

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-1315		FROM 10/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/10/2011 TIME 9:24

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: CAMERON MEMORIAL COMMUNITY 15-1315 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2009 AND ENDING 9/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	114,522	-133,690		0
3	SWING BED - SNF	0	4,417	0		0
7	HOSPITAL-BASED HHA	0	0	0		0
100	TOTAL	0	118,939	-133,690		0

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

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











HOSPITAL-BASED HOME HEALTH AGENCY  
STATISTICAL DATA

PROVIDER NO: 15-1315  
HHA NO: 15-7117  
COUNTY: STEUBEN  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/10/2011  
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
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1 HOME HEALTH AIDE HOURS	0	725	227	975
2 UNDUPLICATED CENSUS COUNT		138.00		

TOTAL  
5

1 HOME HEALTH AIDE HOURS	1,927			
2 UNDUPLICATED CENSUS COUNT				

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
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3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			1.02
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.02		1.02
5 OTHER ADMINISTRATIVE PERSONEL	3.47		3.47
6 DIRECTING NURSING SERVICE	5.21		5.21
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	1.40		1.40
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.39		.39
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.04		.04
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.27		.27
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.93		.93
17 HOME HEALTH AIDE SUPERVISOR			
18 PRIVATE DUTY NURSING	2.43		2.43

HOME HEALTH AGENCY MSA CODES 1 1.01

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

20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE). 9915

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

	FULL EPI SODES		LUPA EPI SODES 3	PEP ONLY EPI SODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		

21 SKILLED NURSING VISITS	639	0	35	0
22 SKILLED NURSING VISIT CHARGES	112,485	0	6,171	0
23 PHYSICAL THERAPY VISITS	670	0	24	19
24 PHYSICAL THERAPY VISIT CHARGES	124,568	0	4,469	3,538
25 OCCUPATIONAL THERAPY VISITS	162	0	10	5
26 OCCUPATIONAL THERAPY VISIT CHARGES	29,143	0	1,801	901
27 SPEECH PATHOLOGY VISITS	7	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	1,261	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	4	0	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	940	0	0	235
31 HOME HEALTH AIDE VISITS	327	0	4	0
32 HOME HEALTH AIDE VISIT CHARGES	26,163	0	315	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	1,809	0	73	25
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	294,560	0	12,756	4,674
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	110	0	26	2
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	11,216	0	242	0

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

PROVIDER NO: 15-1315  
 HHA NO: 15-7117  
 COUNTY: STEUBEN  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/10/2011  
 WORKSHEET S-4

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	674
22 SKILLED NURSING VISIT CHARGES	0	0	118,656
23 PHYSICAL THERAPY VISITS	0	0	713
24 PHYSICAL THERAPY VISIT CHARGES	0	0	132,575
25 OCCUPATIONAL THERAPY VISITS	0	0	177
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	31,845
27 SPEECH PATHOLOGY VISITS	0	0	7
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	1,261
29 MEDICAL SOCIAL SERVICE VISITS	0	0	5
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	1,175
31 HOME HEALTH AIDE VISITS	0	0	331
32 HOME HEALTH AIDE VISIT CHARGES	0	0	26,478
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	1,907
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	311,990
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	138
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	11,458

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2009	2/10/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET S-9
15-1561		

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	3,042			
3 INPATIENT RESPIRE CARE	20			
4 GENERAL INPATIENT CARE	13			
5 TOTAL HOSPICE DAYS	3,075			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE		3,042
3 INPATIENT RESPIRE CARE		20
4 GENERAL INPATIENT CARE		13
5 TOTAL HOSPICE DAYS		3,075

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	64			
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	48.05			
9 UNDUPLICATED CENSUS COUNT				

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE		64
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)		48.05
9 UNDUPLICATED CENSUS COUNT		

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 15-1315  
II PERIOD:  
I FROM 10/ 1/2009  
I TO 9/30/2010 II PREPARED 2/10/2011  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,096,753	2,096,753	-1,149,045	947,708
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		814,036	814,036	1,711,810	2,525,846
5	0500 EMPLOYEE BENEFITS	89,277	4,363,243	4,452,520	57,642	4,510,162
6	0600 ADMINISTRATIVE & GENERAL	2,445,682	7,440,307	9,885,989	30,899	9,916,888
8	0800 OPERATION OF PLANT	414,627	1,211,356	1,625,983	24,652	1,650,635
9	0900 LAUNDRY & LINEN SERVICE		106,736	106,736		106,736
10	1000 HOUSEKEEPING	397,202	133,498	530,700		530,700
11	1100 DIETARY	307,382	384,143	691,525	-582,762	108,763
12	1200 CAFETERIA				460,704	460,704
14	1400 NURSING ADMINISTRATION	484,185	7,077	491,262		491,262
15	1500 CENTRAL SERVICES & SUPPLY	108,897	14,272	123,169		123,169
16	1600 PHARMACY	340,536	1,328,786	1,669,322		1,669,322
17	1700 MEDICAL RECORDS & LIBRARY	353,910	381,974	735,884		735,884
25	2500 ADULTS & PEDIATRICS	1,183,372	439,166	1,622,538	110,624	1,733,162
26	2600 INTENSIVE CARE UNIT				18,551	18,551
33	3300 NURSERY				30,511	30,511
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,119,488	1,021,751	2,141,239	-243,449	1,897,790
38	3800 RECOVERY ROOM		110,580	110,580	243,449	354,029
39	3900 DELIVERY ROOM & LABOR ROOM	450,455	96,167	546,622	-159,686	386,936
41	4100 RADIOLOGY-DIAGNOSTIC	1,150,430	1,077,293	2,227,723		2,227,723
44	4400 LABORATORY	847,744	1,031,281	1,879,025		1,879,025
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	35,962	718,523	754,485	-207,248	547,237
49.01	4901 SLEEP LAB				189,101	189,101
50	5000 PHYSICAL THERAPY	529,186	27,138	556,324		556,324
53	5300 ELECTROCARDIOLOGY		232,205	232,205	18,147	250,352
53.01	3140 CARDIAC REHAB	43,533	4,090	47,623		47,623
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		861,788	861,788	-141,272	720,516
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				141,272	141,272
56	5600 DRUGS CHARGED TO PATIENTS					
59	3550 CHEMICAL DEPENDENCY	146,515	8,618	155,133		155,133
59.01	3480 ONCOLOGY		1,520,307	1,520,307		1,520,307
59.02	3950 OTHER ANCILLARY SERVICE COST CENTERS	36,606	19,590	56,196		56,196
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	1,277,803	87,134	1,364,937		1,364,937
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	711,983	77,365	789,348	9,977	799,325
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		441,303	441,303	-441,303	
93	9300 HOSPICE	78,022	44,137	122,159	-9,977	112,182
95	SUBTOTALS	12,552,797	26,100,617	38,653,414	112,597	38,766,011
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100	7950 DAYCARE-INFANT/TODDLER					
100.01	7951 MOB		27,978	27,978	-24,652	3,326
100.02	7952 COMMUNITY HEALTH	65,317	5,028	70,345		70,345
100.03	7953 ASSISTED LIVING/CAMERON WOODS					
100.04	7954 EDUCATION	86,351	69,805	156,156	-95,775	60,381
100.05	7955 MARKETING	94,032	190,968	285,000	-56,586	228,414
100.06	7956 GUEST MEALS				64,416	64,416
100.07	7957 OUTSIDE LAUNDRY					
100.08	7958 CANCER CENTER					
100.09	7959 URGENT CARE	343,319	573,408	916,727		916,727
101	TOTAL	13,141,816	26,967,804	40,109,620	-0-	40,109,620

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/10/2011  
I 15-1315 I FROM 10/ 1/2009 I WORKSHEET A  
I I TO 9/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-146,743	800,965
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-478,839	2,047,007
5	0500 EMPLOYEE BENEFITS	-242,811	4,267,351
6	0600 ADMINISTRATIVE & GENERAL	-4,607,681	5,309,207
8	0800 OPERATION OF PLANT	-4,283	1,646,352
9	0900 LAUNDRY & LINEN SERVICE		106,736
10	1000 HOUSEKEEPING		530,700
11	1100 DIETARY	-50,894	57,869
12	1200 CAFETERIA	-110,667	350,037
14	1400 NURSING ADMINISTRATION		491,262
15	1500 CENTRAL SERVICES & SUPPLY		123,169
16	1600 PHARMACY	-155,599	1,513,723
17	1700 MEDICAL RECORDS & LIBRARY	-516	735,368
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-315,313	1,417,849
26	2600 INTENSIVE CARE UNIT		18,551
33	3300 NURSERY		30,511
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-662,808	1,234,982
38	3800 RECOVERY ROOM		354,029
39	3900 DELIVERY ROOM & LABOR ROOM		386,936
41	4100 RADIOLOGY-DIAGNOSTIC		2,227,723
44	4400 LABORATORY	-5,605	1,873,420
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		547,237
49.01	4901 SLEEP LAB		189,101
50	5000 PHYSICAL THERAPY		556,324
53	5300 ELECTROCARDIOLOGY		250,352
53.01	3140 CARDIAC REHAB		47,623
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-4,524	715,992
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		141,272
56	5600 DRUGS CHARGED TO PATIENTS		
59	3550 CHEMICAL DEPENDENCY		155,133
59.01	3480 ONCOLOGY		1,520,307
59.02	3950 OTHER ANCILLARY SERVICE COST CENTERS		56,196
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	-86,712	1,278,225
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		799,325
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
93	9300 HOSPICE		112,182
95	SUBTOTALS	-6,872,995	31,893,016
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100	7950 DAYCARE-INFANT/TODDLER		
100.01	7951 MOB		3,326
100.02	7952 COMMUNITY HEALTH		70,345
100.03	7953 ASSISTED LIVING/CAMERON WOODS		
100.04	7954 EDUCATION		60,381
100.05	7955 MARKETING		228,414
100.06	7956 GUEST MEALS		64,416
100.07	7957 OUTSIDE LAUNDRY		
100.08	7958 CANCER CENTER		
100.09	7959 URGENT CARE		916,727
101	TOTAL	-6,872,995	33,236,625

