

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		15-1305		FROM 10/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 9/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/22/2011 TIME 14:33

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: PULASKI MEMORIAL HOSPITAL 15-1305 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	241,609	183,865	522,797
3	SWING BED - SNF	0	188,416	0	0
7	HOSPITAL-BASED HHA	0	0	0	0
100	TOTAL	0	430,025	183,865	522,797

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?

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.

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)

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)

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. Y 1/ 6/1989

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) Y

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

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

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

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

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		135.00		

TOTAL
5

1 HOME HEALTH AIDE HOURS	0
2 UNDUPLICATED CENSUS COUNT	

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
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3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)		
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)		
5 OTHER ADMINISTRATIVE PERSONEL		
6 DIRECTING NURSING SERVICE		
7 NURSING SUPERVISOR		
8 PHYSICAL THERAPY SERVICE		
9 PHYSICAL THERAPY SUPERVISOR		
10 OCCUPATIONAL THERAPY SERVICE		
11 OCCUPATIONAL THERAPY SUPERVISOR		
12 SPEECH PATHOLOGY SERVICE		
13 SPEECH PATHOLOGY SUPERVISOR		
14 MEDICAL SOCIAL SERVICE		
15 MEDICAL SOCIAL SERVICE SUPERVISOR		
16 HOME HEALTH AIDE		
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? 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).	0	0
20		

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	821	178	115	25
22 SKILLED NURSING VISIT CHARGES	135,970	29,603	19,070	4,158
23 PHYSICAL THERAPY VISITS	299	0	9	1
24 PHYSICAL THERAPY VISIT CHARGES	54,109	0	1,633	181
25 OCCUPATIONAL THERAPY VISITS	124	0	2	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	22,437	0	363	0
27 SPEECH PATHOLOGY VISITS	0	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	414	68	2	19
32 HOME HEALTH AIDE VISIT CHARGES	31,680	5,220	154	1,458
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	1,658	246	128	45
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	244,196	34,823	21,220	5,797
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	120	0	49	0
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	6	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	10,680	6,212	3,923	37

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	1,139
22 SKILLED NURSING VISIT CHARGES	0	0	188,801
23 PHYSICAL THERAPY VISITS	0	0	309
24 PHYSICAL THERAPY VISIT CHARGES	0	0	55,923
25 OCCUPATIONAL THERAPY VISITS	0	0	126
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	22,800
27 SPEECH PATHOLOGY VISITS	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	503
32 HOME HEALTH AIDE VISIT CHARGES	0	0	38,512
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	2,077
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	306,036
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	169
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	6
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	20,852

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
15-1305

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

PREPARED 2/22/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,366,530	1,366,530	31,821	1,398,351
5	0500 EMPLOYEE BENEFITS		2,653,905	2,653,905		2,653,905
6	0600 ADMINISTRATIVE & GENERAL	1,260,023	1,351,414	2,611,437	-17,419	2,594,018
8	0800 OPERATION OF PLANT	215,228	335,370	550,598		550,598
9	0900 LAUNDRY & LINEN SERVICE	18,834	39,726	58,560		58,560
10	1000 HOUSEKEEPING	98,108	46,679	144,787		144,787
11	1100 DIETARY	89,716	108,219	197,935		197,935
14	1400 NURSING ADMINISTRATION	286,852	12,618	299,470		299,470
15	1500 CENTRAL SERVICES & SUPPLY	39,074	38,393	77,467		77,467
16	1600 PHARMACY					
17	1700 MEDICAL RECORDS & LIBRARY	178,649	37,281	215,930		215,930
18	1800 SOCIAL SERVICE	47,142	687	47,829		47,829
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,157,331	120,561	1,277,892		1,277,892
26	2600 INTENSIVE CARE UNIT					
33	3300 NURSERY	67,355	6,434	73,789		73,789
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	337,257	65,920	403,177		403,177
39	3900 DELIVERY ROOM & LABOR ROOM	30,614	7,006	37,620		37,620
40	4000 ANESTHESIOLOGY	442,064	86,175	528,239		528,239
41	4100 RADIOLOGY-DIAGNOSTIC	569,650	700,011	1,269,661		1,269,661
44	4400 LABORATORY	443,117	653,020	1,096,137		1,096,137
47	4700 BLOOD STORING, PROCESSING & TRANS.		55,163	55,163		55,163
49	4900 RESPIRATORY THERAPY	170,501	26,105	196,606		196,606
50	5000 PHYSICAL THERAPY	297,662	9,801	307,463		307,463
51	5100 OCCUPATIONAL THERAPY	67,998	836	68,834		68,834
52	5200 SPEECH PATHOLOGY	56,428	6,819	63,247		63,247
53	5300 ELECTROCARDIOLOGY	51,091	21,226	72,317		72,317
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		942,128	942,128		942,128
56	5600 DRUGS CHARGED TO PATIENTS		1,166,926	1,166,926		1,166,926
56.01	5601 DRUGS CHARGED TO PATIENTS		15,586	15,586		15,586
59	3020 ONCOLOGY	88,962	33,699	122,661		122,661
59.01	3021 CARDIAC REHAB	46,106	2,338	48,444		48,444
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	675,268	632,301	1,307,569		1,307,569
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES					
71	7100 HOME HEALTH AGENCY	359,748	75,809	435,557		435,557
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
93	9300 HOSPICE	30,079	45,491	75,570		75,570
95	SUBTOTALS	7,124,857	10,664,177	17,789,034	14,402	17,803,436
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9601 HOMECARE	199,563	31,988	231,551		231,551
98	9800 PHYSICIANS' PRIVATE OFFICES	740,743	341,068	1,081,811		1,081,811
100	7950 MARKETING	45,779	73,755	119,534	-14,402	105,132
101	TOTAL	8,110,942	11,110,988	19,221,930	-0-	19,221,930

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 15-1305	I FROM 10/ 1/2009	I 2/22/2011
I	I TO 9/30/2010	I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-27,958	1,370,393
5	0500 EMPLOYEE BENEFITS	-148,705	2,505,200
6	0600 ADMINISTRATIVE & GENERAL	-135,145	2,458,873
8	0800 OPERATION OF PLANT	-278	550,320
9	0900 LAUNDRY & LINEN SERVICE		58,560
10	1000 HOUSEKEEPING		144,787
11	1100 DIETARY	-29,077	168,858
14	1400 NURSING ADMINISTRATION		299,470
15	1500 CENTRAL SERVICES & SUPPLY	-19,203	58,264
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY	-5,811	210,119
18	1800 SOCIAL SERVICE		47,829
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,277,892
26	2600 INTENSIVE CARE UNIT		
33	3300 NURSERY		73,789
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		403,177
39	3900 DELIVERY ROOM & LABOR ROOM		37,620
40	4000 ANESTHESIOLOGY	-505,222	23,017
41	4100 RADIOLOGY-DIAGNOSTIC	-73	1,269,588
44	4400 LABORATORY		1,096,137
47	4700 BLOOD STORING, PROCESSING & TRANS.		55,163
49	4900 RESPIRATORY THERAPY	-2,250	194,356
50	5000 PHYSICAL THERAPY		307,463
51	5100 OCCUPATIONAL THERAPY		68,834
52	5200 SPEECH PATHOLOGY		63,247
53	5300 ELECTROCARDIOLOGY	-13,186	59,131
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-254	941,874
56	5600 DRUGS CHARGED TO PATIENTS	-59,034	1,107,892
56.01	5601 DRUGS CHARGED TO PATIENTS		15,586
59	3020 ONCOLOGY	-4,087	118,574
59.01	3021 CARDIAC REHAB		48,444
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY		1,307,569
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
71	7100 HOME HEALTH AGENCY		435,557
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
93	9300 HOSPICE		75,570
95	SUBTOTALS	-950,283	16,853,153
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 HOMECARE		231,551
98	9800 PHYSICIANS' PRIVATE OFFICES		1,081,811
100	7950 MARKETING		105,132
101	TOTAL	-950,283	18,271,647

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 2/22/2011
 I 15-1305 I FROM 10/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 9/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
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	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	DRUGS CHARGED TO PATIENTS	5601	DRUGS CHARGED TO PATIENTS
59	ONCOLOGY	3020	ACUPUNCTURE
59.01	CARDIAC REHAB	3021	ACUPUNCTURE
	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	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	HOMECARE	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	MARKETING	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
151305

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

PREPARED 2/22/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 PROPERTY INSURANCE	A	NEW CAP REL COSTS-BLDG & FIXT	3		31,821
2 MARKETING RECLASS	B	ADMINISTRATIVE & GENERAL	6	5,510	8,892
36 TOTAL RECLASSIFICATIONS				5,510	40,713

(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:
151305

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

PREPARED 2/22/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY		OTHER
	1	6	7	8	9	
1 PROPERTY INSURANCE	A	ADMINISTRATIVE & GENERAL	6		31,821	12
2 MARKETING RECLASS	B	MARKETING	100	5,510	8,892	
36 TOTAL RECLASSIFICATIONS				5,510	40,713	

