

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		15-0045		FROM 10/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/22/2011 TIME 14:14

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:
 DEKALB MEMORIAL HOSPITAL 15-0045
 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	147,036	-239,615		0
7	HOSPITAL-BASED HHA	0	0	0		0
100	TOTAL	0	147,036	-239,615		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.

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

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

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

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

MULTI CAMPUS

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

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
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62.00					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 12/ 6/2010

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	41	14,965				1,543	208
2 HMO						285	1,268
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	41	14,965				1,543	208
6 INTENSIVE CARE UNIT	6	2,190				406	13
11 NURSERY							127
12 TOTAL	47	17,155				1,949	348
13 RPCH VISITS							
18 HOME HEALTH AGENCY						2,788	173
21 HOSPICE						3,248	
25 TOTAL	47						
26 OBSERVATION BED DAYS							276
27 AMBULANCE TRIPS						1,017	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			4,571				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			4,571				
6 INTENSIVE CARE UNIT			1,027				
11 NURSERY			938				
12 TOTAL			6,536				
13 RPCH VISITS							
18 HOME HEALTH AGENCY			4,963				
21 HOSPICE			3,902				
25 TOTAL							
26 OBSERVATION BED DAYS			1,048				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			102				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					584	327	1,987
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		351.98			584	327	1,987
13 RPCH VISITS							
18 HOME HEALTH AGENCY		8.43					
21 HOSPICE		2.42					
25 TOTAL		362.83					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0045
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/22/2011
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	17,419,510		17,419,510	754,682.00	23.08	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	3,500,267	9,988	3,510,255	151,538.00	23.16	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,129,787		1,129,787	24,000.00	47.07	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	90,362		90,362	1,047.00	86.31	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	4,938,057		4,938,057			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,246,109		1,246,109			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	154,705		154,705	4,594.00	33.68	
22 ADMINISTRATIVE & GENERAL	2,471,481		2,471,481	115,292.00	21.44	
22.01 A & G UNDER CONTRACT	145,819		145,819	752.50	193.78	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	595,628		595,628	29,809.00	19.98	
25 LAUNDRY & LINEN SERVICE	94,368		94,368	7,531.00	12.53	
26 HOUSEKEEPING	514,050		514,050	44,009.00	11.68	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	356,395	-301,475	54,920	4,264.00	12.88	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		301,475	301,475	23,406.00	12.88	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	664,735		664,735	20,000.00	33.24	
31 CENTRAL SERVICE AND SUPPLY	132,379		132,379	7,995.00	16.56	
32 PHARMACY	517,051		517,051	12,677.00	40.79	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	397,782		397,782	24,526.00	16.22	
34 SOCIAL SERVICE	58,511		58,511	1,983.00	29.51	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	17,565,329		17,565,329	755,434.50	23.25	
2 EXCLUDED AREA SALARIES	3,500,267	9,988	3,510,255	151,538.00	23.16	
3 SUBTOTAL SALARIES	14,065,062	-9,988	14,055,074	603,896.50	23.27	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	1,220,149		1,220,149	25,047.00	48.71	
5 SUBTOTAL WAGE-RELATED COSTS	4,938,057		4,938,057		35.13	
6 TOTAL	20,223,268	-9,988	20,213,280	628,943.50	32.14	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	6,102,904		6,102,904	296,838.50	20.56	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	322	0	184
2 UNDUPLICATED CENSUS COUNT		161.00		177.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	506
2 UNDUPLICATED CENSUS COUNT	338.00

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.79		.79
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	2.26		2.26
6 DIRECTING NURSING SERVICE	4.60		4.60
7 NURSING SUPERVISOR	1.82		1.82
8 PHYSICAL THERAPY SERVICE	.79		.79
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.01		.01
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.13		.13
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.21		1.21
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	2	2	
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).	2760	23060	
20.01	9915	99915	

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

	FULL EPIISODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	1,537	29	54	46
22 SKILLED NURSING VISIT CHARGES	256,679	4,843	9,018	7,682
23 PHYSICAL THERAPY VISITS	605	0	8	8
24 PHYSICAL THERAPY VISIT CHARGES	99,825	0	1,320	1,320
25 OCCUPATIONAL THERAPY VISITS	35	0	1	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	5,845	0	167	0
27 SPEECH PATHOLOGY VISITS	10	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	1,770	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	35	0	1	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	8,855	0	253	253
31 HOME HEALTH AIDE VISITS	412	0	3	3
32 HOME HEALTH AIDE VISIT CHARGES	40,788	0	297	297
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	2,634	29	67	58
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	413,762	4,843	11,055	9,552
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	187	0	26	5
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	13,846	250	20	1

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	1,666
22 SKILLED NURSING VISIT CHARGES	0	0	278,222
23 PHYSICAL THERAPY VISITS	0	0	621
24 PHYSICAL THERAPY VISIT CHARGES	0	0	102,465
25 OCCUPATIONAL THERAPY VISITS	0	0	36
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	6,012
27 SPEECH PATHOLOGY VISITS	0	0	10
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	1,770
29 MEDICAL SOCIAL SERVICE VISITS	0	0	37
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	9,361
31 HOME HEALTH AIDE VISITS	0	0	418
32 HOME HEALTH AIDE VISIT CHARGES	0	0	41,382
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	2,788
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	439,212
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	218
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	14,117

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0045	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET S-9
15-1559		

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	2,939			
3 INPATIENT RESPIRE CARE	6			
4 GENERAL INPATIENT CARE	861		858	
5 TOTAL HOSPICE DAYS	3,806		858	

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	62	3,001
3 INPATIENT RESPIRE CARE		6
4 GENERAL INPATIENT CARE	34	895
5 TOTAL HOSPICE DAYS	96	3,902

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	84			
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	45.31			
9 UNDUPLICATED CENSUS COUNT	81			

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	6	90
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	16.00	43.36
9 UNDUPLICATED CENSUS COUNT	6	87

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE
17.01	GROSS MEDICAID REVENUES 10,869,389
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 10,869,389
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .375934
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:
15-0045

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

PREPARED 2/22/2011
WORKSHEET S-10

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0045

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

PREPARED 2/22/2011 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		3,523,183	3,523,183	-3,523,183	
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				1,785,680	1,785,680
3.01	0301 MAC WEST - NEW				66,133	66,133
3.02	0302 NORTH ANNEX - NEW				8,307	8,307
3.03	0303 GARRETT CLINIC - NEW				4,257	4,257
3.04	0304 BUTLER - NEW				15,688	15,688
3.05	0305 MAC EAST - NEW				180,561	180,561
3.06	0306 GARRETT LAB - NEW				16,141	16,141
3.07	0307 MEDICAL ARTS - NEW				57,373	57,373
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,779,506	1,779,506
5	0500 EMPLOYEE BENEFITS	154,705	6,253,624	6,408,329	3,289	6,411,618
6	0600 ADMINISTRATIVE & GENERAL	2,471,481	2,548,670	5,020,151	-50,331	4,969,820
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	595,628	758,507	1,354,135	32,439	1,386,574
9	0900 LAUNDRY & LINEN SERVICE	94,368	35,756	130,124	1,857	131,981
10	1000 HOUSEKEEPING	514,050	73,330	587,380	6,450	593,830
11	1100 DIETARY	356,395	272,803	629,198	-549,619	79,579
11.01	1101 SNACK BAR		26,405	26,405	304	26,709
12	1200 CAFETERIA				554,485	554,485
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	664,735	42,973	707,708	12,007	719,715
15	1500 CENTRAL SERVICES & SUPPLY	132,379	163,458	295,837	885	296,722
16	1600 PHARMACY	517,051	13,047	530,098	7,503	537,601
17	1700 MEDICAL RECORDS & LIBRARY	397,782	67,084	464,866	6,381	471,247
18	1800 SOCIAL SERVICE	58,511	497	59,008	719	59,727
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	2,384,895	173,554	2,558,449	-683,180	1,875,269
26	2600 INTENSIVE CARE UNIT	605,433	23,964	629,397	7,715	637,112
33	3300 NURSERY	10,763	10,619	21,382	226,769	248,151
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,324,181	832,935	2,157,116	19,593	2,176,709
39	3900 DELIVERY ROOM & LABOR ROOM				220,929	220,929
41	4100 RADIOLOGY-DIAGNOSTIC	1,301,646	1,497,971	2,799,617	-65,299	2,734,318
44	4400 LABORATORY	1,240,422	1,742,897	2,983,319	67,058	3,050,377
49	4900 RESPIRATORY THERAPY		434,844	434,844	4,391	439,235
50	5000 PHYSICAL THERAPY	114,098	482,155	596,253	-10,197	586,056
50.01	5001 CARDIAC REHAB	91,469	13,510	104,979	18,904	123,883
51	5100 OCCUPATIONAL THERAPY					
53	5300 ELECTROCARDIOLOGY	56,091	27,318	83,409	22,533	105,942
54	5400 ELECTROENCEPHALOGRAPHY		254,150	254,150	2,646	256,796
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,080,965	1,080,965	-304,978	775,987
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				304,978	304,978
56	5600 DRUGS CHARGED TO PATIENTS		1,590,209	1,590,209		1,590,209
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	833,160	91,966	925,126	12,676	937,802
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	1,072,034	229,982	1,302,016	27,532	1,329,548
71	7100 HOME HEALTH AGENCY	404,532	88,767	493,299	13,422	506,721
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		390,463	390,463	-390,463	
90	9000 OTHER CAPITAL RELATED COSTS					
93	9300 HOSPICE	130,486	145,035	275,521	2,058	277,579
95	SUBTOTALS	15,526,295	22,890,641	38,416,936	-86,081	38,330,855
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	110,492	14,905	125,397	60,729	186,126
98.01	9801 DEKALB MEDICAL SERVICES	1,782,723	315,885	2,098,608	25,352	2,123,960
99	9900 NONPAID WORKERS					
101	TOTAL	17,419,510	23,221,431	40,640,941	-0-	40,640,941

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0045
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/22/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-390,463	1,395,217
3.01	0301 MAC WEST - NEW		66,133
3.02	0302 NORTH ANNEX - NEW		8,307
3.03	0303 GARRETT CLINIC - NEW		4,257
3.04	0304 BUTLER - NEW		15,688
3.05	0305 MAC EAST - NEW		180,561
3.06	0306 GARRETT LAB - NEW		16,141
3.07	0307 MEDICAL ARTS - NEW		57,373
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-14,776	1,764,730
5	0500 EMPLOYEE BENEFITS	-433,391	5,978,227
6	0600 ADMINISTRATIVE & GENERAL	-707,416	4,262,404
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-2,379	1,384,195
9	0900 LAUNDRY & LINEN SERVICE	-2,675	129,306
10	1000 HOUSEKEEPING	-7,643	586,187
11	1100 DIETARY		79,579
11.01	1101 SNACK BAR	-26,709	
12	1200 CAFETERIA	-251,900	302,585
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		719,715
15	1500 CENTRAL SERVICES & SUPPLY	-6,963	289,759
16	1600 PHARMACY	-206,129	331,472
17	1700 MEDICAL RECORDS & LIBRARY	-4,514	466,733
18	1800 SOCIAL SERVICE		59,727
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-824	1,874,445
26	2600 INTENSIVE CARE UNIT		637,112
33	3300 NURSERY		248,151
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-554,510	1,622,199
39	3900 DELIVERY ROOM & LABOR ROOM		220,929
41	4100 RADIOLOGY-DIAGNOSTIC	-59,016	2,675,302
44	4400 LABORATORY	-55,147	2,995,230
49	4900 RESPIRATORY THERAPY		439,235
50	5000 PHYSICAL THERAPY	-1,807	584,249
50.01	5001 CARDIAC REHAB	-16,212	107,671
51	5100 OCCUPATIONAL THERAPY		
53	5300 ELECTROCARDIOLOGY		105,942
54	5400 ELECTROENCEPHALOGRAPHY		256,796
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-39	775,948
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		304,978
56	5600 DRUGS CHARGED TO PATIENTS	-9,192	1,581,017
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY		937,802
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-260,617	1,068,931
71	7100 HOME HEALTH AGENCY	-11,771	494,950
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
93	9300 HOSPICE	-104	277,475
95	SUBTOTALS	-3,024,197	35,306,658
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES	-129	185,997
98.01	9801 DEKALB MEDICAL SERVICES		2,123,960
99	9900 NONPAID WORKERS		
101	TOTAL	-3,024,326	37,616,615

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0045
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/22/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	MAC WEST - NEW	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NORTH ANNEX - NEW	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	GARRETT CLINIC - NEW	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	BUTLER - NEW	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	MAC EAST - NEW	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	GARRETT LAB - NEW	0306	NEW CAP REL COSTS-BLDG & FIXT
3.07	MEDICAL ARTS - NEW	0307	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
11.01	SNACK BAR	1101	DIETARY
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	CARDIAC REHAB	5001	PHYSICAL THERAPY
51	OCCUPATIONAL THERAPY	5100	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
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	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	DEKALB MEDICAL SERVICES	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
150045

