

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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-1329	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/21/2009 TIME 12:58

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:
MARGARET MARY COMMUNITY HOSPITAL 15-1329
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 5/21/2009 TIME 12:58

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PI ENCRYPTION INFORMATION
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B.R.D.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)
Chief Financial Officer

TITLE
5/25/09

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3		4
1 HOSPITAL	0	841,692	-113,449	862,353	
7 HOSPITAL-BASED HHA	0	0	0	0	
100 TOTAL	0	841,692	-113,449	862,353	

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.

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 0 0.0000 0.0000
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	
29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?		N
30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)		Y
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70		N
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)		N
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).		N
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II		N
31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N

MISCELLANEOUS COST REPORT INFORMATION

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

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? Y
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND 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 N

40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

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

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE 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
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, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE 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 INSTRUCTIONS) 0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA?
 ENTER "Y" FOR YES AND "N" FOR NO.

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

SETTLEMENT DATA

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

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH HOURS	I/P DAYS / TITLE V	O/P VISITS / TITLE XVIII	TRIPS / TITLE XIX
1 ADULTS & PEDIATRICS	18	6,588	121,032.00	3	2,659	630
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	18	6,588	121,032.00		2,659	630
6 INTENSIVE CARE UNIT	7	2,562	12,504.00		321	7
11 NURSERY						
12 TOTAL	25	9,150	133,536.00		2,980	637
13 RPCH VISITS						
15 SKILLED NURSING FACILITY						
18 HOME HEALTH AGENCY					4,311	
21 HOSPICE						
25 TOTAL	25					
26 OBSERVATION BED DAYS						126
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / ALL PATS	TRIPS / TOTAL OBSERVATION BEDS ADMITTED	DISCHARGES / NOT ADMITTED	INTERNS & RES. / TOTAL	FTES / LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	4,860	6.01	6.02	7	8
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			4,860				
6 INTENSIVE CARE UNIT			521				
11 NURSERY			895				
12 TOTAL			6,276				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY			7,860				
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS	15	111	792	99	693		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	DISCHARGES / TITLE V	DISCHARGES / TITLE XVIII	DISCHARGES / TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					824	98	2,227
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		392.07			824	98	2,227
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY			16.45				
21 HOSPICE			4.49				
25 TOTAL			413.01				
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		327.00		

TOTAL
5

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1,708.00		1,708.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	9,571.00		9,571.00
6 DIRECTING NURSING SERVICE	14,061.00		14,061.00
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	3,878.00		3,878.00
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	1,315.00		1,315.00
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	88.00		88.00
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	626.00		626.00
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	2,566.00		2,566.00
17 HOME HEALTH AIDE SUPERVISOR			
18			

HOME HEALTH AGENCY MSA CODES 1 1.01

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	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).		

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

	FULL EPISODES		LUPA	PEP ONLY
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	EPISODES 3	EPISODES 4
21 SKILLED NURSING VISITS	2,559	0	46	6
22 SKILLED NURSING VISIT CHARGES	364,698	0	6,557	858
23 PHYSICAL THERAPY VISITS	924	0	2	0
24 PHYSICAL THERAPY VISIT CHARGES	146,476	0	318	0
25 OCCUPATIONAL THERAPY VISITS	302	0	0	5
26 OCCUPATIONAL THERAPY VISIT CHARGES	51,546	0	0	855
27 SPEECH PATHOLOGY VISITS	29	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	5,009	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	9	0	1	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	2,256	0	252	0
31 HOME HEALTH AIDE VISITS	318	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	24,740	0	0	0
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	4,141	0	49	11
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	594,725	0	7,127	1,713
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	341	0	17	1
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	21,956	0	1,187	0

Health Financial Systems MCRIF32 FOR MARGARET MARY COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)

HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-1329 I FROM 1/ 1/2008 I WORKSHEET S-4
 I HHA NO: I TO 12/31/2008 I
 I 15-7143 I
 COUNTY:

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,611
22 SKILLED NURSING VISIT CHARGES	0	0	372,113
23 PHYSICAL THERAPY VISITS	0	0	926
24 PHYSICAL THERAPY VISIT CHARGES	0	0	146,794
25 OCCUPATIONAL THERAPY VISITS	0	0	307
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	52,401
27 SPEECH PATHOLOGY VISITS	0	0	29
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	5,009
29 MEDICAL SOCIAL SERVICE VISITS	0	0	10
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	2,508
31 HOME HEALTH AIDE VISITS	0	0	318
32 HOME HEALTH AIDE VISIT CHARGES	0	0	24,740
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	4,201
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	603,565
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	359
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	23,143

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	1,087	3	2,532	365
3 INPATIENT RESPITE CARE				
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	1,087	3	2,532	365

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	79	1,169
3 INPATIENT RESPITE CARE		
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	79	1,169

PART II - CENSUS DATA

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

PART II - CENSUS DATA (CONTINUED)

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 15-1329
I

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

I PREPARED 5/20/2009
I WORKSHEET A
I

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		2,786,704	2,786,704	-42,428	2,744,276
3.01 0301	NEW CAP REL COSTS-OFFSITE BLDG		132,526	132,526	42,428	174,954
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		2,371,068	2,371,068	-57,166	2,313,902
4.01 0401	NEW CAP REL COSTS-MVBLE EQUIP OFFSIT				57,166	57,166
5 0500	EMPLOYEE BENEFITS	221,085	6,959,940	7,181,025		7,181,025
6 0600	ADMINISTRATIVE & GENERAL	2,815,222	2,277,654	5,092,876	242,133	5,335,009
8 0800	OPERATION OF PLANT		1,250,107	1,250,107		1,250,107
8.01 0801	OPERATION OF PLANT -OFFSITE		54,620	54,620		54,620
8.02 0802	OPERATION OF PLANT - HOSPITAL & OFFS	497,632	24,653	522,285		522,285
9 0900	LAUNDRY & LINEN SERVICE	80,901	35,116	116,017		116,017
10 1000	HOUSEKEEPING	525,487	84,787	610,274		610,274
11 1100	DIETARY	649,613	390,789	1,040,402	-769,417	270,985
12 1200	CAFETERIA				769,417	769,417
14 1400	NURSING ADMINISTRATION	654,548	18,568	673,116		673,116
15 1500	CENTRAL SERVICES & SUPPLY		435,800	435,800		435,800
16 1600	PHARMACY	431,913	724,114	1,156,027		1,156,027
17 1700	MEDICAL RECORDS & LIBRARY	725,038	195,619	920,657		920,657
	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	1,479,785	113,736	1,593,521	414,878	2,008,399
26 2600	INTENSIVE CARE UNIT	400,863	25,800	426,663		426,663
33 3300	NURSERY		12,000	12,000	454,761	466,761
34 3400	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	1,059,370	1,881,129	2,940,499		2,940,499
39 3900	DELIVERY ROOM & LABOR ROOM	829,166	135,257	964,423	-869,639	94,784
41 4100	RADIOLOGY-DIAGNOSTIC	1,567,229	3,314,807	4,882,036		4,882,036
44 4400	LABORATORY	989,679	1,263,430	2,253,109		2,253,109
49 4900	RESPIRATORY THERAPY	812,418	139,225	951,643	-123,705	827,938
50 5000	PHYSICAL THERAPY	597,385	33,535	630,920		630,920
51 5100	OCCUPATIONAL THERAPY	355,698	28,618	384,316		384,316
52 5200	SPEECH PATHOLOGY	138,133	9,283	147,416		147,416
53 5300	ELECTROCARDIOLOGY		168,379	168,379	123,705	292,084
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 5600	DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
60 6000	CLINIC	702,665	135,428	838,093		838,093
60.01 6001	WOUND CLINIC	17,791	1,966	19,757		19,757
61 6100	EMERGENCY	1,153,186	1,498,626	2,651,812		2,651,812
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65 6500	AMBULANCE SERVICES					
71 7100	HOME HEALTH AGENCY	963,556	121,310	1,084,866		1,084,866
	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE					
93 9300	HOSPICE	228,740	83,275	312,015		312,015
95 9500	SUBTOTALS	17,897,103	26,707,869	44,604,972	242,133	44,847,105
	NONREIMBURS COST CENTERS					
98 9800	PHYSICIANS' PRIVATE OFFICES	1,560,368	491,586	2,051,954		2,051,954
98.01 9801	PRIVATE DUTY	58,235	6,893	65,128		65,128
100 7950	COMMUNITY RELATIONS	281,523	457,899	739,422	-242,133	497,289
100.01 7951	COMMUNITY BENEFITS	246,102	223,610	469,712		469,712
101	TOTAL	20,043,331	27,887,857	47,931,188	-0-	47,931,188

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
I 15-1329 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-834,961	1,909,315
3.01	0301 NEW CAP REL COSTS-OFFSITE BLDG		174,954
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		2,313,902
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP OFFSIT		57,166
5	0500 EMPLOYEE BENEFITS		7,181,025
6	0600 ADMINISTRATIVE & GENERAL	-206,622	5,128,387
8	0800 OPERATION OF PLANT		1,250,107
8.01	0801 OPERATION OF PLANT -OFFSITE		54,620
8.02	0802 OPERATION OF PLANT - HOSPITAL & OFFS		522,285
9	0900 LAUNDRY & LINEN SERVICE	-1,646	114,371
10	1000 HOUSEKEEPING		610,274
11	1100 DIETARY	-28,826	242,159
12	1200 CAFETERIA	-142,604	626,813
14	1400 NURSING ADMINISTRATION		673,116
15	1500 CENTRAL SERVICES & SUPPLY		435,800
16	1600 PHARMACY		1,156,027
17	1700 MEDICAL RECORDS & LIBRARY	-10,143	910,514
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		2,008,399
26	2600 INTENSIVE CARE UNIT		426,663
33	3300 NURSERY		466,761
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		2,940,499
39	3900 DELIVERY ROOM & LABOR ROOM		94,784
41	4100 RADIOLOGY-DIAGNOSTIC	-278,899	4,603,137
44	4400 LABORATORY	-22,005	2,231,104
49	4900 RESPIRATORY THERAPY	-4,436	823,502
50	5000 PHYSICAL THERAPY		630,920
51	5100 OCCUPATIONAL THERAPY		384,316
52	5200 SPEECH PATHOLOGY		147,416
53	5300 ELECTROCARDIOLOGY	-59,623	232,461
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		838,093
60.01	6001 WOUND CLINC		19,757
61	6100 EMERGENCY	-1,027,928	1,623,884
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
71	7100 HOME HEALTH AGENCY		1,084,866
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
93	9300 HOSPICE		312,015
95	SUBTOTALS	-2,617,693	42,229,412
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		2,051,954
98.01	9801 PRIVATE DUTY		65,128
100	7950 COMMUNITY RELATIONS		497,289
100.01	7951 COMMUNITY BENEFITS		469,712
101	TOTAL	-2,617,693	45,313,495

