

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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 15-1327 | PERIOD FROM 1/1/2010 TO 12/31/2010 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/11/2011 TIME 14:21

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: SULLIVAN COUNTY COMMUNITY HOSPITAL 15-1327

FOR THE COST REPORTING PERIOD BEGINNING 1/1/2010 AND ENDING 12/31/2010 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

Table with 5 columns: TITLE V, A, B, XIX, and a final column. Rows include HOSPITAL, SWING BED - SNF, HOSPITAL-BASED HHA, and TOTAL with corresponding numerical values.

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 2200 NORTH SECTION STREET P.O. BOX: 10
 1.01 CITY: SULLIVAN STATE: IN ZIP CODE: 47882- COUNTY: SULLIVAN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVII	XIX
02.00	HOSPITAL	15-1327	2.01	3	4	5	6
04.00	SWING BED - SNF	15-2327		6/1/2005	N	O	N
09.00	HOSPITAL-BASED HHA	15-7542		7/23/2002	N	P	N
12.00	HOSP-BASED HOSPICE	15-1604		9/24/2009			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2010 TO: 12/31/2010

18 TYPE OF CONTROL 1 2
9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N Y O

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 2

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 OR MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 2 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	2,782	0	0
2 UNDUPLICATED CENSUS COUNT		138.00		

TOTAL
5

1 HOME HEALTH AIDE HOURS	2,782
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)	3.06		3.06
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE	2.75		2.75
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	1.32		1.32
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.42		.42
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.03		.03
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.49		.49
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	.88		.88
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).			

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	943	0	39	31
22 SKILLED NURSING VISIT CHARGES	131,077	0	5,421	4,309
23 PHYSICAL THERAPY VISITS	667	0	4	20
24 PHYSICAL THERAPY VISIT CHARGES	90,045	0	540	2,700
25 OCCUPATIONAL THERAPY VISITS	252	0	1	6
26 OCCUPATIONAL THERAPY VISIT CHARGES	34,020	0	135	810
27 SPEECH PATHOLOGY VISITS	16	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	2,560	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	19	0	0	2
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	3,515	0	0	370
31 HOME HEALTH AIDE VISITS	320	0	1	7
32 HOME HEALTH AIDE VISIT CHARGES	27,200	0	85	595
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	2,217	0	45	66
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	288,417	0	6,181	8,784
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	149	0	15	7
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	8,588	0	93	226

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	1,013
22 SKILLED NURSING VISIT CHARGES	0	0	140,807
23 PHYSICAL THERAPY VISITS	0	0	691
24 PHYSICAL THERAPY VISIT CHARGES	0	0	93,285
25 OCCUPATIONAL THERAPY VISITS	0	0	259
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	34,965
27 SPEECH PATHOLOGY VISITS	0	0	16
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	2,560
29 MEDICAL SOCIAL SERVICE VISITS	0	0	21
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	3,885
31 HOME HEALTH AIDE VISITS	0	0	328
32 HOME HEALTH AIDE VISIT CHARGES	0	0	27,880
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	2,328
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	303,382
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	171
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	8,907

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
15-1327	FROM 1/ 1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET S-9
15-1604		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	950			
3 INPATIENT RESPIRE CARE				
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	950			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	8	958
3 INPATIENT RESPIRE CARE		
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	8	958

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	24			
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	39.58			
9 UNDUPLICATED CENSUS COUNT	24			

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE		24
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)		39.92
9 UNDUPLICATED CENSUS COUNT		24

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1327
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/11/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		610,872	610,872	78,476	689,348
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,206,632	1,206,632	-77,882	1,128,750
5	0500 EMPLOYEE BENEFITS	97,973	2,732,319	2,830,292		2,830,292
6.01	0610 IS/ACCOUNTING/MARKETING	377,675	277,424	655,099	-185,842	469,257
6.02	0611 BUSINESS OFFICE & ADMITTING	487,257	235,611	722,868		722,868
6.03	0660 OTHER ADMINISTRATIVE AND GENERAL	119,943	1,195,467	1,315,410		1,315,410
8	0800 OPERATION OF PLANT	347,482	547,996	895,478		895,478
9	0900 LAUNDRY & LINEN SERVICE	30,855	19,959	50,814		50,814
10	1000 HOUSEKEEPING	273,566	41,673	315,239		315,239
11	1100 DIETARY	245,666	154,368	400,034		400,034
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	219,350	46,097	265,447		265,447
15	1500 CENTRAL SERVICES & SUPPLY	121,556	5,642	127,198		127,198
16	1600 PHARMACY	275,810	988,094	1,263,904		1,263,904
17	1700 MEDICAL RECORDS & LIBRARY	259,089	61,873	320,962		320,962
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,418,409	71,332	1,489,741	387,812	1,877,553
26	2600 INTENSIVE CARE UNIT	432,570	19,666	452,236		452,236
33	3300 NURSERY				82,796	82,796
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	561,316	482,429	1,043,745	-505,582	538,163
39	3900 DELIVERY ROOM & LABOR ROOM	455,032	33,005	488,037	-470,608	17,429
40	4000 ANESTHESIOLOGY		588,016	588,016		588,016
41	4100 RADIOLOGY-DIAGNOSTIC	459,531	303,485	763,016	-5,178	757,838
41.01	4101 ULTRASOUND		187,581	187,581		187,581
43	4300 RADIOISOTOPE		135,259	135,259		135,259
44	4400 LABORATORY	514,563	583,488	1,098,051	-84,906	1,013,145
47	4700 BLOOD STORING, PROCESSING & TRANS.		163,865	163,865		163,865
48	4800 INTRAVENOUS THERAPY		26,543	26,543		26,543
49	4900 RESPIRATORY THERAPY	357,062	63,087	420,149	-27,295	392,854
50	5000 PHYSICAL THERAPY	441,423	14,560	455,983		455,983
50.01	5001 SPORTS THERAPY	47,059	5,049	52,108		52,108
51	5100 OCCUPATIONAL THERAPY	93,360	2,247	95,607		95,607
52	5200 SPEECH PATHOLOGY	57,754	1,783	59,537		59,537
53	5300 ELECTROCARDIOLOGY					
54	5400 ELECTROENCEPHALOGRAPHY					
54.01	5401 CARDIOPULMONARY	34,964	3,256	38,220		38,220
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		243,097	243,097	419,352	662,449
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				39,977	39,977
56	5600 DRUGS CHARGED TO PATIENTS					
58	5800 ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	745,761	473,871	1,219,632	78,132	1,297,764
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	441,182	72,482	513,664		513,664
	SPEC PURPOSE COST CENTERS					
93	9300 HOSPICE	151,238	48,475	199,713		199,713
95	9500 SUBTOTALS	9,067,446	11,646,603	20,714,049	-270,748	20,443,301
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	449,567	151,692	601,259	100,108	701,367
98.01	9801 CARLSLE CLINIC	119,925	93,722	213,647		213,647
98.02	9802 HOSPICE					
100	1000 MEALS ON WHEELS					
100.01	10001 GUEST MEALS					
100.02	10002 MARKETING				170,640	170,640
101	10100 TOTAL	9,636,938	11,892,017	21,528,955	-0-	21,528,955

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1327
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/11/2011
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		689,348
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-20,305	1,108,445
5	0500 EMPLOYEE BENEFITS	-409,901	2,420,391
6.01	0610 IS/ACCOUNTING/MARKETING	-5,808	463,449
6.02	0611 BUSINESS OFFICE & ADMITTING		722,868
6.03	0660 OTHER ADMINISTRATIVE AND GENERAL	-138,214	1,177,196
8	0800 OPERATION OF PLANT	-8,880	886,598
9	0900 LAUNDRY & LINEN SERVICE		50,814
10	1000 HOUSEKEEPING		315,239
11	1100 DIETARY	-42,942	357,092
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-5,966	259,481
15	1500 CENTRAL SERVICES & SUPPLY	-1,489	125,709
16	1600 PHARMACY	-5,808	1,258,096
17	1700 MEDICAL RECORDS & LIBRARY	-513	320,449
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,877,553
26	2600 INTENSIVE CARE UNIT		452,236
33	3300 NURSERY		82,796
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		538,163
39	3900 DELIVERY ROOM & LABOR ROOM		17,429
40	4000 ANESTHESIOLOGY		588,016
41	4100 RADIOLOGY-DIAGNOSTIC		757,838
41.01	4101 ULTRASOUND		187,581
43	4300 RADIOISOTOPE		135,259
44	4400 LABORATORY		1,013,145
47	4700 BLOOD STORING, PROCESSING & TRANS.		163,865
48	4800 INTRAVENOUS THERAPY		26,543
49	4900 RESPIRATORY THERAPY		392,854
50	5000 PHYSICAL THERAPY		455,983
50.01	5001 SPORTS THERAPY		52,108
51	5100 OCCUPATIONAL THERAPY		95,607
52	5200 SPEECH PATHOLOGY		59,537
53	5300 ELECTROCARDIOLOGY		
54	5400 ELECTROENCEPHALOGRAPHY		
54.01	5401 CARDIOPULMONARY		38,220
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-863	661,586
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		39,977
56	5600 DRUGS CHARGED TO PATIENTS		
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY		1,297,764
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		513,664
	SPEC PURPOSE COST CENTERS		
93	9300 HOSPICE		199,713
95	SUBTOTALS	-640,689	19,802,612
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		701,367
98.01	9801 CARLISLE CLINIC		213,647
98.02	9802 HOSPICE		
100	7950 MEALS ON WHEELS		
100.01	7951 GUEST MEALS		
100.02	7952 MARKETING		170,640
101	TOTAL	-640,689	20,888,266