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

PREPARED 2/22/2011
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 LABOR & DELIVERY RECLASS	A	DELIVERY ROOM & LABOR ROOM	39	202,195	18,734
2 NURSERY RECLASS	B	NURSERY	33	207,540	19,229
3 CAFETERIA RECLASS	C	CAFETERIA	12	301,475	253,010
4 INTEREST RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		390,463
5 DEPRECIATION RECLASS	E	NEW CAP REL COSTS-BLDG & FIXT	3		1,395,217
6		MAC WEST - NEW	3.01		66,133
7		NORTH ANNEX - NEW	3.02		8,307
8		GARRETT CLINIC - NEW	3.03		4,257
9		BUTLER - NEW	3.04		15,688
10		MAC EAST - NEW	3.05		180,561
11		GARRETT LAB - NEW	3.06		16,141
12		MEDICAL ARTS - NEW	3.07		57,373
13		NEW CAP REL COSTS-MVBLE EQUIP	4		1,779,506
14 ANCILLARY SERVICES RECLASS	F	LABORATORY	44	35,896	5,071
15		RESPIRATORY THERAPY	49	3,847	544
16		PHYSICAL THERAPY	50	4,159	588
17		CARDIAC REHAB	50.01	818	116
18		ELECTROCARDIOLOGY	53	1,539	217
19		ELECTROENCEPHALOGRAPHY	54	2,318	328
20		AMBULANCE SERVICES	65	9,988	1,411
21 NORTH ANNEX RECLASS	G	HOME HEALTH AGENCY	71		6,990
22		HOSPICE	93		756
23 MOB WEST RECLASS	H	OPERATION OF PLANT	8		6,361
24		LABORATORY	44		1,441
25		PHYSICIANS' PRIVATE OFFICES	98		27,646
26 MOB EAST RECLASS	I	OPERATION OF PLANT	8		16,056
27		HOUSEKEEPING	10		110
28		DIETARY	11		294
29		MEDICAL RECORDS & LIBRARY	17		626
30		PHYSICIANS' PRIVATE OFFICES	98		18,223
31		DEKALB MEDICAL SERVICES	98.01		9,074
32 REHABILITATION OFFICE RECLASS	J	CARDIAC REHAB	50.01	13,937	2,372
33 BUTLER CLINIC RECLASS	K	LABORATORY	44		2,262
34 GARRETT MOB RECLASS	L	LABORATORY	44		4,172
35		DEKALB MEDICAL SERVICES	98.01		15,784
1 MEDICAL ARTS BUILDING RECLASS	M	OPERATION OF PLANT	8		1,388
2		PHYSICIANS' PRIVATE OFFICES	98		13,360
3		DEKALB MEDICAL SERVICES	98.01		2,756
4 ANCILLARY - EKG SUPPORT RECLASS	N	ELECTROCARDIOLOGY	53	10,783	9,548
5 IMPLANTABLE DEVICES	O	IMPL. DEV. CHARGED TO PATIENT	55.30		304,978
6 BONUS ACCRUAL RECLASS	P	EMPLOYEE BENEFITS	5		3,289
7		ADMINISTRATIVE & GENERAL	6		74,706
8		OPERATION OF PLANT	8		8,634
9		LAUNDRY & LINEN SERVICE	9		1,857
10		HOUSEKEEPING	10		6,340
11		DIETARY	11		4,572
12		SNACK BAR	11.01		304
13		NURSING ADMINISTRATION	14		12,007
14		CENTRAL SERVICES & SUPPLY	15		885
15		PHARMACY	16		7,503
16		MEDICAL RECORDS & LIBRARY	17		5,755
17		SOCIAL SERVICE	18		719
18		INTENSIVE CARE UNIT	26		7,715
19		OPERATING ROOM	37		19,593
20		RADIOLOGY-DIAGNOSTIC	41		21,872
21		LABORATORY	44		18,216
22		PHYSICAL THERAPY	50		1,365
23		CARDIAC REHAB	50.01		1,661
24		ELECTROCARDIOLOGY	53		446
25		EMERGENCY	61		12,676
26		AMBULANCE SERVICES	65		16,133
27		HOME HEALTH AGENCY	71		6,432
28		HOSPICE	93		1,302
29		PHYSICIANS' PRIVATE OFFICES	98		1,500
36 TOTAL RECLASSIFICATIONS				794,495	4,892,573

(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:
150045

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

PREPARED 2/22/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
1 LABOR & DELIVERY RECLASS	A	ADULTS & PEDIATRICS	25		202,195	18,734	
2 NURSERY RECLASS	B	ADULTS & PEDIATRICS	25		207,540	19,229	
3 CAFETERIA RECLASS	C	DIETARY	11		301,475	253,010	
4 INTEREST RECLASS	D	INTEREST EXPENSE	88			390,463	11
5 DEPRECIATION RECLASS	E	OLD CAP REL COSTS-BLDG & FIXT	1			3,523,183	9
6							9
7							9
8							9
9							9
10							9
11							9
12							9
13							9
14 ANCILLARY SERVICES RECLASS	F	RADIOLOGY-DIAGNOSTIC	41		58,565	8,275	
15							
16							
17							
18							
19							
20							
21 NORTH ANNEX RECLASS	G	ADMINISTRATIVE & GENERAL	6			7,746	
22							
23 MOB WEST RECLASS	H	ADMINISTRATIVE & GENERAL	6			35,448	
24							
25							
26 MOB EAST RECLASS	I	ADMINISTRATIVE & GENERAL	6			44,383	
27							
28							
29							
30							
31							
32 REHABILITATION OFFICE RECLASS	J	PHYSICAL THERAPY	50		13,937	2,372	
33 BUTLER CLINIC RECLASS	K	DEKALB MEDICAL SERVICES	98.01			2,262	
34 GARRETT MOB RECLASS	L	ADMINISTRATIVE & GENERAL	6			19,956	
35							
1 MEDICAL ARTS BUILDING RECLASS	M	ADMINISTRATIVE & GENERAL	6			17,504	
2							
3							
4 ANCILLARY - EKG SUPPORT RECLASS	N	RADIOLOGY-DIAGNOSTIC	41		10,783	9,548	
5 IMPLANTABLE DEVICES	O	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			304,978	
6 BONUS ACCRUAL RECLASS	P	ADULTS & PEDIATRICS	25			235,482	
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
36 TOTAL RECLASSIFICATIONS					794,495	4,892,573	

(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:
150045

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

PREPARED 2/22/2011
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	DELIVERY ROOM & LABOR ROOM	39	220,929	ADULTS & PEDIATRICS	25	220,929	
TOTAL RECLASSIFICATIONS FOR CODE A			220,929				220,929

RECLASS CODE: B
EXPLANATION : NURSERY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	226,769	ADULTS & PEDIATRICS	25	226,769	
TOTAL RECLASSIFICATIONS FOR CODE B			226,769				226,769

RECLASS CODE: C
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	554,485	DIETARY	11	554,485	
TOTAL RECLASSIFICATIONS FOR CODE C			554,485				554,485

RECLASS CODE: D
EXPLANATION : INTEREST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	390,463	INTEREST EXPENSE	88	390,463	
TOTAL RECLASSIFICATIONS FOR CODE D			390,463				390,463

RECLASS CODE: E
EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,395,217	OLD CAP REL COSTS-BLDG & FIXT	1	3,523,183	
2.00	MAC WEST - NEW	3.01	66,133			0	
3.00	NORTH ANNEX - NEW	3.02	8,307			0	
4.00	GARRETT CLINIC - NEW	3.03	4,257			0	
5.00	BUTLER - NEW	3.04	15,688			0	
6.00	MAC EAST - NEW	3.05	180,561			0	
7.00	GARRETT LAB - NEW	3.06	16,141			0	
8.00	MEDICAL ARTS - NEW	3.07	57,373			0	
9.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,779,506			0	
TOTAL RECLASSIFICATIONS FOR CODE E			3,523,183				3,523,183

RECLASS CODE: F
EXPLANATION : ANCILLARY SERVICES RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LABORATORY	44	40,967	RADIOLOGY-DIAGNOSTIC	41	66,840	
2.00	RESPIRATORY THERAPY	49	4,391			0	
3.00	PHYSICAL THERAPY	50	4,747			0	
4.00	CARDIAC REHAB	50.01	934			0	
5.00	ELECTROCARDIOLOGY	53	1,756			0	
6.00	ELECTROENCEPHALOGRAPHY	54	2,646			0	
7.00	AMBULANCE SERVICES	65	11,399			0	
TOTAL RECLASSIFICATIONS FOR CODE F			66,840				66,840

RECLASS CODE: G
EXPLANATION : NORTH ANNEX RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HOME HEALTH AGENCY	71	6,990	ADMINISTRATIVE & GENERAL	6	7,746	
2.00	HOSPICE	93	756			0	
TOTAL RECLASSIFICATIONS FOR CODE G			7,746				7,746

RECLASS CODE: H
EXPLANATION : MOB WEST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	6,361	ADMINISTRATIVE & GENERAL	6	35,448	

RECLASSIFICATIONS

PROVIDER NO:
150045

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

PREPARED 2/22/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION : MOB WEST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	LABORATORY	44	1,441			0	
3.00	PHYSICIANS' PRIVATE OFFICES	98	27,646			0	
TOTAL RECLASSIFICATIONS FOR CODE H			35,448			35,448	

RECLASS CODE: I
EXPLANATION : MOB EAST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	16,056	ADMINISTRATIVE & GENERAL	6	44,383	
2.00	HOUSEKEEPING	10	110			0	
3.00	DIETARY	11	294			0	
4.00	MEDICAL RECORDS & LIBRARY	17	626			0	
5.00	PHYSICIANS' PRIVATE OFFICES	98	18,223			0	
6.00	DEKALB MEDICAL SERVICES	98.01	9,074			0	
TOTAL RECLASSIFICATIONS FOR CODE I			44,383			44,383	

RECLASS CODE: J
EXPLANATION : REHABILITATION OFFICE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CARDIAC REHAB	50.01	16,309	PHYSICAL THERAPY	50	16,309	
TOTAL RECLASSIFICATIONS FOR CODE J			16,309			16,309	

RECLASS CODE: K
EXPLANATION : BUTLER CLINIC RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LABORATORY	44	2,262	DEKALB MEDICAL SERVICES	98.01	2,262	
TOTAL RECLASSIFICATIONS FOR CODE K			2,262			2,262	

RECLASS CODE: L
EXPLANATION : GARRETT MOB RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LABORATORY	44	4,172	ADMINISTRATIVE & GENERAL	6	19,956	
2.00	DEKALB MEDICAL SERVICES	98.01	15,784			0	
TOTAL RECLASSIFICATIONS FOR CODE L			19,956			19,956	

RECLASS CODE: M
EXPLANATION : MEDICAL ARTS BUILDING RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	1,388	ADMINISTRATIVE & GENERAL	6	17,504	
2.00	PHYSICIANS' PRIVATE OFFICES	98	13,360			0	
3.00	DEKALB MEDICAL SERVICES	98.01	2,756			0	
TOTAL RECLASSIFICATIONS FOR CODE M			17,504			17,504	

RECLASS CODE: N
EXPLANATION : ANCILLARY - EKG SUPPORT RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROCARDIOLOGY	53	20,331	RADIOLOGY-DIAGNOSTIC	41	20,331	
TOTAL RECLASSIFICATIONS FOR CODE N			20,331			20,331	

RECLASS CODE: O
EXPLANATION : IMPLANTABLE DEVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	304,978	MEDICAL SUPPLIES CHARGED TO PA	55	304,978	
TOTAL RECLASSIFICATIONS FOR CODE O			304,978			304,978	

RECLASS CODE: P
EXPLANATION : BONUS ACCRUAL RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	3,289	ADULTS & PEDIATRICS	25	235,482	

RECLASSIFICATIONS

PROVIDER NO:
150045

PERIOD:
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TO 9/30/2010

PREPARED 2/22/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: P
EXPLANATION : BONUS ACCRUAL RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	ADMINISTRATIVE & GENERAL	74,706			0
3.00	OPERATION OF PLANT	8,634			0
4.00	LAUNDRY & LINEN SERVICE	1,857			0
5.00	HOUSEKEEPING	6,340			0
6.00	DIETARY	4,572			0
7.00	SNACK BAR	304			0
8.00	NURSING ADMINISTRATION	12,007			0
9.00	CENTRAL SERVICES & SUPPLY	885			0
10.00	PHARMACY	7,503			0
11.00	MEDICAL RECORDS & LIBRARY	5,755			0
12.00	SOCIAL SERVICE	719			0
13.00	INTENSIVE CARE UNIT	7,715			0
14.00	OPERATING ROOM	19,593			0
15.00	RADIOLOGY-DIAGNOSTIC	21,872			0
16.00	LABORATORY	18,216			0
17.00	PHYSICAL THERAPY	1,365			0
18.00	CARDIAC REHAB	1,661			0
19.00	ELECTROCARDIOLOGY	446			0
20.00	EMERGENCY	12,676			0
21.00	AMBULANCE SERVICES	16,133			0
22.00	HOME HEALTH AGENCY	6,432			0
23.00	HOSPICE	1,302			0
24.00	PHYSICIANS' PRIVATE OFFICES	1,500			0
TOTAL RECLASSIFICATIONS FOR CODE P		235,482			235,482

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	ACQUISITIONS			TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
		BEGINNING BALANCES	PURCHASES	DONATION				
		1	2	3	4	5	6	7
1	LAND	290,355				70,237	220,118	
2	LAND IMPROVEMENTS	1,696,200					1,696,200	
3	BUILDINGS & FIXTURE	42,581,047	1,173,297		1,173,297		43,754,344	
4	BUILDING IMPROVEMENT							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	17,028,276	361,194		361,194		17,389,470	
7	SUBTOTAL	61,595,878	1,534,491		1,534,491	70,237	63,060,132	
8	RECONCILING ITEMS							
9	TOTAL	61,595,878	1,534,491		1,534,491	70,237	63,060,132	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS		
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	45,729,768		45,729,768	.731963				
3 01	MAC WEST - NEW								
3 02	NORTH ANNEX - NEW								
3 03	GARRETT CLINIC - NEW								
3 04	BUTLER - NEW								
3 05	MAC EAST - NEW								
3 06	GARRETT LAB - NEW								
3 07	MEDICAL ARTS - NEW								
4	NEW CAP REL COSTS-MV	16,745,743		16,745,743	.268037				
5	TOTAL	62,475,511		62,475,511	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,395,217						1,395,217
3 01	MAC WEST - NEW	66,133						66,133
3 02	NORTH ANNEX - NEW	8,307						8,307
3 03	GARRETT CLINIC - NEW	4,257						4,257
3 04	BUTLER - NEW	15,688						15,688
3 05	MAC EAST - NEW	180,561						180,561
3 06	GARRETT LAB - NEW	16,141						16,141
3 07	MEDICAL ARTS - NEW	57,373						57,373
4	NEW CAP REL COSTS-MV	1,764,730						1,764,730
5	TOTAL	3,508,407						3,508,407