(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:
151305

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

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

RECLASS CODE: A
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	31,821	ADMINISTRATIVE & GENERAL	6	31,821	
TOTAL RECLASSIFICATIONS FOR CODE A			31,821				31,821

RECLASS CODE: B
EXPLANATION : MARKETING RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	14,402	MARKETING	100	14,402	
TOTAL RECLASSIFICATIONS FOR CODE B			14,402				14,402

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	189,325					189,325	
2 LAND IMPROVEMENTS	976,724	431,637		431,637		1,408,361	
3 BUILDINGS & FIXTURE	7,241,057	1,555		1,555		7,242,612	
4 BUILDING IMPROVEMEN	160,931					160,931	
5 FIXED EQUIPMENT	3,618,970	2,019		2,019		3,620,989	
6 MOVABLE EQUIPMENT	6,729,998	335,435		335,435		7,065,433	
7 SUBTOTAL	18,917,005	770,646		770,646		19,687,651	
8 RECONCILING ITEMS							
9 TOTAL	18,917,005	770,646		770,646		19,687,651	

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-15,436				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS						
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**		4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 CAFETERIA VENDING - OTHER REV	B	-25,006	DIETARY		11	
38 EMPLOYEE RX PROGRAM -OTHER REV	B	-59,034	DRUGS CHARGED TO PATIENTS		56	
39 MEDICAL RECORDS FEES -OTHER REV	B	-5,811	MEDICAL RECORDS & LIBRARY		17	
40 SALE OF SCRAP -OTHER REV	B	-174	CENTRAL SERVICES & SUPPLY		15	
41 REBATES & REFUNDS - OTHER REV	B	-19,029	CENTRAL SERVICES & SUPPLY		15	
42 MED SUPPLY SALES -OTHER REV	B	-254	MEDICAL SUPPLIES CHARGED		55	
43 ATHLETIC TRAIN SUPP -OTHER REV	B	-122	ADMINISTRATIVE & GENERAL		6	
44 OTHER SERVICES -OTHER REV	B	-6,121	ADMINISTRATIVE & GENERAL		6	
45 INVEST INC/UNRESTRICT- INT EXP	A	-27,958	NEW CAP REL COSTS-BLDG &		3	11
46						
47 NONOPERATING - OTHER EXP	A	6,591	ADMINISTRATIVE & GENERAL		6	
48 GAIN/LOSS INVEST AFF -OTHER EXP	A	1,620	ADMINISTRATIVE & GENERAL		6	
49 BANK FEES -OTHER EXP	A	13,154	ADMINISTRATIVE & GENERAL		6	
49.01 OTHER NONOPERATING REV -OTHER EXP	B	-129	ADMINISTRATIVE & GENERAL		6	
49.02 TELEVISION	A	-278	OPERATION OF PLANT		8	
49.03 PHYSICIAN RECRUITMENT- ADMIN	A	-147,368	ADMINISTRATIVE & GENERAL		6	
49.04 BEREAVMENT	A	-4,087	ONCOLOGY		59	
49.05 LOBBYING EXPENSE	A	-2,770	ADMINISTRATIVE & GENERAL		6	
49.06 DIETARY	A	-4,071	DIETARY		11	
49.07 CRNA	A	-505,222	ANESTHESIOLOGY		40	
49.08 MRI	B	-73	RADIOLOGY-DIAGNOSTIC		41	
49.09 CRNA BENEFITS	A	-148,705	EMPLOYEE BENEFITS		5	
49.10						
50 TOTAL (SUM OF LINES 1 THRU 49)		-950,283				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-1305
 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 61	PHYSICIAN	PROF	FEES	593,036		593,036				
2 44	PHYSICIAN	PROF	FEES	44,000		44,000				
3 49	PHYSICIAN	PROF	FEES	2,250	2,250					
4 53	PHYSICIAN	PROF	FEES	13,186	13,186					
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
101	TOTAL			652,472	15,436	637,036				

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

PROVIDER NO: 15-1305

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

PREPARED 2/22/2011 WORKSHEET A-8-4 PARTS I - VII

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	7
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	105
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	780
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5

9	TOTAL HOURS WORKED		46.50		
10	AHSEA (SEE INSTRUCTIONS)		54.80		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	27.40	27.40		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	2,548
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	2,548
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	2,548

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	54.80
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	5,754
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	5,754

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	21,372
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	21,372
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	21,372

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	

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

PROVIDER NO:
 15-1305

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

PREPARED 2/22/2011
 WORKSHEET A-8-4
 PARTS I - VII

SPEECH PATHOLOGY

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

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 5,754
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
PART III, LINE 33, 34, OR 35)
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
(FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)

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

PROVIDER NO: 15-1305
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/22/2011
WORKSHEET A-8-4
PARTS I - VII

SPEECH PATHOLOGY

61	EQUIPMENT COST (SEE INSTRUCTIONS)	
62	SUPPLIES (SEE INSTRUCTIONS)	
63	TOTAL ALLOWANCE (SUM OF LINES 57-62)	5,754
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	2,560
65	EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)	

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

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	2,560
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	2,560
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

COST ALLOCATION STATISTICS

PROVIDER NO: 15-1305
 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				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	13	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	8	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	3	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	10	SQUARE	FEET	ENTERED
11	DIETARY	5	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	7	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	100%		ENTERED
16	PHARMACY	15	100%		ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	11	ALLOCATION	OF TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	0	3	5	5a. 00	6	8	9
003 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS	1,370,393	1,370,393	2,528,649				
006 ADMINISTRATIVE & GENERAL	2,458,873	217,565	414,962	3,091,400	3,091,400		
008 OPERATION OF PLANT	550,320	139,632	70,881	760,833	154,941	915,774	
009 LAUNDRY & LINEN SERVICE	58,560	13,538	6,203	78,301	15,946	10,558	104,805
010 HOUSEKEEPING	144,787	9,999	32,310	187,096	38,101	7,798	16
011 DIETARY	168,858	61,609	29,546	260,013	52,951	48,045	71
014 NURSING ADMINISTRATION	299,470	43,801	94,469	437,740	89,144	34,158	
015 CENTRAL SERVICES & SUPPLY	58,264	14,335	12,868	85,467	17,405	11,179	
016 PHARMACY		17,144		17,144	3,491	13,370	
017 MEDICAL RECORDS & LIBRARY	210,119	36,235	58,834	305,188	62,150	28,258	
018 SOCIAL SERVICE	47,829		15,525	63,354	12,902		
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	1,277,892	165,713	384,208	1,827,813	372,230	129,230	31,384
026 INTENSIVE CARE UNIT							
033 NURSERY	73,789	3,562	22,182	99,533	20,269	2,777	2,781
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	403,177	97,402	111,069	611,648	124,560	75,958	22,571
039 DELIVERY ROOM & LABOR ROOM	37,620	44,310	10,082	92,012	18,738	34,555	
040 ANESTHESIOLOGY	23,017	3,009		26,026	5,300	2,346	
041 RADIOLOGY-DIAGNOSTIC	1,269,588	76,851	187,602	1,534,041	312,401	59,931	18,250
044 LABORATORY	1,096,137	26,745	145,931	1,268,813	258,389	20,857	570
047 BLOOD STORING, PROCESSING	55,163	929		56,092	11,423	725	
049 RESPIRATORY THERAPY	194,356	17,321	56,151	267,828	54,542	13,508	
050 PHYSICAL THERAPY	307,463	39,133	98,029	444,625	90,546	40,782	9,008
051 OCCUPATIONAL THERAPY	68,834		22,394	91,228	18,578		
052 SPEECH PATHOLOGY	63,247		18,583	81,830	16,664		
053 ELECTROCARDIOLOGY	59,131		16,826	75,957	15,468		
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	941,874			941,874	191,809		
056 DRUGS CHARGED TO PATIENTS	1,107,892			1,107,892	225,618		
056 01 DRUGS CHARGED TO PATIENTS	15,586			15,586	3,174		
059 ONCOLOGY	118,574	13,826	29,298	161,698	32,929	10,782	145
059 01 CARDIAC REHAB	48,444	9,911	15,184	73,539	14,976	7,729	
061 OUTPAT SERVICE COST CNTRS EMERGENCY	1,307,569	118,108	222,385	1,648,062	335,621	92,105	17,943
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	435,557	11,592	118,454	565,603	115,183	9,040	
093 HOSPICE	75,570	4,225	9,707	89,502	18,227	3,295	
095 SUBTOTALS	16,853,153	1,209,944	2,203,683	16,367,738	2,703,676	656,986	102,739
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP		9,977		9,977	2,032	7,780	
096 01 HOMECARE	231,551	2,655	65,701	299,907	61,075	2,070	
098 PHYSICIANS' PRIVATE OFFICE	1,081,811	147,817	244,189	1,473,817	300,137	248,938	2,066
100 MARKETING	105,132		15,076	120,208	24,480		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	18,271,647	1,370,393	2,528,649	18,271,647	3,091,400	915,774	104,805