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-1329 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-OFFSITE BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-MVBLE EQUIP OFFSIT	0401	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT -OFFSITE	0801	OPERATION OF PLANT
8.02	OPERATION OF PLANT - HOSPITAL & OFFS	0802	OPERATION OF PLANT
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	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	WOUND CLINC	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PRIVATE DUTY	9801	PHYSICIANS' PRIVATE OFFICES
100	COMMUNITY RELATIONS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	COMMUNITY BENEFITS	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO: 151329	PERIOD: FROM 1/ 1/2008 TO 12/31/2008	PREPARED 5/20/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE	NO		
	1	2		3	4	5
1 CAFETERIA	A	CAFETERIA		12	480,414	289,003
2 OB	B	ADULTS & PEDIATRICS		25	356,693	58,185
3		NURSERY		33	390,982	63,779
4 EKG	C	ELECTROCARDIOLOGY		53	105,614	18,091
5 COMMUNITY RELATIONS	D	ADMINISTRATIVE & GENERAL		6	90,087	152,046
6 DEPRECIATION RECLASS	E	NEW CAP REL COSTS-OFFSITE BLDG		3.01		42,428
7		NEW CAP REL COSTS-MVBLE EQUIP OFFSIT		4.01		57,166
36 TOTAL RECLASSIFICATIONS					1,423,790	680,698

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
151329	FROM 1/ 1/2008	5/20/2009
	TO 12/31/2008	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 CAFETERIA	A	DIETARY	11		480,414	289,003	
2 OB	B	DELIVERY ROOM & LABOR ROOM	39		747,675	121,964	
3							
4 EKG	C	RESPIRATORY THERAPY	49		105,614	18,091	
5 COMMUNITY RELATIONS	D	COMMUNITY RELATIONS	100		90,087	152,046	
6 DEPRECIATION RECLASS	E	NEW CAP REL COSTS-BLDG & FIXT	3			42,428	9
7		NEW CAP REL COSTS-MVBLE EQUIP	4			57,166	9
36 TOTAL RECLASSIFICATIONS					1,423,790	680,698	

(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: 151329

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

PREPARED 5/20/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAFETERIA

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	769,417
TOTAL RECLASSIFICATIONS FOR CODE A 769,417		

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
DIETARY	11	769,417
TOTAL RECLASSIFICATIONS FOR CODE A 769,417		

RECLASS CODE: B
EXPLANATION : OB

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	414,878
2.00	NURSERY	454,761
TOTAL RECLASSIFICATIONS FOR CODE B 869,639		

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
DELIVERY ROOM & LABOR ROOM	39	869,639
TOTAL RECLASSIFICATIONS FOR CODE B 869,639		

RECLASS CODE: C
EXPLANATION : EKG

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	ELECTROCARDIOLOGY	123,705
TOTAL RECLASSIFICATIONS FOR CODE C 123,705		

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
RESPIRATORY THERAPY	49	123,705
TOTAL RECLASSIFICATIONS FOR CODE C 123,705		

RECLASS CODE: D
EXPLANATION : COMMUNITY RELATIONS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	242,133
TOTAL RECLASSIFICATIONS FOR CODE D 242,133		

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
COMMUNITY RELATIONS	100	242,133
TOTAL RECLASSIFICATIONS FOR CODE D 242,133		

RECLASS CODE: E
EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-OFFSITE BLDG	42,428
2.00	NEW CAP REL COSTS-MVBLE EQUIP	57,166
TOTAL RECLASSIFICATIONS FOR CODE E 99,594		

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	42,428
NEW CAP REL COSTS-MVBLE EQUIP	4	57,166
TOTAL RECLASSIFICATIONS FOR CODE E 99,594		

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	2,371,158					2,371,158	
2	LAND IMPROVEMENTS	375,610					372,269	
3	BUILDINGS & FIXTURE	47,611,294	480,323		480,323	3,341	47,932,112	
4	BUILDING IMPROVEMEN					159,505		
5	FIXED EQUIPMENT	5,691,265	52,828		52,828	9,894	5,734,199	
6	MOVABLE EQUIPMENT	22,414,684	2,377,733		2,377,733	41,757	24,750,660	
7	SUBTOTAL	78,464,011	2,910,884		2,910,884	214,497	81,160,398	
8	RECONCILING ITEMS	1,091,247	5,195,619		5,195,619		6,286,866	
9	TOTAL	77,372,764	-2,284,735		-2,284,735	214,497	74,873,532	

Health Financial Systems MCRIF32 FOR MARGARET MARY COMMUNITY HOSPITAL
 RECONCILIATION OF CAPITAL COSTS CENTERS

IN LIEU OF FORM CMS-2552-96(12/1999)
 I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-1329 I FROM 1/ 1/2008 I WORKSHEET A-7
 I I TO 12/31/2008 I PARTS III & IV

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITIALIZED GROSS ASSETS			ALLOCATION OF OTHER CAPITAL OTHER CAPITAL RELATED COSTS			TOTAL 8
		LEASES 2	FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	7	
* NEW CAP REL COSTS-BL								
3 01 NEW CAP REL COSTS-OF								
4 NEW CAP REL COSTS-MV								
4 01 NEW CAP REL COSTS-MV								
5 TOTAL				1.000000				

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
* NEW CAP REL COSTS-BL	2,744,276		-834,961				1,909,315
3 01 NEW CAP REL COSTS-OF	174,954						174,954
4 NEW CAP REL COSTS-MV	2,313,902						2,313,902
4 01 NEW CAP REL COSTS-MV	57,166						57,166
5 TOTAL	5,290,298		-834,961				4,455,337

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
* NEW CAP REL COSTS-BL	2,786,704						2,786,704
3 01 NEW CAP REL COSTS-OF	132,526						132,526
4 NEW CAP REL COSTS-MV	2,371,068						2,371,068
4 01 NEW CAP REL COSTS-MV							
5 TOTAL	5,290,298						5,290,298

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,527,874			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHEROPERATING OTHOP-VENDING SALES	B	-6,431	DIETARY	11	
38 OTHEROPERATING OTHOP-BABY PHOTOS	B	-2,350	ADMINISTRATIVE & GENERAL	6	
39 OTHEROPERATING GIRLS ON THE RUN REVE	B	-11,435	ADMINISTRATIVE & GENERAL	6	
40 OTHEROPERATING OTHOP-INTERNAL SALE	B	-1,227	ADMINISTRATIVE & GENERAL	6	
41 OTHEROPERATING 24 HOUR FLOWER	B	-765	ADMINISTRATIVE & GENERAL	6	
42 MMCH OTHER OPERATING COMMBENEFITS IM	B	-25,313	ADMINISTRATIVE & GENERAL	6	
43 MMCH OTHER OPERATING COMMBENEFITS SC	B	-2,281	ADMINISTRATIVE & GENERAL	6	
44 OTHEROPERATING DIABETES PROGRAM	B	-9,974	ADMINISTRATIVE & GENERAL	6	
45 OTHEROPERATING OTHOP-MEDRED TRANSC	B	-10,143	MEDICAL RECORDS & LIBRARY	17	
46 OTHEROPERATING OTHOP-DIET SUPP/INS	B	-22,395	DIETARY	11	
47 OTHEROPERATING OTHOP-EMS EDUCATION	B	-7,535	EMERGENCY	61	
48 OTHEROPERATING OTHOP-MISC REVENUE	B	-2,093	ADMINISTRATIVE & GENERAL	6	
49 OTHEROPERATING OTHOP-LAUNDRY SERVICE	B	-1,646	LAUNDRY & LINEN SERVICE	9	
49.01 CAFETERIA OFFSET	A	-142,604	CAFETERIA	12	
49.02 INTEREST OFFSET	A	-834,961	NEW CAP REL COSTS-BLDG &	3	11
49.03					
49.04 LOBBYING EXPENSE	A	-4,454	ADMINISTRATIVE & GENERAL	6	
49.05 TELEPHONE & TV OFFSET	A	-3,645	ADMINISTRATIVE & GENERAL	6	
49.06 OTHEROPERATING OTHOP - PUCHASE DISC	B	-24	ADMINISTRATIVE & GENERAL	6	
49.07 MMCH OTHER OPERATING NONOP-	B	-543	ADMINISTRATIVE & GENERAL	6	
49.08					
49.09					
49.10					
49.11					
49.12					
49.13					
49.14					
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,617,693			

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

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	6 A&G	182,800	142,518	40,282				
2	33 NURSERY	12,000		12,000				
3	41 RADIOLOGY	240,903	192,903	48,000				
4	44 LABORATORY	73,350	22,005	51,345				
5	49 RESPIRATORY	14,436	4,436	10,000				
6	53 CARDIAC	91,619	59,623	31,996				
7	61 EMERGENCY	1,480,950	1,020,393	460,557				
8	41 ONCOLOGY	109,996	85,996	24,000				
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,206,054	1,527,874	678,180				

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-1329 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	9	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-OFFSITE BLDG	4	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	9	SQUARE	FEET	ENTERED
4.01	NEW CAP REL COSTS-MVBLE EQUIP OFFSIT	4	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	9	SQUARE	FEET	ENTERED
8.01	OPERATION OF PLANT -OFFSITE	7	SQUARE	FEET	ENTERED
8.02	OPERATION OF PLANT - HOSPITAL & OFFS	17	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	5	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	12	HOURS OF	SERVICE	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	100%	PHARMACY	ENTERED
17	MEDICAL RECORDS & LIBRARY	25	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-OFFSITE	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	3	3.01	4	4.01	5	5a.00
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &	1,909,315	1,909,315					
003 01 NEW CAP REL COSTS-OFFSITE	174,954		174,954				
004 NEW CAP REL COSTS-MVBLE E	2,313,902			2,313,902			
004 01 NEW CAP REL COSTS-MVBLE E	57,166				57,166		
005 EMPLOYEE BENEFITS	7,181,025	21,645		26,232		7,228,902	
006 ADMINISTRATIVE & GENERAL	5,128,387	245,875		297,977		1,059,534	6,731,773
008 OPERATION OF PLANT	1,250,107	378,652		458,888			2,087,647
008 01 OPERATION OF PLANT -OFFSI	54,620						54,620
008 02 OPERATION OF PLANT - HOSP	522,285					181,479	703,764
009 LAUNDRY & LINEN SERVICE	114,371	26,533		32,155		29,503	202,562
010 HOUSEKEEPING	610,274	20,193		24,472		191,638	846,577
011 DIETARY	242,159	20,277		24,573		61,705	348,714
012 CAFETERIA	626,813	56,906		68,964		175,200	927,883
014 NURSING ADMINISTRATION	673,116	1,578		1,912		238,704	915,310
015 CENTRAL SERVICES & SUPPLY	435,800	20,095		24,353			480,248
016 PHARMACY	1,156,027	14,244		17,262		157,513	1,345,046
017 MEDICAL RECORDS & LIBRARY	910,514	23,461		28,432		264,411	1,226,818
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,008,399	154,658		187,431		669,738	3,020,226
026 INTENSIVE CARE UNIT	426,663	31,476		38,146		146,189	642,474
033 NURSERY	466,761	9,817		11,897		142,586	631,061
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,940,499	61,221		74,194		386,337	3,462,251
039 DELIVERY ROOM & LABOR ROO	94,784	17,707		21,459		29,719	163,669
041 RADIOLOGY-DIAGNOSTIC	4,603,137	241,868		293,120		571,546	5,709,671
044 LABORATORY	2,231,104	70,675		85,651		360,922	2,748,352
049 RESPIRATORY THERAPY	823,502	34,953		42,360		257,762	1,158,577
050 PHYSICAL THERAPY	630,920	43,276		52,447		217,858	944,501
051 OCCUPATIONAL THERAPY	384,316	15,221		18,447		129,718	547,702
052 SPEECH PATHOLOGY	147,416	6,912		8,377		50,375	213,080
053 ELECTROCARDIOLOGY	232,461	36,113		43,765		38,516	350,855
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	838,093	137,803		167,004		256,252	1,399,152
060 01 WOUND CLINIC	19,757					6,488	26,245
061 EMERGENCY	1,623,884	76,247		92,404		420,551	2,213,086
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	1,084,866					351,395	1,436,261
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	312,015					83,418	395,433
095 SUBTOTALS	42,229,412	1,767,406		2,141,922		6,479,057	40,933,558
095 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	2,051,954	124,104	174,954	150,402	57,166	569,044	3,127,624
098 01 PRIVATE DUTY	65,128					21,237	86,365
100 COMMUNITY RELATIONS	497,289	6,117		7,413		69,814	580,633
100 01 COMMUNITY BENEFITS	469,712	11,688		14,165		89,750	585,315
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	45,313,495	1,909,315	174,954	2,313,902	57,166	7,228,902	45,313,495