RECLASSIFICATIONS

PROVIDER NO:
151327

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/11/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 FIRE INSURANCE RECLASS	B	NEW CAP REL COSTS-BLDG & FIXT	3		38,830
2 ADVERTISING RECLASS	C	MARKETING	100.02	54,121	116,519
3 DELIVERY ROOM RECLASS	D	ADULTS & PEDIATRICS	25	372,602	15,210
4		NURSERY	33	73,870	8,926
5 PLANNING & BOND INTEREST RECLASS	E	NEW CAP REL COSTS-BLDG & FIXT	3		39,646
6 IV THERAPY COSTS RECLASS	F	EMERGENCY	61	73,867	4,265
7 OR SUPPLY COSTS	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		392,651
8					
9 MOB EXPENSE RECLASS	H	PHYSICIANS' PRIVATE OFFICES	98		15,202
10 MOB LABORATORY EXPENSE RECLASS	I	PHYSICIANS' PRIVATE OFFICES	98	23,317	61,589
11 OXYGEN RECLASS	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		26,701
12 IMPLANTABLE DEVICE RECLASS	K	IMPL. DEV. CHARGED TO PATIENT	55.30		39,977
13 RESPIRATORY THERAPY RENTAL RECLASS	M	NEW CAP REL COSTS-MVBLE EQUIP	4		594
36 TOTAL RECLASSIFICATIONS				597,777	760,110

(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:
151327

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/11/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 FIRE INSURANCE RECLASS	B	NEW CAP REL COSTS-MVBLE EQUIP	4		38,830	12
2 ADVERTISING RECLASS	C	IS/ACCOUNTING/MARKETING	6.01	54,121	116,519	
3 DELIVERY ROOM RECLASS	D	DELIVERY ROOM & LABOR ROOM	39	446,472	24,136	
4						
5 PLANNING & BOND INTEREST RECLASS	E	NEW CAP REL COSTS-MVBLE EQUIP	4		39,646	11
6 IV THERAPY COSTS RECLASS	F	OPERATING ROOM	37	73,867	4,265	
7 OR SUPPLY COSTS	G	OPERATING ROOM	37		387,473	
8		RADIOLOGY-DIAGNOSTIC	41		5,178	
9 MOB EXPENSE RECLASS	H	IS/ACCOUNTING/MARKETING	6.01		15,202	
10 MOB LABORATORY EXPENSE RECLASS	I	LABORATORY	44	23,317	61,589	
11 OXYGEN RECLASS	J	RESPIRATORY THERAPY	49		26,701	
12 IMPLANTABLE DEVICE RECLASS	K	OPERATING ROOM	37		39,977	
13 RESPIRATORY THERAPY RENTAL RECLASS	M	RESPIRATORY THERAPY	49		594	14
36 TOTAL RECLASSIFICATIONS				597,777	760,110	

(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:
151327

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/11/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: B
EXPLANATION : FIRE INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	38,830	NEW CAP REL COSTS-MVBLE EQUIP	4	38,830	
TOTAL RECLASSIFICATIONS FOR CODE B			38,830				38,830

RECLASS CODE: C
EXPLANATION : ADVERTISING RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MARKETING	100.02	170,640	IS/ACCOUNTING/MARKETING	6.01	170,640	
TOTAL RECLASSIFICATIONS FOR CODE C			170,640				170,640

RECLASS CODE: D
EXPLANATION : DELIVERY ROOM RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	387,812	DELIVERY ROOM & LABOR ROOM	39	470,608	
2.00	NURSERY	33	82,796			0	
TOTAL RECLASSIFICATIONS FOR CODE D			470,608				470,608

RECLASS CODE: E
EXPLANATION : PLANNING & BOND INTEREST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	39,646	NEW CAP REL COSTS-MVBLE EQUIP	4	39,646	
TOTAL RECLASSIFICATIONS FOR CODE E			39,646				39,646

RECLASS CODE: F
EXPLANATION : IV THERAPY COSTS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	78,132	OPERATING ROOM	37	78,132	
TOTAL RECLASSIFICATIONS FOR CODE F			78,132				78,132

RECLASS CODE: G
EXPLANATION : OR SUPPLY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	392,651	OPERATING ROOM	37	387,473	
2.00			0	RADIOLOGY-DIAGNOSTIC	41	5,178	
TOTAL RECLASSIFICATIONS FOR CODE G			392,651				392,651

RECLASS CODE: H
EXPLANATION : MOB EXPENSE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	15,202	IS/ACCOUNTING/MARKETING	6.01	15,202	
TOTAL RECLASSIFICATIONS FOR CODE H			15,202				15,202

RECLASS CODE: I
EXPLANATION : MOB LABORATORY EXPENSE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIANS' PRIVATE OFFICES	98	84,906	LABORATORY	44	84,906	
TOTAL RECLASSIFICATIONS FOR CODE I			84,906				84,906

RECLASS CODE: J
EXPLANATION : OXYGEN RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	26,701	RESPIRATORY THERAPY	49	26,701	
TOTAL RECLASSIFICATIONS FOR CODE J			26,701				26,701

RECLASSIFICATIONS

PROVIDER NO:
151327

PERIOD:
FROM 1/ 1/2010
TO 12/31/2010

PREPARED 5/11/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: K
EXPLANATION : IMPLANTABLE DEVICE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	39,977	OPERATING ROOM	37	39,977	
TOTAL RECLASSIFICATIONS FOR CODE K			39,977				39,977

RECLASS CODE: M
EXPLANATION : RESPIRATORY THERAPY RENTAL RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	594	RESPIRATORY THERAPY	49	594	
TOTAL RECLASSIFICATIONS FOR CODE M			594				594

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 IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,042,227					1,042,227	
2 LAND IMPROVEMENTS	141,267					141,267	
3 BUILDINGS & FIXTURE	16,729,731					16,729,731	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	754,850	96,987		96,987		851,837	
6 MOVABLE EQUIPMENT	9,443,395	1,113,106		1,113,106	102,565	10,453,936	
7 SUBTOTAL	28,111,470	1,210,093		1,210,093	102,565	29,218,998	
8 RECONCILING ITEMS							
9 TOTAL	28,111,470	1,210,093		1,210,093	102,565	29,218,998	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
*		1	2	3	4	5	6	7
3	NEW CAP REL COSTS-BL	18,765,062		18,765,062	.642221			
4	NEW CAP REL COSTS-MV	10,453,936		10,453,936	.357779			
5	TOTAL	29,218,998		29,218,998	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	610,872		39,646	38,830			689,348
4	NEW CAP REL COSTS-MV	1,190,699		-44,018	-38,830		594	1,108,445
5	TOTAL	1,801,571		-4,372			594	1,797,793

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	610,872						610,872
4	NEW CAP REL COSTS-MV	1,206,632						1,206,632
5	TOTAL	1,817,504						1,817,504

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/ CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-3,896	NEW CAP REL COSTS-MVBLE E	4	11
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-1,230	OTHER ADMINISTRATIVE AND	6.03	
10 TELEVISION AND RADIO SERVICE	A	-4,624	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2				
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-41,197	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-5,808	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-513	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-1,745	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 LEGAL FEES	A	-63,031	OTHER ADMINISTRATIVE AND	6.03	
38 PHYSICIAN RECRUITMENT	A	-56,809	OTHER ADMINISTRATIVE AND	6.03	
39 FLOWERS & PLANTS	A	-1,529	OTHER ADMINISTRATIVE AND	6.03	
40 SALES TAX	A	-8,552	OTHER ADMINISTRATIVE AND	6.03	
41 NON-ALLOWABLE 1998 BOND INTEREST EXP	A	-15,933	NEW CAP REL COSTS-MVBLE E	4	9
42 LOBBYING EXPENSE	A	-1,150	OTHER ADMINISTRATIVE AND	6.03	
43 FITNESS CENTER - ADMIN	A	-3,625	OTHER ADMINISTRATIVE AND	6.03	
44 SALES OF SUPPLIES	B	-863	MEDICAL SUPPLIES CHARGED	55	
45 ATM RENTAL AND COMMISSION	B	-1,436	OTHER ADMINISTRATIVE AND	6.03	
46 MISC. INCOME	B	-844	OTHER ADMINISTRATIVE AND	6.03	
47 EDUCATION REVENUE	B	-5,966	NURSING ADMINISTRATION	14	
48 SURETY BONDS	B	-1,845	IS/ACCOUNTING/MARKETING	6.01	
49 DOMESTIC HEALTHCARE CLAIMS	B	-408,701	EMPLOYEE BENEFITS	5	
49.01 FITNESS CENTER - FISCAL ACCTG, I/S	B	-3,963	IS/ACCOUNTING/MARKETING	6.01	
49.02 FITNESS CENTER - HR	B	-1,200	EMPLOYEE BENEFITS	5	
49.03 FITNESS CENTER - MAINT	B	-4,256	OPERATION OF PLANT	8	
49.04 FITNESS CENTER - MATERIALS MGMT	B	-1,489	CENTRAL SERVICES & SUPPLY	15	
49.05 FITNESS CENTER - PROP INSURANCE	B	-476	NEW CAP REL COSTS-MVBLE E	4	11
49.06 RECOVERY OTHER AGENCIES	B	-8	OTHER ADMINISTRATIVE AND	6.03	
50 TOTAL (SUM OF LINES 1 THRU 49)		-640,689			