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	10	11	14	15	16	17	18
003 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	233,011						
011 DIETARY	14,134	375,214					
014 NURSING ADMINISTRATION	10,048		571,090				
015 CENTRAL SERVICES & SUPPLY	3,289		3,848	121,188			
016 PHARMACY	3,933				37,938		
017 MEDICAL RECORDS & LIBRARY	8,313					403,909	
018 SOCIAL SERVICE							76,256
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	38,016	375,214	290,497			18,991	70,362
026 INTENSIVE CARE UNIT							
033 NURSERY	817		21,941			1,790	
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	22,345		73,164			32,508	5,032
039 DELIVERY ROOM & LABOR ROOM	10,165		5,989			4,197	
040 ANESTHESIOLOGY	690					6,236	
041 RADIOLOGY-DIAGNOSTIC	17,630					99,789	
044 LABORATORY	6,136					67,215	
047 BLOOD STORING, PROCESSING	213					2,000	
049 RESPIRATORY THERAPY	3,974					9,556	
050 PHYSICAL THERAPY	11,997					14,837	
051 OCCUPATIONAL THERAPY						2,771	
052 SPEECH PATHOLOGY						1,658	
053 ELECTROCARDIOLOGY						5,609	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				121,188		29,304	
056 DRUGS CHARGED TO PATIENTS					37,938	68,419	
059 01 ONCOLOGY	3,172		25,237			1,145	
059 01 CARDIAC REHAB	2,274		18,714			837	
061 OUTPAT SERVICE COST CNTRS EMERGENCY	27,095		108,722			36,018	
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	2,659						
093 HOSPICE	969						862
095 SUBTOTALS	187,869	375,214	548,112	121,188	37,938	403,909	76,256
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP	2,289						
096 01 HOMECARE	609						
098 PHYSICIANS' PRIVATE OFFICE	42,244		22,978				
100 MARKETING							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	233,011	375,214	571,090	121,188	37,938	403,909	76,256

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-1305
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/22/2011
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP-DOWN ADJ	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT			
008 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	3,153,737		3,153,737
026 INTENSIVE CARE UNIT			
033 NURSERY	149,908		149,908
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	967,786		967,786
039 DELIVERY ROOM & LABOR ROOM	165,656		165,656
040 ANESTHESIOLOGY	40,598		40,598
041 RADIOLOGY-DIAGNOSTIC	2,042,042		2,042,042
044 LABORATORY	1,621,980		1,621,980
047 BLOOD STORAGE, PROCESSING	70,453		70,453
049 RESPIRATORY THERAPY	349,408		349,408
050 PHYSICAL THERAPY	611,795		611,795
051 OCCUPATIONAL THERAPY	112,577		112,577
052 SPEECH PATHOLOGY	100,152		100,152
053 ELECTROCARDIOLOGY	97,034		97,034
054 ELECTROENCEPHALOGRAPHY			
055 MEDICAL SUPPLIES CHARGED	1,284,175		1,284,175
056 DRUGS CHARGED TO PATIENTS	1,439,867		1,439,867
056 01 DRUGS CHARGED TO PATIENTS	19,789		19,789
059 ONCOLOGY	235,108		235,108
059 01 CARDIAC REHAB	118,069		118,069
061 OUTPAT SERVICE COST CNTRS EMERGENCY	2,265,566		2,265,566
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)			
065 AMBULANCE SERVICES			
071 HOME HEALTH AGENCY	692,485		692,485
093 SPEC PURPOSE COST CENTERS HOSPICE	112,855		112,855
095 SUBTOTALS	15,651,040		15,651,040
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP	22,078		22,078
096 01 HOMECARE	363,661		363,661
098 PHYSICIANS' PRIVATE OFFICE	2,090,180		2,090,180
100 MARKETING	144,688		144,688
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	18,271,647		18,271,647

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1305
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/22/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	0	3	4a	5	6	8	9
003 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS		23,449	23,449	23,449			
006 ADMINISTRATIVE & GENERAL		217,565	217,565	3,848	221,413		
008 OPERATION OF PLANT		139,632	139,632	657	11,098	151,387	
009 LAUNDRY & LINEN SERVICE		13,538	13,538	58	1,142	1,745	16,483
010 HOUSEKEEPING		9,999	9,999	300	2,729	1,289	3
011 DIETARY		61,609	61,609	274	3,793	7,942	11
014 NURSING ADMINISTRATION		43,801	43,801	876	6,385	5,647	
015 CENTRAL SERVICES & SUPPLY		14,335	14,335	119	1,247	1,848	
016 PHARMACY		17,144	17,144		250	2,210	
017 MEDICAL RECORDS & LIBRARY		36,235	36,235	546	4,451	4,671	
018 SOCIAL SERVICE				144	924		
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		165,713	165,713	3,563	26,652	21,363	4,935
026 INTENSIVE CARE UNIT							
033 NURSERY		3,562	3,562	206	1,452	459	437
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM		97,402	97,402	1,030	8,921	12,557	3,550
039 DELIVERY ROOM & LABOR ROOM		44,310	44,310	93	1,342	5,712	
040 ANESTHESIOLOGY		3,009	3,009		380	388	
041 RADIOLOGY-DIAGNOSTIC		76,851	76,851	1,740	22,376	9,907	2,870
044 LABORATORY		26,745	26,745	1,353	18,507	3,448	90
047 BLOOD STORING, PROCESSING		929	929		818	120	
049 RESPIRATORY THERAPY		17,321	17,321	521	3,907	2,233	
050 PHYSICAL THERAPY		39,133	39,133	909	6,485	6,742	1,417
051 OCCUPATIONAL THERAPY				208	1,331		
052 SPEECH PATHOLOGY				172	1,194		
053 ELECTROCARDIOLOGY				156	1,108		
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					13,738		
056 DRUGS CHARGED TO PATIENTS					16,160		
056 01 DRUGS CHARGED TO PATIENTS					227		
059 ONCOLOGY		13,826	13,826	272	2,359	1,782	23
059 01 CARDIAC REHAB		9,911	9,911	141	1,073	1,278	
061 OUTPAT SERVICE COST CNTRS EMERGENCY		118,108	118,108	2,062	24,039	15,226	2,822
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		11,592	11,592	1,098	8,250	1,494	
093 HOSPICE		4,225	4,225	90	1,305	545	
095 SUBTOTALS		1,209,944	1,209,944	20,436	193,643	108,606	16,158
096 NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP		9,977	9,977		146	1,286	
096 01 HOMECARE		2,655	2,655	609	4,374	342	
098 PHYSICIANS' PRIVATE OFFICE		147,817	147,817	2,264	21,497	41,153	325
100 MARKETING				140	1,753		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,370,393	1,370,393	23,449	221,413	151,387	16,483

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1305
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/22/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
003 GENERAL SERVICE COST CNTR							
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	14,320						
011 DIETARY	869	74,498					
014 NURSING ADMINISTRATION	618		57,327				
015 CENTRAL SERVICES & SUPPLY	202		386	18,137			
016 PHARMACY	242				19,846		
017 MEDICAL RECORDS & LIBRARY	511					46,414	
018 SOCIAL SERVICE							1,068
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	2,336	74,498	29,161			2,182	986
033 INTENSIVE CARE UNIT							
037 NURSERY	50		2,203			206	
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	1,373		7,344			3,735	70
041 DELIVERY ROOM & LABOR ROOM	625		601			482	
044 ANESTHESIOLOGY	42					717	
047 RADIOLOGY-DIAGNOSTIC	1,083					11,468	
049 LABORATORY	377					7,723	
050 BLOOD STORAGE, PROCESSING	13					230	
051 RESPIRATORY THERAPY	244					1,098	
052 PHYSICAL THERAPY	737					1,705	
053 OCCUPATIONAL THERAPY						318	
054 SPEECH PATHOLOGY						191	
055 ELECTROCARDIOLOGY						645	
056 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED				18,137		3,367	
061 DRUGS CHARGED TO PATIENTS					19,846	7,862	
062 DRUGS CHARGED TO PATIENTS						118	
065 ONCOLOGY	195		2,533			132	
071 CARDIAC REHAB	140		1,878			96	
075 OUTPAT SERVICE COST CNTRS							
080 EMERGENCY	1,665		10,914			4,139	
085 OBSERVATION BEDS (NON-DIS)							
090 OTHER REIMBURS COST CNTRS							
095 AMBULANCE SERVICES							
100 HOME HEALTH AGENCY	163						
105 SPEC PURPOSE COST CENTERS							
110 HOSPICE	60						12
115 SUBTOTALS	11,545	74,498	55,020	18,137	19,846	46,414	1,068
120 NONREIMBURS COST CENTERS							
125 GIFT, FLOWER, COFFEE SHOP	141						
130 HOME CARE	37						
135 PHYSICIANS' PRIVATE OFFICE	2,597		2,307				
140 MARKETING							
145 CROSS FOOT ADJUSTMENTS							
150 NEGATIVE COST CENTER							
155 TOTAL	14,320	74,498	57,327	18,137	19,846	46,414	1,068