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT -OFFSI	OPERATION OF PLANT - HOSP	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	6	8	8.01	8.02	9	10	11
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-OFFSITE							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	6,731,773						
008 OPERATION OF PLANT	364,255	2,451,902					
008 01 OPERATION OF PLANT -OFFSI	9,530		64,150				
008 02 OPERATION OF PLANT - HOSP	122,793			826,557			
009 LAUNDRY & LINEN SERVICE	35,343	51,503		12,478	301,886		
010 HOUSEKEEPING	147,712	39,197		9,496	10,862	1,053,844	
011 DIETARY	60,844	39,359		9,535	577	14,604	473,633
012 CAFETERIA	161,898	110,461		26,761	1,620	40,985	
014 NURSING ADMINISTRATION	159,704	3,063		742		1,137	
015 CENTRAL SERVICES & SUPPLY	83,794	39,007		9,450	4,060	14,473	
016 PHARMACY	234,685	27,649		6,698		10,259	
017 MEDICAL RECORDS & LIBRARY	214,056	45,540		11,033		16,897	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	526,972	300,209		72,731	102,867	111,389	439,346
026 INTENSIVE CARE UNIT	112,100	61,099		14,802	7,796	22,670	34,287
033 NURSERY	110,108	19,056		4,617	4,539	7,071	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	604,097	118,837		28,790	48,408	44,093	
039 DELIVERY ROOM & LABOR ROO	28,557	34,372		8,327	3,663	12,753	
041 RADIOLOGY-DIAGNOSTIC	996,227	469,491		113,742	24,760	174,199	
044 LABORATORY	479,535	137,188		33,236		50,902	
049 RESPIRATORY THERAPY	202,150	67,849		16,437	3,828	25,174	
050 PHYSICAL THERAPY	164,797	84,004		20,351	17,867	31,169	
051 OCCUPATIONAL THERAPY	95,564	29,547		7,158		10,963	
052 SPEECH PATHOLOGY	37,178	13,418		3,251		4,979	
053 ELECTROCARDIOLOGY	61,218	70,098		16,983	2,671	26,009	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	244,125	267,491		64,804	19,145	99,249	
060 01 WOUND CLINIC	4,579						
061 EMERGENCY	386,141	148,004		35,856	49,223	54,915	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	250,600						
071 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	68,996						
095 SUBTOTALS	5,967,558	2,176,442		527,278	301,886	773,890	473,633
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	545,711	240,899	64,150	290,906		267,131	
098 01 PRIVATE DUTY	15,069						
100 COMMUNITY RELATIONS	101,309	11,873		2,876		4,405	
100 01 COMMUNITY BENEFITS	102,126	22,688		5,497		8,418	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	6,731,773	2,451,902	64,150	826,557	301,886	1,053,844	473,633

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SUBTOTAL 25	I&R COST POST STEP- DOWN ADJ 26
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-OFFSITE							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT -OFFSI							
008 02 OPERATION OF PLANT - HOSP							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	1,269,608						
014 NURSING ADMINISTRATION	45,790	1,125,746					
015 CENTRAL SERVICES & SUPPLY			631,032				
016 PHARMACY	31,529		78,958	1,734,824			
017 MEDICAL RECORDS & LIBRARY	83,570		141		1,598,055		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	209,658	635,375	6,169		776,250	6,201,192	
026 INTENSIVE CARE UNIT	37,916	114,905	1,644			1,049,693	
033 NURSERY						776,452	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	102,577		198,030		136,664	4,743,747	
039 DELIVERY ROOM & LABOR ROO	8,726	26,443	9,205			295,715	
041 RADIOLOGY-DIAGNOSTIC	151,783		211,035		402,703	8,253,611	
044 LABORATORY	115,845		84,507			3,649,565	
049 RESPIRATORY THERAPY	68,473		9,311			1,551,799	
050 PHYSICAL THERAPY			1,394			1,264,083	
051 OCCUPATIONAL THERAPY			2,311			693,245	
052 SPEECH PATHOLOGY			212			272,118	
053 ELECTROCARDIOLOGY	10,231		2,137		21,866	562,068	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				1,734,824		1,734,824	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			9,477		173,107	2,276,550	
060 01 WOUND CLINIC	1,372					32,196	
061 EMERGENCY	115,170	349,023	7,867		87,465	3,446,750	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	88,841		832			1,776,534	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	24,235		3,661			492,325	
095 SUBTOTALS	1,095,716	1,125,746	626,891	1,734,824	1,598,055	39,072,467	
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	123,790		4,128			4,664,339	
098 01 PRIVATE DUTY	10,573		13			112,020	
100 COMMUNITY RELATIONS	15,005					716,101	
100 01 COMMUNITY BENEFITS	24,524					748,568	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,269,608	1,125,746	631,032	1,734,824	1,598,055	45,313,495	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	TOTAL
	27
GENERAL SERVICE COST CNTR	
003 NEW CAP REL COSTS-BLDG &	
003 01 NEW CAP REL COSTS-OFFSITE	
004 NEW CAP REL COSTS-MVBLE E	
004 01 NEW CAP REL COSTS-MVBLE E	
005 EMPLOYEE BENEFITS	
006 ADMINISTRATIVE & GENERAL	
008 OPERATION OF PLANT	
008 01 OPERATION OF PLANT -OFFSI	
008 02 OPERATION OF PLANT - HOSP	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	6,201,192
026 INTENSIVE CARE UNIT	1,049,693
033 NURSERY	776,452
034 SKILLED NURSING FACILITY	
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	4,743,747
039 DELIVERY ROOM & LABOR ROO	295,715
041 RADIOLOGY-DIAGNOSTIC	8,253,611
044 LABORATORY	3,649,565
049 RESPIRATORY THERAPY	1,551,799
050 PHYSICAL THERAPY	1,264,083
051 OCCUPATIONAL THERAPY	693,245
052 SPEECH PATHOLOGY	272,118
053 ELECTROCARDIOLOGY	562,068
055 MEDICAL SUPPLIES CHARGED	
056 DRUGS CHARGED TO PATIENTS	1,734,824
OUTPAT SERVICE COST CNTRS	
060 CLINIC	2,276,550
060 01 WOUND CLINC	32,196
061 EMERGENCY	3,446,750
062 OBSERVATION BEDS (NON-DIS	
OTHER REIMBURS COST CNTRS	
065 AMBULANCE SERVICES	
071 HOME HEALTH AGENCY	1,776,534
SPEC PURPOSE COST CENTERS	
093 HOSPICE	492,325
095 SUBTOTALS	39,072,467
NONREIMBURS COST CENTERS	
098 PHYSICIANS' PRIVATE OFFIC	4,664,339
098 01 PRIVATE DUTY	112,020
100 COMMUNITY RELATIONS	716,101
100 01 COMMUNITY BENEFITS	748,568
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	
103 TOTAL	45,313,495

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-OFFSITE	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	3	3.01	4	4.01	4a	5
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-OFFSITE							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		21,645		26,232		47,877	47,877
006 ADMINISTRATIVE & GENERAL		245,875		297,977		543,852	7,023
008 OPERATION OF PLANT		378,652		458,888		837,540	
008 01 OPERATION OF PLANT -OFFSI							
008 02 OPERATION OF PLANT - HOSP							1,202
009 LAUNDRY & LINEN SERVICE		26,533		32,155		58,688	195
010 HOUSEKEEPING		20,193		24,472		44,665	1,269
011 DIETARY		20,277		24,573		44,850	409
012 CAFETERIA		56,906		68,964		125,870	1,160
014 NURSING ADMINISTRATION		1,578		1,912		3,490	1,581
015 CENTRAL SERVICES & SUPPLY		20,095		24,353		44,448	
016 PHARMACY		14,244		17,262		31,506	1,043
017 MEDICAL RECORDS & LIBRARY		23,461		28,432		51,893	1,751
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		154,658		187,431		342,089	4,435
026 INTENSIVE CARE UNIT		31,476		38,146		69,622	968
033 NURSERY		9,817		11,897		21,714	944
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		61,221		74,194		135,415	2,558
039 DELIVERY ROOM & LABOR ROO		17,707		21,459		39,166	197
041 RADIOLOGY-DIAGNOSTIC		241,868		293,120		534,988	3,785
044 LABORATORY		70,675		85,651		156,326	2,390
049 RESPIRATORY THERAPY		34,953		42,360		77,313	1,707
050 PHYSICAL THERAPY		43,276		52,447		95,723	1,443
051 OCCUPATIONAL THERAPY		15,221		18,447		33,668	859
052 SPEECH PATHOLOGY		6,912		8,377		15,289	334
053 ELECTROCARDIOLOGY		36,113		43,765		79,878	255
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
OUTPAT SERVICE COST CNTRS							
060 CLINIC		137,803		167,004		304,807	1,697
060 01 WOUND CLINC							43
061 EMERGENCY		76,247		92,404		168,651	2,785
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY							2,327
SPEC PURPOSE COST CENTERS							
093 HOSPICE							552
095 SUBTOTALS		1,767,406		2,141,922		3,909,328	42,912
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC		124,104	174,954	150,402	57,166	506,626	3,768
098 01 PRIVATE DUTY							141
100 COMMUNITY RELATIONS		6,117		7,413		13,530	462
100 01 COMMUNITY BENEFITS		11,688		14,165		25,853	594
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,909,315	174,954	2,313,902	57,166	4,455,337	47,877