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-1315  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/10/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	3140	CARDIOLOGY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59	CHEMICAL DEPENDENCY	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	ONCOLOGY	3480	ONCOLOGY
59.02	OTHER ANCILLARY SERVICE COST CENTERS	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	DAYCARE-INFANT/TODDLER	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MOB	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	COMMUNITY HEALTH	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	ASSISTED LIVING/CAMERON WOODS	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	EDUCATION	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	MARKETING	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	GUEST MEALS	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	OUTSIDE LAUNDRY	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	CANCER CENTER	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	URGENT CARE	7959	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
151315

PERIOD:  
FROM 10/ 1/2009  
TO 9/30/2010

PREPARED 2/10/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 LABOR & DELIVERY RECLASS	A	ADULTS & PEDIATRICS	25	129,175	
2		NURSERY	33	30,511	
3 PROPERTY INSURANCE RECLASS	B	NEW CAP REL COSTS-BLDG & FIXT	3		63,454
4 CAFETERIA RECLASS	C	EMPLOYEE BENEFITS	5	25,622	32,020
5		CAFETERIA	12	204,782	255,922
6		GUEST MEALS	100.06	28,633	35,783
7 INTEREST EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		238,876
8		NEW CAP REL COSTS-MVBLE EQUIP	4		202,427
9 DEPRECIATION EXPENSE	F	NEW CAP REL COSTS-MVBLE EQUIP	4		1,509,383
10 ICU RECLASS	G	INTENSIVE CARE UNIT	26	13,530	5,021
11 ADVERTISING COST RECLASS	H	ADMINISTRATIVE & GENERAL	6	14,929	49,341
12 PROPERTY TAX RECLASS	I	NEW CAP REL COSTS-BLDG & FIXT	3		58,008
13 EDUCATION COST RECLASS	L	ADMINISTRATIVE & GENERAL	6	86,351	9,424
14 SLEEP LAB RECLASS	M	SLEEP LAB	49.01		189,101
15		ELECTROCARDIOLOGY	53		18,147
16 UTILITIES RECLASS	O	OPERATION OF PLANT	8		24,652
17 PUBLIC RELATIONS RECLASS	P	MARKETING	100.05		7,684
18 MSW SALARY RECLASS	R	HOME HEALTH AGENCY	71	9,977	
19 RECOVERY ROOM RECLASS	S	RECOVERY ROOM	38	243,449	
20 IMPLANTABLE DEVICE RECLASS	T	IMPL. DEV. CHARGED TO PATIENT	55.30	141,272	
36 TOTAL RECLASSIFICATIONS				928,231	2,699,243

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

RECLASSIFICATIONS

PROVIDER NO:  
151315

PERIOD:  
FROM 10/ 1/2009  
TO 9/30/2010

PREPARED 2/10/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	
1 LABOR & DELIVERY RECLASS	A	DELIVERY ROOM & LABOR ROOM	39	159,686	
2					
3 PROPERTY INSURANCE RECLASS	B	ADMINISTRATIVE & GENERAL	6		63,454
4 CAFETERIA RECLASS	C	DIETARY	11	259,037	323,725
5					
6					
7 INTEREST EXPENSE	D	INTEREST EXPENSE	88		441,303
8					
9 DEPRECIATION EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3		1,509,383
10 ICU RECLASS	G	ADULTS & PEDIATRICS	25	13,530	5,021
11 ADVERTISING COST RECLASS	H	MARKETING	100.05	14,929	49,341
12 PROPERTY TAX RECLASS	I	ADMINISTRATIVE & GENERAL	6		58,008
13 EDUCATION COST RECLASS	L	EDUCATION	100.04	86,351	9,424
14 SLEEP LAB RECLASS	M	RESPIRATORY THERAPY	49		207,248
15					
16 UTILITIES RECLASS	O	MOB	100.01		24,652
17 PUBLIC RELATIONS RECLASS	P	ADMINISTRATIVE & GENERAL	6		7,684
18 MSW SALARY RECLASS	R	HOSPICE	93	9,977	
19 RECOVERY ROOM RECLASS	S	OPERATING ROOM	37	243,449	
20 IMPLANTABLE DEVICE RECLASS	T	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	141,272	
36 TOTAL RECLASSIFICATIONS				928,231	2,699,243

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

RECLASSIFICATIONS

PROVIDER NO:  
151315

PERIOD:  
FROM 10/ 1/2009  
TO 9/30/2010

PREPARED 2/10/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : LABOR & DELIVERY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	129,175	DELIVERY ROOM & LABOR ROOM	39	159,686	
2.00	NURSERY	33	30,511			0	
TOTAL RECLASSIFICATIONS FOR CODE A			159,686				159,686

RECLASS CODE: B  
EXPLANATION : PROPERTY INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	63,454	ADMINISTRATIVE & GENERAL	6	63,454	
TOTAL RECLASSIFICATIONS FOR CODE B			63,454				63,454

RECLASS CODE: C  
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	57,642	DIETARY	11	582,762	
2.00	CAFETERIA	12	460,704			0	
3.00	GUEST MEALS	100.06	64,416			0	
TOTAL RECLASSIFICATIONS FOR CODE C			582,762				582,762

RECLASS CODE: D  
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	238,876	INTEREST EXPENSE	88	441,303	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	202,427			0	
TOTAL RECLASSIFICATIONS FOR CODE D			441,303				441,303

RECLASS CODE: F  
EXPLANATION : DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,509,383	NEW CAP REL COSTS-BLDG & FIXT	3	1,509,383	
TOTAL RECLASSIFICATIONS FOR CODE F			1,509,383				1,509,383

RECLASS CODE: G  
EXPLANATION : ICU RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTENSIVE CARE UNIT	26	18,551	ADULTS & PEDIATRICS	25	18,551	
TOTAL RECLASSIFICATIONS FOR CODE G			18,551				18,551

RECLASS CODE: H  
EXPLANATION : ADVERTISING COST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	64,270	MARKETING	100.05	64,270	
TOTAL RECLASSIFICATIONS FOR CODE H			64,270				64,270

RECLASS CODE: I  
EXPLANATION : PROPERTY TAX RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	58,008	ADMINISTRATIVE & GENERAL	6	58,008	
TOTAL RECLASSIFICATIONS FOR CODE I			58,008				58,008

RECLASS CODE: L  
EXPLANATION : EDUCATION COST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	95,775	EDUCATION	100.04	95,775	
TOTAL RECLASSIFICATIONS FOR CODE L			95,775				95,775

RECLASSIFICATIONS

PROVIDER NO:  
151315

PERIOD:  
FROM 10/1/2009  
TO 9/30/2010

PREPARED 2/10/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: M  
EXPLANATION : SLEEP LAB RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SLEEP LAB	49.01	189,101	RESPIRATORY THERAPY	49	207,248	
2.00	ELECTROCARDIOLOGY	53	18,147			0	
TOTAL RECLASSIFICATIONS FOR CODE M			207,248	207,248			

RECLASS CODE: O  
EXPLANATION : UTILITIES RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	24,652	MOB	100.01	24,652	
TOTAL RECLASSIFICATIONS FOR CODE O			24,652	24,652			

RECLASS CODE: P  
EXPLANATION : PUBLIC RELATIONS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MARKETING	100.05	7,684	ADMINISTRATIVE & GENERAL	6	7,684	
TOTAL RECLASSIFICATIONS FOR CODE P			7,684	7,684			

RECLASS CODE: R  
EXPLANATION : MSW SALARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HOME HEALTH AGENCY	71	9,977	HOSPICE	93	9,977	
TOTAL RECLASSIFICATIONS FOR CODE R			9,977	9,977			

RECLASS CODE: S  
EXPLANATION : RECOVERY ROOM RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RECOVERY ROOM	38	243,449	OPERATING ROOM	37	243,449	
TOTAL RECLASSIFICATIONS FOR CODE S			243,449	243,449			

RECLASS CODE: T  
EXPLANATION : IMPLANTABLE DEVICE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	141,272	MEDICAL SUPPLIES CHARGED TO PA	55	141,272	
TOTAL RECLASSIFICATIONS FOR CODE T			141,272	141,272			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 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 BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,043,373					1,043,373	
2 LAND IMPROVEMENTS	18,494,090	3,648,212		3,648,212		22,142,302	
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	13,362,470	468,200		468,200		13,830,670	
7 SUBTOTAL	32,899,933	4,116,412		4,116,412		37,016,345	
8 RECONCILING ITEMS							
9 TOTAL	32,899,933	4,116,412		4,116,412		37,016,345	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
*								8
3	NEW CAP REL COSTS-BL	23,185,675		23,185,675	.733479			
4	NEW CAP REL COSTS-MV	13,830,670	5,405,801	8,424,869	.266521			
5	TOTAL	37,016,345	5,405,801	31,610,544	1.000000			

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*							
3	NEW CAP REL COSTS-BL	562,110		117,393	63,454	58,008	800,965
4	NEW CAP REL COSTS-MV	2,019,814		27,193			2,047,007
5	TOTAL	2,581,924		144,586	63,454	58,008	2,847,972

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

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*							
3	NEW CAP REL COSTS-BL	2,096,753					2,096,753
4	NEW CAP REL COSTS-MV	814,036					814,036
5	TOTAL	2,910,789					2,910,789