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1305
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/22/2011
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	25	26	27
003 GENERAL SERVICE COST CNTR			
005 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT			
008 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	331,389		331,389
026 INTENSIVE CARE UNIT			
033 NURSERY	8,575		8,575
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	135,982		135,982
039 DELIVERY ROOM & LABOR ROOM	53,165		53,165
040 ANESTHESIOLOGY	4,536		4,536
041 RADIOLOGY-DIAGNOSTIC	126,295		126,295
044 LABORATORY	58,243		58,243
047 BLOOD STORAGE, PROCESSING	2,110		2,110
049 RESPIRATORY THERAPY	25,324		25,324
050 PHYSICAL THERAPY	57,128		57,128
051 OCCUPATIONAL THERAPY	1,857		1,857
052 SPEECH PATHOLOGY	1,557		1,557
053 ELECTROCARDIOLOGY	1,909		1,909
054 ELECTROENCEPHALOGRAPHY			
055 MEDICAL SUPPLIES CHARGED	35,242		35,242
056 DRUGS CHARGED TO PATIENTS	43,868		43,868
056 01 DRUGS CHARGED TO PATIENTS	345		345
059 ONCOLOGY	21,122		21,122
059 01 CARDIAC REHAB	14,517		14,517
061 OUTPAT SERVICE COST CNTRS EMERGENCY	178,975		178,975
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)			
065 AMBULANCE SERVICES			
071 HOME HEALTH AGENCY	22,597		22,597
093 SPEC PURPOSE COST CENTERS HOSPICE	6,237		6,237
095 SUBTOTALS	1,130,973		1,130,973
096 NONREIMBURS COST CENTERS			
096 01 GIFT, FLOWER, COFFEE SHOP	11,550		11,550
096 01 HOMECARE	8,017		8,017
098 PHYSICIANS' PRIVATE OFFICE	217,960		217,960
100 MARKETING	1,893		1,893
101 CROSS FOOT ADJUSTMENTS			
102 NEGATIVE COST CENTER			
103 TOTAL	1,370,393		1,370,393

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG &	EMPLOYEE BENEFITS	SA RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	(SQUARE FEET)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
	3	5	6a.00	6	8	9
003 GENERAL SERVICE COST						
005 NEW CAP REL COSTS-BLD	61,948					
006 EMPLOYEE BENEFITS	1,060	7,678,187				
008 ADMINISTRATIVE & GENE	9,835	1,260,023	-3,091,400	15,180,247		
009 OPERATION OF PLANT	6,312	215,228		760,833	53,084	
010 LAUNDRY & LINEN SERVI	612	18,834		78,301	612	105,274
011 HOUSEKEEPING	452	98,108		187,096	452	16
014 DIETARY	2,785	89,716		260,013	2,785	71
015 NURSING ADMINISTRATION	1,980	286,852		437,740	1,980	
016 CENTRAL SERVICES & SU	648	39,074		85,467	648	
017 PHARMACY	775			17,144	775	
018 MEDICAL RECORDS & LIB	1,638	178,649		305,188	1,638	
025 SOCIAL SERVICE		47,142		63,354		
026 INPAT ROUTINE SRVC CN						
033 ADULTS & PEDIATRICS	7,491	1,166,640		1,827,813	7,491	31,525
037 INTENSIVE CARE UNIT						
039 NURSERY	161	67,355		99,533	161	2,793
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM	4,403	337,257		611,648	4,403	22,672
044 DELIVERY ROOM & LABOR	2,003	30,614		92,012	2,003	
047 ANESTHESIOLOGY	136			26,026	136	
051 RADIOLOGY-DIAGNOSTIC	3,474	569,650		1,534,041	3,474	18,332
052 LABORATORY	1,209	443,117		1,268,813	1,209	573
053 BLOOD STORING, PROCES	42			56,092	42	
054 RESPIRATORY THERAPY	783	170,501		267,828	783	
055 PHYSICAL THERAPY	1,769	297,662		444,625	2,364	9,048
056 OCCUPATIONAL THERAPY		67,998		91,228		
057 SPEECH PATHOLOGY		56,428		81,830		
058 ELECTROCARDIOLOGY		51,091		75,957		
059 ELECTROENCEPHALOGRAPH						
061 MEDICAL SUPPLIES CHAR				941,874		
062 DRUGS CHARGED TO PATI				1,107,892		
065 01 DRUGS CHARGED TO PATI				15,586		
066 ONCOLOGY	625	88,962		161,698	625	146
067 01 CARDIAC REHAB	448	46,106		73,539	448	
068 OUTPAT SERVICE COST C						
069 EMERGENCY	5,339	675,268		1,648,062	5,339	18,023
071 OBSERVATION BEDS (NON						
072 OTHER REIMBURS COST C						
073 AMBULANCE SERVICES						
074 HOME HEALTH AGENCY	524	359,684		565,603	524	
075 SPEC PURPOSE COST CEN						
076 HOSPICE	191	29,474		89,502	191	
077 SUBTOTALS	54,695	6,691,433	-3,091,400	13,276,338	38,083	103,199
078 NONREIMBURS COST CENT						
079 GIFT, FLOWER, COFFEE	451			9,977	451	
080 01 HOMECARE	120	199,501		299,907	120	
081 PHYSICIANS' PRIVATE O	6,682	741,474		1,473,817	14,430	2,075
082 MARKETING		45,779		120,208		
083 CROSS FOOT ADJUSTMENT						
084 NEGATIVE COST CENTER						
085 COST TO BE ALLOCATED	1,370,393	2,528,649		3,091,400	915,774	104,805
086 (WRKSHT B, PART I)						
087 UNIT COST MULTIPLIER	22.121667				17.251413	
088 (WRKSHT B, PT I)		.329329		.203646		.995545
089 COST TO BE ALLOCATED						
090 (WRKSHT B, PART II)						
091 UNIT COST MULTIPLIER						
092 (WRKSHT B, PT II)						
093 COST TO BE ALLOCATED		23,449		221,413	151,387	16,483
094 (WRKSHT B, PART III)						
095 UNIT COST MULTIPLIER					2.851839	
096 (WRKSHT B, PT III)		.003054		.014586		.156572

COST ALLOCATION - STATISTICAL BASIS

15-1305

FROM 10/ 1/2009

WORKSHEET B-1

TO 9/30/2010

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES
	(SQUARE FEET)	(MEALS SERVED)	(DIRECT NURSING HRS)	(100%)	(100%)	(GROSS CHARGES)	(ALLOCATION OF TIME)
GENERAL SERVICE COST	10	11	14	15	16	17	18
003 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	45,914						
011 DIETARY	2,785	6,267					
014 NURSING ADMINISTRATION	1,980		67,230				
015 CENTRAL SERVICES & SUPPLY	648		453	100			
016 PHARMACY	775				100		
017 MEDICAL RECORDS & LIBRARY	1,638					33,729,658	
018 SOCIAL SERVICE							10,001
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	7,491	6,267	34,198			1,585,877	9,228
026 INTENSIVE CARE UNIT							
033 NURSERY	161		2,583			149,515	
037 ANCILLARY SERVICE CENTER OPERATING ROOM	4,403		8,613			2,714,685	660
039 DELIVERY ROOM & LABOR	2,003		705			350,471	
040 ANESTHESIOLOGY	136					520,760	
041 RADIOLOGY-DIAGNOSTIC	3,474					8,333,352	
044 LABORATORY	1,209					5,612,929	
047 BLOOD STORAGE, PROCESSING	42					166,985	
049 RESPIRATORY THERAPY	783					797,984	
050 PHYSICAL THERAPY	2,364					1,238,960	
051 OCCUPATIONAL THERAPY						231,421	
052 SPEECH PATHOLOGY						138,450	
053 ELECTROCARDIOLOGY						468,419	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED TO PATIENTS				100		2,447,090	
056 DRUGS CHARGED TO PATIENTS					100	5,713,483	
056 01 DRUGS CHARGED TO PATIENTS ONCOLOGY	625		2,971			85,957	
059 01 CARDIAC REHABILITATION	448		2,203			95,623	
061 OUTPATIENT SERVICE CENTER EMERGENCY	5,339		12,799			69,928	
062 OBSERVATION BEDS (NON-REIMBURSING)						3,007,769	
065 OTHER REIMBURSING COST CENTER							
071 AMBULANCE SERVICES	524						
093 HOME HEALTH AGENCY							
095 SPECIFIC PURPOSE COST CENTER	191						113
096 HOSPITAL SUBTOTALS	37,019	6,267	64,525	100	100	33,729,658	10,001
096 NONREIMBURSING COST CENTER							
096 01 GIFT, FLOWER, COFFEE	451						
098 01 HOMECARE	120						
100 PHYSICIANS' PRIVATE OFFICE	8,324		2,705				
101 MARKETING							
102 CROSS-FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	233,011	375,214	571,090	121,188	37,938	403,909	76,256
104 UNIT COST MULTIPLIER (WRKSHT B, PART I)		59.871390		1,211.880000		.011975	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	5.074944		8.494571		379.380000		7.624838
106 UNIT COST MULTIPLIER (WRKSHT B, PART II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	14,320	74,498	57,327	18,137	19,846	46,414	1,068
108 UNIT COST MULTIPLIER (WRKSHT B, PART III)	.311887	11.887346	.852700	181.370000	198.460000	.001376	.106789