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	3,523,183						3,523,183
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	MAC WEST - NEW							
3 02	NORTH ANNEX - NEW							
3 03	GARRETT CLINIC - NEW							
3 04	BUTLER - NEW							
3 05	MAC EAST - NEW							
3 06	GARRETT LAB - NEW							
3 07	MEDICAL ARTS - NEW							
4	NEW CAP REL COSTS-MV							
5	TOTAL	3,523,183						3,523,183

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	A	-390,463	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-39	MEDICAL SUPPLIES CHARGED	55	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-58,260			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE	B	-2,675	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-233,579	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTTHS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-206,129	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-4,514	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-18,321	CAFETERIA	12	
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			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 MISCELLANEOUS INCOME	B	-391	EMPLOYEE BENEFITS	5	
38 MISCELLANEOUS INCOME	B	-56,388	ADMINISTRATIVE & GENERAL	6	
39 CREDENTIALING SERVICES INCOME	B	-23,250	ADMINISTRATIVE & GENERAL	6	
40 COMMUNITY SERVICES INCOME	B	-400	ADMINISTRATIVE & GENERAL	6	
41 CENTRAL SUPPLY NON-PATIENT SUPPLY RE	B	-6,963	CENTRAL SERVICES & SUPPLY	15	
42 WASTE DISPOSAL REVENUE	B	-1,035	OPERATION OF PLANT	8	
43 MISCELLANEOUS INCOME	B	-1,344	OPERATION OF PLANT	8	
44 HOUSEKEEPING REVENUE	B	-7,643	HOUSEKEEPING	10	
45 OBSTETRICS MISCELLANEOUS INCOME	B	-824	ADULTS & PEDIATRICS	25	
46 SURGERY NON-PATIENT REVENUE	B	-88	OPERATING ROOM	37	
47 RADIOLOGY NON-PATIENT REVENUE	B	-3,215	RADIOLOGY-DIAGNOSTIC	41	
48 NON-PATIENT LAB REVENUE	B	-25,680	LABORATORY	44	
49 PT NON-PATIENT REVENUE	B	-300	PHYSICAL THERAPY	50	
49.01 MISCELLANEOUS INCOME	B	-14,202	CARDIAC REHAB	50.01	
49.02 MISCELLANEOUS INCOME	B	-9,192	DRUGS CHARGED TO PATIENTS	56	
49.03 AMBULANCE SERVICE REVENUE	B	-62,999	AMBULANCE SERVICES	65	
49.04 MISCELLANEOUS INCOME	B	-196,469	AMBULANCE SERVICES	65	
49.05 MISCELLANEOUS INCOME	B	-29,467	LABORATORY	44	
49.06 LOBBYING PORTION OF IHA & AHA DUES	A	-6,160	ADMINISTRATIVE & GENERAL	6	
49.07 LOBBYING PORTION OF IAHHC DUES - HOS	A	-104	HOSPICE	93	
49.08 LOBBYING PORTION OF IAHHC DUES - HOM	A	-69	HOME HEALTH AGENCY	71	
49.09 NON-ALLOWABLE MARKETING	A	-420,324	ADMINISTRATIVE & GENERAL	6	
49.10 NON-ALLOWABLE MARKETING	A	-129	PHYSICIANS' PRIVATE OFFIC	98	
49.11 NON-ALLOWABLE MAREKTING	A	-700	CARDIAC REHAB	50.01	
49.12 NON-ALLOWABLE MARKETING	A	-1,507	PHYSICAL THERAPY	50	
49.13 LI FELINE EXPENSES	A	-11,702	HOME HEALTH AGENCY	71	
49.14 LI FELINE EXPENSES - DEPRECIATION	A	-14,776	NEW CAP REL COSTS-MVBLE E	4	9
49.15 SNACK BAR	A	-26,709	SNACK BAR	11.01	
49.16 PHYSICIAN GUARANTEE	A	-554,422	OPERATING ROOM	37	
49.17 GOLF OUTING	A	-10,595	ADMINISTRATIVE & GENERAL	6	
49.18 FLOWER/GIFTS	A	-2,378	ADMINISTRATIVE & GENERAL	6	
49.19 SELF-INSURANCE EXPENSES	A	-433,000	EMPLOYEE BENEFITS	5	
49.20 COUNTRY CLUB DUES	A	-5,990	ADMINISTRATIVE & GENERAL	6	
49.21 LOBBYING FOR SONOGRAPHY DUES	A	-22	ADMINISTRATIVE & GENERAL	6	
49.22 PHYSICIAN RECRUITMENT	A	-181,909	ADMINISTRATIVE & GENERAL	6	
49.23					
50 TOTAL (SUM OF LINES 1 THRU 49)		-3,024,326			

(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						
2						
3						
4						
5	TOTALS					

* 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		0.00		0.00	
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
15-0045

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

PREPARED 2/22/2011
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 41	RADIOLOGY	3,312		3,312	217,600	24	2,511	126
2 65	AMBULANCE	8,000		8,000	142,500	100	6,851	343
3 44	LABORATORY	75,000		75,000	208,000	883	88,300	4,415
4 41	RADIOLOGY	55,000	55,000		217,600			
5 50 1	CARDIAC REHAB	4,050		4,050	142,500	40	2,740	137
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	145,362	55,000	90,362		1,047	100,402	5,021

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
15-0045

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

PREPARED 2/22/2011
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 41	RADIOLOGY					2,511	801	801
2 65	AMBULANCE					6,851	1,149	1,149
3 44	LABORATORY					88,300		
4 41	RADIOLOGY							55,000
5 50 1	CARDIAC REHAB					2,740	1,310	1,310
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					100,402	3,260	58,260

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0045
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/22/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
3.01	MAC WEST - NEW	4	SQUARE FEET	ENTERED
3.02	NORTH ANNEX - NEW	5	SQUARE FEET	ENTERED
3.03	GARRETT CLINIC - NEW	6	SQUARE FEET	ENTERED
3.04	BUTLER - NEW	7	SQUARE FEET	ENTERED
3.05	MAC EAST - NEW	8	SQUARE FEET	ENTERED
3.06	GARRETT LAB - NEW	9	SQUARE FEET	ENTERED
3.07	MEDICAL ARTS - NEW	10	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	11	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-12	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	13	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	14	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	15	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	16	HOURS OF SERVICE	ENTERED
11	DIETARY	17	MEALS SERVED	ENTERED
11.01	SNACK BAR	18	MEALS SERVED	NOT ENTERED
12	CAFETERIA	19	FTES	ENTERED
13	MAINTENANCE OF PERSONNEL	20	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	21	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	22	COSTED REQUIS.	ENTERED
16	PHARMACY	23	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	24	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	25	TIME SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	MAC WEST - NE	NORTH ANNEX - NEW	GARRETT CLINIC - NEW
	0	1	2	3	3.01	3.02	3.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	1,395,217			1,395,217			
003 01 MAC WEST - NEW	66,133				66,133		
003 02 NORTH ANNEX - NEW	8,307					8,307	
003 03 GARRETT CLINIC - NEW	4,257						4,257
003 04 BUTLER - NEW	15,688						
003 05 MAC EAST - NEW	180,561						
003 06 GARRETT LAB - NEW	16,141						
003 07 MEDICAL ARTS - NEW	57,373						
004 NEW CAP REL COSTS-MVBLE E	1,764,730						
005 EMPLOYEE BENEFITS	5,978,227						
006 ADMINISTRATIVE & GENERAL	4,262,404			76,569		3,399	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,384,195			648,208	11,867		
009 LAUNDRY & LINEN SERVICE	129,306			9,665			
010 HOUSEKEEPING	586,187			14,449			
011 DIETARY	79,579			8,111			
011 01 SNACK BAR							
012 CAFETERIA	302,585			19,080			
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	719,715			8,581			
015 CENTRAL SERVICES & SUPPLY	289,759			15,850			
016 PHARMACY	331,472			9,374			
017 MEDICAL RECORDS & LIBRARY	466,733			22,625			
018 SOCIAL SERVICE	59,727			1,328			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,874,445			143,610			
026 INTENSIVE CARE UNIT	637,112			16,934			
033 NURSERY	248,151			13,081			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,622,199			94,920			
039 DELIVERY ROOM & LABOR ROOM	220,929			39,891			
041 RADIOLOGY-DIAGNOSTIC	2,675,302			50,544			
044 LABORATORY	2,995,230			25,062	2,688		
049 RESPIRATORY THERAPY	439,235			11,252			
050 PHYSICAL THERAPY	584,249			42,223			
050 01 CARDIAC REHAB	107,671			22,220			
051 OCCUPATIONAL THERAPY							
053 ELECTROCARDIOLOGY	105,942			3,125			
054 ELECTROENCEPHALOGRAPHY	256,796						
055 MEDICAL SUPPLIES CHARGED	775,948						
055 30 IMPL. DEV. CHARGED TO PAT	304,978						
056 DRUGS CHARGED TO PATIENTS	1,581,017						
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	937,802			35,221			
062 OBSERVATION BEDS (NON-DIS)							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1,068,931			22,002			
071 HOME HEALTH AGENCY	494,950					4,429	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	277,475					479	
095 SUBTOTALS	35,306,658			1,353,925	14,555	8,307	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	185,997			41,292	47,096		4,257
098 01 DEKALB MEDICAL SERVICES	2,123,960				4,482		
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	37,616,615			1,395,217	66,133	8,307	4,257

COST CENTER DESCRIPTION	BUTLER - NEW	MAC EAST - NEW	GARRETT LAB - NEW	MEDICAL ARTS - NEW	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	SUBTOTAL
	3.04	3.05	3.06	3.07	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 MAC WEST - NEW							
003 02 NORTH ANNEX - NEW							
003 03 GARRETT CLINIC - NEW							
003 04 BUTLER - NEW	15,688						
003 05 MAC EAST - NEW		180,561					
003 06 GARRETT LAB - NEW			16,141				
003 07 MEDICAL ARTS - NEW				57,373			
004 NEW CAP REL COSTS-MVBLE E					1,764,730		
005 EMPLOYEE BENEFITS						5,978,227	
006 ADMINISTRATIVE & GENERAL		32,937			96,848	857,703	5,329,860
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		53,666		4,550	819,883	206,707	3,129,076
009 LAUNDRY & LINEN SERVICE					12,225	32,750	183,946
010 HOUSEKEEPING		366			18,276	178,396	797,674
011 DIETARY		983			10,259	110,318	209,250
011 01 SNACK BAR							
012 CAFETERIA					24,133		345,798
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION					10,853	230,690	969,839
015 CENTRAL SERVICES & SUPPLY					20,047	45,941	371,597
016 PHARMACY					11,856	179,438	532,140
017 MEDICAL RECORDS & LIBRARY		1,368			28,617	138,047	657,390
018 SOCIAL SERVICE					1,679	20,306	83,040
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					181,645	827,656	3,027,356
026 INTENSIVE CARE UNIT					21,419	210,110	885,575
033 NURSERY					16,546	3,735	281,513
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					120,059	459,545	2,296,723
039 DELIVERY ROOM & LABOR ROO					50,456		311,276
041 RADIOLOGY-DIAGNOSTIC					63,930	451,725	3,241,501
044 LABORATORY	1,110		3,375		31,699	430,477	3,489,641
049 RESPIRATORY THERAPY					14,232		464,719
050 PHYSICAL THERAPY					53,405	39,597	719,474
050 01 CARDIAC REHAB					28,105	31,743	189,739
051 OCCUPATIONAL THERAPY							
053 ELECTROCARDIOLOGY					3,952	19,466	132,485
054 ELECTROENCEPHALOGRAPHY							256,796
055 MEDICAL SUPPLIES CHARGED							775,948
055 30 IMPL. DEV. CHARGED TO PAT							304,978
056 DRUGS CHARGED TO PATIENTS							1,581,017
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY					44,549	289,141	1,306,713
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					27,829	372,040	1,490,802
071 HOME HEALTH AGENCY						140,389	639,768
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE						45,284	323,238
095 SUBTOTALS	1,110	89,320	3,375	4,550	1,712,502	5,321,204	34,328,872
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		60,911		43,791	52,228	38,345	473,917
098 01 DEKALB MEDICAL SERVICES	14,578	30,330	12,766	9,032		618,678	2,813,826
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	15,688	180,561	16,141	57,373	1,764,730	5,978,227	37,616,615