(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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	6 3 OB MEDICAL DIRECTORSHIP	23,850		23,850				
2	40 ANESTHESIOLOGY	584,000		584,000				
3	44 LABORATORY	21,529		21,529				
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	629,379		629,379				

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6.01	IS/ACCOUNTING/MARKETING	42	ACCUM.	COST	ENTERED
6.02	BUSINESS OFFICE & ADMITTING	43	ACCUM.	COST	ENTERED
6.03	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	7	SQUARE	FEET	ENTERED
11	DIETARY	11	MEALS	SERVED	ENTERED
12	CAFETERIA	12	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	IS/ACCOUNTING /MARKETING	BUSINESS OFFICE & ADMITTI	SUBTOTAL
	0	3	4	5	6.01	6.02	6a.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	689,348	689,348					
005 NEW CAP REL COSTS-MVBLE E	1,108,445		1,108,445				
006 EMPLOYEE BENEFITS	2,420,391	4,104	6,599	2,431,094			
006 01 IS/ACCOUNTING/MARKETING	463,449	18,009	28,957	82,461	592,876		
006 02 BUSINESS OFFICE & ADMITTI	722,868	15,179	24,408	124,182	27,695	914,332	
006 03 OTHER ADMINISTRATIVE AND	1,177,196	24,889	40,021	30,569	39,753	67,349	1,379,777
008 OPERATION OF PLANT	886,598	80,016	128,663	88,559	36,978	62,647	1,283,461
009 LAUNDRY & LINEN SERVICE	50,814	4,172	6,709	7,864	2,173	3,681	75,413
010 HOUSEKEEPING	315,239	9,740	15,661	69,721	12,818	21,716	444,895
011 DIETARY	357,092	20,393	32,790	62,610	14,771	25,025	512,681
012 CAFETERIA		6,926	11,136		564	956	19,582
014 NURSING ADMINISTRATION	259,481	4,255	6,842	55,903	10,198	17,277	353,956
015 CENTRAL SERVICES & SUPPLY	125,709	17,760	28,557	30,980	6,341	10,743	220,090
016 PHARMACY	1,258,096	10,796	17,360	70,293	42,373	71,787	1,470,705
017 MEDICAL RECORDS & LIBRARY	320,449	22,482	36,151	66,031	13,904	23,555	482,572
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,877,553	117,300	188,614	456,457	82,458	139,703	2,862,085
026 INTENSIVE CARE UNIT	452,236	31,362	50,429	110,244	20,124	34,094	698,489
033 NURSERY	82,796	2,512	4,040	18,826	3,379	5,724	117,277
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	538,163	101,819	163,722	124,231	28,985	49,105	1,006,025
039 DELIVERY ROOM & LABOR ROO	17,429	3,523	5,665	2,182	900	1,524	31,223
040 ANESTHESIOLOGY	588,016				18,367	31,117	637,500
041 RADIOLOGY-DIAGNOSTIC	757,838	42,656	68,589	117,116	30,805	52,189	1,069,193
041 01 ULTRASOUND	187,581	2,565	4,125		6,068	10,281	210,620
043 RADIOISOTOPE	135,259	3,169	5,095		4,483	7,595	155,601
044 LABORATORY	1,013,145	22,860	36,757	125,198	37,419	63,395	1,298,774
047 BLOOD STORING, PROCESSING	163,865	1,433	2,305		5,235	8,869	181,707
048 INTRAVENOUS THERAPY	26,543	2,542	4,088		1,036	1,755	35,964
049 RESPIRATORY THERAPY	392,854	18,952	30,473	91,000	16,658	28,221	578,158
050 PHYSICAL THERAPY	455,983	31,008	49,859	112,501	20,283	34,363	703,997
050 01 SPORTS THERAPY	52,108	936	1,504	11,993	2,078	3,521	72,140
051 OCCUPATIONAL THERAPY	95,607	4,293	6,903	23,794	4,079	6,911	141,587
052 SPEECH PATHOLOGY	59,537	2,346	3,773	14,719	2,511	4,253	87,139
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY		1,667	2,681		136	230	4,714
054 01 CARDIOPULMONARY	38,220	8,691	13,975	8,911	2,180	3,694	75,671
055 MEDICAL SUPPLIES CHARGED	661,586				20,665	35,010	717,261
055 30 IMPL. DEV. CHARGED TO PAT	39,977				1,249	2,116	43,342
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,297,764	44,889	72,180	208,890	50,719	85,926	1,760,368
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	513,664			112,439	19,557		645,660
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	199,713			38,544			238,257
095 SUBTOTALS	19,802,612	683,244	1,098,631	2,266,218	586,942	914,332	19,615,884
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		3,976	6,393				10,369
098 PHYSICIANS' PRIVATE OFFIC	701,367			120,519			821,886
098 01 CARLSLE CLINIC	213,647			30,564			244,211
098 02 HOSPICE							
100 MEALS ON WHEELS							
100 01 GUEST MEALS							
100 02 MARKETING	170,640	2,128	3,421	13,793	5,934		195,916
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	20,888,266	689,348	1,108,445	2,431,094	592,876	914,332	20,888,266

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6.03	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 IS/ACCOUNTING/MARKETING							
006 02 BUSINESS OFFICE & ADMITTI							
006 03 OTHER ADMINISTRATION AND	1,379,777						
008 OPERATION OF PLANT	90,775	1,374,236					
009 LAUNDRY & LINEN SERVICE	5,334	10,479	91,226				
010 HOUSEKEEPING	31,466	24,463		500,824			
011 DIETARY	36,260	51,218	584	19,153	619,896		
012 CAFETERIA	1,385	17,395	291	6,505	226,585	271,743	
014 NURSING ADMINISTRATION	25,034	10,687		3,996		7,343	401,016
015 CENTRAL SERVICES & SUPPLY	15,566	44,605		16,680		5,284	
016 PHARMACY	104,019	27,116		10,140		8,884	
017 MEDICAL RECORDS & LIBRARY	34,131	56,467		21,116		13,558	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	202,427	294,612	30,483	110,168	127,502	70,462	183,843
026 INTENSIVE CARE UNIT	49,402	78,770	1,910	29,456	9,513	13,415	34,980
033 NURSERY	8,295	6,310	1,512	2,360		2,472	6,452
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	71,153	255,732	20,929	95,630	12,795	15,762	41,131
039 DELIVERY ROOM & LABOR ROO	2,208	8,849	1,503	3,309		287	748
040 ANESTHESIOLOGY	45,088						
041 RADIOLOGY-DIAGNOSTIC	75,621	107,136	5,323	40,063		16,782	
041 01 ULTRASOUND	14,897	6,443		2,409		2,310	
043 RADIO SOTOPE	11,005	7,958		2,976		663	
044 LABORATORY	91,858	57,415	291	21,470		22,030	
047 BLOOD STORING, PROCESSING	12,852	3,600		1,346			
048 INTRAVENOUS THERAPY	2,544	6,386		2,388			
049 RESPIRATORY THERAPY	40,891	47,599	1,544	17,800		12,054	
050 PHYSICAL THERAPY	49,792	77,879	9,926	29,123		12,842	
050 01 SPORTS THERAPY	5,102	2,350		879		2,149	
051 OCCUPATIONAL THERAPY	10,014	10,782		4,032		2,740	
052 SPEECH PATHOLOGY	6,163	5,893		2,204		1,791	
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY	333	4,188		1,566			
054 01 CARDIOPULMONARY	5,352	21,829		8,163			
055 MEDICAL SUPPLIES CHARGED	50,730						
055 30 IMPL. DEV. CHARGED TO PAT	3,065						
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	124,506	112,745	16,930	42,160		29,123	75,997
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	45,666					16,120	42,080
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	16,851					6,054	15,785
095 SUBTOTALS	1,289,785	1,358,906	91,226	495,092	376,395	262,125	401,016
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	733	9,986		3,734			
098 PHYSICIANS' PRIVATE OFFIC	58,130					8,991	
098 01 CARLSLE CLINIC	17,272						
098 02 HOSPICE							
100 MEALS ON WHEELS					141,417		
100 01 GUEST MEALS					102,084		
100 02 MARKETING	13,857	5,344		1,998		627	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,379,777	1,374,236	91,226	500,824	619,896	271,743	401,016