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:

PERIOD:

PREPARED 2/22/2011

15-1305

FROM 10/1/2009

WORKSHEET C

TO 9/30/2010

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,153,737		3,153,737		3,153,737
26	INTENSIVE CARE UNIT					
33	NURSERY	149,908		149,908		149,908
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	967,786		967,786		967,786
39	DELIVERY ROOM & LABOR ROOM	165,656		165,656		165,656
40	ANESTHESIOLOGY	40,598		40,598		40,598
41	RADIOLOGY-DIAGNOSTIC	2,042,042		2,042,042		2,042,042
44	LABORATORY	1,621,980		1,621,980		1,621,980
47	BLOOD STORAGE, PROCESSING	70,453		70,453		70,453
49	RESPIRATORY THERAPY	349,408		349,408		349,408
50	PHYSICAL THERAPY	611,795		611,795		611,795
51	OCCUPATIONAL THERAPY	112,577		112,577		112,577
52	SPEECH PATHOLOGY	100,152		100,152		100,152
53	ELECTROCARDIOLOGY	97,034		97,034		97,034
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	1,284,175		1,284,175		1,284,175
56	DRUGS CHARGED TO PATIENTS	1,439,867		1,439,867		1,439,867
56	01 DRUGS CHARGED TO PATIENTS	19,789		19,789		19,789
59	ONCOLOGY	235,108		235,108		235,108
59	01 CARDIAC REHAB	118,069		118,069		118,069
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,265,566		2,265,566		2,265,566
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	378,620		378,620		378,620
65	AMBULANCE SERVICES					
101	SUBTOTAL	15,224,320		15,224,320		15,224,320
102	LESS OBSERVATION BEDS	378,620		378,620		378,620
103	TOTAL	14,845,700		14,845,700		14,845,700

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	1,372,787		1,372,787			
26	INTENSIVE CARE UNIT						
33	NURSERY	149,515		149,515			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	662,105	2,052,580	2,714,685	.356500	.356500	.356500
39	DELIVERY ROOM & LABOR ROO	259,087	91,384	350,471	.472667	.472667	.472667
40	ANESTHESIOLOGY	128,156	392,604	520,760	.077959	.077959	.077959
41	RADIOLOGY-DIAGNOSTIC	696,717	7,636,635	8,333,352	.245044	.245044	.245044
44	LABORATORY	979,533	4,633,396	5,612,929	.288972	.288972	.288972
47	BLOOD STORING, PROCESSING	119,032	47,953	166,985	.421912	.421912	.421912
49	RESPIRATORY THERAPY	611,548	186,436	797,984	.437863	.437863	.437863
50	PHYSICAL THERAPY	177,467	1,061,493	1,238,960	.493797	.493797	.493797
51	OCCUPATIONAL THERAPY	93,070	138,351	231,421	.486460	.486460	.486460
52	SPEECH PATHOLOGY	26,339	112,111	138,450	.723380	.723380	.723380
53	ELECTROCARDIOLOGY	123,756	344,663	468,419	.207152	.207152	.207152
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,417,368	1,029,722	2,447,090	.524776	.524776	.524776
56	DRUGS CHARGED TO PATIENTS	3,001,288	2,712,195	5,713,483	.252012	.252012	.252012
56	01 DRUGS CHARGED TO PATIENTS	85,957		85,957	.230220	.230220	.230220
59	ONCOLOGY		95,623	95,623	2.458697	2.458697	2.458697
59	01 CARDIAC REHAB		69,928	69,928	1.688437	1.688437	1.688437
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	90,690	2,917,079	3,007,769	.753238	.753238	.753238
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		213,090	213,090	1.776808	1.776808	1.776808
65	AMBULANCE SERVICES						
101	SUBTOTAL	9,994,415	23,735,243	33,729,658			
102	LESS OBSERVATION BEDS						
103	TOTAL	9,994,415	23,735,243	33,729,658			

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	1,372,787		1,372,787			
26	INTENSIVE CARE UNIT						
33	NURSERY	149,515		149,515			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	662,105	2,052,580	2,714,685	.356500	.356500	.356500
39	DELIVERY ROOM & LABOR ROOM	259,087	91,384	350,471	.472667	.472667	.472667
40	ANESTHESIOLOGY	128,156	392,604	520,760	.077959	.077959	.077959
41	RADIOLOGY-DIAGNOSTIC	696,717	7,636,635	8,333,352	.245044	.245044	.245044
44	LABORATORY	979,533	4,633,396	5,612,929	.288972	.288972	.288972
47	BLOOD STORAGE, PROCESSING	119,032	47,953	166,985	.421912	.421912	.421912
49	RESPIRATORY THERAPY	611,548	186,436	797,984	.437863	.437863	.437863
50	PHYSICAL THERAPY	177,467	1,061,493	1,238,960	.493797	.493797	.493797
51	OCCUPATIONAL THERAPY	93,070	138,351	231,421	.486460	.486460	.486460
52	SPEECH PATHOLOGY	26,339	112,111	138,450	.723380	.723380	.723380
53	ELECTROCARDIOLOGY	123,756	344,663	468,419	.207152	.207152	.207152
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,417,368	1,029,722	2,447,090	.524776	.524776	.524776
56	DRUGS CHARGED TO PATIENTS	3,001,288	2,712,195	5,713,483	.252012	.252012	.252012
56	01 DRUGS CHARGED TO PATIENTS	85,957		85,957	.230220	.230220	.230220
59	ONCOLOGY		95,623	95,623	2.458697	2.458697	2.458697
59	01 CARDIAC REHAB		69,928	69,928	1.688437	1.688437	1.688437
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	90,690	2,917,079	3,007,769	.753238	.753238	.753238
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		213,090	213,090	1.776808	1.776808	1.776808
65	AMBULANCE SERVICES						
101	SUBTOTAL	9,994,415	23,735,243	33,729,658			
102	LESS OBSERVATION BEDS						
103	TOTAL	9,994,415	23,735,243	33,729,658			

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	967,786	135,982	831,804			967,786
39	DELIVERY ROOM & LABOR ROO	165,656	53,165	112,491			165,656
40	ANESTHESIOLOGY	40,598	4,536	36,062			40,598
41	RADIOLOGY-DIAGNOSTIC	2,042,042	126,295	1,915,747			2,042,042
44	LABORATORY	1,621,980	58,243	1,563,737			1,621,980
47	BLOOD STORING, PROCESSING	70,453	2,110	68,343			70,453
49	RESPIRATORY THERAPY	349,408	25,324	324,084			349,408
50	PHYSICAL THERAPY	611,795	57,128	554,667			611,795
51	OCCUPATIONAL THERAPY	112,577	1,857	110,720			112,577
52	SPEECH PATHOLOGY	100,152	1,557	98,595			100,152
53	ELECTROCARDIOLOGY	97,034	1,909	95,125			97,034
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,284,175	35,242	1,248,933			1,284,175
56	DRUGS CHARGED TO PATIENTS	1,439,867	43,868	1,395,999			1,439,867
56	01 DRUGS CHARGED TO PATIENTS	19,789	345	19,444			19,789
59	ONCOLOGY	235,108	21,122	213,986			235,108
59	01 CARDIAC REHAB	118,069	14,517	103,552			118,069
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,265,566	178,975	2,086,591			2,265,566
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	378,620		378,620			378,620
65	AMBULANCE SERVICES						
101	SUBTOTAL	11,920,675	762,175	11,158,500			11,920,675
102	LESS OBSERVATION BEDS	378,620		378,620			378,620
103	TOTAL	11,542,055	762,175	10,779,880			11,542,055

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	2,714,685	.356500	.356500
39	DELIVERY ROOM & LABOR ROO	350,471	.472667	.472667
40	ANESTHESIOLOGY	520,760	.077959	.077959
41	RADIOLOGY-DIAGNOSTIC	8,333,352	.245044	.245044
44	LABORATORY	5,612,929	.288972	.288972
47	BLOOD STORING, PROCESSING	166,985	.421912	.421912
49	RESPIRATORY THERAPY	797,984	.437863	.437863
50	PHYSICAL THERAPY	1,238,960	.493797	.493797
51	OCCUPATIONAL THERAPY	231,421	.486460	.486460
52	SPEECH PATHOLOGY	138,450	.723380	.723380
53	ELECTROCARDIOLOGY	468,419	.207152	.207152
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	2,447,090	.524776	.524776
56	DRUGS CHARGED TO PATIENTS	5,713,483	.252012	.252012
56	01 DRUGS CHARGED TO PATIENTS	85,957	.230220	.230220
59	ONCOLOGY	95,623	2.458697	2.458697
59	01 CARDIAC REHAB	69,928	1.688437	1.688437
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	3,007,769	.753238	.753238
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	213,090	1.776808	1.776808
65	AMBULANCE SERVICES			
101	SUBTOTAL	32,207,356		
102	LESS OBSERVATION BEDS	213,090		
103	TOTAL	31,994,266		