\* 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 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 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	A	-121,483	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	A	-175,234	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-17,219	NEW CAP REL COSTS-MVBLE E	4	9
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-320,918			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-493,538			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-110,667	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-155,599	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-516	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-36,215	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 MRI DEPRECIATION CARRYFORWARD ADJUST	A	-5,676	NEW CAP REL COSTS-MVBLE E	4	9
38 BAD DEBT EXPENSE ADJUSTMENT	A	-4,517,230	ADMINISTRATIVE & GENERAL	6	
39 LOBBYING EXPENSES	A	-4,056	ADMINISTRATIVE & GENERAL	6	
40 EMPLOYEE CHRISTMAS PARTY	A	-12,569	ADMINISTRATIVE & GENERAL	6	
41 PHYSICIAN RECRUITMENT	B	-71,688	EMERGENCY	61	
42 MEALS ON WHEELS	B	-14,679	DIETARY	11	
43 REIMB FOUNDATION DEVELOP OFFICE	B	-20,952	ADMINISTRATIVE & GENERAL	6	
44 DAY CARE MANAGEMENT FEES	B	-81,583	EMPLOYEE BENEFITS	5	
45 EMS OTHER	B	-623	EMERGENCY	61	
46 ANESTHESIA SUBSIDY	A	-662,808	OPERATING ROOM	37	
47 RENTAL INCOME OFFSET - CANCER CENTER	B	-25,260	NEW CAP REL COSTS-BLDG &	3	9
48 SLEEP CENTER TRAINING INCOME	B	-1,000	ADMINISTRATIVE & GENERAL	6	
49 ATM SURCHARGE REVENUE	B	-1,226	ADMINISTRATIVE & GENERAL	6	
49.02 PHYSICIAN GUARANTEE	B	-14,401	EMERGENCY	61	
49.03 OP EDUCATION	B	-357	EMPLOYEE BENEFITS	5	
49.05 SURGERY SUPPLIES SOLD TO DEKALB	B	-4,524	MEDICAL SUPPLIES CHARGED	55	
49.06 DUMPSTER LEASE	B	-983	OPERATION OF PLANT	8	
49.07 CLASS ACTION SETTLEMENTS	B	-1,970	ADMINISTRATIVE & GENERAL	6	
49.08 NSF FEES	B	-15	ADMINISTRATIVE & GENERAL	6	
49.09 MEDICARE OTHER	B	-6	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-6,872,995			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS	CMO OVERHEAD - BENEFITS	160,871	-160,871	
2	6	ADMINISTRATIVE & GENERAL	CMO OVERHEAD - A&G	48,657	-48,657	
3	8	OPERATION OF PLANT	CMO OVERHEAD - PLANT OPS	3,300	-3,300	
4	4	NEW CAP REL COSTS-MVBLE	RENT PAID TO CMO	78,163	-280,710	9
5		TOTALS		78,163	-493,538	

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

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

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

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

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





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

PROVIDER NO: 15-1315

PERIOD: FROM 10/1/2009 TO 9/30/2010

PREPARED 2/10/2011 WORKSHEET A-8-4 PARTS I - VII

RESPIRATORY THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	3.25
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED	1962.50	14247.00		
10	AHSEA (SEE INSTRUCTIONS)	60.25	56.07		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	28.04	28.04		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	118,241
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	798,829
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	917,070
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	917,070

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	917,070

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	10,235
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	10,235
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	1,186
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	11,421

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

RESPIRATORY THERAPY

33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)	11,421
34	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)	
35	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)	

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

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

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47	OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1 195.25	2	3	4 5 195.25
48	OVERTIME RATE (SEE INSTRUCTIONS)	84.11			
CALCULATION OF LIMIT					
49	TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)	16,422			
50	PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00			100.00
51	ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)	2080.00			2080.00
DETERMINATION OF OVERTIME ALLOWANCE					
52	ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)	56.07			
53	OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)	116,626			
54	MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)	16,422			
55	PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)	10,948			
56	OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)	5,474			5,474

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57	SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23)	917,070
58	TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)	11,421
59	TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)	
60	OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)	5,474
61	EQUIPMENT COST (SEE INSTRUCTIONS)	
62	SUPPLIES (SEE INSTRUCTIONS)	
63	TOTAL ALLOWANCE (SUM OF LINES 57-62)	933,965
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	

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

PROVIDER NO: 15-1315

PERIOD: FROM 10/1/2009 TO 9/30/2010

PREPARED 2/10/2011 WORKSHEET A-8-4 PARTS I - VII

RESPIRATORY THERAPY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

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

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

COST ALLOCATION STATISTICS

PROVIDER NO: 15-1315  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/10/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTES		ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATIONS OF E & GENERAL PLANT	
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	800,965	800,965					
005 NEW CAP REL COSTS-MVBLE E	2,047,007		2,047,007				
006 EMPLOYEE BENEFITS	4,267,351			4,267,351			
008 ADMINISTRATIVE & GENERAL	5,309,207	117,191	299,501	825,381	6,551,280	6,551,280	
009 OPERATION OF PLANT	1,646,352	109,367	279,507	134,366	2,169,592	532,637	2,702,229
010 LAUNDRY & LINEN SERVICE	106,736	9,572	24,463		140,771	34,559	45,031
011 HOUSEKEEPING	530,700	658	1,682	128,719	661,759	162,462	3,097
012 DIETARY	57,869	28,778	73,548	15,667	175,862	43,174	135,384
014 CAFETERIA	350,037	13,714	35,048	66,363	465,162	114,198	64,515
015 NURSING ADMINISTRATION	491,262	3,086	7,886	156,907	659,141	161,820	14,516
016 CENTRAL SERVICES & SUPPLY	123,169	14,201	36,292	35,290	208,952	51,298	66,805
017 PHARMACY	1,513,723	7,159	18,295	110,356	1,649,533	404,962	33,677
025 MEDICAL RECORDS & LIBRARY	735,368	10,272	26,251	114,690	886,581	217,657	48,321
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,417,849	59,634	152,406	420,966	2,050,855	503,487	280,542
033 INTENSIVE CARE UNIT	18,551	3,449	8,815	4,385	35,200	8,642	16,225
037 NURSERY	30,511	2,743	7,010	9,888	50,152	12,312	12,903
038 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,234,982	63,090	161,238	283,894	1,743,204	427,958	296,800
039 RECOVERY ROOM	354,029	14,276	36,485	78,893	483,683	118,745	67,160
041 DELIVERY ROOM & LABOR ROO	386,936	16,662	42,583	94,228	540,409	132,671	78,385
044 RADIOLOGY-DIAGNOSTIC	2,227,723	41,484	106,020	372,814	2,748,041	674,649	195,157
048 LABORATORY	1,873,420	23,327	59,616	274,724	2,231,087	547,734	109,739
049 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	547,237	6,247	15,964	11,654	581,102	142,661	29,386
049 01 SLEEP LAB	189,101	11,410	29,160		229,671	56,384	53,676
050 PHYSICAL THERAPY	556,324	28,442	72,689	171,491	828,946	203,507	133,803
053 ELECTROCARDIOLOGY	250,352	1,029	2,629		254,010	62,360	4,839
053 01 CARDIAC REHAB	47,623	12,116	30,965	14,108	104,812	25,731	56,999
055 MEDICAL SUPPLIES CHARGED	715,992				715,992	175,777	
055 30 IMPL. DEV. CHARGED TO PAT	141,272			45,781	187,053	45,922	
056 DRUGS CHARGED TO PATIENTS							
059 CHEMICAL DEPENDENCY	155,133	17,005	43,459	47,480	263,077	64,586	79,998
059 01 ONCOLOGY	1,520,307	76,111	194,516		1,790,934	439,676	358,058
059 02 OTHER ANCILLARY SERVICE C	56,196	446	1,139	11,863	69,644	17,098	2,097
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	1,278,225	38,782	99,115	414,091	1,830,213	449,319	182,447
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	799,325	9,510	24,306	233,962	1,067,103	261,975	44,741
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	112,182	1,947	4,977	22,051	141,157	34,654	9,161
095 SUBTOTALS	31,893,016	741,708	1,895,565	4,100,012	31,514,978	6,128,615	2,423,462
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		2,215	5,660		7,875	1,933	10,419
100 DAYCARE-INFANT/TODDLER							
100 01 MOB	3,326	7,364	18,821		29,511	7,245	34,644
100 02 COMMUNITY HEALTH	70,345			21,167	91,512	22,466	
100 03 ASSISTED LIVING/CAMERON W							
100 04 EDUCATION	60,381				60,381	14,824	
100 05 MARKETING	228,414	5,739	14,668	25,635	274,456	67,379	26,999
100 06 GUEST MEALS	64,416			9,279	73,695	18,092	
100 07 OUTSIDE LAUNDRY							
100 08 CANCER CENTER							
100 09 URGENT CARE	916,727	43,939	112,293	111,258	1,184,217	290,726	206,705
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	33,236,625	800,965	2,047,007	4,267,351	33,236,625	6,551,280	2,702,229

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	220,361							
011 HOUSEKEEPING	64,958	892,276						
012 DIETARY	3,435		357,855					
014 CAFETERIA		42,380		686,255				
015 NURSING ADMINISTRATION				22,386	857,863			
016 CENTRAL SERVICES & SUPPLY		9,163		13,014			349,232	
017 PHARMACY		13,745		16,330			1,150	2,119,397
025 MEDICAL RECORDS & LIBRARY				27,541			423	
026 INPAT ROUTINE SRVC CNTRS								
033 ADULTS & PEDIATRICS	46,300	197,012	353,756	108,505	180,000		13,220	
026 INTENSIVE CARE UNIT	671	3,436	4,099	1,154	1,906			
033 NURSERY	7,622	38,944		2,163	3,560			
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM	24,329	73,306		62,436	103,572		43,142	
039 RECOVERY ROOM	11,443	21,763		13,951	23,130		18,684	
041 DELIVERY ROOM & LABOR ROO	1,463	16,036		20,439	33,933		6,353	
044 RADIOLOGY-DIAGNOSTIC	16,483	56,125		73,575	122,087		7,960	
048 LABORATORY	203	46,962		70,042	116,215		96,183	
049 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY	20	9,163		1,442			3,454	
050 01 SLEEP LAB	3,455	14,890						
053 PHYSICAL THERAPY	2,114	40,089		34,643	57,481		2,274	
055 ELECTROCARDIOLOGY	20						489	
059 01 CARDIAC REHAB	2,114			2,992			183	
056 MEDICAL SUPPLIES CHARGED							121,659	
059 30 IMPL. DEV. CHARGED TO PAT							23,895	
059 DRUGS CHARGED TO PATIENTS								2,119,397
059 CHEMICAL DEPENDENCY		14,890		12,220			60	
059 01 ONCOLOGY								
059 02 OTHER ANCILLARY SERVICE C	285	2,291		2,812	4,658			
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC								
062 EMERGENCY	34,552	140,886		89,653	148,728		3,867	
071 OBSERVATION BEDS (NON-DIS								
093 OTHER REIMBURS COST CNTRS		18,327		53,856	62,593		1,321	
095 HOME HEALTH AGENCY								
100 SPEC PURPOSE COST CENTERS								
100 HOSPICE				5,840			349	
100 SUBTOTALS	219,467	759,408	357,855	634,994	857,863		344,666	2,119,397
100 NONREIMBURS COST CENTERS								
100 GIFT, FLOWER, COFFEE SHOP								
100 DAYCARE-INFANT/TODDLER								
100 01 MOB	894	90,488					563	
100 02 COMMUNITY HEALTH				4,686			383	
100 03 ASSISTED LIVING/CAMERON W								
100 04 EDUCATION							633	
100 05 MARKETING					7,390		321	
100 06 GUEST MEALS				4,434				
100 07 OUTSIDE LAUNDRY								
100 08 CANCER CENTER								
100 09 URGENT CARE		42,380		34,751			2,666	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	220,361	892,276	357,855	686,255	857,863		349,232	2,119,397