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 IS/ACCOUNTING/MARKETING						
006 02 BUSINESS OFFICE & ADMITTI						
006 03 OTHER ADMINISTRATIVE AND						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY	302,225					
016 PHARMACY	2,795	1,623,659				
017 MEDICAL RECORDS & LIBRARY			607,844			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	13,523		58,835	3,953,940		3,953,940
026 INTENSIVE CARE UNIT	1,449		6,975	924,359		924,359
033 NURSERY	671		1,895	147,244		147,244
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	24,457		47,545	1,591,159		1,591,159
039 DELIVERY ROOM & LABOR ROO	666		1,883	50,676		50,676
040 ANESTHESIOLOGY			12,650	695,238		695,238
041 RADIOLOGY-DIAGNOSTIC	7,528		111,399	1,433,045		1,433,045
041 01 ULTRASOUND			24,311	260,990		260,990
043 RADIO SOTOPE			5,281	183,484		183,484
044 LABORATORY	13,801		97,324	1,602,963		1,602,963
047 BLOOD STORING, PROCESSING			8,060	207,565		207,565
048 INTRAVENOUS THERAPY			13,128	60,410		60,410
049 RESPIRATORY THERAPY	9,330		16,898	724,274		724,274
050 PHYSICAL THERAPY	2,505		16,909	902,973		902,973
050 01 SPORTS THERAPY	41		520	83,181		83,181
051 OCCUPATIONAL THERAPY	82		2,379	171,616		171,616
052 SPEECH PATHOLOGY	68		1,300	104,558		104,558
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPHY			424	11,225		11,225
054 01 CARDIOPULMONARY			2,480	113,495		113,495
055 MEDICAL SUPPLIES CHARGED	200,565		56,998	1,025,554		1,025,554
055 30 IMPL. DEV. CHARGED TO PAT	13,576		721	60,704		60,704
056 DRUGS CHARGED TO PATIENTS		1,623,659	33,006	1,656,665		1,656,665
058 ASC (NON-DISTINCT PART)						
061 OUTPAT SERVICE COST CNTRS						
061 EMERGENCY	6,808		86,923	2,255,560		2,255,560
062 OBSERVATION BEDS (NON-DIS						
062 OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY	1,007			750,533		750,533
093 SPEC PURPOSE COST CENTERS						
093 HOSPICE	802			277,749		277,749
095 SUBTOTALS	299,674	1,623,659	607,844	19,249,160		19,249,160
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				24,822		24,822
098 PHYSICIANS' PRIVATE OFFIC	2,551			891,558		891,558
098 01 CARLSLE CLINIC				261,483		261,483
098 02 HOSPICE						
100 MEALS ON WHEELS				141,417		141,417
100 01 GUEST MEALS				102,084		102,084
100 02 MARKETING				217,742		217,742
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	302,225	1,623,659	607,844	20,888,266		20,888,266

ALLOCATION OF NEW CAPITAL RELATED COSTS

15-1327

FROM 1/ 1/2010

WORKSHEET B

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TO 12/31/2010

PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	IS/ACCOUNTING /MARKETING	BUSINESS OFFICE & ADMITTI
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		4,104	6,599	10,703	10,703		
006 01 IS/ACCOUNTING/MARKETING		18,009	28,957	46,966	363	47,329	
006 02 BUSINESS OFFICE & ADMITTI		15,179	24,408	39,587	547	2,211	42,345
006 03 OTHER ADMINISTRATIVE AND		24,889	40,021	64,910	135	3,174	3,120
008 OPERATION OF PLANT		80,016	128,663	208,679	390	2,952	2,902
009 LAUNDRY & LINEN SERVICE		4,172	6,709	10,881	35	173	171
010 HOUSEKEEPING		9,740	15,661	25,401	307	1,023	1,006
011 DIETARY		20,393	32,790	53,183	276	1,179	1,159
012 CAFETERIA		6,926	11,136	18,062		45	44
014 NURSING ADMINISTRATION		4,255	6,842	11,097	246	814	800
015 CENTRAL SERVICES & SUPPLY		17,760	28,557	46,317	136	506	498
016 PHARMACY		10,796	17,360	28,156	309	3,383	3,325
017 MEDICAL RECORDS & LIBRARY		22,482	36,151	58,633	291	1,110	1,091
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		117,300	188,614	305,914	2,006	6,575	6,464
026 INTENSIVE CARE UNIT		31,362	50,429	81,791	485	1,607	1,579
033 NURSERY		2,512	4,040	6,552	83	270	265
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		101,819	163,722	265,541	547	2,314	2,275
039 DELIVERY ROOM & LABOR ROO		3,523	5,665	9,188	10	72	71
040 ANESTHESIOLOGY						1,467	1,441
041 RADIOLOGY-DIAGNOSTIC		42,656	68,589	111,245	516	2,460	2,417
041 01 ULTRASOUND		2,565	4,125	6,690		485	476
043 RADIO SOTOPE		3,169	5,095	8,264		358	352
044 LABORATORY		22,860	36,757	59,617	551	2,988	2,936
047 BLOOD STORING, PROCESSING		1,433	2,305	3,738		418	411
048 INTRAVENOUS THERAPY		2,542	4,088	6,630		83	81
049 RESPIRATORY THERAPY		18,952	30,473	49,425	401	1,330	1,307
050 PHYSICAL THERAPY		31,008	49,859	80,867	495	1,619	1,592
050 01 SPORTS THERAPY		936	1,504	2,440	53	166	163
051 OCCUPATIONAL THERAPY		4,293	6,903	11,196	105	326	320
052 SPEECH PATHOLOGY		2,346	3,773	6,119	65	200	197
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY		1,667	2,681	4,348		11	11
054 01 CARDIOPULMONARY		8,691	13,975	22,666	39	174	171
055 MEDICAL SUPPLIES CHARGED						1,650	1,622
055 30 IMPL. DEV. CHARGED TO PAT						100	98
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		44,889	72,180	117,069	920	4,050	3,980
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY					495	1,562	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE					170		
095 SUBTOTALS		683,244	1,098,631	1,781,875	9,976	46,855	42,345
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		3,976	6,393	10,369			
098 PHYSICIANS' PRIVATE OFFIC					531		
098 01 CARLSLE CLINIC					135		
098 02 HOSPICE							
100 MEALS ON WHEELS							
100 01 GUEST MEALS							
100 02 MARKETING		2,128	3,421	5,549	61	474	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		689,348	1,108,445	1,797,793	10,703	47,329	42,345

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6.03	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 IS/ACCOUNTING/MARKETING							
006 02 BUSINESS OFFICE & ADMITTI							
006 03 OTHER ADMINISTRATION AND	71,339						
008 OPERATION OF PLANT	4,694	219,617					
009 LAUNDRY & LINEN SERVICE	276	1,675	13,211				
010 HOUSEKEEPING	1,627	3,909		33,273			
011 DIETARY	1,875	8,185	85	1,272	67,214		
012 CAFETERIA	72	2,780	42	432	24,568	46,045	
014 NURSING ADMINISTRATION	1,294	1,708		266		1,244	17,469
015 CENTRAL SERVICES & SUPPLY	805	7,128		1,108		895	
016 PHARMACY	5,378	4,333		674		1,505	
017 MEDICAL RECORDS & LIBRARY	1,765	9,024		1,403		2,297	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	10,461	47,084	4,413	7,319	13,825	11,941	8,007
026 INTENSIVE CARE UNIT	2,554	12,588	277	1,957	1,031	2,273	1,524
033 NURSERY	429	1,008	219	157		419	281
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,679	40,869	3,031	6,353	1,387	2,671	1,792
039 DELIVERY ROOM & LABOR ROO	114	1,414	218	220		49	33
040 ANESTHESIOLOGY	2,331						
041 RADIOLOGY-DIAGNOSTIC	3,910	17,121	771	2,662		2,844	
041 01 ULTRASOUND	770	1,030		160		391	
043 RADIOISOTOPE	569	1,272		198		112	
044 LABORATORY	4,750	9,175	42	1,426		3,733	
047 BLOOD STORING, PROCESSING	665	575		89			
048 INTRAVENOUS THERAPY	132	1,021		159			
049 RESPIRATORY THERAPY	2,114	7,607	224	1,183		2,042	
050 PHYSICAL THERAPY	2,575	12,446	1,437	1,935		2,176	
050 01 SPORTS THERAPY	264	375		58		364	
051 OCCUPATIONAL THERAPY	518	1,723		268		464	
052 SPEECH PATHOLOGY	319	942		146		303	
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY	17	669		104			
054 01 CARDIOPULMONARY	277	3,488		542			
055 MEDICAL SUPPLIES CHARGED	2,623						
055 30 IMPL. DEV. CHARGED TO PAT	159						
056 DRUGS CHARGED TO PATIENTS							
058 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	6,438	18,018	2,452	2,801		4,935	3,311
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	2,361					2,731	1,833
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	871					1,026	688
095 SUBTOTALS	66,686	217,167	13,211	32,892	40,811	44,415	17,469
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	38	1,596		248			
098 PHYSICIANS' PRIVATE OFFIC	3,006					1,524	
098 01 CARLSLE CLINIC	893						
098 02 HOSPICE							
100 MEALS ON WHEELS					15,334		
100 01 GUEST MEALS					11,069		
100 02 MARKETING	716	854		133		106	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	71,339	219,617	13,211	33,273	67,214	46,045	17,469