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	967,786	135,982	831,804			967,786
39	DELIVERY ROOM & LABOR ROO	165,656	53,165	112,491			165,656
40	ANESTHESIOLOGY	40,598	4,536	36,062			40,598
41	RADIOLOGY-DIAGNOSTIC	2,042,042	126,295	1,915,747			2,042,042
44	LABORATORY	1,621,980	58,243	1,563,737			1,621,980
47	BLOOD STORING, PROCESSING	70,453	2,110	68,343			70,453
49	RESPIRATORY THERAPY	349,408	25,324	324,084			349,408
50	PHYSICAL THERAPY	611,795	57,128	554,667			611,795
51	OCCUPATIONAL THERAPY	112,577	1,857	110,720			112,577
52	SPEECH PATHOLOGY	100,152	1,557	98,595			100,152
53	ELECTROCARDIOLOGY	97,034	1,909	95,125			97,034
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,284,175	35,242	1,248,933			1,284,175
56	DRUGS CHARGED TO PATIENTS	1,439,867	43,868	1,395,999			1,439,867
56	01 DRUGS CHARGED TO PATIENTS	19,789	345	19,444			19,789
59	ONCOLOGY	235,108	21,122	213,986			235,108
59	01 CARDIAC REHAB	118,069	14,517	103,552			118,069
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,265,566	178,975	2,086,591			2,265,566
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	378,620		378,620			378,620
65	AMBULANCE SERVICES						
101	SUBTOTAL	11,920,675	762,175	11,158,500			11,920,675
102	LESS OBSERVATION BEDS	378,620		378,620			378,620
103	TOTAL	11,542,055	762,175	10,779,880			11,542,055

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	2,714,685	.356500	.356500
39	DELIVERY ROOM & LABOR ROO	350,471	.472667	.472667
40	ANESTHESIOLOGY	520,760	.077959	.077959
41	RADIOLOGY-DIAGNOSTIC	8,333,352	.245044	.245044
44	LABORATORY	5,612,929	.288972	.288972
47	BLOOD STORING, PROCESSING	166,985	.421912	.421912
49	RESPIRATORY THERAPY	797,984	.437863	.437863
50	PHYSICAL THERAPY	1,238,960	.493797	.493797
51	OCCUPATIONAL THERAPY	231,421	.486460	.486460
52	SPEECH PATHOLOGY	138,450	.723380	.723380
53	ELECTROCARDIOLOGY	468,419	.207152	.207152
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	2,447,090	.524776	.524776
56	DRUGS CHARGED TO PATIENTS	5,713,483	.252012	.252012
56	01 DRUGS CHARGED TO PATIENTS	85,957	.230220	.230220
59	ONCOLOGY	95,623	2.458697	2.458697
59	01 CARDIAC REHAB	69,928	1.688437	1.688437
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	3,007,769	.753238	.753238
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	213,090	1.776808	1.776808
65	AMBULANCE SERVICES			
101	SUBTOTAL	32,207,356		
102	LESS OBSERVATION BEDS	213,090		
103	TOTAL	31,994,266		

TITLE XVIII PART A 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	307
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,233.29
85	OBSERVATION BED COST	378,620

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		693,348	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.356500	247,569	88,258
39	DELIVERY ROOM & LABOR ROOM	.472667	3,848	1,819
40	ANESTHESIOLOGY	.077959	33,075	2,578
41	RADIOLOGY-DIAGNOSTIC	.245044	309,620	75,871
44	LABORATORY	.288972	369,615	106,808
47	BLOOD STORING, PROCESSING & TRANS.	.421912	84,366	35,595
49	RESPIRATORY THERAPY	.437863	104,225	45,636
50	PHYSICAL THERAPY	.493797	48,028	23,716
51	OCCUPATIONAL THERAPY	.486460	23,008	11,192
52	SPEECH PATHOLOGY	.723380	4,629	3,349
53	ELECTROCARDIOLOGY	.207152	11,149	2,310
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.524776	806,963	423,475
56	DRUGS CHARGED TO PATIENTS	.252012	1,008,105	254,055
56	01 DRUGS CHARGED TO PATIENTS	.230220		
59	ONCOLOGY	2.458697		
59	01 CARDIAC REHAB	1.688437		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.753238	4,481	3,375
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.776808		
65	AMBULANCE SERVICES			
101	TOTAL		3,058,681	1,078,037
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,058,681	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.356500		
39	DELIVERY ROOM & LABOR ROOM	.472667		
40	ANESTHESIOLOGY	.077959		
41	RADIOLOGY-DIAGNOSTIC	.245044	14,507	3,555
44	LABORATORY	.288972	42,966	12,416
47	BLOOD STORING, PROCESSING & TRANS.	.421912	9,802	4,136
49	RESPIRATORY THERAPY	.437863	35,968	15,749
50	PHYSICAL THERAPY	.493797	77,438	38,239
51	OCCUPATIONAL THERAPY	.486460	46,090	22,421
52	SPEECH PATHOLOGY	.723380	737	533
53	ELECTROCARDIOLOGY	.207152	727	151
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.524776	59,445	31,195
56	DRUGS CHARGED TO PATIENTS	.252012		
56	01 DRUGS CHARGED TO PATIENTS	.230220	85,957	19,789
59	ONCOLOGY	2.458697		
59	01 CARDIAC REHAB	1.688437		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.753238		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.776808		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		373,637	148,184
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		373,637	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,027,491
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,027,491

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,057,766
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	20,833
18.01	CAH ACTUAL BILLED COINSURANCE	1,369,314
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,667,619
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,667,619
24	PRIMARY PAYER PAYMENTS	387
25	SUBTOTAL	1,667,232

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	284,587
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	284,587
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	248,137
28	SUBTOTAL	1,951,819
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,951,819
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,767,954
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	183,865
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,784,184		1,803,374
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	10/ 1/2009	30,833	10/ 1/2009	164,507
ADJUSTMENTS TO PROVIDER .02	4/22/2010	12,644	4/22/2010	27,416
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	4/22/2010	40,459	4/22/2010	148,514
ADJUSTMENTS TO PROGRAM .51	9/23/2010	18,749	9/23/2010	78,829
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-15,731		-35,420
4 TOTAL INTERIM PAYMENTS		1,768,453		1,767,954
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		241,609		183,865
7 TOTAL MEDICARE PROGRAM LIABILITY		2,010,062		1,951,819

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		479,674		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	4/22/2010	18,304		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-18,304		NONE
4 TOTAL INTERIM PAYMENTS		461,370		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		188,416		
7 TOTAL MEDICARE PROGRAM LIABILITY		649,786		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

PROVIDER NO:	PERIOD:	PREPARED
15-1305	FROM 10/ 1/2009	2/22/2011
COMPONENT NO:	TO	WORKSHEET E-2
15-2305	9/30/2010	

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	503,231	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	149,666	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	404	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	652,897	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	652,897	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	652,897	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	3,111	
14	80% OF PART B COSTS		
15	SUBTOTAL	649,786	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	649,786	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	461,370	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	188,416	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1305	FROM 10/ 1/2009	2/22/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-3
15-1305		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,197,864
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,197,864
5	PRIMARY PAYER PAYMENTS	2,200
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,217,621