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT -OFFSI	OPERATION OF PLANT - HOSP	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	6	8	8.01	8.02	9	10	11
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-OFFSITE							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	550,875						
008 OPERATION OF PLANT	29,807	867,347					
008 01 OPERATION OF PLANT -OFFSI	780		780				
008 02 OPERATION OF PLANT - HOSP	10,048			11,250			
009 LAUNDRY & LINEN SERVICE	2,892	18,219		170	80,164		
010 HOUSEKEEPING	12,087	13,866		129	2,884	74,900	
011 DIETARY	4,979	13,923		130	153	1,038	65,482
012 CAFETERIA	13,248	39,075		364	430	2,913	
014 NURSING ADMINISTRATION	13,069	1,084		10		81	
015 CENTRAL SERVICES & SUPPLY	6,857	13,798		129	1,078	1,029	
016 PHARMACY	19,205	9,781		91		729	
017 MEDICAL RECORDS & LIBRARY	17,517	16,109		150		1,201	
025 ADULTS & PEDIATRICS	43,123	106,197		990	27,316	7,917	60,742
026 INTENSIVE CARE UNIT	9,173	21,613		201	2,070	1,611	4,740
033 NURSERY	9,010	6,741		63	1,205	503	
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	49,434	42,038		392	12,855	3,134	
039 DELIVERY ROOM & LABOR ROO	2,337	12,159		113	973	906	
041 RADIOLOGY-DIAGNOSTIC	81,529	166,078		1,548	6,575	12,381	
044 LABORATORY	39,241	48,530		452		3,618	
049 RESPIRATORY THERAPY	16,542	24,001		224	1,017	1,789	
050 PHYSICAL THERAPY	13,486	29,716		277	4,744	2,215	
051 OCCUPATIONAL THERAPY	7,820	10,452		97		779	
052 SPEECH PATHOLOGY	3,042	4,747		44		354	
053 ELECTROCARDIOLOGY	5,010	24,797		231	709	1,849	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
OUTPAT SERVICE COST CNTRS							
060 CLINIC	19,977	94,624		882	5,084	7,054	
060 01 WOUND CLINIC	375						
061 EMERGENCY	31,598	52,356		488	13,071	3,903	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	20,507						
SPEC PURPOSE COST CENTERS							
093 HOSPICE	5,646						
095 SUBTOTALS	488,339	769,904		7,175	80,164	55,004	65,482
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	44,656	85,217	780	3,961		18,985	
098 01 PRIVATE DUTY	1,233						
100 COMMUNITY RELATIONS	8,290	4,200		39		313	
100 01 COMMUNITY BENEFITS	8,357	8,026		75		598	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	550,875	867,347	780	11,250	80,164	74,900	65,482

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT
GENERAL SERVICE COST CNTR	12	14	15	16	17	25	26
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-OFFSITE							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT -OFFSI							
008 02 OPERATION OF PLANT - HOSP							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	183,060						
014 NURSING ADMINISTRATION	6,602	25,917					
015 CENTRAL SERVICES & SUPPLY			67,339				
016 PHARMACY	4,546		8,426	75,327			
017 MEDICAL RECORDS & LIBRARY	12,050		15		100,686		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	30,230	14,628	658		48,907	687,232	
026 INTENSIVE CARE UNIT	5,467	2,645	175			118,285	
033 NURSERY						40,180	
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	14,790		21,132		8,611	290,359	
039 DELIVERY ROOM & LABOR ROO	1,258	609	982			58,700	
041 RADIOLOGY-DIAGNOSTIC	21,885		22,520		25,372	876,661	
044 LABORATORY	16,703		9,018			276,278	
049 RESPIRATORY THERAPY	9,873		994			133,460	
050 PHYSICAL THERAPY			149			147,753	
051 OCCUPATIONAL THERAPY			247			53,922	
052 SPEECH PATHOLOGY			23			23,833	
053 ELECTROCARDIOLOGY	1,475		228		1,378	115,810	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				75,327		75,327	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			1,011		10,907	446,043	
060 01 WOUND CLINIC	198					616	
061 EMERGENCY	16,606	8,035	840		5,511	303,844	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	12,810		89			35,733	
SPEC PURPOSE COST CENTERS							
093 HOSPICE	3,494		391			10,083	
095 SUBTOTALS	157,987	25,917	66,898	75,327	100,686	3,694,119	
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	17,849		440			682,282	
098 01 PRIVATE DUTY	1,524		1			2,899	
100 COMMUNITY RELATIONS	2,164					28,998	
100 01 COMMUNITY BENEFITS	3,536					47,039	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	183,060	25,917	67,339	75,327	100,686	4,455,337	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		TOTAL
		27
	GENERAL SERVICE COST CNTR	
003	NEW CAP REL COSTS-BLDG &	
003 01	NEW CAP REL COSTS-OFFSITE	
004	NEW CAP REL COSTS-MVBLE E	
004 01	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
008	OPERATION OF PLANT	
008 01	OPERATION OF PLANT -OFFSI	
008 02	OPERATION OF PLANT - HOSP	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	687,232
026	INTENSIVE CARE UNIT	118,285
033	NURSERY	40,180
034	SKILLED NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	290,359
039	DELIVERY ROOM & LABOR ROO	58,700
041	RADIOLOGY-DIAGNOSTIC	876,661
044	LABORATORY	276,278
049	RESPIRATORY THERAPY	133,460
050	PHYSICAL THERAPY	147,753
051	OCCUPATIONAL THERAPY	53,922
052	SPEECH PATHOLOGY	23,833
053	ELECTROCARDIOLOGY	115,810
055	MEDICAL SUPPLIES CHARGED	
056	DRUGS CHARGED TO PATIENTS	75,327
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	446,043
060 01	WOUND CLINIC	616
061	EMERGENCY	303,844
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	
071	HOME HEALTH AGENCY	35,733
	SPEC PURPOSE COST CENTERS	
093	HOSPICE	10,083
095	SUBTOTALS	3,694,119
	NONREIMBURS COST CENTERS	
098	PHYSICIANS' PRIVATE OFFIC	682,282
098 01	PRIVATE DUTY	2,899
100	COMMUNITY RELATIONS	28,998
100 01	COMMUNITY BENEFITS	47,039
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	4,455,337

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-OFFSITE	OSTS-MVBLE E	OSTS-MVBLE E	(GROSS) SALARIES	
	(SQUARE FEET	(SQUARE) FEET	(SQUARE) FEET	(SQUARE) FEET	(GROSS) SALARIES	
	3	3.01	4	4.01	5	6a.00
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	136,725					
003 01 NEW CAP REL COSTS-OFF		42,406				
004 NEW CAP REL COSTS-MVB			136,725			
004 01 NEW CAP REL COSTS-MVB				42,406		
005 EMPLOYEE BENEFITS	1,550		1,550		19,822,246	
006 ADMINISTRATIVE & GENE	17,607		17,607		2,905,309	-6,731,773
008 OPERATION OF PLANT	27,115		27,115			
008 01 OPERATION OF PLANT -O					497,632	
008 02 OPERATION OF PLANT -					80,901	
009 LAUNDRY & LINEN SERVI	1,900		1,900		525,487	
010 HOUSEKEEPING	1,446		1,446		169,199	
011 DIETARY	1,452		1,452		480,414	
012 CAFETERIA	4,075		4,075		654,548	
014 NURSING ADMINISTRATIO	113		113			
015 CENTRAL SERVICES & SU	1,439		1,439		431,913	
016 PHARMACY	1,020		1,020		725,038	
017 MEDICAL RECORDS & LIB	1,680		1,680			
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	11,075		11,075		1,836,478	
026 INTENSIVE CARE UNIT	2,254		2,254		400,863	
033 NURSERY	703		703		390,982	
034 SKILLED NURSING FACIL						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	4,384		4,384		1,059,370	
039 DELIVERY ROOM & LABOR	1,268		1,268		81,491	
041 RADIOLOGY-DIAGNOSTIC	17,320		17,320		1,567,229	
044 LABORATORY	5,061		5,061		989,679	
049 RESPIRATORY THERAPY	2,503		2,503		706,804	
050 PHYSICAL THERAPY	3,099		3,099		597,385	
051 OCCUPATIONAL THERAPY	1,090		1,090		355,698	
052 SPEECH PATHOLOGY	495		495		138,133	
053 ELECTROCARDIOLOGY	2,586		2,586		105,614	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
OUTPAT SERVICE COST C						
060 CLINIC	9,868		9,868		702,665	
060 01 WOUND CLINC					17,791	
061 EMERGENCY	5,460		5,460		1,153,186	
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES					963,556	
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
093 HOSPICE					228,740	
095 SUBTOTALS	126,563		126,563		17,766,105	-6,731,773
NONREIMBURS COST CENT						
098 PHYSICIANS' PRIVATE O	8,887	42,406	8,887	42,406	1,560,368	
098 01 PRIVATE DUTY					58,235	
100 COMMUNITY RELATIONS	438		438		191,436	
100 01 COMMUNITY BENEFITS	837		837		246,102	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,909,315	174,954	2,313,902	57,166	7,228,902	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	13.964637		16.923767		.364686	
(WRKSHT B, PT I)		4.125690		1.348064		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					47,877	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.002415	
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT -OFFSI	OPERATION OF PLANT - HOSP	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	S
	(ACCUM. COST)	(SQUARE) FEET	(SQUARE) FEET	(SQUARE) FEET	(POUNDS OF) LAUNDRY	(SQUARE) FEET	(MEALS)ERVED	
	6	8	8.01	8.02	9	10	11	
GENERAL SERVICE COST								
003 NEW CAP REL COSTS-BLD								
003 01 NEW CAP REL COSTS-OFF								
004 NEW CAP REL COSTS-MVB								
004 01 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENE	38,581,722							
008 OPERATION OF PLANT	2,087,647	90,453						
008 01 OPERATION OF PLANT -O	54,620		35,410					
008 02 OPERATION OF PLANT -	703,764			125,863				
009 LAUNDRY & LINEN SERVI	202,562	1,900		1,900	389,789			
010 HOUSEKEEPING	846,577	1,446		1,446	14,025	104,780		
011 DIETARY	348,714	1,452		1,452	745	1,452	18,842	
012 CAFETERIA	927,883	4,075		4,075	2,092	4,075		
014 NURSING ADMINISTRATIO	915,310	113		113		113		
015 CENTRAL SERVICES & SU	480,248	1,439		1,439	5,242	1,439		
016 PHARMACY	1,345,046	1,020		1,020		1,020		
017 MEDICAL RECORDS & LIB	1,226,818	1,680		1,680		1,680		
INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	3,020,226	11,075		11,075	132,820	11,075	17,478	
026 INTENSIVE CARE UNIT	642,474	2,254		2,254	10,066	2,254	1,364	
033 NURSERY	631,061	703		703	5,861	703		
034 SKILLED NURSING FACIL								
ANCILLARY SRVC COST C								
037 OPERATING ROOM	3,462,251	4,384		4,384	62,504	4,384		
039 DELIVERY ROOM & LABOR	163,669	1,268		1,268	4,729	1,268		
041 RADIOLOGY-DIAGNOSTIC	5,709,671	17,320		17,320	31,969	17,320		
044 LABORATORY	2,748,352	5,061		5,061		5,061		
049 RESPIRATORY THERAPY	1,158,577	2,503		2,503	4,943	2,503		
050 PHYSICAL THERAPY	944,501	3,099		3,099	23,069	3,099		
051 OCCUPATIONAL THERAPY	547,702	1,090		1,090		1,090		
052 SPEECH PATHOLOGY	213,080	495		495		495		
053 ELECTROCARDIOLOGY	350,855	2,586		2,586	3,449	2,586		
055 MEDICAL SUPPLIES CHAR								
056 DRUGS CHARGED TO PATI								
OUTPAT SERVICE COST C								
060 CLINIC	1,399,152	9,868		9,868	24,719	9,868		
060 01 WOUND CLINIC	26,245							
061 EMERGENCY	2,213,086	5,460		5,460	63,556	5,460		
062 OBSERVATION BEDS (NON								
OTHER REIMBURS COST C								
065 AMBULANCE SERVICES								
071 HOME HEALTH AGENCY	1,436,261							
SPEC PURPOSE COST CEN								
093 HOSPICE	395,433							
095 SUBTOTALS	34,201,785	80,291		80,291	389,789	76,945	18,842	
NONREIMBURS COST CENT								
098 PHYSICIANS' PRIVATE O	3,127,624	8,887	35,410	44,297		26,560		
098 01 PRIVATE DUTY	86,365							
100 COMMUNITY RELATIONS	580,633	438		438		438		
100 01 COMMUNITY BENEFITS	585,315	837		837		837		
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	6,731,773	2,451,902	64,150	826,557	301,886	1,053,844	473,633	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		27.106917		6.567117		10.057683		
(WRKSHT B, PT I)	.174481		1.811635		.774486		25.137087	
105 COST TO BE ALLOCATED								
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER								
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED	550,875	867,347	780	11,250	80,164	74,900	65,482	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		9.588925	.022028	.089383	.205660	.714831	3.475321	
(WRKSHT B, PT III)	.014278							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT) SING HRS	CENTRAL SERVICES & SUPPLY (COSTED))EQUIS.	PHARMACY (100%) HARMACY	MEDICAL RECORDS & LIBRARY (TIME) PENT	S
	12	14	15	16	17	
003 GENERAL SERVICE COST						
003 01 NEW CAP REL COSTS-BLD						
004 01 NEW CAP REL COSTS-OFF						
004 01 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENERAL						
008 OPERATION OF PLANT						
008 01 OPERATION OF PLANT -O						
008 02 OPERATION OF PLANT -						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA	483,217					
014 NURSING ADMINISTRATION	17,428	141,383				
015 CENTRAL SERVICES & SUPPLY			5,642,176			
016 PHARMACY	12,000		705,978	100		
017 MEDICAL RECORDS & LIBRARY	31,807		1,263		877	
025 INPAT ROUTINE SERVICE CENTER						
026 ADULTS & PEDIATRICS	79,797	79,797	55,154		426	
032 INTENSIVE CARE UNIT	14,431	14,431	14,697			
033 NURSERY						
034 SKILLED NURSING FACILITY						
037 ANCILLARY SERVICE COST CENTER						
039 OPERATING ROOM	39,041		1,770,625		75	
041 DELIVERY ROOM & LABOR	3,321	3,321	82,306			
044 RADIOLOGY-DIAGNOSTIC	57,769		1,886,903		221	
049 LABORATORY	44,091		755,592			
050 RESPIRATORY THERAPY	26,061		83,250			
051 PHYSICAL THERAPY			12,462			
052 OCCUPATIONAL THERAPY			20,662			
053 SPEECH PATHOLOGY			1,897			
055 ELECTROCARDIOLOGY	3,894		19,106		12	
056 MEDICAL SUPPLIES CHARGED TO PATIENT				100		
060 OUTPUT SERVICE COST CENTER						
060 01 CLINIC			84,735		95	
061 WOUND CLINIC	522					
062 EMERGENCY	43,834	43,834	70,343		48	
065 OBSERVATION BEDS (NON-REIMBURSABLE)						
071 OTHER REIMBURSABLE COST CENTER						
071 HOME HEALTH AGENCY	33,813		7,438			
093 SPEC PURPOSE COST CENTER						
095 HOSPICE	9,224		32,738			
095 SUBTOTALS	417,033	141,383	5,605,149	100	877	
098 NONREIMBURSABLE COST CENTER						
098 01 PHYSICIANS' PRIVATE DUTY	47,115		36,907			
100 PRIVATE DUTY	4,024		120			
100 01 COMMUNITY RELATIONS	5,711					
101 COMMUNITY BENEFITS	9,334					
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,269,608	1,125,746	631,032	1,734,824	1,598,055	
104 (PER WORKSHEET B, PART I) UNIT COST MULTIPLIER		7.962386		17,348.240000		
105 (WORKSHEET B, PT I) COST TO BE ALLOCATED	2.627408		.111842		1,822.183580	
106 (PER WORKSHEET B, PART II) UNIT COST MULTIPLIER						
107 (WORKSHEET B, PT II) COST TO BE ALLOCATED	183,060	25,917	67,339	75,327	100,686	
108 (PER WORKSHEET B, PART III) UNIT COST MULTIPLIER		.183311		753.270000		
108 (WORKSHEET B, PT III) COST TO BE ALLOCATED	.378836		.011935		114.807298	