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	25		27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
025 MEDICAL RECORDS & LIBRARY	1,180,523			
026 INPAT ROUTINE SRVC CNTRS				
033 ADULTS & PEDIATRICS	10,596	3,744,273		3,744,273
037 INTENSIVE CARE UNIT	492	71,825		71,825
038 NURSERY	4,640	132,296		132,296
039 ANCILLARY SRVC COST CNTRS				
041 OPERATING ROOM	26,706	2,801,453		2,801,453
044 RECOVERY ROOM		758,559		758,559
048 DELIVERY ROOM & LABOR ROO		829,689		829,689
049 RADIOLOGY-DIAGNOSTIC	318,160	4,212,237		4,212,237
053 LABORATORY	394,291	3,612,456		3,612,456
055 INTRAVENOUS THERAPY				
059 RESPIRATORY THERAPY	35,038	802,266		802,266
061 SLEEP LAB		358,076		358,076
062 PHYSICAL THERAPY	96,167	1,399,024		1,399,024
065 ELECTROCARDIOLOGY	53,363	375,081		375,081
068 CARDIAC REHAB	30,423	223,254		223,254
071 MEDICAL SUPPLIES CHARGED		1,013,428		1,013,428
075 IMPL. DEV. CHARGED TO PAT		256,870		256,870
078 DRUGS CHARGED TO PATIENTS		2,119,397		2,119,397
081 CHEMICAL DEPENDENCY	23,076	457,907		457,907
084 ONCOLOGY		2,588,668		2,588,668
087 OTHER ANCILLARY SERVICE C	7,212	106,097		106,097
090 OUTPAT SERVICE COST CNTRS				
093 CLINIC				
095 EMERGENCY	180,359	3,060,024		3,060,024
100 OBSERVATION BEDS (NON-DIS				
100 OTHER REIMBURS COST CNTRS				
101 HOME HEALTH AGENCY		1,509,916		1,509,916
102 SPEC PURPOSE COST CENTERS				
103 HOSPICE		191,161		191,161
104 SUBTOTALS	1,180,523	30,623,957		30,623,957
105 NONREIMBURS COST CENTERS				
106 GIFT, FLOWER, COFFEE SHOP		20,227		20,227
107 DAYCARE-INFANT/TODDLER				
108 MOB		163,345		163,345
109 COMMUNITY HEALTH		119,047		119,047
110 ASSISTED LIVING/CAMERON W				
111 EDUCATION		75,838		75,838
112 MARKETING		376,545		376,545
113 GUEST MEALS		96,221		96,221
114 OUTSIDE LAUNDRY				
115 CANCER CENTER				
116 URGENT CARE		1,761,445		1,761,445
117 CROSS FOOT ADJUSTMENT				
118 NEGATIVE COST CENTER				
119 TOTAL	1,180,523	33,236,625		33,236,625

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:  
15-1315

PERIOD:  
FROM 10/1/2009  
TO 9/30/2010

PREPARED 2/10/2011  
WORKSHEET B  
PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL		117,191	299,501	416,692		416,692	
008 OPERATION OF PLANT		109,367	279,507	388,874		33,878	422,752
009 LAUNDRY & LINEN SERVICE		9,572	24,463	34,035		2,198	7,045
010 HOUSEKEEPING		658	1,682	2,340		10,333	484
011 DIETARY		28,778	73,548	102,326		2,746	21,180
012 CAFETERIA		13,714	35,048	48,762		7,264	10,093
014 NURSING ADMINISTRATION		3,086	7,886	10,972		10,292	2,271
015 CENTRAL SERVICES & SUPPLY		14,201	36,292	50,493		3,263	10,451
016 PHARMACY		7,159	18,295	25,454		25,757	5,269
017 MEDICAL RECORDS & LIBRARY		10,272	26,251	36,523		13,844	7,560
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		59,634	152,406	212,040		32,024	43,890
026 INTENSIVE CARE UNIT		3,449	8,815	12,264		550	2,538
033 NURSERY		2,743	7,010	9,753		783	2,019
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		63,090	161,238	224,328		27,220	46,433
038 RECOVERY ROOM		14,276	36,485	50,761		7,553	10,507
039 DELIVERY ROOM & LABOR ROO		16,662	42,583	59,245		8,438	12,263
041 RADIOLOGY-DIAGNOSTIC		41,484	106,020	147,504		42,912	30,531
044 LABORATORY		23,327	59,616	82,943		34,838	17,168
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		6,247	15,964	22,211		9,074	4,597
049 01 SLEEP LAB		11,410	29,160	40,570		3,586	8,397
050 PHYSICAL THERAPY		28,442	72,689	101,131		12,944	20,933
053 ELECTROCARDIOLOGY		1,029	2,629	3,658		3,966	757
053 01 CARDIAC REHAB		12,116	30,965	43,081		1,637	8,917
055 MEDICAL SUPPLIES CHARGED						11,180	
055 30 IMPL. DEV. CHARGED TO PAT						2,921	
056 DRUGS CHARGED TO PATIENTS							
059 CHEMICAL DEPENDENCY		17,005	43,459	60,464		4,108	12,515
059 01 ONCOLOGY		76,111	194,516	270,627		27,965	56,018
059 02 OTHER ANCILLARY SERVICE C		446	1,139	1,585		1,087	328
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY		38,782	99,115	137,897		28,579	28,543
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		9,510	24,306	33,816		16,663	7,000
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		1,947	4,977	6,924		2,204	1,433
095 SUBTOTALS		741,708	1,895,565	2,637,273		389,807	379,140
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		2,215	5,660	7,875		123	1,630
100 DAYCARE-INFANT/TODDLER							
100 01 MOB		7,364	18,821	26,185		461	5,420
100 02 COMMUNITY HEALTH						1,429	
100 03 ASSISTED LIVING/CAMERON W							
100 04 EDUCATION						943	
100 05 MARKETING		5,739	14,668	20,407		4,286	4,224
100 06 GUEST MEALS						1,151	
100 07 OUTSIDE LAUNDRY							
100 08 CANCER CENTER							
100 09 URGENT CARE		43,939	112,293	156,232		18,492	32,338
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		800,965	2,047,007	2,847,972		416,692	422,752

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	43,278						
011 HOUSEKEEPING	12,757	25,914					
012 DIETARY	675		126,927				
014 CAFETERIA		1,231		67,350			
015 NURSING ADMINISTRATION				2,197	25,732		
016 CENTRAL SERVICES & SUPPLY		266		1,277		65,750	
017 PHARMACY		399		1,603		217	58,699
025 MEDICAL RECORDS & LIBRARY				2,703		80	
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	9,093	5,722	125,473	10,648	5,398	2,489	
037 INTENSIVE CARE UNIT	132	100	1,454	113	57		
039 NURSERY	1,497	1,131		212	107		
041 ANCILLARY SRVC COST CNTRS							
044 OPERATING ROOM	4,778	2,129		6,128	3,107	8,122	
048 RECOVERY ROOM	2,247	632		1,369	694	3,518	
053 DELIVERY ROOM & LABOR ROO	287	466		2,006	1,018	1,196	
055 RADIOLOGY-DIAGNOSTIC	3,237	1,630		7,221	3,662	1,499	
059 LABORATORY	40	1,364		6,874	3,486	18,108	
061 INTRAVENOUS THERAPY							
062 RESPIRATORY THERAPY	4	266		142		650	
066 SLEEP LAB	679	432					
071 PHYSICAL THERAPY	415	1,164		3,400	1,724	428	
075 ELECTROCARDIOLOGY	4					92	
081 CARDIAC REHAB	415			294		34	
085 MEDICAL SUPPLIES CHARGED						22,905	
090 IMPL. DEV. CHARGED TO PAT						4,499	
095 DRUGS CHARGED TO PATIENTS							58,699
100 CHEMICAL DEPENDENCY		432		1,199		11	
101 ONCOLOGY							
102 OTHER ANCILLARY SERVICE C	56	67		276	140		
103 OUTPAT SERVICE COST CNTRS							
104 CLINIC							
105 EMERGENCY	6,786	4,092		8,799	4,461	728	
106 OBSERVATION BEDS (NON-DIS							
107 OTHER REIMBURS COST CNTRS							
108 HOME HEALTH AGENCY		532		5,286	1,878	249	
109 SPEC PURPOSE COST CENTERS							
110 HOSPICE				573		66	
111 SUBTOTALS	43,102	22,055	126,927	62,320	25,732	64,891	58,699
112 NONREIMBURS COST CENTERS							
113 GIFT, FLOWER, COFFEE SHOP							
114 DAYCARE-INFANT/TODDLER							
115 01 MOB	176	2,628				106	
116 02 COMMUNITY HEALTH				460		72	
117 03 ASSISTED LIVING/CAMERON W							
118 04 EDUCATION						119	
119 05 MARKETING				725		60	
120 06 GUEST MEALS				435			
121 07 OUTSIDE LAUNDRY							
122 08 CANCER CENTER							
123 09 URGENT CARE		1,231		3,410		502	
124 CROSS FOOT ADJUSTMENTS							
125 NEGATIVE COST CENTER							
126 TOTAL	43,278	25,914	126,927	67,350	25,732	65,750	58,699