COMPUTATION OF LESSER OF COST OR CHARGES

7	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCI LLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE	
13	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE	
13	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT	
13	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,217,621
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	243,617
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,974,004
23	COI NSURANCE	2,475
24	SUBTOTAL	1,971,529
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL	38,533
25	SERVICES (SEE INSTRUCTIONS)	
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	38,533
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	29,373
26	SUBTOTAL	2,010,062
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER	
27	TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	
29	RESULTING FROM DI SPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,010,062
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,768,453
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	241,609
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
34	IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	1,058,466			
9	INPATIENT PRIMARY PAYER PAYMENTS			
10	OUTPATIENT PRIMARY PAYER PAYMENTS			
11	SUBTOTAL			
12	1,058,466			
13	COMPUTATION OF LESSER OF COST OR CHARGES			
14	REASONABLE CHARGES			
15	ROUTINE SERVICE CHARGES			
16	334,631			
17	ANCILLARY SERVICE CHARGES			
18	1,469,549			
19	INTERNS AND RESIDENTS SERVICE CHARGES			
20	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
21	TEACHING PHYSICIANS			
22	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
23	TOTAL REASONABLE CHARGES			
24	1,804,180			
25	CUSTOMARY CHARGES			
26	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
27	PAYMENT FOR SERVICES ON A CHARGE BASIS			
28	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
29	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
30	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
31	RATIO OF LINE 17 TO LINE 18			
32	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
33	1,804,180			
34	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
35	745,714			
36	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
37	1,058,466			
38	COST OF COVERED SERVICES			
39	PROSPECTIVE PAYMENT AMOUNT			
40	OTHER THAN OUTLIER PAYMENTS			
41	OUTLIER PAYMENTS			
42	PROGRAM CAPITAL PAYMENTS			
43	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
44	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
45	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
46	SUBTOTAL			
47	1,058,466			
48	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
49	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
50	1,058,466			
51	XVIII ENTER AMOUNT FROM LINE 30			
52	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
53	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
54	EXCESS OF REASONABLE COST			
55	SUBTOTAL			
56	1,058,466			
57	COINSURANCE			
58	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
59	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
60	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
61	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
62	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
63	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
64	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
65	UTILIZATION REVIEW			
66	SUBTOTAL (SEE INSTRUCTIONS)			
67	1,058,466			
68	INPATIENT ROUTINE SERVICE COST			
69	MEDICARE INPATIENT ROUTINE CHARGES			
70	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
71	PAYMENT FOR SERVICES ON A CHARGE BASIS			
72	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
73	FOR PAYMENT OF PART A SERVICES			
74	RATIO OF LINE 43 TO 44			
75	TOTAL CUSTOMARY CHARGES			
76	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
77	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
78	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
79	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
80	OTHER ADJUSTMENTS (SPECIFY)			
81	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
82	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
83	SUBTOTAL			
84	1,058,466			
85	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
86	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
87	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
88	1,058,466			
89	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
90	INTERIM PAYMENTS			
91	535,669			
92	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1305	FROM 10/ 1/2009	2/22/2011
COMPONENT NO:	TO 9/30/2010	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX

TITLE XVIII
SNF PPS

58 BALANCE DUE PROVIDER/PROGRAM
 59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

1
522,797

2

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	2,751,896			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	2,956,848			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	563,636			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	6,272,380			
FIXED ASSETS				
12 LAND	1,316,573			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS				
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	3,274,453			
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	4,591,026			
OTHER ASSETS				
22 INVESTMENTS	351,397			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	64,167			
26 TOTAL OTHER ASSETS	415,564			
27 TOTAL ASSETS	11,278,970			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	791,278			
29 SALARIES, WAGES & FEES PAYABLE	900,873			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	66,061			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	463,929			
36 TOTAL CURRENT LIABILITIES	2,222,141			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	275,473			
38 NOTES PAYABLE	82,568			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	358,041			
43 TOTAL LIABILITIES	2,580,182			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	8,698,788			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	8,698,788			
52 TOTAL LIABILITIES AND FUND BALANCES	11,278,970			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		10,385,696		
2 NET INCOME (LOSS)		-1,686,908		
3 TOTAL		8,698,788		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		8,698,788		
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		8,698,788		

	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	10,325,177		10,325,177
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	10,325,177		10,325,177
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	10,325,177		10,325,177
17 00 ANCILLARY SERVICES			
18 00 OUTPATIENT SERVICES		25,693,429	25,693,429
19 00 HOME HEALTH AGENCY		903,310	903,310
20 00 AMBULANCE SERVICES			
23 00 HOSPICE		187,279	187,279
24 00			
25 00 TOTAL PATIENT REVENUES	10,325,177	26,784,018	37,109,195

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		19,221,930	
ADD (SPECIFY)			
27 00 HEALTH INSURANCE AJE	74,514		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		74,514	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		19,296,444	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-1305
 PERIOD: FROM 10/1/2009 TO 9/30/2010
 PREPARED 2/22/2011
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	37,109,195
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	20,031,680
3	NET PATIENT REVENUES	17,077,515
4	LESS: TOTAL OPERATING EXPENSES	19,296,444
5	NET INCOME FROM SERVICE TO PATIENTS	-2,218,929
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	394,199
7	INCOME FROM INVESTMENTS	43,541
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	94,281
25	TOTAL OTHER INCOME	532,021
26	TOTAL	-1,686,908
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1,686,908

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	95,473				75,809	171,282
HHA REIMBURSABLE SERVICES						
6	179,082					179,082
7	21,763					21,763
8	6,980					6,980
9	411					411
10						
11	56,039					56,039
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	359,748				75,809	435,557

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		171,282		171,282
HHA REIMBURSABLE SERVICES				
6		179,082		179,082
7		21,763		21,763
8		6,980		6,980
9		411		411
10				
11		56,039		56,039
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		435,557		435,557

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		171,282				171,282	171,282
HHA REIMBURSABLE SERVICES							
6		179,082				179,082	116,067
7		21,763				21,763	14,105
8		6,980				6,980	4,524
9		411				411	266
10							
11		56,039				56,039	36,320
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		435,557				435,557	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		295,149					
6		35,868					
7		11,504					
8		677					
9							
10							
11		92,359					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		435,557					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-171,282	264,275
6	SKILLED NURSING CARE					179,082	
7	PHYSICAL THERAPY					21,763	
8	OCCUPATIONAL THERAPY					6,980	
9	SPEECH PATHOLOGY					411	
10	MEDICAL SOCIAL SERVICES						
11	HOME HEALTH AIDE					56,039	
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-171,282	264,275
25	COST TO BE ALLOCATED					171,282	
26	UNIT COST MULTIPLIER					.648120	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8
1 ADMIN & GENERAL		11,592	118,454	130,046	26,483	9,040
2 SKILLED NURSING CARE	295,149			295,149	60,106	
3 PHYSICAL THERAPY	35,868			35,868	7,304	
4 OCCUPATIONAL THERAPY	11,504			11,504	2,343	
5 SPEECH PATHOLOGY	677			677	138	
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	92,359			92,359	18,809	
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)	435,557	11,592	118,454	565,603	115,183	9,040
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	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16
1 ADMIN & GENERAL		2,659				
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)		2,659				
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	MEDICAL RECO RDS & LIBRAR 17	SOCIAL SERVI CE 18	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28
1 ADMIN & GENERAL			168,228		168,228	
2 SKILLED NURSING CARE			355,255		355,255	113,998
3 PHYSICAL THERAPY			43,172		43,172	13,853
4 OCCUPATIONAL THERAPY			13,847		13,847	4,443
5 SPEECH PATHOLOGY			815		815	262
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			111,168		111,168	35,672
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)			692,485		692,485	168,228
21 UNIT COST MULTIPLIER						0.320888

- (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	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	
2 SKILLED NURSING CARE	469,253
3 PHYSICAL THERAPY	57,025
4 OCCUPATIONAL THERAPY	18,290
5 SPEECH PATHOLOGY	1,077
6 MEDICAL SOCIAL SERVICES	
7 HOME HEALTH AIDE	146,840
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)	692,485
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

SOCIAL SERVICE
(ALLOCATION OF TIME)
18

HHA COST CENTER

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	469,253	2	469,253	1,907	246.07	537
2 PHYSICAL THERAPY	3	57,025		57,025	477	119.55	186
3 OCCUPATIONAL THERAPY	4	18,290		18,290	153	119.54	82
4 SPEECH PATHOLOGY	5	1,077		1,077	9	119.67	
5 MEDICAL SOCIAL SERVICES	6						
6 HOME HEALTH AIDE SERVICE	7	146,840		146,840	2,012	72.98	187
7 TOTAL		692,485		692,485	4,558		992

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----			TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
1 SKILLED NURSING	7	602	132,140	148,134		280,274
2 PHYSICAL THERAPY		123	22,236	14,705		36,941
3 OCCUPATIONAL THERAPY		44	9,802	5,260		15,062
4 SPEECH PATHOLOGY						
5 MEDICAL SOCIAL SERVICES						
6 HOME HEALTH AIDE SERVICES		316	13,647	23,062		36,709
7 TOTAL		1,085	177,825	191,161		368,986

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

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

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00				20,852		8,418
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	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	PART A 9	10
15 COST OF MEDICAL SUPPLIES		12,434		
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	1	2
17 PER BENE COST LIMITATION (FRM F1)		
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.493797			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.486460			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.723380			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.524776			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.252012			COL 2, LN 16
5.01 DRUGS CHARGED TO PATIENTS	56.01	.230220			

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	-----PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE-----		-----PROGRAM COSTS-----		PROG VISITS ON OR AFTER 1/1/1999
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
	1	2	3	4	5	6	7
1 PHYSICAL THERAPY		119.55	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY		119.54					
3 SPEECH PATHOLOGY		119.67					
4 TOTAL (SUM OF LINES 1-3)							

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1305	FROM 10/ 1/2009	2/22/2011
HHA NO:	TO 9/30/2010	WORKSHEET H-7
15-7078		PARTS I & II