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	6,201,192		6,201,192		
26	INTENSIVE CARE UNIT	1,049,693		1,049,693		
33	NURSERY	776,452		776,452		
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,743,747		4,743,747		
39	DELIVERY ROOM & LABOR ROO	295,715		295,715		
41	RADIOLOGY-DIAGNOSTIC	8,253,611		8,253,611		
44	LABORATORY	3,649,565		3,649,565		
49	RESPIRATORY THERAPY	1,551,799		1,551,799		
50	PHYSICAL THERAPY	1,264,083		1,264,083		
51	OCCUPATIONAL THERAPY	693,245		693,245		
52	SPEECH PATHOLOGY	272,118		272,118		
53	ELECTROCARDIOLOGY	562,068		562,068		
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	1,734,824		1,734,824		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,276,550		2,276,550		
60 01	WOUND CLINIC	32,196		32,196		
61	EMERGENCY	3,446,750		3,446,750		
62	OBSERVATION BEDS (NON-DIS	868,959		868,959		
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	37,672,567		37,672,567		
102	LESS OBSERVATION BEDS	868,959		868,959		
103	TOTAL	36,803,608		36,803,608		

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	5,323,533		5,323,533			
26	INTENSIVE CARE UNIT	1,367,078		1,367,078			
33	NURSERY	630,958		630,958			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,103,673	10,306,277	13,409,950	.353748	.353748	
39	DELIVERY ROOM & LABOR ROO	851,794	62,113	913,907	.323572	.323572	
41	RADIOLOGY-DIAGNOSTIC	964,679	26,457,070	27,421,749	.300988	.300988	
44	LABORATORY	1,613,743	10,234,053	11,847,796	.308037	.308037	
49	RESPIRATORY THERAPY	1,437,152	357,597	1,794,749	.864633	.864633	
50	PHYSICAL THERAPY	201,009	1,624,317	1,825,326	.692525	.692525	
51	OCCUPATIONAL THERAPY	135,797	739,872	875,669	.791675	.791675	
52	SPEECH PATHOLOGY	51,170	106,126	157,296	1.729974	1.729974	
53	ELECTROCARDIOLOGY	300,521	2,370,110	2,670,631	.210463	.210463	
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	2,821,964	3,005,148	5,827,112	.297716	.297716	
60	CLINIC	99,364	2,936,985	3,036,349	.749766	.749766	
60	01 WOUND CLINIC		52,690	52,690	.611046	.611046	
61	EMERGENCY	101,198	4,058,264	4,159,462	.828653	.828653	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		1,176,171	1,176,171	.738803	.738803	
65	AMBULANCE SERVICES						
101	SUBTOTAL	19,003,633	63,486,793	82,490,426			
102	LESS OBSERVATION BEDS						
103	TOTAL	19,003,633	63,486,793	82,490,426			

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
25	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	6,201,192		6,201,192		
26	INTENSIVE CARE UNIT	1,049,693		1,049,693		
33	NURSERY	776,452		776,452		
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,743,747		4,743,747		
39	DELIVERY ROOM & LABOR ROO	295,715		295,715		
41	RADIOLOGY-DIAGNOSTIC	8,253,611		8,253,611		
44	LABORATORY	3,649,565		3,649,565		
49	RESPIRATORY THERAPY	1,551,799		1,551,799		
50	PHYSICAL THERAPY	1,264,083		1,264,083		
51	OCCUPATIONAL THERAPY	693,245		693,245		
52	SPEECH PATHOLOGY	272,118		272,118		
53	ELECTROCARDIOLOGY	562,068		562,068		
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	1,734,824		1,734,824		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,276,550		2,276,550		
60	01 WOUND CLINC	32,196		32,196		
61	EMERGENCY	3,446,750		3,446,750		
62	OBSERVATION BEDS (NON-DIS	868,959		868,959		
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	37,672,567		37,672,567		
102	LESS OBSERVATION BEDS	868,959		868,959		
103	TOTAL	36,803,608		36,803,608		

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,323,533		5,323,533			
26	INTENSIVE CARE UNIT	1,367,078		1,367,078			
33	NURSERY	630,958		630,958			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,103,673	10,306,277	13,409,950	.353748	.353748	
39	DELIVERY ROOM & LABOR ROO	851,794	62,113	913,907	.323572	.323572	
41	RADIOLOGY-DIAGNOSTIC	964,679	26,457,070	27,421,749	.300988	.300988	
44	LABORATORY	1,613,743	10,234,053	11,847,796	.308037	.308037	
49	RESPIRATORY THERAPY	1,437,152	357,597	1,794,749	.864633	.864633	
50	PHYSICAL THERAPY	201,009	1,624,317	1,825,326	.692525	.692525	
51	OCCUPATIONAL THERAPY	135,797	739,872	875,669	.791675	.791675	
52	SPEECH PATHOLOGY	51,170	106,126	157,296	1.729974	1.729974	
53	ELECTROCARDIOLOGY	300,521	2,370,110	2,670,631	.210463	.210463	
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	2,821,964	3,005,148	5,827,112	.297716	.297716	
60	CLINIC	99,364	2,936,985	3,036,349	.749766	.749766	
60	01 WOUND CLINC		52,690	52,690	.611046	.611046	
61	EMERGENCY	101,198	4,058,264	4,159,462	.828653	.828653	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		1,176,171	1,176,171	.738803	.738803	
65	AMBULANCE SERVICES						
101	SUBTOTAL	19,003,633	63,486,793	82,490,426			
102	LESS OBSERVATION BEDS						
103	TOTAL	19,003,633	63,486,793	82,490,426			

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	4,743,747	290,359	4,453,388			4,743,747
39	DELIVERY ROOM & LABOR ROO	295,715	58,700	237,015			295,715
41	RADIOLOGY-DIAGNOSTIC	8,253,611	876,661	7,376,950			8,253,611
44	LABORATORY	3,649,565	276,278	3,373,287			3,649,565
49	RESPIRATORY THERAPY	1,551,799	133,460	1,418,339			1,551,799
50	PHYSICAL THERAPY	1,264,083	147,753	1,116,330			1,264,083
51	OCCUPATIONAL THERAPY	693,245	53,922	639,323			693,245
52	SPEECH PATHOLOGY	272,118	23,833	248,285			272,118
53	ELECTROCARDIOLOGY	562,068	115,810	446,258			562,068
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,734,824	75,327	1,659,497			1,734,824
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,276,550	446,043	1,830,507			2,276,550
60	01 WOUND CLINIC	32,196	616	31,580			32,196
61	EMERGENCY	3,446,750	303,844	3,142,906			3,446,750
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	868,959		868,959			868,959
65	AMBULANCE SERVICES						
101	SUBTOTAL	29,645,230	2,802,606	26,842,624			29,645,230
102	LESS OBSERVATION BEDS	868,959		868,959			868,959
103	TOTAL	28,776,271	2,802,606	25,973,665			28,776,271

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	13,409,950	.353748	.353748
39	DELIVERY ROOM & LABOR ROO	913,907	.323572	.323572
41	RADIOLOGY-DIAGNOSTIC	27,421,749	.300988	.300988
44	LABORATORY	11,847,796	.308037	.308037
49	RESPIRATORY THERAPY	1,794,749	.864633	.864633
50	PHYSICAL THERAPY	1,825,326	.692525	.692525
51	OCCUPATIONAL THERAPY	875,669	.791675	.791675
52	SPEECH PATHOLOGY	157,296	1.729974	1.729974
53	ELECTROCARDIOLOGY	2,670,631	.210463	.210463
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	5,827,112	.297716	.297716
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,036,349	.749766	.749766
60	01 WOUND CLINIC	52,690	.611046	.611046
61	EMERGENCY	4,159,462	.828653	.828653
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,176,171	.738803	.738803
65	AMBULANCE SERVICES			
101	SUBTOTAL	75,168,857		
102	LESS OBSERVATION BEDS	1,176,171		
103	TOTAL	73,992,686		