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	SNACK BAR
	6	7	8	9	10	11	11.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 MAC WEST - NEW							
003 02 NORTH ANNEX - NEW							
003 03 GARRETT CLINIC - NEW							
003 04 BUTLER - NEW							
003 05 MAC EAST - NEW							
003 06 GARRETT LAB - NEW							
003 07 MEDICAL ARTS - NEW							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	5,329,860						
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	516,545		3,645,621				
009 LAUNDRY & LINEN SERVICE	30,366		34,352	248,664			
010 HOUSEKEEPING	131,679		53,542	11,820	994,715		
011 DIETARY	34,543		34,697	1,093	11,330	290,913	
011 01 SNACK BAR							
012 CAFETERIA	57,084		67,813		22,143		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	160,100		31,504		9,789		
015 CENTRAL SERVICES & SUPPLY	61,343		56,333		18,395		
016 PHARMACY	87,845		33,316		10,879		
017 MEDICAL RECORDS & LIBRARY	108,521		92,901		30,335		
018 SOCIAL SERVICE	13,708		4,718		1,541		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	499,753		510,421	102,884	166,671	237,546	
026 INTENSIVE CARE UNIT	146,190		60,188	19,145	22,190	53,367	
033 NURSERY	46,472		46,493	3,423	15,182		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	379,141		343,839	37,307	126,255		
039 DELIVERY ROOM & LABOR ROO	51,385		141,782	161	46,297		
041 RADIOLOGY-DIAGNOSTIC	535,104		179,644	18,419	58,660		
044 LABORATORY	576,060		108,178		35,324		
049 RESPIRATORY THERAPY	76,715		39,991	2,857	13,059		
050 PHYSICAL THERAPY	118,770		150,068	2,263	49,002		
050 01 CARDIAC REHAB	31,322		78,976	441	25,788		
051 OCCUPATIONAL THERAPY							
053 ELECTROCARDIOLOGY	21,870		11,105		3,626		
054 ELECTROENCEPHALOGRAPHY	42,392						
055 MEDICAL SUPPLIES CHARGED	128,093						
055 30 IMPL. DEV. CHARGED TO PAT	50,345						
056 DRUGS CHARGED TO PATIENTS	260,993						
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	215,711		125,181	41,894	40,876		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	246,100		78,199				
071 HOME HEALTH AGENCY	105,612		79,752		26,042		
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	53,360		8,631	50	2,818		
095 SUBTOTALS	4,787,122		2,371,624	241,757	736,202	290,913	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	78,234		1,022,167	6,907	176,282		
098 01 DEKALB MEDICAL SERVICES	464,504		251,830		82,231		
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	5,329,860		3,645,621	248,664	994,715	290,913	

COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	12	13	14	15	16	17	18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 MAC WEST - NEW							
003 02 NORTH ANNEX - NEW							
003 03 GARRETT CLINIC - NEW							
003 04 BUTLER - NEW							
003 05 MAC EAST - NEW							
003 06 GARRETT LAB - NEW							
003 07 MEDICAL ARTS - NEW							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
011 01 SNACK BAR							
012 CAFETERIA	492,838						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	19,403		1,190,635				
015 CENTRAL SERVICES & SUPPLY	7,761		41,801	557,230			
016 PHARMACY	11,642			2,304	678,126		
017 MEDICAL RECORDS & LIBRARY	23,284			1		912,432	
018 SOCIAL SERVICE	1,940		11,320				116,267
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	83,434		478,095	19,131		83,541	116,267
033 INTENSIVE CARE UNIT	19,403		105,121	5,988		33,187	
037 NURSERY						8,455	
039 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	46,567		244,409	58,205		109,365	
044 DELIVERY ROOM & LABOR ROOM						17,513	
049 RADIOLOGY-DIAGNOSTIC	46,567			13,184		170,311	
050 LABORATORY	52,388		29,204	48,253		173,862	
053 RESPIRATORY THERAPY				3,373		18,630	
050 01 PHYSICAL THERAPY	5,821			5,180		20,144	
051 CARDIAC REHAB	3,881			732		3,960	
053 OCCUPATIONAL THERAPY							
054 ELECTROCARDIOLOGY	1,940			1,885		7,453	
055 ELECTROENCEPHALOGRAPHY				16		11,226	
056 MEDICAL SUPPLIES CHARGED				265,014		49,621	
061 30 IMPL. DEV. CHARGED TO PAT				25,088		14,424	
062 DRUGS CHARGED TO PATIENTS				72,664	678,126	58,281	
065 OUTPAT SERVICE COST CNTRS							
071 EMERGENCY	29,105		169,506	10,782		84,082	
093 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
096 AMBULANCE SERVICES	60,150			8,845		48,377	
097 HOME HEALTH AGENCY	15,522		86,129	4,675			
098 SPEC PURPOSE COST CENTERS							
099 HOSPICE	3,881		25,050	1,423			
101 SUBTOTALS	432,689		1,190,635	546,743	678,126	912,432	116,267
102 NONREIMBURS COST CENTERS							
103 GIFT, FLOWER, COFFEE SHOP							
096 RESEARCH							
097 PHYSICIANS' PRIVATE OFFICE	7,761			501			
098 01 DEKALB MEDICAL SERVICES	52,388			9,986			
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	492,838		1,190,635	557,230	678,126	912,432	116,267

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
003 NEW CAP REL COSTS-BLDG &			
003 01 MAC WEST - NEW			
003 02 NORTH ANNEX - NEW			
003 03 GARRETT CLINIC - NEW			
003 04 BUTLER - NEW			
003 05 MAC EAST - NEW			
003 06 GARRETT LAB - NEW			
003 07 MEDICAL ARTS - NEW			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
011 01 SNACK BAR			
012 CAFETERIA			
013 MAINTENANCE OF PERSONNEL			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
025 INPAT ROUTINE SRVC CNTRS	5,325,099		5,325,099
026 ADULTS & PEDIATRICS	1,350,354		1,350,354
033 INTENSIVE CARE UNIT	401,538		401,538
037 NURSERY			
037 ANCILLARY SRVC COST CNTRS			
039 OPERATING ROOM	3,641,811		3,641,811
041 DELIVERY ROOM & LABOR ROO	568,414		568,414
044 RADIOLOGY-DIAGNOSTIC	4,263,390		4,263,390
049 LABORATORY	4,512,910		4,512,910
050 RESPIRATORY THERAPY	619,344		619,344
050 PHYSICAL THERAPY	1,070,722		1,070,722
051 01 CARDIAC REHAB	334,839		334,839
051 OCCUPATIONAL THERAPY			
053 ELECTROCARDIOLOGY	180,364		180,364
054 ELECTROENCEPHALOGRAPHY	310,430		310,430
055 MEDICAL SUPPLIES CHARGED	1,218,676		1,218,676
055 30 IMPL. DEV. CHARGED TO PAT	394,835		394,835
056 DRUGS CHARGED TO PATIENTS	2,651,081		2,651,081
061 OUTPAT SERVICE COST CNTRS			
062 EMERGENCY	2,023,850		2,023,850
065 OBSERVATION BEDS (NON-DIS			
071 OTHER REIMBURS COST CNTRS			
071 AMBULANCE SERVICES	1,932,473		1,932,473
093 HOME HEALTH AGENCY	957,500		957,500
095 SPEC PURPOSE COST CENTERS			
096 HOSPICE	418,451		418,451
097 SUBTOTALS	32,176,081		32,176,081
098 NONREIMBURS COST CENTERS			
099 GIFT, FLOWER, COFFEE SHOP			
101 RESEARCH			
102 PHYSICIANS' PRIVATE OFFIC	1,765,769		1,765,769
102 01 DEKALB MEDICAL SERVICES	3,674,765		3,674,765
103 NONPAID WORKERS			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	37,616,615		37,616,615

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COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	MAC WEST - NE	NORTH ANNEX - NEW	GARRETT CLINIC - NEW
	0	1	2	3	3.01	3.02	3.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 MAC WEST - NEW							
003 02 NORTH ANNEX - NEW							
003 03 GARRETT CLINIC - NEW							
003 04 BUTLER - NEW							
003 05 MAC EAST - NEW							
003 06 GARRETT LAB - NEW							
003 07 MEDICAL ARTS - NEW							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL				76,569		3,399	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				648,208	11,867		
009 LAUNDRY & LINEN SERVICE				9,665			
010 HOUSEKEEPING				14,449			
011 DIETARY				8,111			
011 01 SNACK BAR							
012 CAFETERIA				19,080			
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				8,581			
015 CENTRAL SERVICES & SUPPLY				15,850			
016 PHARMACY				9,374			
017 MEDICAL RECORDS & LIBRARY				22,625			
018 SOCIAL SERVICE				1,328			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				143,610			
026 INTENSIVE CARE UNIT				16,934			
033 NURSERY				13,081			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				94,920			
039 DELIVERY ROOM & LABOR ROOM				39,891			
041 RADIOLOGY-DIAGNOSTIC				50,544			
044 LABORATORY				25,062	2,688		
049 RESPIRATORY THERAPY				11,252			
050 PHYSICAL THERAPY				42,223			
050 01 CARDIAC REHAB				22,220			
051 OCCUPATIONAL THERAPY							
053 ELECTROCARDIOLOGY				3,125			
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				35,221			
062 OBSERVATION BEDS (NON-DIS)							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES				22,002			
071 HOME HEALTH AGENCY						4,429	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE						479	
095 SUBTOTALS				1,353,925	14,555	8,307	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE				41,292	47,096		4,257
098 01 DEKALB MEDICAL SERVICES					4,482		
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				1,395,217	66,133	8,307	4,257

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COST CENTER DESCRIPTION	BUTLER - NEW 3.04	MAC EAST - NEW 3.05	GARRETT LAB - NEW 3.06	MEDICAL ARTS - NEW 3.07	NEW CAP REL COSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 MAC WEST - NEW							
003 02 NORTH ANNEX - NEW							
003 03 GARRETT CLINIC - NEW							
003 04 BUTLER - NEW							
003 05 MAC EAST - NEW							
003 06 GARRETT LAB - NEW							
003 07 MEDICAL ARTS - NEW							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL		32,937			96,848	209,753	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		53,666		4,550	819,883	1,538,174	
009 LAUNDRY & LINEN SERVICE					12,225	21,890	
010 HOUSEKEEPING		366			18,276	33,091	
011 DIETARY		983			10,259	19,353	
011 01 SNACK BAR							
012 CAFETERIA					24,133	43,213	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION					10,853	19,434	
015 CENTRAL SERVICES & SUPPLY					20,047	35,897	
016 PHARMACY					11,856	21,230	
017 MEDICAL RECORDS & LIBRARY		1,368			28,617	52,610	
018 SOCIAL SERVICE					1,679	3,007	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					181,645	325,255	
026 INTENSIVE CARE UNIT					21,419	38,353	
033 NURSERY					16,546	29,627	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					120,059	214,979	
039 DELIVERY ROOM & LABOR ROOM					50,456	90,347	
041 RADIOLOGY-DIAGNOSTIC					63,930	114,474	
044 LABORATORY	1,110		3,375		31,699	63,934	
049 RESPIRATORY THERAPY					14,232	25,484	
050 PHYSICAL THERAPY					53,405	95,628	
050 01 CARDIAC REHAB					28,105	50,325	
051 OCCUPATIONAL THERAPY							
053 ELECTROCARDIOLOGY					3,952	7,077	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY					44,549	79,770	
062 OBSERVATION BEDS (NON-DIS)							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					27,829	49,831	
071 HOME HEALTH AGENCY						4,429	
093 SPEC PURPOSE COST CENTERS							479
093 HOSPICE							
095 SUBTOTALS	1,110	89,320	3,375	4,550	1,712,502	3,187,644	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE		60,911		43,791	52,228	249,575	
098 01 DEKALB MEDICAL SERVICES	14,578	30,330	12,766	9,032		71,188	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	15,688	180,561	16,141	57,373	1,764,730	3,508,407	

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COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	SNACK BAR
	6	7	8	9	10	11	11.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 MAC WEST - NEW							
003 02 NORTH ANNEX - NEW							
003 03 GARRETT CLINIC - NEW							
003 04 BUTLER - NEW							
003 05 MAC EAST - NEW							
003 06 GARRETT LAB - NEW							
003 07 MEDICAL ARTS - NEW							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	209,753						
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	20,330		1,558,504				
009 LAUNDRY & LINEN SERVICE	1,195		14,686	37,771			
010 HOUSEKEEPING	5,182		22,889	1,795	62,957		
011 DIETARY	1,359		14,833	166	717	36,428	
011 01 SNACK BAR							
012 CAFETERIA	2,247		28,990		1,401		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	6,301		13,468		620		
015 CENTRAL SERVICES & SUPPLY	2,414		24,082		1,164		
016 PHARMACY	3,457		14,243		689		
017 MEDICAL RECORDS & LIBRARY	4,271		39,715		1,920		
018 SOCIAL SERVICE	540		2,017		98		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	19,669		218,205	15,627	10,549	29,745	
026 INTENSIVE CARE UNIT	5,754		25,731	2,908	1,404	6,683	
033 NURSERY	1,829		19,876	520	961		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	14,922		146,991	5,667	7,991		
039 DELIVERY ROOM & LABOR ROO	2,022		60,612	24	2,930		
041 RADIOLOGY-DIAGNOSTIC	21,060		76,798	2,798	3,713		
044 LABORATORY	22,659		46,246		2,236		
049 RESPIRATORY THERAPY	3,019		17,096	434	826		
050 PHYSICAL THERAPY	4,674		64,154	344	3,101		
050 01 CARDIAC REHAB	1,233		33,762	67	1,632		
051 OCCUPATIONAL THERAPY							
053 ELECTROCARDIOLOGY	861		4,748		230		
054 ELECTROENCEPHALOGRAPHY	1,668						
055 MEDICAL SUPPLIES CHARGED	5,041						
055 30 IMPL. DEV. CHARGED TO PAT	1,981						
056 DRUGS CHARGED TO PATIENTS	10,272						
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	8,490		53,515	6,364	2,587		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	9,686		33,430				
071 HOME HEALTH AGENCY	4,157		34,094		1,648		
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	2,100		3,690	8	178		
095 SUBTOTALS	188,393		1,013,871	36,722	46,595	36,428	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	3,079		436,976	1,049	11,157		
098 01 DEKALB MEDICAL SERVICES	18,281		107,657		5,205		
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	209,753		1,558,504	37,771	62,957	36,428	