TITLE XVII I

HHA 1

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	133,686	120,737
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	2,121	8,578
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	7,996	7,155
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	1,200	1,729
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	721	1,067
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	145,724	139,266
13 EXCESS REASONABLE COST		
14 SUBTOTAL	145,724	139,266
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	145,724	139,266
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	145,724	139,266
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)	1	
22 SUBTOTAL	145,725	139,266
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	145,725	139,266
25 INTERIM PAYMENTS	145,725	139,266
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-1305	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K
15-1550		

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	4,385			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	11,603			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	12,957			
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	499			
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER	635			
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)	30,079			

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-1305	FROM 10/1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K
15-1550		

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	45,491	49,876		49,876
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		11,603		11,603
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		12,957		12,957
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		499		499
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER		635		635
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)	45,491	75,570		75,570

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-1305	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K
15-1550		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		49,876
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		11,603
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		12,957
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		499
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		635
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)		75,570

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1305	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
15-1550		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
6	ADMINISTRATIVE AND GENERAL	3,704		
7	INPATIENT CARE SERVICE			
7	INPATIENT - GENERAL CARE			
8	INPATIENT - RESPI TE CARE			
8	VISITING SERVICES			
9	PHYSICIAN SERVICES			
10	NURSING CARE			
10.20	NURSING CARE-CONTINUOUS HOME CARE			
11	PHYSICAL THERAPY	12,957		
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			
18.20	OTHER HOSPICE SERVICE COSTS			
19	OTHER			
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			
20.30	ANALGESICS			
20.31	SEDATIVES / HYPNOTICS			
20.32	OTHER - SPECIFY			
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			
22	PATIENT TRANSPORTATION			
23	IMAGING SERVICES			
24	LABS AND DIAGNOSTICS			
25	MEDICAL SUPPLIES			
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)	16,661		

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1305	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
15-1550		

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				681
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	11,603			
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			499	
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER			635	
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)	11,603		1,134	681

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1305	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-1
15-1550		

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
	INPATIENT CARE SERVICE
7	INPATIENT - GENERAL CARE
8	INPATIENT - RESPI TE CARE
	VISITING SERVICES
9	PHYSICIAN SERVICES
10	NURSING CARE
	11, 603
10. 20	NURSING CARE-CONTINUOUS HOME CARE
11	PHYSICAL THERAPY
	12, 957
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
	499
18. 20	HH AIDE & HOMEMAKER-CONT. HOME CARE
	OTHER HOSPICE SERVICE COSTS
19	OTHER
	635
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)
	30, 079

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-1305	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
15-1550		PART I

HOSPICE 1

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

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	49,876		
INPATIENT CARE SERVICE			
7 INPATIENT - GENERAL CARE			
8 INPATIENT - RESPIRE CARE			
VISITING SERVICES			
9 PHYSICIAN SERVICES			
10 NURSING CARE	11,603		
10.20 NURSING CARE-CONTINUOUS HOME CARE			
11 PHYSICAL THERAPY	12,957		
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	499		
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
OTHER HOSPICE SERVICE COSTS			
19 OTHER	635		
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)	75,570		

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-1305	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
15-1550		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			49,876	49,876
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPIRE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			11,603	22,523
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			12,957	25,151
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOME MAKER			499	969
23.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER			635	1,233
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 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			25,694	49,876

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-1305	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO	WORKSHEET K-4
15-1550	9/30/2010	PART I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	34,126
14	10.20 NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	38,108
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	18 HOME HEALTH AIDE AND HOMEMAKER	1,468
23	18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	1,868
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	20.30 ANALGESICS	
28	20.31 SEDATIVES / HYPNOTICS	
29	20.32 OTHER - SPECIFY	
30	21 DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	22 PATIENT TRANSPORTATION	
32	23 IMAGING SERVICES	
33	24 LABS AND DIAGNOSTICS	
34	25 MEDICAL SUPPLIES	
35	26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	27 RADIATION THERAPY	
37	28 CHEMOTHERAPY	
38	29 OTHER	
39	30 BEREAVEMENT PROGRAM COSTS	
40	31 VOLUNTEER PROGRAM COSTS	
41	32 FUNDRAISING	
42	33 OTHER PROGRAM COSTS	
43	34 TOTAL (SUM OF LINES 1 THRU 33)	75,570

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-1305	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-4
15-1550		PART II

HOSPICE 1

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

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

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

PROVIDER NO: 15-1305
HOSPICE NO: 15-1550
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/22/2011
WORKSHEET K-4
PART II

HOSPICE 1

VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
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1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL	-49,876	25,694
7	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		
8	INPATIENT - RESPIRE CARE		
	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		11,603
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		12,957
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		499
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		
	OTHER HOSPICE SERVICE COSTS		
19	OTHER		635
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30	ANALGESICS		
20.31	SEDATIVES / HYPNOTICS		
20.32	OTHER - SPECIFY		
21	DURABLE MEDICAL EQUIPMENT/OXYGEN		
22	PATIENT TRANSPORTATION		
23	IMAGING SERVICES		
24	LABS AND DIAGNOSTICS		
25	MEDICAL SUPPLIES		
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)		
27	RADIATION THERAPY		
28	CHEMOTHERAPY		
29	OTHER		
30			
31			
32	FUNDRAISING		
33	OTHER PROGRAM COSTS		
34	COST TO BE ALLOCATED (PER WKST K-4, PART I)		49,876
35	UNIT COST MULTIPLIER	.000000	1.941154

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	EMPLOYEE BENEFITS	SUBTOTAL
		0	3	5	5A
1.00 ADMINISTRATIVE AND GENERAL	6		4,225	9,707	13,932
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	34,126			34,126
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	38,108			38,108
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14				
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	1,468			1,468
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19	1,868			1,868
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		75,570	4,225	9,707	89,502
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6	8	9	10
1.00 ADMINISTRATIVE AND GENERAL	2,837	3,295		969
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	6,950			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	7,761			
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	299			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00	380			
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)	18,227	3,295		969
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

PROVIDER NO: 15-1305
HOSPICE NO: 15-1550
PERIOD: FROM 10/1/2009 TO 9/30/2010
PREPARED 2/22/2011
WORKSHEET K-5
PART I

HOSPICE 1

DIETARY	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
HOSPICE COST CENTER	11	14	15
			16

- 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

MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD
HOSPICE COST CENTER	17	18	25
			26

- 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

862	21,895
	41,076
	45,869
	1,767
	2,248
862	112,855

HOSPICE 1

HOSPICE COST CENTER	27	28	29
1.00 ADMINISTRATIVE AND GENERAL	21,895		
2.00 INPATIENT - GENERAL CARE			
3.00 INPATIENT - RESPIRE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE	41,076	9,887	50,963
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY	45,869	11,042	56,911
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	1,767	425	2,192
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00	2,248	541	2,789
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)	112,855		112,855
30.00 UNIT COST MULTIPLIER		.240710	

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET) 3	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6
1.00 ADMINISTRATIVE AND GENERAL	191	29,474		13,932
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				34,126
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				38,108
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				1,468
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				1,868
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)	191	29,474		89,502
30.00 TOTAL COST TO BE ALLOCATED	4,225	9,707		18,227
31.00 UNIT COST MULTIPLIER	22.120419	.329341		.203649

HOSPICE COST CENTER	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (SQUARE FEET) 10	DIETARY (MEALS SERVED) 11
1.00 ADMINISTRATIVE AND GENERAL	191		191	
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				

HOSPICE 1

HOSPICE COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	8	9	10	11
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	191		191	
30.00 TOTAL COST TO BE ALLOCATED	3,295		969	
31.00 UNIT COST MULTIPLIER	17.251309	.000000	5.073298	.000000

HOSPICE COST CENTER	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (100%)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	14	15	16	17
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED	.000000	.000000	.000000	.000000
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE 1

SOCIAL SERVICE

HOSPICE COST CENTER

(ALLOCATION OF TIME)
18

1.00 ADMINISTRATIVE AND GENERAL	113
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)	113
30.00 TOTAL COST TO BE ALLOCATED	862
31.00 UNIT COST MULTIPLIER	7.628319

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

PROVIDER NO:	PERIOD:	PREPARED
15-1305	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO 9/30/2010	WORKSHEET K-5
15-1550		PART III

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.493797	
2	OCCUPATIONAL THERAPY	51	.486460	
3	SPEECH PATHOLOGY	52	.723380	
4	DRUGS CHARGED TO PATIENTS	56	.252012	
4.01	DRUGS CHARGED TO PATIENTS	56.01	.230220	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.288972	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.524776	
8	EMERGENCY	61	.753238	
9	RADIOLOGY-DIAGNOSTIC	41	.245044	
10	ONCOLOGY	59	2.458697	
10.01	CARDIAC REHAB	59.01	1.688437	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
15-1305	FROM 10/ 1/2009	2/22/2011
HOSPICE NO:	TO	WORKSHEET K-6
15-1550	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)				112,855
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)				
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)				
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)				
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)				

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