ALLOCATION OF NEW CAPITAL RELATED COSTS

15-1327

FROM 1/1/2010

WORKSHEET B

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| TO

12/31/2010

PART III

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 IS/ACCOUNTING/MARKETING						
006 02 BUSINESS OFFICE & ADMITTI						
006 03 OTHER ADMINISTRATIVE AND						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY	57,393					
016 PHARMACY	531	47,594				
017 MEDICAL RECORDS & LIBRARY			75,614			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	2,568		7,319	433,896		433,896
026 INTENSIVE CARE UNIT	275		868	108,809		108,809
033 NURSERY	127		236	10,046		10,046
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	4,644		5,914	341,017		341,017
039 DELIVERY ROOM & LABOR ROO	127		234	11,750		11,750
040 ANESTHESIOLOGY			1,574	6,813		6,813
041 RADIOLOGY-DIAGNOSTIC	1,429		13,856	159,231		159,231
041 01 ULTRASOUND			3,024	13,026		13,026
043 RADIOISOTOPE			657	11,782		11,782
044 LABORATORY	2,621		12,107	99,946		99,946
047 BLOOD STORING, PROCESSING			1,003	6,899		6,899
048 INTRAVENOUS THERAPY			1,633	9,739		9,739
049 RESPIRATORY THERAPY	1,772		2,102	69,507		69,507
050 PHYSICAL THERAPY	476		2,103	107,721		107,721
050 01 SPORTS THERAPY	8		65	3,956		3,956
051 OCCUPATIONAL THERAPY	16		296	15,232		15,232
052 SPEECH PATHOLOGY	13		162	8,466		8,466
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPHY			53	5,213		5,213
054 01 CARDIOPULMONARY			309	27,666		27,666
055 MEDICAL SUPPLIES CHARGED	38,088		7,090	51,073		51,073
055 30 IMPL. DEV. CHARGED TO PAT	2,578		90	3,025		3,025
056 DRUGS CHARGED TO PATIENTS		47,594	4,106	51,700		51,700
058 ASC (NON-DISTINCT PART)						
061 OUTPAT SERVICE COST CNTRS						
061 EMERGENCY	1,293		10,813	176,080		176,080
062 OBSERVATION BEDS (NON-DIS						
062 OTHER REIMBURS COST CNTRS						
071 HOME HEALTH AGENCY	191			9,173		9,173
093 SPEC PURPOSE COST CENTERS						
093 HOSPICE	152			2,907		2,907
095 SUBTOTALS	56,909	47,594	75,614	1,744,673		1,744,673
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				12,251		12,251
098 PHYSICIANS' PRIVATE OFFIC	484			5,545		5,545
098 01 CARLSLE CLINIC				1,028		1,028
098 02 HOSPICE						
100 MEALS ON WHEELS				15,334		15,334
100 01 GUEST MEALS				11,069		11,069
100 02 MARKETING				7,893		7,893
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	57,393	47,594	75,614	1,797,793		1,797,793

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & OSTS (SQUARE FEET)	NEW CAP REL COSTS-MVBLE & OSTS (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	IS/ACCOUNTING /MARKETING (ACCUM.)T	BUSINESS OFFICE & ADMINI TTI (ACCUM.)T	COS RECONCILIATION () IATION
	3	4	5	6.01	6.02	6a.03
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	91,372					
004 NEW CAP REL COSTS-MVB		91,372				
005 EMPLOYEE BENEFITS	544	544	9,538,965			
006 01 IS/ACCOUNTING/MARKETI	2,387	2,387	323,554	18,980,667		
006 02 BUSINESS OFFICE & ADM	2,012	2,012	487,257	886,637	17,817,635	
006 03 OTHER ADMINI STRATIVE	3,299	3,299	119,943	1,272,675	1,312,428	-1,379,777
008 OPERATION OF PLANT	10,606	10,606	347,482	1,183,836	1,220,814	
009 LAUNDRY & LINEN SERVI	553	553	30,855	69,559	71,732	
010 HOUSEKEEPING	1,291	1,291	273,566	410,361	423,179	
011 DIETARY	2,703	2,703	245,666	472,885	487,656	
012 CAFETERIA	918	918		18,062	18,626	
014 NURSING ADMINI STRATIO	564	564	219,350	326,481	336,679	
015 CENTRAL SERVICES & SU	2,354	2,354	121,556	203,006	209,347	
016 PHARMACY	1,431	1,431	275,810	1,356,545	1,398,918	
017 MEDICAL RECORDS & LIB	2,980	2,980	259,089	445,113	459,017	
025 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS	15,548	15,548	1,791,011	2,639,924	2,722,382	
026 INTENSIVE CARE UNIT	4,157	4,157	432,570	644,271	664,395	
033 NURSERY	333	333	73,870	108,174	111,553	
037 ANCILLARY SRVC COST C						
OPERATING ROOM	13,496	13,496	487,449	927,935	956,920	
039 DELIVERY ROOM & LABOR	467	467	8,560	28,799	29,699	
040 ANESTHESIOLOGY				588,016	606,383	
041 RADIOLOGY-DIAGNOSTIC	5,654	5,654	459,531	986,199	1,017,004	
041 01 ULTRASOUND	340	340		194,271	200,339	
043 RADIOISOTOPE	420	420		143,523	148,006	
044 LABORATORY	3,030	3,030	491,246	1,197,960	1,235,379	
047 BLOOD STORING, PROCES	190	190		167,603	172,838	
048 INTRAVENOUS THERAPY	337	337		33,173	34,209	
049 RESPIRATORY THERAPY	2,512	2,512	357,062	533,279	549,937	
050 PHYSICAL THERAPY	4,110	4,110	441,423	649,351	669,634	
050 01 SPORTS THERAPY	124	124	47,059	66,541	68,619	
051 OCCUPATIONAL THERAPY	569	569	93,360	130,597	134,676	
052 SPEECH PATHOLOGY	311	311	57,754	80,375	82,886	
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPH	221	221		4,348	4,484	
054 01 CARDIOPULMONARY	1,152	1,152	34,964	69,797	71,977	
055 MEDICAL SUPPLIES CHAR				661,586	682,251	
055 30 IMPL. DEV. CHARGED TO				39,977	41,226	
056 DRUGS CHARGED TO PATI						
058 ASC (NON-DISTINCT PAR						
OUTPAT SERVICE COST C						
EMERGENCY	5,950	5,950	819,628	1,623,723	1,674,442	
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY			441,182	626,103		
SPEC PURPOSE COST CEN						
093 HOSPICE			151,238			
095 SUBTOTALS	90,563	90,563	8,892,035	18,790,685	17,817,635	-1,379,777
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	527	527				
098 PHYSICIANS' PRIVATE O			472,884			
098 01 CARLSLE CLINIC			119,925			
098 02 HOSPICE						
100 MEALS ON WHEELS						
100 01 GUEST MEALS						
100 02 MARKETING	282	282	54,121	189,982		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	689,348	1,108,445	2,431,094	592,876	914,332	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	7.544412		.254859		.051316	
(WRKSHT B, PT I)		12.131123		.031236		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			10,703	47,329	42,345	
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.001122		.002377	
(WRKSHT B, PT III)				.002494		