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COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVI CE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 MAC WEST - NEW							
003 02 NORTH ANNEX - NEW							
003 03 GARRETT CLINIC - NEW							
003 04 BUTLER - NEW							
003 05 MAC EAST - NEW							
003 06 GARRETT LAB - NEW							
003 07 MEDICAL ARTS - NEW							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINSTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
011 01 SNACK BAR							
012 CAFETERIA	75,851						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,986		42,809				
015 CENTRAL SERVICES & SUPPLY	1,195		1,503	66,255			
016 PHARMACY	1,792			274	41,685		
017 MEDICAL RECORDS & LIBRARY	3,584					102,100	
018 SOCIAL SERVICE	299		407				6,368
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	12,840		17,188	2,275		9,347	6,368
026 INTENSIVE CARE UNIT	2,986		3,780	712		3,713	
033 NURSERY						946	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,167		8,788	6,921		12,236	
039 DELIVERY ROOM & LABOR ROO						1,959	
041 RADIOLOGY-DIAGNOSTIC					1,568	19,054	
044 LABORATORY	8,063		1,050	5,737		19,468	
049 RESPIRATORY THERAPY					401	2,084	
050 PHYSICAL THERAPY	896				616	2,254	
050 01 CARDIAC REHAB	597				87	443	
051 OCCUPATIONAL THERAPY							
053 ELECTROCARDIOLOGY	299			224		834	
054 ELECTROENCEPHALOGRAPHY				2		1,256	
055 MEDICAL SUPPLIES CHARGED				31,509		5,552	
055 30 IMPL. DEV. CHARGED TO PAT				2,983		1,614	
056 DRUGS CHARGED TO PATIENTS				8,640	41,685	6,521	
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	4,479		6,095	1,282		9,407	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	9,257			1,052		5,412	
071 HOME HEALTH AGENCY	2,389		3,097	556			
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	597		901	169			
095 SUBTOTALS	66,593		42,809	65,008	41,685	102,100	6,368
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	1,195			60			
098 01 DEKALB MEDICAL SERVICES	8,063			1,187			
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	75,851		42,809	66,255	41,685	102,100	6,368

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	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
003 NEW CAP REL COSTS-BLDG &			
003 01 MAC WEST - NEW			
003 02 NORTH ANNEX - NEW			
003 03 GARRETT CLINIC - NEW			
003 04 BUTLER - NEW			
003 05 MAC EAST - NEW			
003 06 GARRETT LAB - NEW			
003 07 MEDICAL ARTS - NEW			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
011 01 SNACK BAR			
012 CAFETERIA			
013 MAINTENANCE OF PERSONNEL			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
025 INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	667,068		667,068
026 INTENSIVE CARE UNIT	92,024		92,024
033 NURSERY	53,759		53,759
037 ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	425,662		425,662
039 DELIVERY ROOM & LABOR ROO	157,894		157,894
041 RADIOLOGY-DIAGNOSTIC	246,632		246,632
044 LABORATORY	169,393		169,393
049 RESPIRATORY THERAPY	49,344		49,344
050 PHYSICAL THERAPY	171,667		171,667
050 01 CARDIAC REHAB	88,146		88,146
051 OCCUPATIONAL THERAPY			
053 ELECTROCARDIOLOGY	14,273		14,273
054 ELECTROENCEPHALOGRAPHY	2,926		2,926
055 MEDICAL SUPPLIES CHARGED	42,102		42,102
055 30 IMPL. DEV. CHARGED TO PAT	6,578		6,578
056 DRUGS CHARGED TO PATIENTS	67,118		67,118
061 OUTPAT SERVICE COST CNTRS			
061 EMERGENCY	171,989		171,989
062 OBSERVATION BEDS (NON-DIS			
062 OTHER REIMBURS COST CNTRS			
065 AMBULANCE SERVICES	108,668		108,668
071 HOME HEALTH AGENCY	50,370		50,370
093 SPEC PURPOSE COST CENTERS			
093 HOSPICE	8,122		8,122
095 SUBTOTALS	2,593,735		2,593,735
096 NONREIMBURS COST CENTERS			
096 GIFT, FLOWER, COFFEE SHOP			
097 RESEARCH			
098 PHYSICIANS' PRIVATE OFFIC	703,091		703,091
098 01 DEKALB MEDICAL SERVICES	211,581		211,581
099 NONPAID WORKERS			
101 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	3,508,407		3,508,407

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & OSTS	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG & OSTS	MAC WEST - NEW	NE NORTH ANNEX - NEW	GARRETT CLINIC - NEW
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
	1	2	3	3.01	3.02	3.03
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			172,359			
003 01 MAC WEST - NEW				16,334		
003 02 NORTH ANNEX - NEW					5,200	
003 03 GARRETT CLINIC - NEW						6,850
003 04 BUTLER - NEW						
003 05 MAC EAST - NEW						
003 06 GARRETT LAB - NEW						
003 07 MEDICAL ARTS - NEW						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS			9,459		2,128	
007 OPERATION OF PLANT			80,077	2,931		
009 LAUNDRY & LINEN SERVICE			1,194			
010 HOUSEKEEPING			1,785			
011 DIETARY			1,002			
011 01 SNACK BAR						
012 CAFETERIA			2,357			
013 MAINTENANCE OF PERSONNEL						
014 NURSING ADMINISTRATIVE			1,060			
015 CENTRAL SERVICES & SUPPLIES			1,958			
016 PHARMACY			1,158			
017 MEDICAL RECORDS & LIBRARY			2,795			
018 SOCIAL SERVICE			164			
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS			17,741			
026 INTENSIVE CARE UNIT			2,092			
033 NURSERY			1,616			
037 ANCILLARY SERVICE CENTER OPERATING ROOM			11,726			
039 DELIVERY ROOM & LABORATORY			4,928			
041 RADIOLOGY-DIAGNOSTIC LABORATORY			6,244			
044 RESPIRATORY THERAPY			3,096	664		
049 PHYSICAL THERAPY			1,390			
050 01 CARDIAC REHABILITATION			5,216			
051 OCCUPATIONAL THERAPY			2,745			
053 ELECTROCARDIOLOGY			386			
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARITABLE						
055 30 IMPL. DEV. CHARGED TO PATIENT						
056 DRUGS CHARGED TO PATIENT						
061 OUTPATIENT SERVICE COST CENTER EMERGENCY			4,351			
062 OBSERVATION BEDS (NON-REIMBURSABLE COST CENTER)						
065 AMBULANCE SERVICES			2,718			
071 HOME HEALTH AGENCY					2,772	
093 SPECIFIC PURPOSE COST CENTER HOSPITAL						300
095 SUBTOTALS			167,258	3,595	5,200	
096 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE						
097 RESEARCH						
098 PHYSICIANS' PRIVATE OFFICE			5,101	11,632		6,850
098 01 DEKALB MEDICAL SERVICE				1,107		
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			1,395,217	66,133	8,307	4,257
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			8.094831	4.048794	1.597500	.621460
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	BUTLER - NEW (SQUARE FEET)	MAC EAST - NE (SQUARE FEET)	GARRETT LAB - NEW (SQUARE FEET)	MEDICAL ARTS - NEW (SQUARE FEET)	NEW CAP REL C (SQUARE FEET)	EMPLOYEE BENE (GROSS SALARIES)	RECONCILIATION
	3.04	3.05	3.06	3.07	4	5	6a.00
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 MAC WEST - NEW							
003 02 NORTH ANNEX - NEW							
003 03 GARRETT CLINIC - NEW							
003 04 BUTLER - NEW	4,977						
003 05 MAC EAST - NEW		37,481					
003 06 GARRETT LAB - NEW			3,750				
003 07 MEDICAL ARTS - NEW				8,575			
004 NEW CAP REL COSTS-MVB					172,359		
005 EMPLOYEE BENEFITS						17,226,291	
006 ADMINISTRATIVE & GENERAL		6,837			9,459	2,471,481	-5,329,860
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		11,140		680	80,077	595,628	
009 LAUNDRY & LINEN SERVICE					1,194	94,368	
010 HOUSEKEEPING		76			1,785	514,050	
011 DIETARY		204			1,002	317,881	
011 01 SNACK BAR							
012 CAFETERIA					2,357		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION					1,060	664,735	
015 CENTRAL SERVICES & SUPPLIES					1,958	132,379	
016 PHARMACY					1,158	517,051	
017 MEDICAL RECORDS & LIBRARY		284			2,795	397,782	
018 SOCIAL SERVICE					164	58,511	
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS					17,741	2,384,895	
026 INTENSIVE CARE UNIT					2,092	605,433	
033 NURSERY					1,616	10,763	
037 ANCILLARY SERVICE CENTER OPERATING ROOM					11,726	1,324,181	
039 DELIVERY ROOM & LABOR					4,928		
041 RADIOLOGY-DIAGNOSTIC					6,244	1,301,646	
044 LABORATORY	352		784		3,096	1,240,422	
049 RESPIRATORY THERAPY					1,390		
050 PHYSICAL THERAPY					5,216	114,098	
050 01 CARDIAC REHAB					2,745	91,469	
051 OCCUPATIONAL THERAPY							
053 ELECTROCARDIOLOGY					386	56,091	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARITABLE							
055 30 IMPL. DEV. CHARGED TO PATIENT							
056 DRUGS CHARGED TO PATIENT							
061 OUTPATIENT SERVICE CENTER EMERGENCY					4,351	833,160	
062 OBSERVATION BEDS (NON-REIMBURSABLE COST CENTER)							
065 AMBULANCE SERVICES					2,718	1,072,034	
071 HOME HEALTH AGENCY						404,532	
093 SPEC PURPOSE COST CENTER HOSPICE						130,486	
095 SUBTOTALS	352	18,541	784	680	167,258	15,333,076	-5,329,860
096 NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE		12,644		6,545	5,101	110,492	
098 01 DEKALB MEDICAL SERVICE NONPAID WORKERS	4,625	6,296	2,966	1,350		1,782,723	
099 CROSS FOOT ADJUSTMENT							
101 NEGATIVE COST CENTER							
102 COST TO BE ALLOCATED (WRKSHT B, PART I)	15,688	180,561	16,141	57,373	1,764,730	5,978,227	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		4.817401		6.690729		.347041	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	3.152100		4.304267		10.238688		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	SNACK BAR (MEALS SERVED)
	6	7	8	9	10	11	11.01
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 MAC WEST - NEW							
003 02 NORTH ANNEX - NEW							
003 03 GARRETT CLINIC - NEW							
003 04 BUTLER - NEW							
003 05 MAC EAST - NEW							
003 06 GARRETT LAB - NEW							
003 07 MEDICAL ARTS - NEW							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	32,286,755						
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	3,129,076		126,713				
009 LAUNDRY & LINEN SERVICE	183,946		1,194	351,692			
010 HOUSEKEEPING	797,674		1,861	16,718	105,881		
011 DIETARY	209,250		1,206	1,546	1,206	20,164	
011 01 SNACK BAR							
012 CAFETERIA	345,798		2,357		2,357		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATIVE	969,839		1,095		1,042		
015 CENTRAL SERVICES & SUPPORT	371,597		1,958		1,958		
016 PHARMACY	532,140		1,158		1,158		
017 MEDICAL RECORDS & LIBRARY	657,390		3,229		3,229		
018 SOCIAL SERVICE	83,040		164		164		
INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	3,027,356		17,741	145,509	17,741	16,465	
026 INTENSIVE CARE UNIT	885,575		2,092	27,078	2,362	3,699	
033 NURSERY	281,513		1,616	4,841	1,616		
ANCILLARY SERVICE CENTER							
037 OPERATING ROOM	2,296,723		11,951	52,765	13,439		
039 DELIVERY ROOM & LABOR	311,276		4,928	227	4,928		
041 RADIOLOGY-DIAGNOSTIC	3,241,501		6,244	26,050	6,244		
044 LABORATORY	3,489,641		3,760		3,760		
049 RESPIRATORY THERAPY	464,719		1,390	4,041	1,390		
050 PHYSICAL THERAPY	719,474		5,216	3,201	5,216		
050 01 CARDIAC REHAB	189,739		2,745	624	2,745		
051 OCCUPATIONAL THERAPY							
053 ELECTROCARDIOLOGY	132,485		386		386		
054 ELECTROENCEPHALOGRAPHY	256,796						
055 MEDICAL SUPPLIES CHARACTER	775,948						
055 30 IMPL. DEV. CHARGED TO PATIENT	304,978						
056 DRUGS CHARGED TO PATIENT	1,581,017						
OUTPATIENT SERVICE CENTER							
061 EMERGENCY	1,306,713		4,351	59,252	4,351		
062 OBSERVATION BEDS (NONREIMBURS COST CENTER)							
065 AMBULANCE SERVICES	1,490,802		2,718				
071 HOME HEALTH AGENCY	639,768		2,772		2,772		
SPECIAL PURPOSE COST CENTER							
093 HOSPICE	323,238		300	71	300		
095 SUBTOTALS	28,999,012		82,432	341,923	78,364	20,164	
NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	473,917		35,528	9,769	18,764		
098 01 DEKALB MEDICAL SERVICE	2,813,826		8,753		8,753		
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	5,329,860		3,645,621	248,664	994,715	290,913	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.165079		28.770694	.707050	9.394651	14.427346	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	209,753		1,558,504	37,771	62,957	36,428	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.006497		12.299480	.107398	.594601	1.806586	

