SODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPI SODES	573	
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPI SODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPI SODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPI SODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPI SODES		
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	261,159	157,064
13 EXCESS REASONABLE COST		
14 SUBTOTAL	261,159	157,064
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	261,159	157,064
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	261,159	157,064
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	261,159	157,064
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	261,159	157,064
25 INTERIM PAYMENTS	261,159	157,064
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		

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2007	2/20/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K
15-1561		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	26,625			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	65,354			8,799
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE			11,686	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	7,764			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	99,743		11,686	8,799

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2007	2/20/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K
15-1561		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	11,328	37,953		37,953
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		74,153		74,153
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		11,686		11,686
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		7,764		7,764
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	1,384	1,384		1,384
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)	12,712	132,940		132,940

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2007	2/20/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K
15-1561		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		37,953
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		74,153
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		11,686
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		7,764
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOME MAKER		
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30 ANALGESICS		
20.31 SEDATIVES / HYPNOTICS		
20.32 OTHER - SPECIFY		
21 DURABLE MEDICAL EQUIPMENT/OXYGEN		
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		1,384
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)		132,940

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2007	2/20/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-1
15-1561		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	26,625			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			7,764	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	26,625		7,764	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2007	2/20/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-1
15-1561		

HOSPICE 1

NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER
5	6	7	8

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	65,354
10	INPATIENT - RESPIRE 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 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)	65,354

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2007	2/20/2009
HOSPICE NO:	TO	WORKSHEET K-1
15-1561	9/30/2008	

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	26,625
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	65,354
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	7,764
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
OTHER HOSPICE SERVICE COSTS		
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	99,743

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2007	2/20/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-3
15-1561		

HOSPICE 1

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/1/2007	2/20/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-3
15-1561		

HOSPICE 1

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2007	2/20/2009
HOSPICE NO:	TO	WORKSHEET K-3
15-1561	9/30/2008	

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	8,799
10	INPATIENT - RESPIRE 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 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)	8,799

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2007	2/20/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
15-1561		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	37,953			
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE	74,153			
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	11,686			
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES	7,764			
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	1,384			
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)	132,940			

COST ALLOCATION -	PROVIDER NO:	PERIOD:	PREPARED
HOSPICE GENERAL SERVICE COST	15-1315	FROM 10/ 1/2007	2/20/2009
	HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
	15-1561		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			37,953	37,953
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			74,153	29,629
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			11,686	4,669
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			7,764	3,102
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES			1,384	553
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)			94,987	37,953

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2007	2/20/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
15-1561		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	103,782
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	16,355
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	10,866
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	1,937
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)	132,940

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2007	2/20/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-4
15-1561		PART II

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
10.20				
11				
12				
13				
14				
15				
16				
17				
18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
	.000000	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO: 15-1315
HOSPICE NO: 15-1561
PERIOD: FROM 10/1/2007 TO 9/30/2008
PREPARED 2/20/2009
WORKSHEET K-4
PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE		-37,953	94,987
8 INPATIENT - GENERAL CARE			74,153
9 INPATIENT - RESPIRE CARE			
10 VISITING SERVICES			
11 PHYSICIAN SERVICES			
12 NURSING CARE			11,686
13.20 NURSING CARE-CONTINUOUS HOME CARE			
14 PHYSICAL THERAPY			
15 OCCUPATIONAL THERAPY			
16 SPEECH/LANGUAGE PATHOLOGY			
17 MEDICAL SOCIAL SERVICES			7,764
18 SPIRITUAL COUNSELING			
19 DIETARY COUNSELING			
20 COUNSELING - OTHER			
21 HOME HEALTH AIDE AND HOMEMAKER			
22.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
23 OTHER HOSPICE SERVICE COSTS			
24 OTHER			
25 DRUGS BIOLOGICAL AND INFUSION THERAPY			
26.30 ANALGESICS			
27.31 SEDATIVES / HYPNOTICS			
28.32 OTHER - SPECIFY			
29 DURABLE MEDICAL EQUIPMENT/OXYGEN			
30 PATIENT TRANSPORTATION			
31 IMAGING SERVICES			
32 LABS AND DIAGNOSTICS			
33 MEDICAL SUPPLIES			1,384
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
35 RADIATION THERAPY			
36 CHEMOTHERAPY			
37 OTHER			
38			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			37,953
45 UNIT COST MULTIPLIER	.000000		.399560

HOSPICE 1

HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
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HOSPICE COST CENTER

10	11	12	14
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1.00 ADMINISTRATIVE AND GENERAL			7,803
2.00 INPATIENT - GENERAL CARE			
3.00 INPATIENT - RESPIRE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		7,803	
30.00 UNIT COST MULTIPLIER			

CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
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HOSPICE COST CENTER

15	16	17	25
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1.00 ADMINISTRATIVE AND GENERAL	927		40,079
2.00 INPATIENT - GENERAL CARE			127,821
3.00 INPATIENT - RESPIRE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			54,464
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			17,461
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			2,386
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)	927		242,211
30.00 UNIT COST MULTIPLIER			

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2007	2/20/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-5
15-1561		PART I

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL		40,079		
2.00 INPATIENT - GENERAL CARE		127,821	25,345	153,166
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		54,464	10,799	65,263
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		17,461	3,462	20,923
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		2,386	473	2,859
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)		242,211	.198281	242,211
30.00 UNIT COST MULTIPLIER				

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	RECONCILIATION
	(SQUARE FEET) 3	(SQUARE FEET) 4	(GROSS SALARIES) 5	6A
1.00 ADMINISTRATIVE AND GENERAL	284	284	26,625	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			65,354	
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			7,764	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	284	284	99,743	
30.00 TOTAL COST TO BE ALLOCATED	1,680	5,374	42,530	
31.00 UNIT COST MULTIPLIER	5.915493	18.922535	426396	

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(ACCUMULATED COST) 6	(SQUARE FEET) 8	(POUNDS OF LAUNDRY) 9	(HOURS OF SERVICE) 10
1.00 ADMINISTRATIVE AND GENERAL	18,407	284		
2.00 INPATIENT - GENERAL CARE	103,782			
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	44,221			
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	14,177			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES	1,937			
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				

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

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2007	2/20/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-5
15-1561		PART II

HOSPICE 1

ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
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HOSPICE COST CENTER

6	8	9	10
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27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	182,524	284		
30.00 TOTAL COST TO BE ALLOCATED	42,279	8,678		
31.00 UNIT COST MULTIPLIER	.231635	30.556338	.000000	.000000

DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
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HOSPICE COST CENTER

(MEALS SERVED)	(FTES)	(DIRECT NRSING HRS)	(COSTED REQUI S.)
11	12	14	15

1.00 ADMINISTRATIVE AND GENERAL		212		4,256
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)		212		4,256
30.00 TOTAL COST TO BE ALLOCATED		7,803		927
31.00 UNIT COST MULTIPLIER	.000000	36.806604	.000000	.217810

HOSPICE 1

PHARMACY MEDICAL RECORDS
& LIBRARY

HOSPICE COST CENTER

(COSTED (TIME SPENT)
REQUIS.)
16 17

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

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2007	2/20/2009
HOSPICE NO:	TO 9/30/2008	WORKSHEET K-6
15-1561		

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				242,211
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)				
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)				
6 UNDUPLICATED MEDI CAID DAYS				
7 AGGREGATE MEDI CAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)				
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)				

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2007	2/20/2009
COMPONENT NO:	TO 9/30/2008	WORKSHEET L
15-1315		PARTS I-IV

TITLE XIX HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDI CARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	