COST CENTER DESCRIPTION	OTHER ADMINISTRATIVE AND OPERATIONAL PLANT	LAUNDRY & LINEN SERVICE	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE'S)	(DIRECT HRS)	(NR)
6.03	8	9	10	11	12	14	
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 IS/ACCOUNTING/MARKETING							
006 02 BUSINESS OFFICE & ADMIN							
006 03 OTHER ADMINISTRATIVE	19,508,489						
008 OPERATION OF PLANT	1,283,461	72,524					
009 LAUNDRY & LINEN SERVICE	75,413	553	120,816				
010 HOUSEKEEPING	444,895	1,291		70,680			
011 DIETARY	512,681	2,703	773	2,703	61,386		
012 CAFETERIA	19,582	918	385		22,438	15,172	
014 NURSING ADMINISTRATION	353,956	564		564		410	178,496
015 CENTRAL SERVICES & SUPPLY	220,090	2,354		2,354		295	
016 PHARMACY	1,470,705	1,431		1,431		496	
017 MEDICAL RECORDS & LIBRARY	482,572	2,980		2,980		757	
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	2,862,085	15,548	40,372	15,548	12,626	3,934	81,830
026 INTENSIVE CARE UNIT	698,489	4,157	2,530	4,157	942	749	15,570
033 NURSERY	117,277	333	2,002	333		138	2,872
037 ANCILLARY SERVICE COST CENTER OPERATING ROOM	1,006,025	13,496	27,718	13,496	1,267	880	18,308
039 DELIVERY ROOM & LABOR	31,223	467	1,990	467		16	333
040 ANESTHESIOLOGY	637,500						
041 RADIOLOGY-DIAGNOSTIC	1,069,193	5,654	7,049	5,654		937	
041 01 ULTRASOUND	210,620	340		340		129	
043 RADIOISOTOPE	155,601	420		420		37	
044 LABORATORY	1,298,774	3,030	385	3,030		1,230	
047 BLOOD STORAGE, PROCESSING	181,707	190		190			
048 INTRAVENOUS THERAPY	35,964	337		337			
049 RESPIRATORY THERAPY	578,158	2,512	2,045	2,512		673	
050 PHYSICAL THERAPY	703,997	4,110	13,145	4,110		717	
050 01 SPORTS THERAPY	72,140	124		124		120	
051 OCCUPATIONAL THERAPY	141,587	569		569		153	
052 SPEECH PATHOLOGY	87,139	311		311		100	
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPH	4,714	221		221			
054 01 CARDIOPULMONARY	75,671	1,152		1,152			
055 MEDICAL SUPPLIES CHARGED TO	717,261						
055 30 IMPL. DEV. CHARGED TO	43,342						
056 DRUGS CHARGED TO PATIENT							
058 ASC (NON-DISTINCT PATIENT OUTPAT SERVICE COST CENTER EMERGENCY)	1,760,368	5,950	22,422	5,950		1,626	33,827
062 OBSERVATION BEDS (NON-OTHER REIMBURS COST CENTER HOME HEALTH AGENCY SPEC PURPOSE COST CENTER HOSPICE)	645,660					900	18,730
071 SUBTOTALS	238,257					338	7,026
093 NONREIMBURS COST CENTER GIFT, FLOWER, COFFEE	18,236,107	71,715	120,816	69,871	37,273	14,635	178,496
095 PHYSICIANS' PRIVATE OFFICE	10,369	527		527			
098 01 CARLSLE CLINIC	821,886					502	
098 02 HOSPICE	244,211						
100 MEALS ON WHEELS					14,004		
100 01 GUEST MEALS					10,109		
100 02 MARKETING	195,916	282		282		35	
101 CROSS FOOT ADJUSTMENT NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	1,379,777	1,374,236	91,226	500,824	619,896	271,743	401,016
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.070727	18.948707	.755082	7.085795	10.098329	17.910823	2.246639
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	71,339	219,617	13,211	33,273	67,214	46,045	17,469
107 COST TO BE ALLOCATED (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.003657	3.028198	.109348	.470756	1.094940	3.034867	.097868

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED EQUI S.)	PHARMACY (COSTED) EQUI S.	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	15	16	17
GENERAL SERVICE COST			
003 NEW CAP REL COSTS-BLD			
004 NEW CAP REL COSTS-MVB			
005 EMPLOYEE BENEFITS			
006 01 IS/ACCOUNTING/MARKETING			
006 02 BUSINESS OFFICE & ADMIN			
006 03 OTHER ADMINISTRATIVE			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY	889,946		
016 PHARMACY	8,230	100	
017 MEDICAL RECORDS & LIBRARY			51,334,306
INPAT ROUTINE SERVICE			
ADULTS & PEDIATRICS	39,820		4,968,717
INTENSIVE CARE UNIT	4,267		589,097
033 NURSERY	1,975		160,035
ANCILLARY SERVICE COST CENTER			
OPERATING ROOM	72,016		4,015,273
039 DELIVERY ROOM & LABOR	1,962		159,017
040 ANESTHESIOLOGY			1,068,322
041 RADIOLOGY-DIAGNOSTIC	22,166		9,408,500
041 01 ULTRASOUND			2,053,132
043 RADIOISOTOPE			445,975
044 LABORATORY	40,640		8,219,235
047 BLOOD STORAGE, PROCESSING			680,660
048 INTRAVENOUS THERAPY			1,108,662
049 RESPIRATORY THERAPY	27,475		1,427,101
050 PHYSICAL THERAPY	7,376		1,428,019
050 01 SPORTS THERAPY	122		43,933
051 OCCUPATIONAL THERAPY	241		200,878
052 SPEECH PATHOLOGY	200		109,780
053 ELECTROCARDIOLOGY			
054 ELECTROENCEPHALOGRAPHY			35,803
054 01 CARDIOPULMONARY			209,442
055 MEDICAL SUPPLIES CHARGED TO	590,593		4,813,613
055 30 IMPL. DEV. CHARGED TO	39,977		60,886
056 DRUGS CHARGED TO PATIENT		100	2,787,418
058 ASC (NON-DISTINCT PATIENT)			
OUTPAT SERVICE COST CENTER			
EMERGENCY	20,047		7,340,808
062 OBSERVATION BEDS (NON-REIMBURSING)			
OTHER REIMBURSING COST CENTER			
071 HOME HEALTH AGENCY	2,965		
SPEC PURPOSE COST CENTER			
HOSPICE	2,362		
095 SUBTOTALS	882,434	100	51,334,306
NONREIMBURSING COST CENTER			
GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE OFFICE	7,512		
098 01 CARLSLE CLINIC			
098 02 HOSPICE			
100 MEALS ON WHEELS			
100 01 GUEST MEALS			
100 02 MARKETING			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)	302,225	1,623,659	607,844
104 UNIT COST MULTIPLIER (WORKSHEET B, PT I)	.339599	16,236.590000	.011841
105 COST TO BE ALLOCATED (PER WORKSHEET B, PART I)			
106 UNIT COST MULTIPLIER (WORKSHEET B, PT I I)			
107 COST TO BE ALLOCATED (PER WORKSHEET B, PART I I I)	57,393	47,594	75,614
108 UNIT COST MULTIPLIER (WORKSHEET B, PT I I I I)	.064490	475.940000	.001473

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,953,940		3,953,940		3,953,940
26	INTENSIVE CARE UNIT	924,359		924,359		924,359
33	NURSERY	147,244		147,244		147,244
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,591,159		1,591,159		1,591,159
39	DELIVERY ROOM & LABOR ROO	50,676		50,676		50,676
40	ANESTHESIOLOGY	695,238		695,238		695,238
41	RADIOLOGY-DIAGNOSTIC	1,433,045		1,433,045		1,433,045
41	01 ULTRASOUND	260,990		260,990		260,990
43	RADIOISOTOPE	183,484		183,484		183,484
44	LABORATORY	1,602,963		1,602,963		1,602,963
47	BLOOD STORING, PROCESSING	207,565		207,565		207,565
48	INTRAVENOUS THERAPY	60,410		60,410		60,410
49	RESPIRATORY THERAPY	724,274		724,274		724,274
50	PHYSICAL THERAPY	902,973		902,973		902,973
50	01 SPORTS THERAPY	83,181		83,181		83,181
51	OCCUPATIONAL THERAPY	171,616		171,616		171,616
52	SPEECH PATHOLOGY	104,558		104,558		104,558
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY	11,225		11,225		11,225
54	01 CARDIOPULMONARY	113,495		113,495		113,495
55	MEDICAL SUPPLIES CHARGED	1,025,554		1,025,554		1,025,554
55	30 IMPL. DEV. CHARGED TO PAT	60,704		60,704		60,704
56	DRUGS CHARGED TO PATIENTS	1,656,665		1,656,665		1,656,665
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,255,560		2,255,560		2,255,560
62	OBSERVATION BEDS (NON-DIS	1,257,818		1,257,818		1,257,818
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	19,478,696		19,478,696		19,478,696
102	LESS OBSERVATION BEDS	1,257,818		1,257,818		1,257,818
103	TOTAL	18,220,878		18,220,878		18,220,878