COST CENTER DESCRIPTION	CAFETERIA (FTES)	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICES (TIME SPENT)
	12	13	14	15	16	17	18
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 MAC WEST - NEW							
003 02 NORTH ANNEX - NEW							
003 03 GARRETT CLINIC - NEW							
003 04 BUTLER - NEW							
003 05 MAC EAST - NEW							
003 06 GARRETT LAB - NEW							
003 07 MEDICAL ARTS - NEW							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
011 01 SNACK BAR							
012 CAFETERIA	254						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	10		191,211				
015 CENTRAL SERVICES & SUPPLY	4		6,713	1,196,889			
016 PHARMACY	6			4,949	100		
017 MEDICAL RECORDS & LIBRARY	12			3		83,061,992	
018 SOCIAL SERVICE	1		1,818				100
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	43		76,780	41,091		7,604,983	100
026 INTENSIVE CARE UNIT	10		16,882	12,861		3,021,129	
033 NURSERY						769,656	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	24		39,251	125,020		9,955,828	
039 DELIVERY ROOM & LABOR						1,594,301	
041 RADIOLOGY-DIAGNOSTIC	24			28,318		15,503,962	
044 LABORATORY	27		4,690	103,644		15,827,441	
049 RESPIRATORY THERAPY				7,244		1,695,962	
050 PHYSICAL THERAPY	3			11,126		1,833,787	
050 01 CARDIAC REHAB	2			1,572		360,499	
051 OCCUPATIONAL THERAPY							
053 ELECTROCARDIOLOGY	1			4,048		678,516	
054 ELECTROENCEPHALOGRAPH				35		1,021,977	
055 MEDICAL SUPPLIES CHAR				569,235		4,517,172	
055 30 IMPL. DEV. CHARGED TO PATI				53,887		1,313,080	
056 DRUGS CHARGED TO PATI				156,076	100	5,305,546	
OUTPAT SERVICE COST C							
061 EMERGENCY	15		27,222	23,159		7,654,274	
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	31			18,998		4,403,879	
071 HOME HEALTH AGENCY	8		13,832	10,042			
SPEC PURPOSE COST CEN							
093 HOSPICE	2		4,023	3,056			
095 SUBTOTALS	223		191,211	1,174,364	100	83,061,992	100
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	4			1,076			
098 01 DEKALB MEDICAL SERVICE	27			21,449			
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	492,838		1,190,635	557,230	678,126	912,432	116,267
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1,940.307087		6.226812	.465565	6,781.260000	.010985	1,162.670000
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	75,851		42,809	66,255	41,685	102,100	6,368
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	298.625984		.223884	.055356	416.850000	.001229	63.680000

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
15-0045

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

PREPARED 2/22/2011
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	5,325,099		5,325,099		5,325,099
26	INTENSIVE CARE UNIT	1,350,354		1,350,354		1,350,354
33	NURSERY	401,538		401,538		401,538
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,641,811		3,641,811		3,641,811
39	DELIVERY ROOM & LABOR ROO	568,414		568,414		568,414
41	RADIOLOGY-DIAGNOSTIC	4,263,390		4,263,390	801	4,264,191
44	LABORATORY	4,512,910		4,512,910		4,512,910
49	RESPIRATORY THERAPY	619,344		619,344		619,344
50	PHYSICAL THERAPY	1,070,722		1,070,722		1,070,722
50	01 CARDIAC REHAB	334,839		334,839	1,310	336,149
51	OCCUPATIONAL THERAPY					
53	ELECTROCARDIOLOGY	180,364		180,364		180,364
54	ELECTROENCEPHALOGRAPHY	310,430		310,430		310,430
55	MEDICAL SUPPLIES CHARGED	1,218,676		1,218,676		1,218,676
55	30 IMPL. DEV. CHARGED TO PAT	394,835		394,835		394,835
56	DRUGS CHARGED TO PATIENTS	2,651,081		2,651,081		2,651,081
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,023,850		2,023,850		2,023,850
62	OBSERVATION BEDS (NON-DIS	993,190		993,190		993,190
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,932,473		1,932,473	1,149	1,933,622
101	SUBTOTAL	31,793,320		31,793,320	3,260	31,796,580
102	LESS OBSERVATION BEDS	993,190		993,190		993,190
103	TOTAL	30,800,130		30,800,130	3,260	30,803,390

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	6,576,940		6,576,940			
26	INTENSIVE CARE UNIT	2,670,501		2,670,501			
33	NURSERY	756,511		756,511			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,533,022	8,255,262	9,788,284	.372058	.372058	.372058
39	DELIVERY ROOM & LABOR ROO	1,579,145	2,943	1,582,088	.359281	.359281	.359281
41	RADIOLOGY-DIAGNOSTIC	1,305,854	13,960,822	15,266,676	.279261	.279261	.279314
44	LABORATORY	2,036,545	13,554,592	15,591,137	.289454	.289454	.289454
49	RESPIRATORY THERAPY	1,138,223	540,179	1,678,402	.369008	.369008	.369008
50	PHYSICAL THERAPY	258,300	1,548,297	1,806,597	.592673	.592673	.592673
50	01 CARDIAC REHAB	3,580	351,175	354,755	.943860	.943860	.947553
51	OCCUPATIONAL THERAPY						
53	ELECTROCARDIOLOGY	82,125	586,217	668,342	.269868	.269868	.269868
54	ELECTROENCEPHALOGRAPHY	7,282	998,389	1,005,671	.308679	.308679	.308679
55	MEDICAL SUPPLIES CHARGED	1,332,353	3,123,713	4,456,066	.273487	.273487	.273487
55	30 IMPL. DEV. CHARGED TO PAT	154,255	1,158,825	1,313,080	.300694	.300694	.300694
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,809,886	3,424,943	5,234,829	.506431	.506431	.506431
61	EMERGENCY	1,201,103	6,340,717	7,541,820	.268350	.268350	.268350
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	110,131	1,194,510	1,304,641	.761275	.761275	.761275
65	AMBULANCE SERVICES		4,333,349	4,333,349	.445954	.445954	.446219
101	SUBTOTAL	22,555,756	59,373,933	81,929,689			
102	LESS OBSERVATION BEDS						
103	TOTAL	22,555,756	59,373,933	81,929,689			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	6,576,940		6,576,940			
26	INTENSIVE CARE UNIT	2,670,501		2,670,501			
33	NURSERY	756,511		756,511			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,533,022	8,255,262	9,788,284	.372058	.372058	.372058
39	DELIVERY ROOM & LABOR ROO	1,579,145	2,943	1,582,088	.359281	.359281	.359281
41	RADIOLOGY-DIAGNOSTIC	1,305,854	13,960,822	15,266,676	.279261	.279261	.279314
44	LABORATORY	2,036,545	13,554,592	15,591,137	.289454	.289454	.289454
49	RESPIRATORY THERAPY	1,138,223	540,179	1,678,402	.369008	.369008	.369008
50	PHYSICAL THERAPY	258,300	1,548,297	1,806,597	.592673	.592673	.592673
50	01 CARDIAC REHAB	3,580	351,175	354,755	.943860	.943860	.947553
51	OCCUPATIONAL THERAPY						
53	ELECTROCARDIOLOGY	82,125	586,217	668,342	.269868	.269868	.269868
54	ELECTROENCEPHALOGRAPHY	7,282	998,389	1,005,671	.308679	.308679	.308679
55	MEDICAL SUPPLIES CHARGED	1,332,353	3,123,713	4,456,066	.273487	.273487	.273487
55	30 IMPL. DEV. CHARGED TO PAT	154,255	1,158,825	1,313,080	.300694	.300694	.300694
56	DRUGS CHARGED TO PATIENTS	1,809,886	3,424,943	5,234,829	.506431	.506431	.506431
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,201,103	6,340,717	7,541,820	.268350	.268350	.268350
62	OBSERVATION BEDS (NON-DIS	110,131	1,194,510	1,304,641	.761275	.761275	.761275
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		4,333,349	4,333,349	.445954	.445954	.446219
101	SUBTOTAL	22,555,756	59,373,933	81,929,689			
102	LESS OBSERVATION BEDS						
103	TOTAL	22,555,756	59,373,933	81,929,689			

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	3,641,811	425,662	3,216,149			3,641,811
39	DELIVERY ROOM & LABOR ROO	568,414	157,894	410,520			568,414
41	RADIOLOGY-DIAGNOSTIC	4,263,390	246,632	4,016,758			4,263,390
44	LABORATORY	4,512,910	169,393	4,343,517			4,512,910
49	RESPIRATORY THERAPY	619,344	49,344	570,000			619,344
50	PHYSICAL THERAPY	1,070,722	171,667	899,055			1,070,722
50	01 CARDIAC REHAB	334,839	88,146	246,693			334,839
51	OCCUPATIONAL THERAPY						
53	ELECTROCARDIOLOGY	180,364	14,273	166,091			180,364
54	ELECTROENCEPHALOGRAPHY	310,430	2,926	307,504			310,430
55	MEDICAL SUPPLIES CHARGED	1,218,676	42,102	1,176,574			1,218,676
55	30 IMPL. DEV. CHARGED TO PAT	394,835	6,578	388,257			394,835
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	2,651,081	67,118	2,583,963			2,651,081
61	EMERGENCY	2,023,850	171,989	1,851,861			2,023,850
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	993,190	124,416	868,774			993,190
65	AMBULANCE SERVICES	1,932,473	108,668	1,823,805			1,932,473
101	SUBTOTAL	24,716,329	1,846,808	22,869,521			24,716,329
102	LESS OBSERVATION BEDS	993,190	124,416	868,774			993,190
103	TOTAL	23,723,139	1,722,392	22,000,747			23,723,139

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	3,641,811	425,662	3,216,149	42,566	186,537	3,412,708
39	DELIVERY ROOM & LABOR ROO	568,414	157,894	410,520	15,789	23,810	528,815
41	RADIOLOGY-DIAGNOSTIC	4,263,390	246,632	4,016,758	24,663	232,972	4,005,755
44	LABORATORY	4,512,910	169,393	4,343,517	16,939	251,924	4,244,047
49	RESPIRATORY THERAPY	619,344	49,344	570,000	4,934	33,060	581,350
50	PHYSICAL THERAPY	1,070,722	171,667	899,055	17,167	52,145	1,001,410
50	01 CARDIAC REHAB	334,839	88,146	246,693	8,815	14,308	311,716
51	OCCUPATIONAL THERAPY						
53	ELECTROCARDIOLOGY	180,364	14,273	166,091	1,427	9,633	169,304
54	ELECTROENCEPHALOGRAPHY	310,430	2,926	307,504	293	17,835	292,302
55	MEDICAL SUPPLIES CHARGED	1,218,676	42,102	1,176,574	4,210	68,241	1,146,225
55	30 IMPL. DEV. CHARGED TO PAT	394,835	6,578	388,257	658	22,519	371,658
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	2,651,081	67,118	2,583,963	6,712	149,870	2,494,499
61	EMERGENCY	2,023,850	171,989	1,851,861	17,199	107,408	1,899,243
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	993,190	124,416	868,774	12,442	50,389	930,359
65	AMBULANCE SERVICES	1,932,473	108,668	1,823,805	10,867	105,781	1,815,825
101	SUBTOTAL	24,716,329	1,846,808	22,869,521	184,681	1,326,432	23,205,216
102	LESS OBSERVATION BEDS	993,190	124,416	868,774	12,442	50,389	930,359
103	TOTAL	23,723,139	1,722,392	22,000,747	172,239	1,276,043	22,274,857

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	9,788,284	.348652	.367709
39	DELIVERY ROOM & LABOR ROO	1,582,088	.334251	.349301
41	RADIOLOGY-DIAGNOSTIC	15,266,676	.262386	.277646
44	LABORATORY	15,591,137	.272209	.288367
49	RESPIRATORY THERAPY	1,678,402	.346371	.366068
50	PHYSICAL THERAPY	1,806,597	.554307	.583171
50	01 CARDIAC REHAB	354,755	.878680	.919012
51	OCCUPATIONAL THERAPY			
53	ELECTROCARDIOLOGY	668,342	.253319	.267733
54	ELECTROENCEPHALOGRAPHY	1,005,671	.290654	.308388
55	MEDICAL SUPPLIES CHARGED	4,456,066	.257228	.272542
55	30 IMPL. DEV. CHARGED TO PAT	1,313,080	.283043	.300193
56	DRUGS CHARGED TO PATIENTS	5,234,829	.476520	.505149
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	7,541,820	.251828	.266070
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,304,641	.713115	.751738
65	AMBULANCE SERVICES	4,333,349	.419035	.443446
101	SUBTOTAL	71,925,737		
102	LESS OBSERVATION BEDS	1,304,641		
103	TOTAL	70,621,096		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				667,068		667,068
26	INTENSIVE CARE UNIT				92,024		92,024
33	NURSERY				53,759		53,759
101	TOTAL				812,851		812,851

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,619	1,543			118.72	183,185
26	INTENSIVE CARE UNIT	1,027	406			89.60	36,378
33	NURSERY	938				57.31	
101	TOTAL	7,584	1,949				219,563

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		425,662	9,788,284	307,720		
39	DELIVERY ROOM & LABOR ROO		157,894	1,582,088	1,834		
41	RADIOLOGY-DIAGNOSTIC		246,632	15,266,676	866,666		
44	LABORATORY		169,393	15,591,137	1,073,139		
49	RESPIRATORY THERAPY		49,344	1,678,402	412,900		
50	PHYSICAL THERAPY		171,667	1,806,597	88,241		
50	01 CARDIAC REHAB		88,146	354,755	552		
51	OCCUPATIONAL THERAPY						
53	ELECTROCARDIOLOGY		14,273	668,342	73,389		
54	ELECTROENCEPHALOGRAPHY		2,926	1,005,671	917		
55	MEDICAL SUPPLIES CHARGED		42,102	4,456,066	423,363		
55	30 IMPL. DEV. CHARGED TO PAT		6,578	1,313,080	154,255		
56	DRUGS CHARGED TO PATIENTS		67,118	5,234,829	805,826		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		171,989	7,541,820	480,899		
62	OBSERVATION BEDS (NON-DIS		124,416	1,304,641			
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		1,738,140	67,592,388	4,689,701		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
15-0045	FROM 10/ 1/2009	2/22/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET D
15-0045		PART II

PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.043487	13,382
39	DELIVERY ROOM & LABOR ROO	.099801	183
41	RADIOLOGY-DIAGNOSTIC	.016155	14,001
44	LABORATORY	.010865	11,660
49	RESPIRATORY THERAPY	.029399	12,139
50	PHYSICAL THERAPY	.095022	8,385
50	01 CARDIAC REHAB	.248470	137
51	OCCUPATIONAL THERAPY		
53	ELECTROCARDIOLOGY	.021356	1,567
54	ELECTROENCEPHALOGRAPHY	.002910	3
55	MEDICAL SUPPLIES CHARGED	.009448	4,000
55	30 IMPL. DEV. CHARGED TO PAT	.005010	773
56	DRUGS CHARGED TO PATIENTS	.012821	10,331
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.022805	10,967
62	OBSERVATION BEDS (NON-DIS	.095364	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		87,528

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					5,619	
26	INTENSIVE CARE UNIT					1,027	
33	NURSERY					938	
101	TOTAL					7,584	

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

PROVIDER NO: 15-0045
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/22/2011
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		1,543
26	INTENSIVE CARE UNIT		406
33	NURSERY		
101	TOTAL		1,949

TITLE XVIII, PART A 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						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50	01 CARDIAC REHAB						
51	OCCUPATIONAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			9,788,284			307,720	
39	DELIVERY ROOM & LABOR ROO			1,582,088			1,834	
41	RADIOLOGY-DIAGNOSTIC			15,266,676			866,666	
44	LABORATORY			15,591,137			1,073,139	
49	RESPIRATORY THERAPY			1,678,402			412,900	
50	PHYSICAL THERAPY			1,806,597			88,241	
50	01 CARDIAC REHAB			354,755			552	
51	OCCUPATIONAL THERAPY							
53	ELECTROCARDIOLOGY			668,342			73,389	
54	ELECTROENCEPHALOGRAPHY			1,005,671			917	
55	MEDICAL SUPPLIES CHARGED			4,456,066			423,363	
55	30 IMPL. DEV. CHARGED TO PAT			1,313,080			154,255	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS			5,234,829			805,826	
61	EMERGENCY			7,541,820			480,899	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,304,641				
65	AMBULANCE SERVICES							
101	TOTAL			67,592,388			4,689,701	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2,105,874				
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC		2,429,451				
44	LABORATORY		177,167				
49	RESPIRATORY THERAPY		99,866				
50	PHYSICAL THERAPY		2,563				
50	01 CARDIAC REHAB		106,099				
51	OCCUPATIONAL THERAPY						
53	ELECTROCARDIOLOGY		113,789				
54	ELECTROENCEPHALOGRAPHY		217,105				
55	MEDICAL SUPPLIES CHARGED		382,089				
55	30 IMPL. DEV. CHARGED TO PAT		201,989				
56	DRUGS CHARGED TO PATIENTS		1,310,444				
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		867,022				
62	OBSERVATION BEDS (NON-DIS		178,794				
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		8,192,252				

TITLE XVIII PART A HOSPITAL PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,048
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	947.70
85	OBSERVATION BED COST	993,190

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	5,325,099		993,190	
87	NEW CAPITAL-RELATED COST	667,068	.125269	993,190	124,416
88	NON PHYSICIAN ANESTHETIST	5,325,099		993,190	
89	MEDICAL EDUCATION	5,325,099		993,190	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	947.70
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	197,122
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	197,122

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST	
	1	2	3	4	5	
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	401,538	938	428.08	127	54,366
43	INTENSIVE CARE UNIT	1,350,354	1,027	1,314.85	13	17,093
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	734,953
49	TOTAL PROGRAM INPATIENT COSTS	1,003,534

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,048
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	947.70
85	OBSERVATION BED COST	993,190

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,828,108	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		1,071,175	
37	OPERATING ROOM	.372058	307,720	114,490
39	DELIVERY ROOM & LABOR ROOM	.359281	1,834	659
41	RADIOLOGY-DIAGNOSTIC	.279314	866,666	242,072
44	LABORATORY	.289454	1,073,139	310,624
49	RESPIRATORY THERAPY	.369008	412,900	152,363
50	PHYSICAL THERAPY	.592673	88,241	52,298
50	01 CARDIAC REHAB	.947553	552	523
51	OCCUPATIONAL THERAPY			
53	ELECTROCARDIOLOGY	.269868	73,389	19,805
54	ELECTROENCEPHALOGRAPHY	.308679	917	283
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.273487	423,363	115,784
55	30 IMPL. DEV. CHARGED TO PATIENT	.300694	154,255	46,384
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.506431	805,826	408,095
61	EMERGENCY	.268350	480,899	129,049
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.761275		
65	AMBULANCE SERVICES			
101	TOTAL		4,689,701	1,592,429
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,689,701	

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		953,097	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		150,622	
37	OPERATING ROOM	.372058	392,037	145,861
39	DELIVERY ROOM & LABOR ROOM	.359281	872,682	313,538
41	RADIOLOGY-DIAGNOSTIC	.279261	48,601	13,572
44	LABORATORY	.289454	244,271	70,705
49	RESPIRATORY THERAPY	.369008	96,896	35,755
50	PHYSICAL THERAPY	.592673	51,442	30,488
50	01 CARDIAC REHAB	.943860	1,171	1,105
51	OCCUPATIONAL THERAPY			
53	ELECTROCARDIOLOGY	.269868	2,550	688
54	ELECTROENCEPHALOGRAPHY	.308679	917	283
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.273487	166	45
55	30 IMPL. DEV. CHARGED TO PATIENT	.300694		
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.506431	201,998	102,298
61	EMERGENCY	.268350	76,822	20,615
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.761275		
65	AMBULANCE SERVICES			
101	TOTAL		1,989,553	734,953
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,989,553	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	3,048,903	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	3,048,903	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	222,142	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	3,271,045	
17 PRIMARY PAYER PAYMENTS	5,996	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	3,265,049	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	437,708	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	275	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	92,488	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	64,742	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	92,488	
22 SUBTOTAL	2,891,808	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	2,891,808	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	2,744,772	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	147,036	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	15,753	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

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

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS
- 5 TOTAL INPATIENT DAYS
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS) 285
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) PRIOR TO 422 E-3, 6 LN 12
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

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

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

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

PART B REASONABLE COST

- 17 REASONABLE COST
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST
- 20 TOTAL REASONABLE COST
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST

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

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

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	6,369,522			
2	TEMPORARY INVESTMENTS	13,242,538			
3	NOTES RECEIVABLE	302,444			
4	ACCOUNTS RECEIVABLE	15,994,962			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-8,442,509			
7	INVENTORY	522,359			
8	PREPAID EXPENSES	363,595			
9	OTHER CURRENT ASSETS	1,181,756			
10	DUE FROM OTHER FUNDS	214,519			
11	TOTAL CURRENT ASSETS	29,749,186			
FIXED ASSETS					
12	LAND	220,118			
12.01	LAND IMPROVEMENTS	1,696,200			
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS	43,822,360			
14	LESS ACCUMULATED DEPRECIATION	-32,769,575			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	17,321,456			
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	30,290,559			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	135,165			
26	TOTAL OTHER ASSETS	135,165			
27	TOTAL ASSETS	60,174,910			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		45,584,740		
2	NET INCOME (LOSS)		2,406,995		
3	TOTAL		47,991,735		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		47,991,735		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		47,991,735		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	6,280,498		6,280,498
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	6,280,498		6,280,498
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,963,529		1,963,529
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	1,963,529		1,963,529
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	8,244,027		8,244,027
17 00 ANCILLARY SERVICES	13,396,153	66,134,610	79,530,763
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	21,640,180	66,134,610	87,774,790

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		40,640,941	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)	3,267,512		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		3,267,512	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		43,908,453	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0045
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/22/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	87,774,790
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	44,693,882
3	NET PATIENT REVENUES	43,080,908
4	LESS: TOTAL OPERATING EXPENSES	43,908,453
5	NET INCOME FROM SERVICE TO PATIENTS	-827,545
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	3,234,540
25	TOTAL OTHER INCOME	3,234,540
26	TOTAL	2,406,995
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	2,406,995

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			25,453			25,453
5	184,045				27,227	211,272
HHA REIMBURSABLE SERVICES						
6	114,415					114,415
7	65,980			16,857		82,837
8				8,608		8,608
9	1,004					1,004
10	4,838					4,838
11	14,155					14,155
12					7,315	7,315
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17	20,095		3,290		17	23,402
18						
19						
20						
21						
22						
23						
23.50						
24	404,532		28,743	25,465	34,559	493,299

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4		25,453		25,453
5	13,422	224,694	-11,771	212,923
HHA REIMBURSABLE SERVICES				
6		114,415		114,415
7		82,837		82,837
8		8,608		8,608
9		1,004		1,004
10		4,838		4,838
11		14,155		14,155
12		7,315		7,315
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17		23,402		23,402
18				
19				
20				
21				
22				
23				
23.50				
24	13,422	506,721	-11,771	494,950

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &	MAC WEST - NEW	NORTH ANNEX - NEW
	0	1	2	3	3.01	3.02
1 ADMIN & GENERAL						4,429
2 SKILLED NURSING CARE	227,284					
3 PHYSICAL THERAPY	151,570					
4 OCCUPATIONAL THERAPY	15,107					
5 SPEECH PATHOLOGY	1,790					
6 MEDICAL SOCIAL SERVICES	9,047					
7 HOME HEALTH AIDE	32,462					
8 SUPPLIES	12,838					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING	44,852					
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)	494,950					4,429
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	GARRETT CLINIC - NEW	BUTLER - NEW	MAC EAST - NEW	GARRETT LAB - NEW	MEDICAL ARTS - NEW	NEW CAP REL COSTS-MVBLE
	3.03	3.04	3.05	3.06	3.07	4
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) (2)						
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	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	5	5A	6	7	8	9
1 ADMIN & GENERAL	63,871	68,300	11,275		79,752	
2 SKILLED NURSING CARE	39,707	266,991	44,074			
3 PHYSICAL THERAPY	22,898	174,468	28,801			
4 OCCUPATIONAL THERAPY		15,107	2,494			
5 SPEECH PATHOLOGY	348	2,138	353			
6 MEDICAL SOCIAL SERVICES	1,679	10,726	1,771			
7 HOME HEALTH AIDE	4,912	37,374	6,170			
8 SUPPLIES		12,838	2,119			
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING	6,974	51,826	8,555			
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)	140,389	639,768	105,612		79,752	
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	HOUSEKEEPING	DIETARY	SNACK BAR	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	10	11	11.01	12	13	14
1 ADMIN & GENERAL	26,042			13,582		77,885
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				1,940		8,244
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)	26,042			15,522		86,129
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	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEP DOWN ADJUST 26
1 ADMIN & GENERAL	4,675				281,511	
2 SKILLED NURSING CARE					311,065	
3 PHYSICAL THERAPY					203,269	
4 OCCUPATIONAL THERAPY					17,601	
5 SPEECH PATHOLOGY					2,491	
6 MEDICAL SOCIAL SERVICES					12,497	
7 HOME HEALTH AIDE					43,544	
8 SUPPLIES					14,957	
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING					70,565	
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)	4,675				957,500	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	281,511		
2 SKILLED NURSING CARE	311,065	129,541	440,606
3 PHYSICAL THERAPY	203,269	84,650	287,919
4 OCCUPATIONAL THERAPY	17,601	7,330	24,931
5 SPEECH PATHOLOGY	2,491	1,037	3,528
6 MEDICAL SOCIAL SERVICES	12,497	5,204	17,701
7 HOME HEALTH AIDE	43,544	18,134	61,678
8 SUPPLIES	14,957	6,229	21,186
9 DRUGS			
9.20 COST ADMINISTERING DRUGS			
10 DME			
11 HOME DIALYSIS AIDE SVCS			
12 RESPIRATORY THERAPY			
13 PRIVATE DUTY NURSING	70,565	29,386	99,951
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)	957,500	281,511	957,500
21 UNIT COST MULTIPLIER		0.416443	

- (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	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	MAC WEST - NEW (SQUARE FEET)	NORTH ANNEX - NEW (SQUARE FEET)	GARRETT CLINIC - NEW (SQUARE FEET)
	1	2	3	3.01	3.02	3.03
1 ADMIN & GENERAL					2,772	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)					2,772	
21 COST TO BE ALLOCATED					4,429	
22 UNIT COST MULTIPLIER					1.597763	

HHA COST CENTER	BUTLER - NEW (SQUARE FEET)	MAC EAST - NEW (SQUARE FEET)	GARRETT LAB - NEW (SQUARE FEET)	MEDICAL ARTS - NEW (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)
	3.04	3.05	3.06	3.07	4	5
1 ADMIN & GENERAL						184,045
2 SKILLED NURSING CARE						114,415
3 PHYSICAL THERAPY						65,980
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						1,004
6 MEDICAL SOCIAL SERVICES						4,838
7 HOME HEALTH AIDE						14,155
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						20,095
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)						404,532
21 COST TO BE ALLOCATED						140,389
22 UNIT COST MULTIPLIER						0.347041