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	4,743,747	290,359	4,453,388			4,743,747
39	DELIVERY ROOM & LABOR ROO	295,715	58,700	237,015			295,715
41	RADIOLOGY-DIAGNOSTIC	8,253,611	876,661	7,376,950			8,253,611
44	LABORATORY	3,649,565	276,278	3,373,287			3,649,565
49	RESPIRATORY THERAPY	1,551,799	133,460	1,418,339			1,551,799
50	PHYSICAL THERAPY	1,264,083	147,753	1,116,330			1,264,083
51	OCCUPATIONAL THERAPY	693,245	53,922	639,323			693,245
52	SPEECH PATHOLOGY	272,118	23,833	248,285			272,118
53	ELECTROCARDIOLOGY	562,068	115,810	446,258			562,068
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	1,734,824	75,327	1,659,497			1,734,824
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,276,550	446,043	1,830,507			2,276,550
60	01 WOUND CLINC	32,196	616	31,580			32,196
61	EMERGENCY	3,446,750	303,844	3,142,906			3,446,750
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	868,959		868,959			868,959
65	AMBULANCE SERVICES						
101	SUBTOTAL	29,645,230	2,802,606	26,842,624			29,645,230
102	LESS OBSERVATION BEDS	868,959		868,959			868,959
103	TOTAL	28,776,271	2,802,606	25,973,665			28,776,271

Health Financial Systems MCRIF32
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

FOR MARGARET MARY COMMUNITY HOSPITAL

**NOT A CMS WORKSHEET **

(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-1329 I FROM 1/ 1/2008 I WORKSHEET C
 I TO 12/31/2008 I PART II

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	13,409,950	.353748	.353748
39	DELIVERY ROOM & LABOR ROO	913,907	.323572	.323572
41	RADIOLOGY-DIAGNOSTIC	27,421,749	.300988	.300988
44	LABORATORY	11,847,796	.308037	.308037
49	RESPIRATORY THERAPY	1,794,749	.864633	.864633
50	PHYSICAL THERAPY	1,825,326	.692525	.692525
51	OCCUPATIONAL THERAPY	875,669	.791675	.791675
52	SPEECH PATHOLOGY	157,296	1.729974	1.729974
53	ELECTROCARDIOLOGY	2,670,631	.210463	.210463
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	5,827,112	.297716	.297716
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,036,349	.749766	.749766
60	01 WOUND CLINC	52,690	.611046	.611046
61	EMERGENCY	4,159,462	.828653	.828653
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,176,171	.738803	.738803
65	AMBULANCE SERVICES			
101	SUBTOTAL	75,168,857		
102	LESS OBSERVATION BEDS	1,176,171		
103	TOTAL	73,992,686		

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	4,711,056	13,409,950			
39	DELIVERY ROOM & LABOR ROO	254,811	793,328			
41	RADIOLOGY-DIAGNOSTIC	8,152,691	27,421,749			
44	LABORATORY	3,616,270	11,847,796			
49	RESPIRATORY THERAPY	1,534,797	1,794,749			
50	PHYSICAL THERAPY	1,248,570	1,825,326			
51	OCCUPATIONAL THERAPY	812,511	875,669			
52	SPEECH PATHOLOGY	269,727	157,296			
53	ELECTROCARDIOLOGY	548,460	2,670,631			
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	1,726,981	5,827,112			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,167,585	3,036,349			
60	01 WOUND CLINC	32,106	52,690			
61	EMERGENCY	3,409,164	4,159,462			
62	OBSERVATION BEDS (NON-DIS	788,040	1,176,171			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL	29,272,769	75,048,278			

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 ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	4,711,056		4,711,056	13,409,950			
39	DELIVERY ROOM & LABOR ROO	254,811		254,811	793,328			
41	RADIOLOGY-DIAGNOSTIC	8,152,691	278,899	8,431,590	27,421,749			
44	LABORATORY	3,616,270	22,005	3,638,275	11,847,796			
49	RESPIRATORY THERAPY	1,534,797	4,436	1,539,233	1,794,749			
50	PHYSICAL THERAPY	1,248,570		1,248,570	1,825,326			
51	OCCUPATIONAL THERAPY	812,511		812,511	875,669			
52	SPEECH PATHOLOGY	269,727		269,727	157,296			
53	ELECTROCARDIOLOGY	548,460	59,623	608,083	2,670,631			
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS	1,726,981		1,726,981	5,827,112			
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	2,167,585		2,167,585	3,036,349			
60	01 WOUND CLINIC	32,106		32,106	52,690			
61	EMERGENCY	3,409,164	1,020,393	4,429,557	4,159,462			
62	OBSERVATION BEDS (NON-DIS	788,040		788,040	1,176,171			
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	29,272,769	1,385,356	30,658,125	75,048,278			
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							

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.353748		.353748		
39 DELIVERY ROOM & LABOR ROOM	.323572		.323572		
41 RADIOLOGY-DIAGNOSTIC	.300988		.300988		
44 LABORATORY	.308037		.308037		
49 RESPIRATORY THERAPY	.864633		.864633		
50 PHYSICAL THERAPY	.692525		.692525		
51 OCCUPATIONAL THERAPY	.791675		.791675		
52 SPEECH PATHOLOGY	1.729974		1.729974		
53 ELECTROCARDIOLOGY	.210463		.210463		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.297716		.297716		
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.749766		.749766		
60 01 WOUND CLINIC	.611046		.611046		
61 EMERGENCY	.828653		.828653		
62 OBSERVATION BEDS (NON-DISTINCT PART)	.738803		.738803		
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		2,405,570			
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC		10,211,954			
44 LABORATORY		2,080,186			
49 RESPIRATORY THERAPY		150,366			
50 PHYSICAL THERAPY		499,798			
51 OCCUPATIONAL THERAPY		170,148			
52 SPEECH PATHOLOGY		19,802			
53 ELECTROCARDIOLOGY		896,394			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		771,697			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		883,319			
60 01 WOUND CLINIC					
61 EMERGENCY		1,094,832			
62 OBSERVATION BEDS (NON-DISTINCT PART)		336,489			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		19,520,555			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		19,520,555			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All Other 9	Hospital I/P Part B Charges 10	Hospital I/P Part B Costs 11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	850,966		
39 DELIVERY ROOM & LABOR ROOM			
41 RADIOLOGY-DIAGNOSTIC	3,073,676		
44 LABORATORY	640,774		
49 RESPIRATORY THERAPY	130,011		
50 PHYSICAL THERAPY	346,123		
51 OCCUPATIONAL THERAPY	134,702		
52 SPEECH PATHOLOGY	34,257		
53 ELECTROCARDIOLOGY	188,658		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS	229,747		
60 OUTPAT SERVICE COST CNTRS	662,283		
60 CLINIC			
01 WOUND CLINC			
61 EMERGENCY	907,236		
62 OBSERVATION BEDS (NON-DISTINCT PART)	248,599		
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL	7,447,032		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES	7,447,032		

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

Health Financial Systems MCRIF32 FOR MARGARET MARY COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96(08/2000) CONTD

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/20/2009
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	I	15-1329	I	FROM 1/ 1/2008	I	WORKSHEET D
	I	COMPONENT NO:	I	TO 12/31/2008	I	PART VI
	I	15-1329	I		I	

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.297716
2	PROGRAM VACCINE CHARGES		1,569
3	PROGRAM COSTS		467

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,652
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,652
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,652
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,659
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6,201,192
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,201,192

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,712,062
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,712,062
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.804090
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,364.48
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6,201,192

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,097.17
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,917,375
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,917,375

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT	1,049,693	521	2,014.77	321	646,741
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					2,726,023
49 TOTAL PROGRAM INPATIENT COSTS					6,290,139

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL OTHER

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 792
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,097.17
- 85 OBSERVATION BED COST 868,959

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,652
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,652
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,652
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	630
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	895
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6,201,192
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,201,192

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,712,062
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,712,062
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.804090
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,364.48
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6,201,192

TITLE XIX - I/P HOSPITAL OTHER
 PART II - HOSPITAL AND SUBPROVIDERS ONLY 1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,097.17
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 691,217
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 691,217

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	776,452	895	867.54		
43 INTENSIVE CARE UNIT	1,049,693	521	2,014.77	7	14,103
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					157,033
49 TOTAL PROGRAM INPATIENT COSTS					862,353

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 792
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,097.17
 85 OBSERVATION BED COST 868,959

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL	RATIO COST	INPATIENT	INPATIENT
			TO CHARGES	CHARGES	COST
			1	2	3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			2,407,128	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			772,720	
37	OPERATING ROOM		.353748	1,240,118	438,689
39	DELIVERY ROOM & LABOR ROOM		.323572	13,780	4,459
41	RADIOLOGY-DIAGNOSTIC		.300988	683,040	205,587
44	LABORATORY		.308037	970,111	298,830
49	RESPIRATORY THERAPY		.864633	1,051,957	909,557
50	PHYSICAL THERAPY		.692525	148,930	103,138
51	OCCUPATIONAL THERAPY		.791675	104,071	82,390
52	SPEECH PATHOLOGY		1.729974	42,052	72,749
53	ELECTROCARDIOLOGY		.210463	274,308	57,732
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		.297716	1,666,206	496,056
60	CLINIC		.749766	67,665	50,733
60	01 WOUND CLINC		.611046		
61	EMERGENCY		.828653	7,365	6,103
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		.738803		
65	AMBULANCE SERVICES				
101	TOTAL			6,269,603	2,726,023
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			6,269,603	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	OTHER	
				INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			396,619	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			20,283	
37	OPERATING ROOM		.353748	38,626	13,664
39	DELIVERY ROOM & LABOR ROOM		.323572	55,866	18,077
41	RADIOLOGY-DIAGNOSTIC		.300988	38,103	11,469
44	LABORATORY		.308037	82,365	25,371
49	RESPIRATORY THERAPY		.864633	27,326	23,627
50	PHYSICAL THERAPY		.692525	609	422
51	OCCUPATIONAL THERAPY		.791675	820	649
52	SPEECH PATHOLOGY		1.729974	4,508	7,799
53	ELECTROCARDIOLOGY		.210463	8,491	1,787
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		.297716	145,419	43,294
60	CLINIC		.749766	4,051	3,037
60 01	WOUND CLINIC		.611046		
61	EMERGENCY		.828653	9,458	7,837
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		.738803		
65	AMBULANCE SERVICES				
101	TOTAL			415,642	157,033
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			415,642	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	7,447,499
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	7,447,499

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
11	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	7,521,974
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	76,244
18.01	CAH ACTUAL BILLED COINSURANCE	3,536,733
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	3,908,997
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,908,997
24	PRIMARY PAYER PAYMENTS	2,095
25	SUBTOTAL	3,906,902

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	327,318
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	327,318
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	327,318
28	SUBTOTAL	4,234,220
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	4,234,220
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,347,669
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-113,449
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,788,340		4,397,426
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		96,338		253,848
ADJUSTMENTS TO PROVIDER .02		239,673		86,664
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50		103,759		390,269
ADJUSTMENTS TO PROGRAM .51		61,588		
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		170,664		-49,757
4 TOTAL INTERIM PAYMENTS		4,959,004		4,347,669
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)		841,692		113,449
7 TOTAL MEDICARE PROGRAM LIABILITY		5,800,696		4,234,220