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	1,591,159	341,017	1,250,142			1,591,159
39	OPERATING ROOM	50,676	11,750	38,926			50,676
40	DELIVERY ROOM & LABOR ROO	695,238	6,813	688,425			695,238
41	RADIOLOGY-DIAGNOSTIC	1,433,045	159,231	1,273,814			1,433,045
41	01 ULTRASOUND	260,990	13,026	247,964			260,990
43	RADIOISOTOPE	183,484	11,782	171,702			183,484
44	LABORATORY	1,602,963	99,946	1,503,017			1,602,963
47	BLOOD STORING, PROCESSING	207,565	6,899	200,666			207,565
48	INTRAVENOUS THERAPY	60,410	9,739	50,671			60,410
49	RESPIRATORY THERAPY	724,274	69,507	654,767			724,274
50	PHYSICAL THERAPY	902,973	107,721	795,252			902,973
50	01 SPORTS THERAPY	83,181	3,956	79,225			83,181
51	OCCUPATIONAL THERAPY	171,616	15,232	156,384			171,616
52	SPEECH PATHOLOGY	104,558	8,466	96,092			104,558
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY	11,225	5,213	6,012			11,225
54	01 CARDIOPULMONARY	113,495	27,666	85,829			113,495
55	MEDICAL SUPPLIES CHARGED	1,025,554	51,073	974,481			1,025,554
55	30 IMPL. DEV. CHARGED TO PAT	60,704	3,025	57,679			60,704
56	DRUGS CHARGED TO PATIENTS	1,656,665	51,700	1,604,965			1,656,665
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,255,560	176,080	2,079,480			2,255,560
62	OBSERVATION BEDS (NON-DIS	1,257,818		1,257,818			1,257,818
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	14,453,153	1,179,842	13,273,311			14,453,153
102	LESS OBSERVATION BEDS	1,257,818		1,257,818			1,257,818
103	TOTAL	13,195,335	1,179,842	12,015,493			13,195,335

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	4,015,273	.396277	.396277
39	DELIVERY ROOM & LABOR ROO	159,017	.318683	.318683
40	ANESTHESIOLOGY	1,068,322	.650776	.650776
41	RADIOLOGY-DIAGNOSTIC	9,408,500	.152314	.152314
41 01	ULTRASOUND	2,053,132	.127118	.127118
43	RADIOISOTOPE	445,975	.411422	.411422
44	LABORATORY	8,219,235	.195026	.195026
47	BLOOD STORING, PROCESSING	680,660	.304947	.304947
48	INTRAVENOUS THERAPY	1,108,662	.054489	.054489
49	RESPIRATORY THERAPY	1,427,101	.507514	.507514
50	PHYSICAL THERAPY	1,428,019	.632326	.632326
50 01	SPORTS THERAPY	43,933	1.893360	1.893360
51	OCCUPATIONAL THERAPY	200,878	.854329	.854329
52	SPEECH PATHOLOGY	109,780	.952432	.952432
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY	35,803	.313521	.313521
54 01	CARDIOPULMONARY	209,442	.541892	.541892
55	MEDICAL SUPPLIES CHARGED	4,813,613	.213053	.213053
55 30	IMPL. DEV. CHARGED TO PAT	60,886	.997011	.997011
56	DRUGS CHARGED TO PATIENTS	2,787,418	.594337	.594337
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	7,340,808	.307263	.307263
62	OBSERVATION BEDS (NON-DIS	1,748,691	.719291	.719291
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	47,365,148		
102	LESS OBSERVATION BEDS	1,748,691		
103	TOTAL	45,616,457		

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	1,591,159	341,017	1,250,142			1,591,159
39	DELIVERY ROOM & LABOR ROO	50,676	11,750	38,926			50,676
40	ANESTHESIOLOGY	695,238	6,813	688,425			695,238
41	RADIOLOGY-DIAGNOSTIC	1,433,045	159,231	1,273,814			1,433,045
41 01	ULTRASOUND	260,990	13,026	247,964			260,990
43	RADIOISOTOPE	183,484	11,782	171,702			183,484
44	LABORATORY	1,602,963	99,946	1,503,017			1,602,963
47	BLOOD STORING, PROCESSING	207,565	6,899	200,666			207,565
48	INTRAVENOUS THERAPY	60,410	9,739	50,671			60,410
49	RESPIRATORY THERAPY	724,274	69,507	654,767			724,274
50	PHYSICAL THERAPY	902,973	107,721	795,252			902,973
50 01	SPORTS THERAPY	83,181	3,956	79,225			83,181
51	OCCUPATIONAL THERAPY	171,616	15,232	156,384			171,616
52	SPEECH PATHOLOGY	104,558	8,466	96,092			104,558
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY	11,225	5,213	6,012			11,225
54 01	CARDIOPULMONARY	113,495	27,666	85,829			113,495
55	MEDICAL SUPPLIES CHARGED	1,025,554	51,073	974,481			1,025,554
55 30	IMPL. DEV. CHARGED TO PAT	60,704	3,025	57,679			60,704
56	DRUGS CHARGED TO PATIENTS	1,656,665	51,700	1,604,965			1,656,665
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,255,560	176,080	2,079,480			2,255,560
62	OBSERVATION BEDS (NON-DIS	1,257,818		1,257,818			1,257,818
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	14,453,153	1,179,842	13,273,311			14,453,153
102	LESS OBSERVATION BEDS	1,257,818		1,257,818			1,257,818
103	TOTAL	13,195,335	1,179,842	12,015,493			13,195,335

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	4,015,273	.396277	.396277
39	DELIVERY ROOM & LABOR ROO	159,017	.318683	.318683
40	ANESTHESIOLOGY	1,068,322	.650776	.650776
41	RADIOLOGY-DIAGNOSTIC	9,408,500	.152314	.152314
41 01	ULTRASOUND	2,053,132	.127118	.127118
43	RADIOISOTOPE	445,975	.411422	.411422
44	LABORATORY	8,219,235	.195026	.195026
47	BLOOD STORING, PROCESSING	680,660	.304947	.304947
48	INTRAVENOUS THERAPY	1,108,662	.054489	.054489
49	RESPIRATORY THERAPY	1,427,101	.507514	.507514
50	PHYSICAL THERAPY	1,428,019	.632326	.632326
50 01	SPORTS THERAPY	43,933	1.893360	1.893360
51	OCCUPATIONAL THERAPY	200,878	.854329	.854329
52	SPEECH PATHOLOGY	109,780	.952432	.952432
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY	35,803	.313521	.313521
54 01	CARDIOPULMONARY	209,442	.541892	.541892
55	MEDICAL SUPPLIES CHARGED	4,813,613	.213053	.213053
55 30	IMPL. DEV. CHARGED TO PAT	60,886	.997011	.997011
56	DRUGS CHARGED TO PATIENTS	2,787,418	.594337	.594337
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	7,340,808	.307263	.307263
62	OBSERVATION BEDS (NON-DIS	1,748,691	.719291	.719291
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	47,365,148		
102	LESS OBSERVATION BEDS	1,748,691		
103	TOTAL	45,616,457		

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					841.35
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,307,458
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,307,458

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	924,359	314	2,943.82	225	662,360
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	551,084
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	551,084
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XVIII PART A HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,495
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	841.35
85	OBSERVATION BED COST	1,257,818

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,495
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	- 1.53
85	OBSERVATION BED COST	-2,287

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				

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	4,403,844
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	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,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)	4,403,844

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)	4,447,882
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	31,773
18.01	CAH ACTUAL BILLED COINSURANCE	2,323,996
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,092,113
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	2,092,113
24	PRIMARY PAYER PAYMENTS	1,333
25	SUBTOTAL	2,090,780

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	691,672
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	691,672
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	501,874
28	SUBTOTAL	2,782,452
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	2,782,452
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,337,751
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	444,701
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 ADJUSTMENT 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 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,304,616		2,185,825
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			7/29/2010	151,926
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	7/29/2010	120,712		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-120,712		151,926
4 TOTAL INTERIM PAYMENTS		3,183,904		2,337,751
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)		359,813		444,701
7 TOTAL MEDICARE PROGRAM LIABILITY		2,824,091		2,782,452

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	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		798,994		
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	7/29/2010	14,685		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL		14,685		NONE
4 TOTAL INTERIM PAYMENTS		813,679		
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		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		22,558		
7 TOTAL MEDICARE PROGRAM LIABILITY		791,121		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

1	INPATIENT SERVICES	3,130,312
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	3,130,312
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	3,161,615
COMPUTATION OF LESSER OF COST OR CHARGES		
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	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DI RECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	3,161,615
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	444,368
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,717,247
23	COI NSURANCE	1,925
24	SUBTOTAL	2,715,322
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	108,769
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	108,769
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	71,093
26	SUBTOTAL	2,824,091
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DI SPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,824,091
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	3,183,904
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	-359,813
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTI ON 115.2.	