HHA 1

HHA COST CENTER	6A	6	7	8	9	10
1 ADMIN & GENERAL		68,300		2,772		2,772
2 SKILLED NURSING CARE		266,991				
3 PHYSICAL THERAPY		174,468				
4 OCCUPATIONAL THERAPY		15,107				
5 SPEECH PATHOLOGY		2,138				
6 MEDICAL SOCIAL SERVICES		10,726				
7 HOME HEALTH AIDE		37,374				
8 SUPPLIES		12,838				
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING		51,826				
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)		639,768		2,772		2,772
21 COST TO BE ALLOCATED		105,612		79,752		26,042
22 UNIT COST MULTIPLIER		0.165079		28.770563		9.394661

HHA COST CENTER	11	11.01	12	13	14	15
1 ADMIN & GENERAL			7		12,508	10,042
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			1		1,324	
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)			8		13,832	10,042
21 COST TO BE ALLOCATED			15,522		86,129	4,675
22 UNIT COST MULTIPLIER			1940.250000		6.226793	0.465545

HHA 1

HHA COST CENTER	PHARMACY (COSTED REQUIS. 16	MEDICAL RECO RDS & LIBRAR (GROSS REVENUE 17	SOCIAL SERVI CE (TIME SPENT 18
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	PATIENT SERVICES	FROM	FACILITY COSTS	SHARED ANCI LLARY COSTS	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
		WKST H-5 PART I COL. 29, LINE:	(FROM (FROM PART I) WKST H-5 PART I)	(FROM PART II) PART II)				PART A
1 SKILLED NURSING	2	2	440,606	2	440,606	3,096	142.31	987
2 PHYSICAL THERAPY	3	3	287,919		287,919	1,126	255.70	336
3 OCCUPATIONAL THERAPY	4	4	24,931		24,931	108	230.84	21
4 SPEECH PATHOLOGY	5	5	3,528		3,528	27	130.67	8
5 MEDICAL SOCIAL SERVICES	6	6	17,701		17,701	60	295.02	21
6 HOME HEALTH AIDE SERVICE	7	7	61,678		61,678	546	112.96	177
7 TOTAL			836,363		836,363	4,963		1,550

PATIENT SERVICES	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
1 SKILLED NURSING	7	8	9	10	11	12
2 PHYSICAL THERAPY	679	285	140,460	96,628	237,088	
3 OCCUPATIONAL THERAPY	15	2	85,915	72,875	158,790	
4 SPEECH PATHOLOGY	2	16	4,848	3,463	8,311	
5 MEDICAL SOCIAL SERVICES	16	241	1,045	261	1,306	
6 HOME HEALTH AIDE SERVICES	241	1,238	6,195	4,720	10,915	
7 TOTAL	1,238	258,457	19,994	27,223	47,217	463,627

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
							PART A
8 SKILLED NURSING		2760					6
8.01 SKILLED NURSING		9915					
9 PHYSICAL THERAPY		2760					
9.01 PHYSICAL THERAPY		9915					
10 OCCUPATIONAL THERAPY		2760					
10.01 OCCUPATIONAL THERAPY		9915					
11 SPEECH PATHOLOGY		2760					
11.01 SPEECH PATHOLOGY		9915					
12 MEDICAL SOCIAL SERVICES		2760					
12.01 MEDICAL SOCIAL SERVICES		9915					
13 HOME HEALTH AIDE SERVICE		2760					
13.01 HOME HEALTH AIDE SERVICE		9915					
14 TOTAL							

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

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	21,186		21,186	14,117	1.500744	3,561
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		10,556	5,344	15,842
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	2760	
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4	9915	
17 PER BENE COST LIMITATION (FRM FI)	2760	
17.01 PER BENE COST LIMITATION (FRM FI)	9915	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.592673			COL 2, LN 2
1.01 CARDIAC REHAB	50.01	.943860			
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.273487			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.300694			
5 DRUGS CHARGED TO PATIENTS	56	.506431			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY		255.70	2.01	3	3.01		
2 OCCUPATIONAL THERAPY		230.84					
3 SPEECH PATHOLOGY		130.67					
4 TOTAL (SUM OF LINES 1-3)							

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0045	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K
15-1559		

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	30,697		165	77,146
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	55,939		4,367	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	50			
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	20,052		1,375	
15 SPIRITUAL COUNSELING	12,416		543	
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER	11,332		2,971	
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			169	
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	130,486		9,590	77,146

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0045	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K
15-1559		

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	9,412	117,420	2,058	119,478
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		60,306		60,306
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		50		50
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		21,427		21,427
15 SPIRITUAL COUNSELING		12,959		12,959
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER		14,303		14,303
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	25,018	25,018		25,018
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	23,636	23,636		23,636
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	146	315		315
31 VOLUNTEER PROGRAM COSTS	87	87		87
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	58,299	275,521	2,058	277,579

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0045	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K
15-1559		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL	-104	119,374
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		60,306
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		50
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		21,427
15 SPIRITUAL COUNSELING		12,959
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOME MAKER		14,303
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		25,018
22 PATIENT TRANSPORTATION		
23 IMAGING SERVICES		
24 LABS AND DIAGNOSTICS		
25 MEDICAL SUPPLIES		23,636
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27 RADIATION THERAPY		
28 CHEMOTHERAPY		
29 OTHER		
30 BEREAVEMENT PROGRAM COSTS		315
31 VOLUNTEER PROGRAM COSTS		87
32 FUNDRAISING		
33 OTHER PROGRAM COSTS		
34 TOTAL (SUM OF LINES 1 THRU 33)	-104	277,475

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0045	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
15-1559		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 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	16,764	5,163		6,053
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
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			20,052	
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)	16,764	5,163	20,052	6,053

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0045	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
15-1559		

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				2,717
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	55,939			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		50		
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				12,416
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER			11,332	
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)	55,939	50	11,332	15,133

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0045	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
15-1559		

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	30,697
INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPIRE CARE	
VISITING SERVICES		
9	PHYSICIAN SERVICES	
10	NURSING CARE	55,939
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	50
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	20,052
15	SPIRITUAL COUNSELING	12,416
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOME MAKER	11,332
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)	130,486

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0045	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-3
15-1559		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	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
- 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
15-0045	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-3
15-1559		

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				77,146
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 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)				77,146

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-0045	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-3
15-1559		

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	77,146
	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)	77,146

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

COST ALLOCATION -		PROVIDER NO:		PERIOD:		PREPARED	2/22/2011
HOSPICE GENERAL SERVICE COST		15-0045		FROM 10/ 1/2009		WORKSHEET	K-4
		HOSPICE NO:		TO 9/30/2010		PART I	
		15-1559					

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	119,374			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	60,306			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	50			
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	21,427			
15 SPIRITUAL COUNSELING	12,959			
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	14,303			
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	25,018			
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	23,636			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS	315			
31 VOLUNTEER PROGRAM COSTS	87			
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	277,475			

COST ALLOCATION -	PROVIDER NO:	PERIOD:	PREPARED
HOSPICE GENERAL SERVICE COST	15-0045	FROM 10/ 1/2009	2/22/2011
	HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
	15-1559		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			119,374	119,374
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			60,306	45,534
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			50	38
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			21,427	16,178
19 SPIRITUAL COUNSELING			12,959	9,785
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER			14,303	10,799
23.20 HH AIDE & HOME MAKER-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			25,018	18,890
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES			23,636	17,846
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS			315	238
40 VOLUNTEER PROGRAM COSTS			87	66
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			158,101	119,374

COST ALLOCATION -
 HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-0045	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
15-1559		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	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	105,840
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	88
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	37,605
19	SPIRITUAL COUNSELING	22,744
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	25,102
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	43,908
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	41,482
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	553
40	VOLUNTEER PROGRAM COSTS	153
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	277,475

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	15-0045	PERIOD:	FROM 10/ 1/2009	PREPARED	2/22/2011
HOSPICE NO:	15-1559	TO	9/30/2010	WORKSHEET	K-4
				PART	11

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE			283	
5 TRANSPORTATION - STAFF				9,590
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				165
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			146	4,367
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES			49	1,375
19 SPIRITUAL COUNSELING				543
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			88	2,971
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				169
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

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-0045	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
15-1559		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL		-119,374	158,101
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			
13 NURSING CARE			60,306
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			50
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			21,427
19 SPIRITUAL COUNSELING			12,959
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			14,303
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			25,018
31 PATIENT TRANSPORTATION			
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			23,636
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39			315
40			87
41 FUNDRAISING			
42 OTHER PROGRAM COSTS			
43 COST TO BE ALLOCATED (PER WKST K-4, PART I)			119,374
44 UNIT COST MULTIPLIER	.000000		.755049

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT
		0	1	2	3
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	105,840			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	88			
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	37,605			
10.00 SPIRITUAL COUNSELING	15	22,744			
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	25,102			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21	43,908			
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	41,482			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30	553			
26.00 VOLUNTEER PROGRAM COSTS	31	153			
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		277,475			
30.00 UNIT COST MULTIPLIER					

MAC WEST - NEW NORTH ANNEX - NEW GARRETT CLINIC - NEW BUTLER - NEW

HOSPICE COST CENTER	3.01	3.02	3.03	3.04
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		479		
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)		479		
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	MAC EAST - NEW	GARRETT LAB - NEW	MEDICAL ARTS - NEW	NEW CAP REL COSTS-MVBLE EQUIP
	3.05	3.06	3.07	4
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	5	5A	6	7
1.00 ADMINISTRATIVE AND GENERAL	10,653	11,132	1,838	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	19,413	125,253	20,677	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	17	105	17	
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	6,959	44,564	7,357	
10.00 SPIRITUAL COUNSELING	4,309	27,053	4,466	
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	3,933	29,035	4,793	
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		43,908	7,248	
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		41,482	6,848	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS		553	91	
26.00 VOLUNTEER PROGRAM COSTS		153	25	
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	45,284	323,238	53,360	
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	8	9	10	11
1.00 ADMINISTRATIVE AND GENERAL	8,631	50	2,818	
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)	8,631	50	2,818	
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	SNACK BAR	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	11.01	12	13	14
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		3,881		25,050
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)		3,881		25,050
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	15	16	17	18
1.00 ADMINISTRATIVE AND GENERAL	1,423			
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)	1,423			
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	54,823		54,823	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	145,930		145,930	22,001
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	122		122	18
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES	51,921		51,921	7,828
10.00 SPIRITUAL COUNSELING	31,519		31,519	4,752
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	33,828		33,828	5,100
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	51,156		51,156	7,713
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES	48,330		48,330	7,287
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS	644		644	97
26.00 VOLUNTEER PROGRAM COSTS	178		178	27
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	418,451		418,451	150767
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	
3.00 INPATIENT - RESPIRE CARE	
4.00 PHYSICIAN SERVICES	
5.00 NURSING CARE	167,931
5.20 NURSING CARE-CONTINUOUS HOME CARE	
6.00 PHYSICAL THERAPY	140
7.00 OCCUPATIONAL THERAPY	
8.00 SPEECH/LANGUAGE PATHOLOGY	
9.00 MEDICAL SOCIAL SERVICES	59,749
10.00 SPIRITUAL COUNSELING	36,271
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	
13.00 HOME HEALTH AIDE AND HOMEMAKER	38,928
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	58,869
17.00 PATIENT TRANSPORTATION	
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	
20.00 MEDICAL SUPPLIES	55,617
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00	
25.00 BEREAVEMENT PROGRAM COSTS	741
26.00 VOLUNTEER PROGRAM COSTS	205
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	418,451
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	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-MVBLE EQUIP (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	MAC WEST - NEW (SQUARE FEET)
	1	2	3	3.01
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	NORTH ANNEX - NEW (SQUARE FEET)	GARRETT CLINIC - NEW (SQUARE FEET)	BUTLER - NEW (SQUARE FEET)	MAC EAST - NEW (SQUARE FEET)
	3.02	3.03	3.04	3.05
1.00 ADMINISTRATIVE AND GENERAL	300			
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				

HOSPICE 1

HOSPICE COST CENTER	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6A	(ACCUMULATED COST) 6	(SQUARE FEET) 7	(SQUARE FEET) 8
1.00 ADMINISTRATIVE AND GENERAL		11,132		300
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		125,253		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		105		
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		44,564		
10.00 SPIRITUAL COUNSELING		27,053		
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		29,035		
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		43,908		
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		41,482		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS		553		
26.00 VOLUNTEER PROGRAM COSTS		153		
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		323,238		300
30.00 TOTAL COST TO BE ALLOCATED		53,360		8,631
31.00 UNIT COST MULTIPLIER		.165080	.000000	28.770000

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	SNACK BAR
	(POUNDS OF LAUNDRY) 9	(HOURS OF SERVICE) 10	(MEALS SERVED) 11	(MEALS SERVED) 11.01
1.00 ADMINISTRATIVE AND GENERAL		71	300	
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				

HOSPICE 1

PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE

HOSPICE COST CENTER

(COSTED REQUIS.) (GROSS REVENUE) (TIME SPENT)
 16 17 18

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

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCI LLARY COSTS 3
1 PHYSICAL THERAPY	50	.592673		
1.01 CARDIAC REHAB	50.01	.943860		
2 OCCUPATIONAL THERAPY	51			
3 SPEECH PATHOLOGY	52			
4 DRUGS CHARGED TO PATIENTS	56	.506431		
5 DURABLE MEDICAL EQUIP-SOLD	67			
6 LABORATORY	44	.289454		
7 MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.273487		
7.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.300694		
8 EMERGENCY	61	.268350		
9 RADIOLOGY-DIAGNOSTIC	41	.279261		
10 OTHER ANCI LLARY	59			
11 TOTAL (SUM OF LINES 1-10)				

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
15-0045	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO	WORKSHEET K-6
15-1559	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)				418,451
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				3,902
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				107.24
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	3,806			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	408,155			
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	858			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	92,012			
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			96	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			10,295	

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

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0045	FROM 10/ 1/2009	2/22/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET L
15-0045		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	221,494
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	648
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	15.62
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	222,142
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	