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
 HOSPITAL

1	INPATIENT SERVICES	6,290,139
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	6,290,139
5	PRIMARY PAYER PAYMENTS	3,976
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	6,349,025

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
8	ROUTINE SERVICE CHARGES	
9	ANCILLARY SERVICE CHARGES	
10	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
11	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
13	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
14	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)	
15	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
17	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	6,349,025
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	595,892
21	EXCESS REASONABLE COST	
22	SUBTOTAL	5,753,133
23	COINSURANCE	12,288
24	SUBTOTAL	5,740,845
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	59,851
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	59,851
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	59,851
26	SUBTOTAL	5,800,696
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER 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	5,800,696
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	4,959,004
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	841,692
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1			862,353	
2				
3				
4				
5				
6			862,353	
7				
8				
9			862,353	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10				
11			415,642	
12				
13				
14				
15				
16			415,642	
	CUSTOMARY CHARGES			
17				
18				
19				
20			415,642	
21				
22			446,711	
23			862,353	
	PROSPECTIVE PAYMENT AMOUNT			
24				
25				
26				
27				
28				
29				
30			862,353	
31				
32			862,353	
33				
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34				
35			862,353	
36				
37				
38				
38.01				
38.02				
38.03				
39				
40			862,353	
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52			862,353	
53				
54				
55			862,353	
56				
57				
57.01				

Health Financial Systems MCRIF32 FOR MARGARET MARY COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)
 CALCULATION OF REIMBURSEMENT SETTLEMENT I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-1329 I FROM 1/ 1/2008 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2008 I PART III
 I - I I

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
58	BALANCE DUE PROVIDER/PROGRAM		1	2
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		862,353	

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,652,899			
2	TEMPORARY INVESTMENTS	17,942			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	7,032,741			
5	OTHER RECEIVABLES	117,322			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	702,666			
8	PREPAID EXPENSES	437,404			
9	OTHER CURRENT ASSETS	1,121,972			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	11,082,946			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS				
14	LESS ACCUMULATED DEPRECIATION				
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT	46,620,534			
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT				
18	LESS ACCUMULATED DEPRECIATION				
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	46,620,534			
21	OTHER ASSETS				
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	27,346,439			
26	TOTAL OTHER ASSETS	27,346,439			
27	TOTAL ASSETS	85,049,919			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	2,901,688		
29	SALARIES, WAGES & FEES PAYABLE	2,616,445		
30	PAYROLL TAXES PAYABLE			
31	NOTES AND LOANS PAYABLE (SHORT TERM)			
32	DEFERRED INCOME			
33	ACCELERATED PAYMENTS			
34	DUE TO OTHER FUNDS	1,696,825		
35	OTHER CURRENT LIABILITIES			
36	TOTAL CURRENT LIABILITIES	7,214,958		
LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE			
38	NOTES PAYABLE			
39	UNSECURED LOANS			
40.01	LOANS PRIOR TO 7/1/66			
40.02	ON OR AFTER 7/1/66			
41	OTHER LONG TERM LIABILITIES	31,013,014		
42	TOTAL LONG-TERM LIABILITIES	31,013,014		
43	TOTAL LIABILITIES	38,227,972		
CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	46,821,947		
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	46,821,947		
52	TOTAL LIABILITIES AND FUND BALANCES	85,049,919		

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		51,233,102		
2	NET INCOME (LOSS)		-4,359,218		
3	TOTAL		46,873,884		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		46,873,884		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14		51,937			
15					
16					
17					
18	TOTAL DEDUCTIONS		51,937		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		46,821,947		

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

DESCRIPTION		
1	TOTAL PATIENT REVENUES	91,177,667
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	36,404,897
3	NET PATIENT REVENUES	54,772,770
4	LESS: TOTAL OPERATING EXPENSES	47,931,188
5	NET INCOME FROM SERVICE TO PATIENTS	6,841,582
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	375,826
24.01	INVESTMENT INCOME	1,465,247
24.02	NET ASSETS RELEASED FROM RESTRICTION	115,376
24.03		31,916
25	TOTAL OTHER INCOME	1,988,365
26	TOTAL	8,829,947
	OTHER EXPENSES	
27	BAD DEBTS	4,275,019
28	OTHER EXPENSES/LOSSES	8,914,146
29		
30	TOTAL OTHER EXPENSES	13,189,165
31	NET INCOME (OR LOSS) FOR THE PERIOD	-4,359,218

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	304,088				121,310	425,398
HHA REIMBURSABLE SERVICES						
6	422,304					422,304
7	147,370					147,370
8	33,779					33,779
9	3,263					3,263
10	16,866					16,866
11	35,886					35,886
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	963,556				121,310	1,084,866

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		425,398		425,398
HHA REIMBURSABLE SERVICES				
6		422,304		422,304
7		147,370		147,370
8		33,779		33,779
9		3,263		3,263
10		16,866		16,866
11		35,886		35,886
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		1,084,866		1,084,866

Health Financial Systems
 COST ALLOCATION -
 HHA STATISTICAL BASIS

MCRIF32

FOR MARGARET MARY COMMUNITY HOSPITAL

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

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-1329 I FROM 1/ 1/2008 I WORKSHEET H-4
 I HHA NO: I TO 12/31/2008 I PART II
 I 15-7143 I I

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N ()	ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	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						
	HHA REIMBURSABLE SERVICES					-425,398	659,468
6	SKILLED NURSING CARE						
7	PHYSICAL THERAPY						
8	OCCUPATIONAL THERAPY						
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES						
11	HOME HEALTH AIDE						
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)					-425,398	659,468
25	COST TO BE ALLOCATED						
26	UNIT COST MULTIPLIER						
						425,398	
						.645062	

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

FOR MARGARET MARY COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-1329 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART I
 I 15-7143 I I

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-OFFSIT 3.01	NEW CAP REL COSTS-MVBLE 4	NEW CAP REL COSTS-MVBLE 4.01	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL						351,395
2 SKILLED NURSING CARE	694,715					
3 PHYSICAL THERAPY	242,433					
4 OCCUPATIONAL THERAPY	55,569					
5 SPEECH PATHOLOGY	5,368					
6 MEDICAL SOCIAL SERVICES	27,746					
7 HOME HEALTH AIDE	59,035					
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) (2)	1,084,866					351,395
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	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8	OPERATION OF PLANT -OFFS 8.01	OPERATION OF PLANT - HOS 8.02	LAUNDRY & LINEN SERVICE 9
1 ADMIN & GENERAL	351,395	61,312				
2 SKILLED NURSING CARE	694,715	121,214				
3 PHYSICAL THERAPY	242,433	42,300				
4 OCCUPATIONAL THERAPY	55,569	9,696				
5 SPEECH PATHOLOGY	5,368	937				
6 MEDICAL SOCIAL SERVICES	27,746	4,841				
7 HOME HEALTH AIDE	59,035	10,300				
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) (2)	1,436,261	250,600				
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	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16
1 ADMIN & GENERAL			88,841		832	
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) (2)			88,841		832	
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	MEDICAL RECORDS & LIBRARIES 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		502,380		502,380		
2 SKILLED NURSING CARE		815,929		815,929	321,708	1,137,637
3 PHYSICAL THERAPY		284,733		284,733	112,266	396,999
4 OCCUPATIONAL THERAPY		65,265		65,265	25,733	90,998
5 SPEECH PATHOLOGY		6,305		6,305	2,486	8,791
6 MEDICAL SOCIAL SERVICES		32,587		32,587	12,849	45,436
7 HOME HEALTH AIDE		69,335		69,335	27,338	96,673
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) (2)		1,776,534		1,776,534	502,380	1,776,534
21 UNIT COST MULTIPLIER					0.394285	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

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

FOR MARGARET MARY COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-1329 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART II
 I 15-7143 I I

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-OFFSIT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BEN EFITS (GROSS SALARIES)	RECONCILIATI ON
	3	3.01	4	4.01	5	6A
1 ADMIN & GENERAL					963,556	
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)					963,556	
21 COST TO BE ALLOCATED					351,395	
22 UNIT COST MULTIPLIER					0.364686	

HHA COST CENTER	ADMINISTRATI VE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT -OFFS (SQUARE FEET)	OPERATION OF PLANT - HOS (SQUARE FEET)	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)
	6	8	8.01	8.02	9	10
1 ADMIN & GENERAL	351,395					
2 SKILLED NURSING CARE	694,715					
3 PHYSICAL THERAPY	242,433					
4 OCCUPATIONAL THERAPY	55,569					
5 SPEECH PATHOLOGY	5,368					
6 MEDICAL SOCIAL SERVICES	27,746					
7 HOME HEALTH AIDE	59,035					
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)	1,436,261					
21 COST TO BE ALLOCATED	250,600					
22 UNIT COST MULTIPLIER	0.174481					

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

FOR MARGARET MARY COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-1329 I FROM 1/ 1/2008 I WORKSHEET H-5
 I HHA NO: I TO 12/31/2008 I PART II
 I 15-7143 I I

HHA 1

HHA COST CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLIES	PHARMACY	MEDICAL RECORDS & LIBRARY
	(MEALS SERVED)	S (HOURS OF SERVICE)	S (DIRECT SING HRS)	NR (COSTED EQUIP.)	R (100% HARMACY)	P (TIME S) PENT
1 ADMIN & GENERAL		33,813		7,438		
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)		33,813		7,438		
21 COST TO BE ALLOCATED		88,841		832		
22 UNIT COST MULTIPLIER		2.627421		0.111858		

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-1329 I FROM 1/ 1/2008 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2008 I PARTS I II & III
 I 15-7143 I HHA 1

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

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

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 6
1 SKILLED NURSING	2	1,137,637	2	1,137,637	4,760	239.00	1,785
2 PHYSICAL THERAPY	3	396,999		396,999	1,588	250.00	643
3 OCCUPATIONAL THERAPY	4	90,998		90,998	425	214.11	214
4 SPEECH PATHOLOGY	5	8,791		8,791	44	199.80	28
5 MEDICAL SOCIAL SERVICES	6	45,436		45,436	18	2,524.22	6
6 HOME HEALTH AIDE SERVICE	7	96,673		96,673	1,025	94.32	178
7 TOTAL		1,776,534		1,776,534	7,860		2,854

	-----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	
1 SKILLED NURSING	7	826	9	11	12
2 PHYSICAL THERAPY		283	10	11	12
3 OCCUPATIONAL THERAPY		93	10	11	12
4 SPEECH PATHOLOGY		1	10	11	12
5 MEDICAL SOCIAL SERVICES		4	10	11	12
6 HOME HEALTH AIDE SERVICES		140	10	11	12
7 TOTAL		1,347	10	11	12

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

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

[] 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				23,143		12,713
16 COST OF DRUGS	9.00						
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	PART A 9	NOT SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	10,430			
16 COST OF DRUGS				
16.20 COST OF DRUGS				

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.692525			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.791675			COL 2, LN 3
3 SPEECH PATHOLOGY	52	1.729974			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55				COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.297716			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 1/1/1999 5
			PRIOR 1/1/1998 TO 12/31/1998 1	PROGRAM VISITS 1/1/1998 TO 12/31/1998 3	PRIOR 1/1/1998 TO 12/31/1998 4		
1 PHYSICAL THERAPY		250.00	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY		214.11					
3 SPEECH PATHOLOGY		199.80					
4 TOTAL (SUM OF LINES 1-3)							

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 2
 PART B SUBJECT TO DED & COINS 3

	1		
1	REASONABLE COST OF SERVICES		
2	TOTAL CHARGES		
	CUSTOMARY CHARGES		
3	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
4	AMOUNT THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(B)		
5	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)		
6	TOTAL CUSTOMARY CHARGES		
7	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST		
8	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		632
9	PRIMARY PAYOR AMOUNTS		

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10	TOTAL REASONABLE COST	-632.
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	277,641
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	1,350
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE	
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES	
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES	
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE	
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES	
10.11	TOTAL OTHER PAYMENTS	
10.12	DME PAYMENTS	
10.13	OXYGEN PAYMENTS	
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS	
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)	
12	SUBTOTAL	278,359
13	EXCESS REASONABLE COST	
14	SUBTOTAL	278,359
15	COINSURANCE BILLED TO PROGRAM PATIENTS	
16	NET COST	278,359
17	REIMBURSABLE BAD DEBTS	
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	278,359
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	278,359
23	SEQUESTRATION ADJUSTMENT	
24	SUBTOTAL	278,359
25	INTERIM PAYMENTS	278,359
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE PROVIDER/PROGRAM	
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2	

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		525,355		278,991
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		1		632
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		-1		-632
4 TOTAL INTERIM PAYMENTS		525,354		278,359
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		525,354		278,359

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.