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	60,710			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	545	447,322		447,322
033 INTENSIVE CARE UNIT	25	17,233		17,233
037 NURSERY	239	15,741		15,741
037 ANCILLARY SRVC COST CNTRS				
038 OPERATING ROOM	1,373	323,618		323,618
039 RECOVERY ROOM		77,281		77,281
041 DELIVERY ROOM & LABOR ROO		84,919		84,919
044 RADIOLOGY-DIAGNOSTIC	16,362	254,558		254,558
048 LABORATORY	20,276	185,097		185,097
049 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY	1,802	38,746		38,746
049 01 SLEEP LAB		53,664		53,664
050 PHYSICAL THERAPY	4,946	147,085		147,085
053 ELECTROCARDIOLOGY	2,744	11,221		11,221
053 01 CARDIAC REHAB	1,565	55,943		55,943
055 MEDICAL SUPPLIES CHARGED		34,085		34,085
055 30 IMPL. DEV. CHARGED TO PAT		7,420		7,420
056 DRUGS CHARGED TO PATIENTS		58,699		58,699
059 CHEMICAL DEPENDENCY	1,187	79,916		79,916
059 01 ONCOLOGY		354,610		354,610
059 02 OTHER ANCILLARY SERVICE C	371	3,910		3,910
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC				
062 EMERGENCY	9,275	229,160		229,160
071 OBSERVATION BEDS (NON-DIS				
071 OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY		65,424		65,424
093 SPEC PURPOSE COST CENTERS				
093 HOSPICE		11,200		11,200
095 SUBTOTALS	60,710	2,556,852		2,556,852
096 NONREIMBURS COST CENTERS				
100 GIFT, FLOWER, COFFEE SHOP		9,628		9,628
100 DAYCARE-INFANT/TODDLER				
100 01 MOB		34,976		34,976
100 02 COMMUNITY HEALTH		1,961		1,961
100 03 ASSISTED LIVING/CAMERON W				
100 04 EDUCATION		1,062		1,062
100 05 MARKETING		29,702		29,702
100 06 GUEST MEALS		1,586		1,586
100 07 OUTSIDE LAUNDRY				
100 08 CANCER CENTER				
100 09 URGENT CARE		212,205		212,205
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	60,710	2,847,972		2,847,972

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 2/10/2011

15-1315

FROM 10/1/2009

WORKSHEET B-1

TO 9/30/2010

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	OSTS-BLDG &	OSTS-MVBLE E	FITS		( ACCUM. COST )	( SQUARE FEET )
	(SQUARE FEET	(SQUARE FEET	( GROSS SALARIES )	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	116,812					
005 NEW CAP REL COSTS-MVB		116,812				
006 EMPLOYEE BENEFITS			13,168,189			
008 ADMINISTRATIVE & GENERAL	17,091	17,091	2,546,962	-6,551,280	26,685,345	
009 OPERATION OF PLANT	15,950	15,950	414,627		2,169,592	83,771
010 LAUNDRY & LINEN SERVICE	1,396	1,396			140,771	1,396
011 HOUSEKEEPING	96	96	397,202		661,759	96
012 DIETARY	4,197	4,197	48,345		175,862	4,197
014 CAFETERIA	2,000	2,000	204,782		465,162	2,000
015 NURSING ADMINISTRATION	450	450	484,185		659,141	450
016 CENTRAL SERVICES & SUPPLY	2,071	2,071	108,897		208,952	2,071
017 PHARMACY	1,044	1,044	340,536		1,649,533	1,044
025 MEDICAL RECORDS & LIBRARY	1,498	1,498	353,910		886,581	1,498
026 INPATIENT ROUTINE SERVICE CENTER						
033 ADULTS & PEDIATRICS	8,697	8,697	1,299,017		2,050,855	8,697
037 INTENSIVE CARE UNIT	503	503	13,530		35,200	503
038 NURSERY	400	400	30,511		50,152	400
039 ANCILLARY SERVICE COST CENTER						
041 OPERATING ROOM	9,201	9,201	876,039		1,743,204	9,201
044 RECOVERY ROOM	2,082	2,082	243,449		483,683	2,082
048 DELIVERY ROOM & LABOR	2,430	2,430	290,769		540,409	2,430
049 RADIOLOGY-DIAGNOSTIC LABORATORY	6,050	6,050	1,150,430		2,748,041	6,050
053 INTRAVENOUS THERAPY	3,402	3,402	847,744		2,231,087	3,402
055 RESPIRATORY THERAPY	911	911	35,962		581,102	911
059 01 SLEEP LAB	1,664	1,664			229,671	1,664
050 01 PHYSICAL THERAPY	4,148	4,148	529,186		828,946	4,148
053 01 ELECTROCARDIOLOGY	150	150			254,010	150
055 01 CARDIAC REHAB	1,767	1,767	43,533		104,812	1,767
055 30 MEDICAL SUPPLIES CHARGED TO					715,992	
056 30 IMPL. DEV. CHARGED TO			141,272		187,053	
059 01 DRUGS CHARGED TO PATIENT						
059 01 CHEMICAL DEPENDENCY	2,480	2,480	146,515		263,077	2,480
059 02 ONCOLOGY	11,100	11,100			1,790,934	11,100
059 02 OTHER ANCILLARY SERVICE	65	65	36,606		69,644	65
060 OUTPAT SERVICE COST CENTER						
061 EMERGENCY	5,656	5,656	1,277,803		1,830,213	5,656
062 OBSERVATION BEDS (NON-REIMBURS)						
071 OTHER REIMBURS COST CENTER						
071 HOME HEALTH AGENCY	1,387	1,387	721,960		1,067,103	1,387
093 SPEC PURPOSE COST CENTER						
095 HOSPICE	284	284	68,045		141,157	284
095 SUBTOTALS	108,170	108,170	12,651,817	-6,551,280	24,963,698	75,129
096 NONREIMBURS COST CENTER						
100 GIFT, FLOWER, COFFEE	323	323			7,875	323
100 DAYCARE-INFANT/TODDLER						
100 01 MOB	1,074	1,074			29,511	1,074
100 02 COMMUNITY HEALTH			65,317		91,512	
100 03 ASSISTED LIVING/CAMERON						
100 04 EDUCATION					60,381	
100 05 MARKETING	837	837	79,103		274,456	837
100 06 GUEST MEALS			28,633		73,695	
100 07 OUTSIDE LAUNDRY						
100 08 CANCER CENTER						
100 09 URGENT CARE	6,408	6,408	343,319		1,184,217	6,408
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	800,965	2,047,007	4,267,351		6,551,280	2,702,229
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	6.856873		324065		245501	32.257332
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		17.523944				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					416,692	422,752
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					015615	5.046520





COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,744,273		3,744,273		3,744,273
26	INTENSIVE CARE UNIT	71,825		71,825		71,825
33	NURSERY	132,296		132,296		132,296
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,801,453		2,801,453		2,801,453
38	RECOVERY ROOM	758,559		758,559		758,559
39	DELIVERY ROOM & LABOR ROO	829,689		829,689		829,689
41	RADIOLOGY-DIAGNOSTIC	4,212,237		4,212,237		4,212,237
44	LABORATORY	3,612,456		3,612,456		3,612,456
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	802,266		802,266		802,266
49	01 SLEEP LAB	358,076		358,076		358,076
50	PHYSICAL THERAPY	1,399,024		1,399,024		1,399,024
53	ELECTROCARDIOLOGY	375,081		375,081		375,081
53	01 CARDIAC REHAB	223,254		223,254		223,254
55	MEDICAL SUPPLIES CHARGED	1,013,428		1,013,428		1,013,428
55	30 IMPL. DEV. CHARGED TO PAT	256,870		256,870		256,870
56	DRUGS CHARGED TO PATIENTS	2,119,397		2,119,397		2,119,397
59	CHEMICAL DEPENDENCY	457,907		457,907		457,907
59	01 ONCOLOGY	2,588,668		2,588,668		2,588,668
59	02 OTHER ANCILLARY SERVICE C	106,097		106,097		106,097
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	3,060,024		3,060,024		3,060,024
62	OBSERVATION BEDS (NON-DIS	313,966		313,966		313,966
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	29,236,846		29,236,846		29,236,846
102	LESS OBSERVATION BEDS	313,966		313,966		313,966
103	TOTAL	28,922,880		28,922,880		28,922,880

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	4,719,477		4,719,477			
26	INTENSIVE CARE UNIT	101,878		101,878			
33	NURSERY	220,385		220,385			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,029,516	5,314,771	6,344,287	.441571	.441571	.441571
38	RECOVERY ROOM	214,839	1,087,693	1,302,532	.582373	.582373	.582373
39	DELIVERY ROOM & LABOR ROO	422,051	116,491	538,542	1.540621	1.540621	1.540621
41	RADIOLOGY-DIAGNOSTIC	882,743	16,713,401	17,596,144	.239384	.239384	.239384
44	LABORATORY	1,054,478	9,700,923	10,755,401	.335874	.335874	.335874
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	585,834	364,441	950,275	.844246	.844246	.844246
49	01 SLEEP LAB		788,240	788,240	.454273	.454273	.454273
50	PHYSICAL THERAPY	399,131	1,841,458	2,240,589	.624400	.624400	.624400
53	ELECTROCARDIOLOGY	51,035	720,741	771,776	.485997	.485997	.485997
53	01 CARDIAC REHAB	2,497	221,917	224,414	.994831	.994831	.994831
55	MEDICAL SUPPLIES CHARGED	810,623	1,087,378	1,898,001	.533945	.533945	.533945
55	30 IMPL. DEV. CHARGED TO PAT	25,888	310,245	336,133	.764192	.764192	.764192
56	DRUGS CHARGED TO PATIENTS	1,302,529	2,814,704	4,117,233	.514762	.514762	.514762
59	CHEMICAL DEPENDENCY	125	204,947	205,072	2.232908	2.232908	2.232908
59	01 ONCOLOGY		3,880,041	3,880,041	.667175	.667175	.667175
59	02 OTHER ANCILLARY SERVICE C		95,676	95,676	1.108920	1.108920	1.108920
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	263,141	7,791,836	8,054,977	.379892	.379892	.379892
62	OBSERVATION BEDS (NON-DIS	18,060	383,584	401,644	.781702	.781702	.781702
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	12,104,230	53,438,487	65,542,717			
102	LESS OBSERVATION BEDS						
103	TOTAL	12,104,230	53,438,487	65,542,717			





WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,801,453	323,618	2,477,835			2,801,453
38	RECOVERY ROOM	758,559	77,281	681,278			758,559
39	DELIVERY ROOM & LABOR ROO	829,689	84,919	744,770			829,689
41	RADIOLOGY-DIAGNOSTIC	4,212,237	254,558	3,957,679			4,212,237
44	LABORATORY	3,612,456	185,097	3,427,359			3,612,456
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	802,266	38,746	763,520			802,266
49	01 SLEEP LAB	358,076	53,664	304,412			358,076
50	PHYSICAL THERAPY	1,399,024	147,085	1,251,939			1,399,024
53	ELECTROCARDIOLOGY	375,081	11,221	363,860			375,081
53	01 CARDIAC REHAB	223,254	55,943	167,311			223,254
55	MEDICAL SUPPLIES CHARGED	1,013,428	34,085	979,343			1,013,428
55	30 IMPL. DEV. CHARGED TO PAT	256,870	7,420	249,450			256,870
56	DRUGS CHARGED TO PATIENTS	2,119,397	58,699	2,060,698			2,119,397
59	CHEMICAL DEPENDENCY	457,907	79,916	377,991			457,907
59	01 ONCOLOGY	2,588,668	354,610	2,234,058			2,588,668
59	02 OTHER ANCILLARY SERVICE C	106,097	3,910	102,187			106,097
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	3,060,024	229,160	2,830,864			3,060,024
62	OBSERVATION BEDS (NON-DIS	313,966		313,966			313,966
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	25,288,452	1,999,932	23,288,520			25,288,452
102	LESS OBSERVATION BEDS	313,966		313,966			313,966
103	TOTAL	24,974,486	1,999,932	22,974,554			24,974,486



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,801,453	323,618	2,477,835			2,801,453
38	RECOVERY ROOM	758,559	77,281	681,278			758,559
39	DELIVERY ROOM & LABOR ROO	829,689	84,919	744,770			829,689
41	RADIOLOGY-DIAGNOSTIC	4,212,237	254,558	3,957,679			4,212,237
44	LABORATORY	3,612,456	185,097	3,427,359			3,612,456
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	802,266	38,746	763,520			802,266
49	01 SLEEP LAB	358,076	53,664	304,412			358,076
50	PHYSICAL THERAPY	1,399,024	147,085	1,251,939			1,399,024
53	ELECTROCARDIOLOGY	375,081	11,221	363,860			375,081
53	01 CARDIAC REHAB	223,254	55,943	167,311			223,254
55	MEDICAL SUPPLIES CHARGED	1,013,428	34,085	979,343			1,013,428
55	30 IMPL. DEV. CHARGED TO PAT	256,870	7,420	249,450			256,870
56	DRUGS CHARGED TO PATIENTS	2,119,397	58,699	2,060,698			2,119,397
59	CHEMICAL DEPENDENCY	457,907	79,916	377,991			457,907
59	01 ONCOLOGY	2,588,668	354,610	2,234,058			2,588,668
59	02 OTHER ANCILLARY SERVICE C	106,097	3,910	102,187			106,097
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	3,060,024	229,160	2,830,864			3,060,024
62	OBSERVATION BEDS (NON-DIS	313,966		313,966			313,966
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	25,288,452	1,999,932	23,288,520			25,288,452
102	LESS OBSERVATION BEDS	313,966		313,966			313,966
103	TOTAL	24,974,486	1,999,932	22,974,554			24,974,486

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	6,344,287	.441571	.441571
38	RECOVERY ROOM	1,302,532	.582373	.582373
39	DELIVERY ROOM & LABOR ROO	538,542	1.540621	1.540621
41	RADIOLOGY-DIAGNOSTIC	17,596,144	.239384	.239384
44	LABORATORY	10,755,401	.335874	.335874
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	950,275	.844246	.844246
49	01 SLEEP LAB	788,240	.454273	.454273
50	PHYSICAL THERAPY	2,240,589	.624400	.624400
53	ELECTROCARDIOLOGY	771,776	.485997	.485997
53	01 CARDIAC REHAB	224,414	.994831	.994831
55	MEDICAL SUPPLIES CHARGED	1,898,001	.533945	.533945
55	30 IMPL. DEV. CHARGED TO PAT	336,133	.764192	.764192
56	DRUGS CHARGED TO PATIENTS	4,117,233	.514762	.514762
59	CHEMICAL DEPENDENCY	205,072	2.232908	2.232908
59	01 ONCOLOGY	3,880,041	.667175	.667175
59	02 OTHER ANCILLARY SERVICE C	95,676	1.108920	1.108920
60	OUTPAT SERVICE COST CNTRS			
	CLINIC			
61	EMERGENCY	8,054,977	.379892	.379892
62	OBSERVATION BEDS (NON-DIS	401,644	.781702	.781702
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	60,500,977		
102	LESS OBSERVATION BEDS	401,644		
103	TOTAL	60,099,333		













TITLE XIX		HOSPITAL			PPS		
WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		323,618	6,344,287	154,814		
38	RECOVERY ROOM		77,281	1,302,532	58,796		
39	DELIVERY ROOM & LABOR ROO		84,919	538,542	344,013		
41	RADIOLOGY-DIAGNOSTIC		254,558	17,596,144	67,354		
44	LABORATORY		185,097	10,755,401	143,565		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		38,746	950,275	49,868		
49	01 SLEEP LAB		53,664	788,240			
50	PHYSICAL THERAPY		147,085	2,240,589	1,448		
53	ELECTROCARDIOLOGY		11,221	771,776	4,641		
53	01 CARDIAC REHAB		55,943	224,414			
55	MEDICAL SUPPLIES CHARGED		34,085	1,898,001	46,970		
55	30 IMPL. DEV. CHARGED TO PAT		7,420	336,133	13,738		
56	DRUGS CHARGED TO PATIENTS		58,699	4,117,233	208,544		
59	CHEMICAL DEPENDENCY		79,916	205,072			
59	01 ONCOLOGY		354,610	3,880,041			
59	02 OTHER ANCILLARY SERVICE C		3,910	95,676			
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
61	EMERGENCY		229,160	8,054,977	39,068		
62	OBSERVATION BEDS (NON-DIS			401,644	3,708		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,999,932	60,500,977	1,136,527		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2009	2/10/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D
15-1315		PART II

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.051009	7,897
38	RECOVERY ROOM	.059331	3,488
39	DELIVERY ROOM & LABOR ROO	.157683	54,245
41	RADIOLOGY-DIAGNOSTIC	.014467	974
44	LABORATORY	.017210	2,471
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.040773	2,033
49	01 SLEEP LAB	.068081	
50	PHYSICAL THERAPY	.065646	95
53	ELECTROCARDIOLOGY	.014539	67
53	01 CARDIAC REHAB	.249285	
55	MEDICAL SUPPLIES CHARGED	.017958	843
55	30 IMPL. DEV. CHARGED TO PAT	.022075	303
56	DRUGS CHARGED TO PATIENTS	.014257	2,973
59	CHEMICAL DEPENDENCY	.389697	
59	01 ONCOLOGY	.091393	
59	02 OTHER ANCILLARY SERVICE C	.040867	
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.028449	1,111
62	OBSERVATION BEDS (NON-DIS		
62	OTHER REIMBURS COST CNTRS		
101	TOTAL		76,500

APPORTIONMENT OF INPATIENT ROUTINE  
SERVICE OTHER PASS THROUGH COSTS  
TITLE XIX

PROVIDER NO: 15-1315  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/10/2011  
WORKSHEET D  
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					3,300	
26	INTENSIVE CARE UNIT					43	
33	NURSERY					334	
101	TOTAL					3,677	

APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XIX

PROVIDER NO: 15-1315  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/10/2011  
 WORKSHEET D  
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	380
26	INTENSIVE CARE UNIT		8
33	NURSERY		
101	TOTAL		380

TITLE XIX HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CHEMICAL DEPENDENCY						
59	01 ONCOLOGY						
59	02 OTHER ANCILLARY SERVICE C						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XIX		HOSPITAL		PPS					
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST	
LINE NO.		3	3.01	4	5	5.01	6	7	
37	ANCILLARY SRVC COST CNTRS								
	OPERATING ROOM			6,344,287			154,814		
38	RECOVERY ROOM			1,302,532			58,796		
39	DELIVERY ROOM & LABOR ROO			538,542			344,013		
41	RADIOLOGY-DIAGNOSTIC			17,596,144			67,354		
44	LABORATORY			10,755,401			143,565		
48	INTRAVENOUS THERAPY								
49	RESPIRATORY THERAPY			950,275			49,868		
49	01 SLEEP LAB			788,240					
50	PHYSICAL THERAPY			2,240,589			1,448		
53	ELECTROCARDIOLOGY			771,776			4,641		
53	01 CARDIAC REHAB			224,414					
55	MEDICAL SUPPLIES CHARGED			1,898,001			46,970		
55	30 IMPL. DEV. CHARGED TO PAT			336,133			13,738		
56	DRUGS CHARGED TO PATIENTS			4,117,233			208,544		
59	CHEMICAL DEPENDENCY			205,072					
59	01 ONCOLOGY			3,880,041					
59	02 OTHER ANCILLARY SERVICE C			95,676					
	OUTPAT SERVICE COST CNTRS								
60	CLINIC								
61	EMERGENCY			8,054,977			39,068		
62	OBSERVATION BEDS (NON-DIS			401,644			3,708		
	OTHER REIMBURS COST CNTRS								
101	TOTAL			60,500,977			1,136,527		

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	560,087					
38	RECOVERY ROOM	157,736					
39	DELIVERY ROOM & LABOR ROO	16,756					
41	RADIOLOGY-DIAGNOSTIC	1,986,318					
44	LABORATORY	767,592					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	35,662					
49	01 SLEEP LAB	95,143					
50	PHYSICAL THERAPY	240,879					
53	ELECTROCARDIOLOGY	62,444					
53	01 CARDIAC REHAB	29,042					
55	MEDICAL SUPPLIES CHARGED	611,933					
55	30 IMPL. DEV. CHARGED TO PAT	178,985					
56	DRUGS CHARGED TO PATIENTS	385,050					
59	CHEMICAL DEPENDENCY	51,523					
59	01 ONCOLOGY	471,808					
59	02 OTHER ANCILLARY SERVICE C						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	776,540					
62	OBSERVATION BEDS (NON-DIS	44,866					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	6,472,364					



















WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,379,975	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		41,316	
37	OPERATING ROOM	.441571	141,149	62,327
38	RECOVERY ROOM	.582373	34,787	20,259
39	DELIVERY ROOM & LABOR ROOM	1.540621		
41	RADIOLOGY-DIAGNOSTIC	.239384	247,258	59,190
44	LABORATORY	.335874	370,538	124,454
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.844246	301,900	254,878
49	01 SLEEP LAB	.454273		
50	PHYSICAL THERAPY	.624400	87,009	54,328
53	ELECTROCARDIOLOGY	.485997	22,040	10,711
53	01 CARDIAC REHAB	.994831		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.533945	266,155	142,112
55	30 IMPL. DEV. CHARGED TO PATIENT	.764192	4,468	3,414
56	DRUGS CHARGED TO PATIENTS	.514762	448,630	230,938
59	CHEMICAL DEPENDENCY	2.232908		
59	01 ONCOLOGY	.667175		
59	02 OTHER ANCILLARY SERVICE COST CENTERS	1.108920		
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.379892	2,256	857
62	OBSERVATION BEDS (NON-DISTINCT PART)	.781702	8,933	6,983
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,935,123	970,451
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,935,123	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.441571		
38	RECOVERY ROOM	.582373		
39	DELIVERY ROOM & LABOR ROOM	1.540621		
41	RADIOLOGY-DIAGNOSTIC	.239384	5,638	1,350
44	LABORATORY	.335874	16,228	5,451
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.844246	18,237	15,397
49	01 SLEEP LAB	.454273		
50	PHYSICAL THERAPY	.624400	122,963	76,778
53	ELECTROCARDIOLOGY	.485997	290	141
53	01 CARDIAC REHAB	.994831		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.533945	17,248	9,209
55	30 IMPL. DEV. CHARGED TO PATIENT	.764192		
56	DRUGS CHARGED TO PATIENTS	.514762	55,710	28,677
59	CHEMICAL DEPENDENCY	2.232908		
59	01 ONCOLOGY	.667175		
59	02 OTHER ANCILLARY SERVICE COST CENTERS OUTPAT SERVICE COST CNTRS	1.108920		
60	CLINIC			
61	EMERGENCY	.379892		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.781702	375	293
101	TOTAL		236,689	137,296
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		236,689	





TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,913,779		4,461,450
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	4/15/2010	7,917	4/15/2010	146,503
ADJUSTMENTS TO PROGRAM .51	9/23/2010	4,333	9/23/2010	79,586
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-12,250		-226,089
4 TOTAL INTERIM PAYMENTS		1,901,529		4,235,361
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)		114,522		133,690
7 TOTAL MEDICARE PROGRAM LIABILITY		2,016,051		4,101,671

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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





## CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2009	2/10/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-3
15-1315		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT  
HOSPITAL

1	INPATIENT SERVICES	2,205,519
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,205,519
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,227,574
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,227,574
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	232,188
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,995,386
23	COINSURANCE	6,050
24	SUBTOTAL	1,989,336
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	26,715
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	26,715
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	16,417
26	SUBTOTAL	2,016,051
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,016,051
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,901,529
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	114,522
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	1,207,499			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	9,337,542			
5 OTHER RECEIVABLES	445,868			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,903,026			
7 INVENTORY	718,187			
8 PREPAID EXPENSES	331,372			
9 OTHER CURRENT ASSETS	1,930,589			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	11,068,031			
FIXED ASSETS				
12 LAND	6,660,582			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	16,525,093			
14.01 LESS ACCUMULATED DEPRECIATION	-10,555,319			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	13,830,670			
16.01 LESS ACCUMULATED DEPRECIATION	-10,702,029			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	15,758,997			
OTHER ASSETS				
22 INVESTMENTS	12,130,765			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	4,007,035			
26 TOTAL OTHER ASSETS	16,137,800			
27 TOTAL ASSETS	42,964,828			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,785,829			
29 SALARIES, WAGES & FEES PAYABLE	1,378,274			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	598,951			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,255,237			
36 TOTAL CURRENT LIABILITIES	5,018,291			
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	15,584,536			
42 TOTAL LONG-TERM LIABILITIES	15,584,536			
43 TOTAL LIABILITIES	20,602,827			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	22,362,001			
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	22,362,001			
52 TOTAL LIABILITIES AND FUND BALANCES	42,964,828			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		20,614,015		
2 OF PERIOD				
3 NET INCOME (LOSS)		1,747,987		
4 TOTAL		22,362,002		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		22,362,002		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 IDENTIFIED ON TRIAL BALAN	1			
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		1		
19 FUND BALANCE AT END OF		22,362,001		
PERIOD PER BALANCE SHEET				

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



STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-1315  
 PERIOD: FROM 10/1/2009 TO 9/30/2010  
 PREPARED 2/10/2011  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	68,987,236
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	29,263,505
3	NET PATIENT REVENUES	39,723,731
4	LESS: TOTAL OPERATING EXPENSES	40,109,620
5	NET INCOME FROM SERVICE TO PATIENTS	-385,889
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	2,133,876
25	TOTAL OTHER INCOME	2,133,876
26	TOTAL	1,747,987
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	1,747,987

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/ PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	183,728			-6,529	62,782	239,981
HHA REIMBURSABLE SERVICES						
6	317,313		21,112			338,425
7	85,160					85,160
8	27,149					27,149
9	2,540					2,540
10	13,753					13,753
11	23,526					23,526
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17	68,791					68,791
18						
19						
20						
21						
22						
23						
23.50						
24	721,960		21,112	-6,529	62,782	799,325

	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		239,981		239,981
HHA REIMBURSABLE SERVICES				
6		338,425		338,425
7		85,160		85,160
8		27,149		27,149
9		2,540		2,540
10		13,753		13,753
11		23,526		23,526
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17		68,791		68,791
18				
19				
20				
21				
22				
23				
23.50				
24		799,325		799,325

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5						239,981	239,981
HHA REIMBURSABLE SERVICES							
6						239,981	239,981
7							
8							
9							
10							
11							
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17						68,791	29,514
18							
19							
20							
21							
22							
23							
23.50							
24						799,325	799,325

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6						483,622	
7						121,697	
8						38,797	
9						3,630	
10						19,654	
11						33,620	
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17						98,305	
18							
19							
20							
21							
22							
23							
23.50							
24						799,325	

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	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					-239,981	559,344
6	SKILLED NURSING CARE					338,425	
7	PHYSICAL THERAPY					85,160	
8	OCCUPATIONAL THERAPY					27,149	
9	SPEECH PATHOLOGY					2,540	
10	MEDICAL SOCIAL SERVICES					13,753	
11	HOME HEALTH AIDE					23,526	
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					68,791	
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)					559,344	
25	COST TO BE ALLOCATED				-239,981	239,981	
26	UNIT COST MULTIPLIER					.429040	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL		9,510	24,306	59,540	93,356	22,919
2 SKILLED NURSING CARE	483,622			102,830	586,452	143,975
3 PHYSICAL THERAPY	121,697			27,597	149,294	36,652
4 OCCUPATIONAL THERAPY	38,797			8,798	47,595	11,685
5 SPEECH PATHOLOGY	3,630			823	4,453	1,093
6 MEDICAL SOCIAL SERVICES	19,654			4,457	24,111	5,919
7 HOME HEALTH AIDE	33,620			7,624	41,244	10,125
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING	98,305			22,293	120,598	29,607
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)	799,325	9,510	24,306	233,962	1,067,103	261,975
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	44,741		18,327		15,897	
2 SKILLED NURSING CARE					18,457	32,330
3 PHYSICAL THERAPY					4,975	8,391
4 OCCUPATIONAL THERAPY					1,406	2,367
5 SPEECH PATHOLOGY					144	219
6 MEDICAL SOCIAL SERVICES					973	426
7 HOME HEALTH AIDE					3,280	18,860
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING					8,724	
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)	44,741		18,327		53,856	62,593
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1 ADMIN & GENERAL	1,321			196,561		196,561
2 SKILLED NURSING CARE				781,214		781,214
3 PHYSICAL THERAPY				199,312		199,312
4 OCCUPATIONAL THERAPY				63,053		63,053
5 SPEECH PATHOLOGY				5,909		5,909
6 MEDICAL SOCIAL SERVICES				31,429		31,429
7 HOME HEALTH AIDE				73,509		73,509
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING				158,929		158,929
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)	1,321			1,509,916		1,509,916
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	116,918	898,132
3 PHYSICAL THERAPY	29,830	229,142
4 OCCUPATIONAL THERAPY	9,437	72,490
5 SPEECH PATHOLOGY	884	6,793
6 MEDICAL SOCIAL SERVICES	4,704	36,133
7 HOME HEALTH AIDE	11,002	84,511
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING	23,786	182,715
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)	196,561	1,509,916
21 UNIT COST MULTIPLIER	0.149663	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6A	6	8
1 ADMIN & GENERAL	1,387	1,387	183,728		93,356	1,387
2 SKILLED NURSING CARE			317,313		586,452	
3 PHYSICAL THERAPY			85,160		149,294	
4 OCCUPATIONAL THERAPY			27,149		47,595	
5 SPEECH PATHOLOGY			2,540		4,453	
6 MEDICAL SOCIAL SERVICES			13,753		24,111	
7 HOME HEALTH AIDE			23,526		41,244	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING			68,791		120,598	
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,387	1,387	721,960		1,067,103	1,387
21 COST TO BE ALLOCATED	9,510	24,306	233,962		261,975	44,741
22 UNIT COST MULTIPLIER	6.856525	17.524153	0.324065		0.245501	32.257390

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLIES (COSTED EQUIP.)
	9	10	11	12	14	15
1 ADMIN & GENERAL		16		441		7,810
2 SKILLED NURSING CARE				512	11,244	
3 PHYSICAL THERAPY				138	2,918	
4 OCCUPATIONAL THERAPY				39	823	
5 SPEECH PATHOLOGY				4	76	
6 MEDICAL SOCIAL SERVICES				27	148	
7 HOME HEALTH AIDE				91	6,559	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING				242		
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		16		1,494	21,768	7,810
21 COST TO BE ALLOCATED		18,327		53,856	62,593	1,321
22 UNIT COST MULTIPLIER		1145.437500		36.048193	2.875459	0.169142