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-1329 I FROM 1/ 1/2008 I WORKSHEET K
 I HOSPICE NO: I TO 12/31/2008 I
 I 15-1551 I

RECLASSIFICATION AND ADJUSTMENT
 OF TRIAL BALANCE EXPENSES

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				
2				
3				
4				
5				
6	83,979			
INPATIENT CARE SERVICE				
7				
8				
VISITING SERVICES				
9				
10	82,780			
10.20				
11				
12				
13				
14	28,269			
15	3,874			
16				
17				
18	29,838			
18.20				
OTHER HOSPICE SERVICE COSTS				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34	228,740			

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 I 15-1329 I FROM 1/ 1/2008 I WORKSHEET K
 I HOSPICE NO: I TO 12/31/2008 I
 I 15-1551 I I

RECLASSIFICATION AND ADJUSTMENT
 OF TRIAL BALANCE EXPENSES

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	83,275	167,254		167,254
7 INPATIENT CARE SERVICE				
8 INPATIENT - GENERAL CARE				
9 INPATIENT - RESPITE CARE				
10 VISITING SERVICES				
11 PHYSICIAN SERVICES				
12 NURSING CARE		82,780		82,780
13 NURSING CARE-CONTINUOUS HOME CARE				
14 PHYSICAL THERAPY				
15 OCCUPATIONAL THERAPY				
16 SPEECH/LANGUAGE PATHOLOGY				
17 MEDICAL SOCIAL SERVICES		28,269		28,269
18 SPIRITUAL COUNSELING		3,874		3,874
19 DIETARY COUNSELING				
20 COUNSELING - OTHER				
21 HOME HEALTH AIDE AND HOMEMAKER		29,838		29,838
22 HH AIDE & HOMEMAKER-CONT. HOME CARE				
23 OTHER HOSPICE SERVICE COSTS				
24 OTHER				
25 DRUGS BIOLOGICAL AND INFUSION THERAPY				
26 ANALGESICS				
27 SEDATIVES / HYPNOTICS				
28 OTHER - SPECIFY				
29 DURABLE MEDICAL EQUIPMENT/OXYGEN				
30 PATIENT TRANSPORTATION				
31 IMAGING SERVICES				
32 LABS AND DIAGNOSTICS				
33 MEDICAL SUPPLIES				
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
35 RADIATION THERAPY				
36 CHEMOTHERAPY				
37 OTHER				
38 BEREAVEMENT PROGRAM COSTS				
39 VOLUNTEER PROGRAM COSTS				
40 FUNDRAISING				
41 OTHER PROGRAM COSTS				
42 TOTAL (SUM OF LINES 1 THRU 33)	83,275	312,015		312,015

RECLASSIFICATION AND ADJUSTMENT
 OF TRIAL BALANCE EXPENSES

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		167,254
7 INPATIENT CARE SERVICE		
8 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPITE CARE		
9 VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		82,780
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		28,269
15 SPIRITUAL COUNSELING		3,874
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		29,838
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)		312,015

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	83,979			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			28,269	
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)	83,979		28,269	

COMPENSATION ANALYSIS
 SALARIES AND WAGES

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	82,780			
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				3,874
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			29,838	
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)	82,780		29,838	3,874

COMPENSATION ANALYSIS
 SALARIES AND WAGES

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	83,979
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	82,780
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	28,269
15	SPIRITUAL COUNSELING	3,874
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	29,838
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)	228,740

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

COST ALLOCATION -
 HOSPICE GENERAL SERVICE COST

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	167,254			
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	82,780			
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES	28,269			
19 SPIRITUAL COUNSELING	3,874			
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER	29,838			
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)	312,015			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
I 15-1329 I FROM 1/ 1/2008 I WORKSHEET K-4
I HOSPICE NO: I TO 12/31/2008 I PART I
I 15-1551 I I

HOSPICE 1

	TRANSPORTATION 4	VOLUNTEER SERVICES COORDINATOR 5	SUBTOTAL (COL. 0-5) 5A	ADMINISTRATIVE & GENERAL 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			167,254	167,254
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			82,780	95,643
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			28,269	32,661
19 SPIRITUAL COUNSELING			3,874	4,476
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			29,838	34,474
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)			144,761	167,254

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
I 15-1329 I FROM 1/ 1/2008 I WORKSHEET K-4
I HOSPICE NO: I TO 12/31/2008 I PART I
I 15-1551 I I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

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 - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	178,423
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	60,930
15	SPIRITUAL COUNSELING	8,350
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	64,312
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)	312,015

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
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 - RESPITE CARE				
9 VISITING SERVICES				
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				
31				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 COST TO BE ALLOCATED (PER WKST K-4, PART I)				
35 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL		-167,254	144,761
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPITE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			
13 NURSING CARE			82,780
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			28,269
19 SPIRITUAL COUNSELING			3,874
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			29,838
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			
27.30 ANALGESICS			
28.31 SEDATIVES / HYPNOTICS			
29.32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			
40			
41			
42 FUNDRAISING			
43 OTHER PROGRAM COSTS			
44 COST TO BE ALLOCATED (PER WKST K-4, PART I)			167,254
45 UNIT COST MULTIPLIER	.000000		1.155380

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-OFFSITE BLDG	NEW CAP REL COSTS-MVBLE EQUIP
		0	3	3.01	4
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	178,423			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	60,930			
10.00 SPIRITUAL COUNSELING	15	8,350			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	64,312			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		312,015			
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP OFFSIT	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
	4.01	5	5A	6
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		83,418	83,418	14,555
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			178,423	31,132
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			60,930	10,631
10.00 SPIRITUAL COUNSELING			8,350	1,457
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			64,312	11,221
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)		83,418	395,433	68,996
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	OPERATION OF PLANT	OPERATION OF PLANT -OFFSITE	OPERATION OF PLANT - HOSPITAL & OFFS	LAUNDRY & LINEN SERVICE
	8	8.01	8.02	9
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULIPLIER				

HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION

HOSPICE COST CENTER	10	11	12	14
			24,235	
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			24,235	
30.00 UNIT COST MULIPLIER				

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	15	16	17	25
1.00 ADMINISTRATIVE AND GENERAL	3,661			125,869
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				209,555
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				71,561
10.00 SPIRITUAL COUNSELING				9,807
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				75,533
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	3,661			492,325
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL		125,869		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		209,555	71,978	281,533
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		71,561	24,579	96,140
10.00 SPIRITUAL COUNSELING		9,807	3,368	13,175
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		75,533	25,944	101,477
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)		492,325	.343476	492,325
30.00 UNIT COST MULTIPLIER				

Health Financial Systems MCRIF32 FOR MARGARET MARY COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96-k-5-I (05/2007)

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I PROVIDER NO:	I PERIOD:	I PREPARED 5/20/2009
COST CENTERS	I 15-1329	I FROM 1/ 1/2008	I WORKSHEET K-5
	I HOSPICE NO:	I TO 12/31/2008	I PART I
	I 15-1551	I	I

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-OFFSITE BLDG (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP OFFSIT (SQUARE FEET)
	3	3.01	4	4.01
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET) 8
1.00 ADMINISTRATIVE AND GENERAL	228,740		83,418	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			178,423	
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			60,930	
10.00 SPIRITUAL COUNSELING			8,350	
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			64,312	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	5	6A	6	8
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	228,740		395,433	
30.00 TOTAL COST TO BE ALLOCATED	83,418		68,996	
31.00 UNIT COST MULTIPLIER	.364685		.174482	.000000

HOSPICE COST CENTER	OPERATION OF PLANT -OFFSITE (SQUARE FEET)	OPERATION OF PLANT - HOSPITAL & OFFS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)
	8.01	8.02	9	10

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

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

HOSPICE 1

HOSPICE COST CENTER	DIETARY (MEALS SERVED)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL			9,224	32,738
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			9,224	32,738
30.00 TOTAL COST TO BE ALLOCATED			24,235	3,661
31.00 UNIT COST MULIPLIER	.000000	2.627385	.000000	.111827

PHARMACY MEDICAL RECORDS & LIBRARY

HOSPICE COST CENTER	(100% PHARMACY)	(TIME SPENT)
	16	17
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPITE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY		
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		

Health Financial Systems MCRIF32 FOR MARGARET MARY COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96-K-5-II (05/2007)

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I PROVIDER NO:	I PERIOD:	I PREPARED 5/20/2009
COST CENTERS - STATISTICAL BASIS	I 15-1329	I FROM 1/ 1/2008	I WORKSHEET K-5
	I HOSPICE NO:	I TO 12/31/2008	I PART II
	I 15-1551	I	I

HOSPICE 1

HOSPICE COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRARY
27.00 FUNDRAISING	16	17
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

Health Financial Systems MCRIF32 FOR MARGARET MARY COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96-K-5-III (09/2000)

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE I PROVIDER NO: I PERIOD: I PREPARED 5/20/2009
 COST CENTERS - STATISTICAL BASIS I 15-1329 I FROM 1/ 1/2008 I WORKSHEET K-5
 I HOSPICE NO: I TO 12/31/2008 I PART III
 I 15-1551 I I

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.692525	
2	OCCUPATIONAL THERAPY	51	.791675	
3	SPEECH PATHOLOGY	52	1.729974	
4	DRUGS CHARGED TO PATIENTS	56	.297716	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.308037	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		
8	EMERGENCY	61	.828653	
9	RADIOLOGY-DIAGNOSTIC	41	.300988	
10	WOUND CLINIC	59		
11	TOTAL (SUM OF LINES 1-10)			

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL (1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				492,325
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				1,169
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				421.15
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	1,087			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	457,790			
6 UNDUPLICATED MEDICAID DAYS		3		
7 AGGREGATE MEDICAID COST		1,263		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	2,532			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	1,066,352			
10 UNDUPLICATED NF DAYS		365		
11 AGGREGATE NF COST		153,720		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			79	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			33,271	

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