HHA 1

PHARMACY	MEDICAL RECO
	RDS & LIBRAR
(COSTED	R (TIME
EQUI S.	) SPENT
16	17

HHA COST CENTER

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
PATIENT SERVICES		1	2	3	4	5	PART A 6
1 SKILLED NURSING	2	898,132		898,132	1,658	541.70	396
2 PHYSICAL THERAPY	3	229,142		229,142	1,322	173.33	429
3 OCCUPATIONAL THERAPY	4	72,490		72,490	460	157.59	139
4 SPEECH PATHOLOGY	5	6,793		6,793	57	119.18	7
5 MEDICAL SOCIAL SERVICES	6	36,133		36,133	9	4,014.78	5
6 HOME HEALTH AIDE SERVICE	7	84,511		84,511	941	89.81	76
7 TOTAL		1,327,201		1,327,201	4,447		1,052

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	PART A 9	10	11	12
1 SKILLED NURSING		278		214,513	150,593		365,106
2 PHYSICAL THERAPY		284		74,359	49,226		123,585
3 OCCUPATIONAL THERAPY		38		21,905	5,988		27,893
4 SPEECH PATHOLOGY				834			834
5 MEDICAL SOCIAL SERVICES				20,074			20,074
6 HOME HEALTH AIDE SERVICES		255		6,826	22,902		29,728
7 TOTAL		855		338,511	228,709		567,220

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

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

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2009	WORKSHEET H-6
HHA NO:	TO 9/30/2010	PARTS I II & III
15-7117		HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00				11,458		11,458
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

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

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.624400			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.533945			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.764192			
5 DRUGS CHARGED TO PATIENTS	56	.514762			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER
	1	2	----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	1/1/1999
			PRIOR 1/1/1998 TO	12/31/1998	PRIOR 1/1/1998 TO	12/31/1998	
			2.01	3	3.01	4	5
1 PHYSICAL THERAPY	2	173.33					
2 OCCUPATIONAL THERAPY	3	157.59					
3 SPEECH PATHOLOGY	4	119.18					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2009	2/10/2011
HHA NO:	TO 9/30/2010	WORKSHEET H-7
15-7117		PARTS I & II

TITLE XVII I

HHA 1

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	186,642	128,247
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	6,515	2,491
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	5,045	
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
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	198,202	130,738
13 EXCESS REASONABLE COST		
14 SUBTOTAL	198,202	130,738
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	198,202	130,738
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	198,202	130,738
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	198,202	130,738
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	198,202	130,738
25 INTERIM PAYMENTS	198,202	130,738
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		



RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2009	2/10/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K
15-1561		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	27,913			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	29,712			8,355
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE			21,283	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	10,420			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	68,045		21,283	8,355

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/1/2009	2/10/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K
15-1561		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	14,109	42,022		42,022
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		38,067		38,067
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		21,283		21,283
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		10,420		10,420
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	390	390		390
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)	14,499	112,182		112,182

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2009	2/10/2011
HOSPICE NO:	TO	WORKSHEET K
15-1561	9/30/2010	

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		42,022
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		38,067
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		21,283
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		10,420
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		390
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		
31 VOLUNTEER PROGRAM COSTS		
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)		112,182

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2009	2/10/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
15-1561		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
6	ADMINISTRATIVE AND GENERAL	27,913		
7	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE	29,712		
8	INPATIENT - RESPIRE CARE			
9	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	10,420		
15	SPIRITUAL COUNSELING			
16	DIETARY COUNSELING			
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOMEMAKER			
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE			
19	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)	68,045		

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2009	2/10/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
15-1561		

HOSPICE 1

NURSES	TOTAL THERAPISTS	AIDES	ALL OTHER
5	6	7	8

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2009	2/10/2011
HOSPICE NO:	TO	WORKSHEET K-1
15-1561	9/30/2010	

HOSPICE 1

TOTAL (1)  
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	27,913
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	29,712
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	10,420
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)	68,045

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2009	2/10/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-3
15-1561		

HOSPICE 1

ADMINISTRATOR  
1

DIRECTOR  
2

SOCIAL  
SERVICES  
3

SUPERVISORS  
4

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/1/2009	2/10/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-3
15-1561		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	8,355			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	8,355			

COMPENSATION ANALYSIS  
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2009	2/10/2011
HOSPICE NO:	TO	WORKSHEET K-3
15-1561	9/30/2010	

HOSPICE 1

TOTAL (1)  
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	8,355
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	8,355

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2009	2/10/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
15-1561		PART I

HOSPICE 1

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

GENERAL SERVICE COST CENTERS			
1 CAPITAL RELATED COSTS-BLDG AND FIXT.			
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3 PLANT OPERATION AND MAINTENANCE			
4 TRANSPORTATION - STAFF			
5 VOLUNTEER SERVICE COORDINATION			
6 ADMINISTRATIVE AND GENERAL	42,022		
INPATIENT CARE SERVICE			
7 INPATIENT - GENERAL CARE	38,067		
8 INPATIENT - RESPIRE CARE			
VISITING SERVICES			
9 PHYSICIAN SERVICES			
10 NURSING CARE	21,283		
10.20 NURSING CARE-CONTINUOUS HOME CARE			
11 PHYSICAL THERAPY			
12 OCCUPATIONAL THERAPY			
13 SPEECH/LANGUAGE PATHOLOGY			
14 MEDICAL SOCIAL SERVICES	10,420		
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	390		
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27 RADIATION THERAPY			
28 CHEMOTHERAPY			
29 OTHER			
30 BEREAVEMENT PROGRAM COSTS			
31 VOLUNTEER PROGRAM COSTS			
32 FUNDRAISING			
33 OTHER PROGRAM COSTS			
34 TOTAL (SUM OF LINES 1 THRU 33)	112,182		

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	15-1315	PERIOD:	FROM 10/ 1/2009	PREPARED	2/10/2011
HOSPICE NO:	15-1561	TO	9/30/2010	WORKSHEET	K-4
				PART I	

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			42,022	42,022
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			38,067	22,800
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			21,283	12,747
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			10,420	6,241
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES			390	234
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)			70,160	42,022

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2009	2/10/2011
HOSPICE NO:	TO	WORKSHEET K-4
15-1561	9/30/2010	PART I

HOSPICE 1

TOTAL  
(COL. 5A  
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	60,867
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	34,030
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	16,661
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	624
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	112,182

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2009	2/10/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
15-1561		PART II

HOSPICE 1

CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET)	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE)	PLANT OPERATION & MAINT. (SQUARE FEET)	TRANSPORTATION (MILEAGE)
1	2	3	4

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

.000000	.000000	.000000	.000000
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COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2009	2/10/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
15-1561		PART II

HOSPICE 1

VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
5	6A	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		
6	ADMINISTRATIVE AND GENERAL	-42,022	70,160
7	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		38,067
8	INPATIENT - RESPIRE CARE		
9	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		21,283
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		
12	OCCUPATIONAL THERAPY		
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		10,420
15	SPIRITUAL COUNSELING		
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		
18.20	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		390
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)		42,022
35	UNIT COST MULTIPLIER	.000000	.598945



HOSPICE 1

HOUSEKEEPING      DIETARY      CAFETERIA      NURSING  
 ADMINISTRATION

HOSPICE COST CENTER	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL			5,840	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			5,840	
30.00 UNIT COST MULTIPLIER				

CENTRAL SERVICES & SUPPLY      PHARMACY      MEDICAL RECORDS & LIBRARY      SUBTOTAL

HOSPICE COST CENTER	15	16	17	25
1.00 ADMINISTRATIVE AND GENERAL	349			34,977
2.00 INPATIENT - GENERAL CARE				75,810
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				54,640
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				24,957
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				777
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)	349			191,161
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE  
COST CENTERS

PROVIDER NO: 15-1315  
HOSPICE NO: 15-1561  
PERIOD: FROM 10/1/2009 TO 9/30/2010  
PREPARED 2/10/2011  
WORKSHEET K-5  
PART I

HOSPICE 1

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL		34,977		
2.00 INPATIENT - GENERAL CARE		75,810	16,978	92,788
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		54,640	12,236	66,876
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		24,957	5,589	30,546
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		777	174	951
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)		191,161	223,947	191,161
30.00 UNIT COST MULTIPLIER				

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A
1.00 ADMINISTRATIVE AND GENERAL	284	284	27,261	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			30,364	
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			10,420	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	284	284	68,045	
30.00 TOTAL COST TO BE ALLOCATED	1,947	4,977	22,051	
31.00 UNIT COST MULTIPLIER	6.855634	17.524648	324065	

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10
1.00 ADMINISTRATIVE AND GENERAL	15,758	284		
2.00 INPATIENT - GENERAL CARE	60,867			
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	43,870			
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	20,038			
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	624			
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				

HOSPICE 1

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6	8	9	10
29.00 TOTAL (SUM OF LINE 1 THRU 28)	141,157	284		
30.00 TOTAL COST TO BE ALLOCATED	34,654	9,161		
31.00 UNIT COST MULTIPLIER	.245500	32.257042	.000000	.000000

HOSPICE COST CENTER	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL			162	2,062
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			162	2,062
30.00 TOTAL COST TO BE ALLOCATED			5,840	349
31.00 UNIT COST MULTIPLIER	.000000	36.049383	.000000	.169253



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

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2009	2/10/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-5
15-1561		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.624400	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.514762	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.335874	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.533945	
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.764192	
8	EMERGENCY	61	.379892	
9	RADIOLOGY-DIAGNOSTIC	41	.239384	
10	CHEMICAL DEPENDENCY	59	2.232908	
10.01	ONCOLOGY	59.01	.667175	
10.02	OTHER ANCILLARY SERVICE COST CENTERS	59.02	1.108920	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2009	2/10/2011
HOSPICE NO:	TO	WORKSHEET K-6
15-1561	9/30/2010	

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				191,161
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				3,075
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				62.17
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	3,075			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	191,173			
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)				
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)				

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