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

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

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		26,934,728		
2 OF PERIOD				
3 NET INCOME (LOSS)		1,555,187		
4 TOTAL		28,489,915		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ROUNDING	4			
7				
8				
9				
10 TOTAL ADDITIONS			4	
11 SUBTOTAL		28,489,919		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		28,489,919		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ROUNDING				
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	3,060,369		3,060,369
4 00 SWING BED - SNF	326,403		326,403
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	3,386,772		3,386,772
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	594,300		594,300
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	594,300		594,300
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	3,981,072		3,981,072
17 00 ANCILLARY SERVICES	7,948,876	40,135,717	48,084,593
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		1,450,419	1,450,419
23 00 HOSPICE		154,678	154,678
24 00			
25 00 TOTAL PATIENT REVENUES	11,929,948	41,740,814	53,670,762

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		21,528,955	
ADD (SPECIFY)			
27 00 EXPENSES NOT INCLUDED ON WORKSHEET A	4,329,975		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		4,329,975	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		25,858,930	

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						
	103,513		5,729		48,064	157,306
HHA REIMBURSABLE SERVICES						
6	163,478		9,048			172,526
7	97,720		5,408			103,128
8	30,010		1,661			31,671
9	1,746		97			1,843
10	20,784		1,150			21,934
11	23,931		1,325			25,256
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	441,182		24,418		48,064	513,664

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		157,306		157,306
HHA REIMBURSABLE SERVICES				
6		172,526		172,526
7		103,128		103,128
8		31,671		31,671
9		1,843		1,843
10		21,934		21,934
11		25,256		25,256
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		513,664		513,664

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							
		157,306				157,306	157,306
HHA REIMBURSABLE SERVICES							
6		172,526				172,526	76,158
7		103,128				103,128	45,523
8		31,671				31,671	13,980
9		1,843				1,843	814
10		21,934				21,934	9,682
11		25,256				25,256	11,149
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		513,664				513,664	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6		248,684					
7		148,651					
8		45,651					
9		2,657					
10		31,616					
11		36,405					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		513,664					
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						
2						
3						
4						
5						
					-157,306	356,358
HHA REIMBURSABLE SERVICES						
6						172,526
7						103,128
8						31,671
9						1,843
10						21,934
11						25,256
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24						
					-157,306	356,358
25						157,306
26						.441427

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5	IS/ACCOUNTING/MARKETING 6.01	BUSINESS OFFICE & ADMITT 6.02
1 ADMIN & GENERAL				26,381	824	
2 SKILLED NURSING CARE	248,684			41,664	9,069	
3 PHYSICAL THERAPY	148,651			24,905	5,421	
4 OCCUPATIONAL THERAPY	45,651			7,648	1,665	
5 SPEECH PATHOLOGY	2,657			445	97	
6 MEDICAL SOCIAL SERVICES	31,616			5,297	1,153	
7 HOME HEALTH AIDE	36,405			6,099	1,328	
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)	513,664			112,439	19,557	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL 6A.02	OTHER ADMIN STRATIVE AND 6.03	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	27,205	1,924				
2 SKILLED NURSING CARE	299,417	21,178				
3 PHYSICAL THERAPY	178,977	12,659				
4 OCCUPATIONAL THERAPY	54,964	3,887				
5 SPEECH PATHOLOGY	3,199	226				
6 MEDICAL SOCIAL SERVICES	38,066	2,692				
7 HOME HEALTH AIDE	43,832	3,100				
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)	645,660	45,666				
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	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SUBTOTAL 25
1 ADMIN & GENERAL	3,779	42,080	1,007			75,995
2 SKILLED NURSING CARE	5,982					326,577
3 PHYSICAL THERAPY	3,564					195,200
4 OCCUPATIONAL THERAPY	1,093					59,944
5 SPEECH PATHOLOGY	72					3,497
6 MEDICAL SOCIAL SERVICES	752					41,510
7 HOME HEALTH AIDE	878					47,810
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)	16,120	42,080	1,007			750,533
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	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		75,995		
2 SKILLED NURSING CARE		326,577	36,793	363,370
3 PHYSICAL THERAPY		195,200	21,992	217,192
4 OCCUPATIONAL THERAPY		59,944	6,753	66,697
5 SPEECH PATHOLOGY		3,497	394	3,891
6 MEDICAL SOCIAL SERVICES		41,510	4,677	46,187
7 HOME HEALTH AIDE		47,810	5,386	53,196
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)		750,533	75,995	750,533
21 UNIT COST MULTIPLIER			0.112662	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BENEFITS (GROSS SALARIES) 5	IS/ACCOUNTING/MARKETING (ACCUM. COS) T 6.01	BUSINESS OFFICE & ADMITTANCE (ACCUM. COS) T 6.02	RECONCILIATION 6A.03
1 ADMIN & GENERAL			103,513	26,381		
2 SKILLED NURSING CARE			163,478	290,348		
3 PHYSICAL THERAPY			97,720	173,556		
4 OCCUPATIONAL THERAPY			30,010	53,299		
5 SPEECH PATHOLOGY			1,746	3,102		
6 MEDICAL SOCIAL SERVICES			20,784	36,913		
7 HOME HEALTH AIDE			23,931	42,504		
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)			441,182	626,103		
21 COST TO BE ALLOCATED			112,439	19,557		
22 UNIT COST MULTIPLIER			0.254859	0.031236		

HHA COST CENTER	OTHER ADMINISTRATIVE AND (ACCUM. COST) 6.03	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (SQUARE FEET) 10	DIETARY (MEALS SERVED) 11	CAFETERIA (FTE'S) 12
1 ADMIN & GENERAL	27,205					211
2 SKILLED NURSING CARE	299,417					334
3 PHYSICAL THERAPY	178,977					199
4 OCCUPATIONAL THERAPY	54,964					61
5 SPEECH PATHOLOGY	3,199					4
6 MEDICAL SOCIAL SERVICES	38,066					42
7 HOME HEALTH AIDE	43,832					49
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)	645,660					900
21 COST TO BE ALLOCATED	45,666					16,120
22 UNIT COST MULTIPLIER	0.070728					17.911111

HHA 1

HHA COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRAR
	(DIRECT SING HRS) 14	NR (COSTED) EQUI S. 15	R (COSTED) EQUI S. 16	R (GROSS CHARGES) 17
1 ADMIN & GENERAL	18,730	2,965		
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)	18,730	2,965		
21 COST TO BE ALLOCATED	42,080	1,007		
22 UNIT COST MULTIPLIER	2.246663	0.339629		

[] 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	363,370	2	363,370	1,541	235.80	454
2 PHYSICAL THERAPY	3	217,192		217,192	1,123	193.40	357
3 OCCUPATIONAL THERAPY	4	66,697		66,697	439	151.93	136
4 SPEECH PATHOLOGY	5	3,891		3,891	39	99.77	16
5 MEDICAL SOCIAL SERVICES	6	46,187		46,187	24	1,924.46	4
6 HOME HEALTH AIDE SERVICE	7	53,196		53,196	444	119.81	110
7 TOTAL		750,533		750,533	3,610		1,077

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	PART A 9	10	11	12
1 SKILLED NURSING	559		107,053	131,812		238,865
2 PHYSICAL THERAPY	334		69,044	64,596		133,640
3 OCCUPATIONAL THERAPY	123		20,662	18,687		39,349
4 SPEECH PATHOLOGY			1,596			1,596
5 MEDICAL SOCIAL SERVICES	17		7,698	32,716		40,414
6 HOME HEALTH AIDE SERVICES	218		13,179	26,119		39,298
7 TOTAL	1,251		219,232	273,930		493,162

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

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

[] 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				8,907		2,498
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES	-----COST OF SERVICES-----	
	-----PART B-----	-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	NOT SUBJECT TO DEDUCT & COINSUR
			10
			SUBJECT TO DEDUCT & COINSUR
			11
15 COST OF MEDICAL SUPPLIES	6,409		
16 COST OF DRUGS			
16.20 COST OF DRUGS			

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
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	.632326			COL 2, LN 2
1.01 SPORTS THERAPY	50.01	1.893360			
2 OCCUPATIONAL THERAPY	51	.854329			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.952432			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.213053			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.997011			
5 DRUGS CHARGED TO PATIENTS	56	.594337			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER
	1	2	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	5
1 PHYSICAL THERAPY	2	193.40	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY	3	151.93					
3 SPEECH PATHOLOGY	4	99.77					
4 TOTAL (SUM OF LINES 1-3)							

TITLE XVII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		214,038		229,039
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		214,038		229,039
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				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		214,038		229,039

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.

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-1327	FROM 1/ 1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
15-1604		

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	55,226		7,659	
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	78,125			211
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	1,228			
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	16,659			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	151,238		7,659	211

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-1327	FROM 1/ 1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
15-1604		

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 INPATIENT CARE SERVICE	17,451	80,336		80,336
7 INPATIENT - GENERAL CARE		78,336		78,336
8 INPATIENT - RESPIRE CARE VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		1,228		1,228
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		16,659		16,659
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	12,300	12,300		12,300
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	10,854	10,854		10,854
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)	40,605	199,713		199,713

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-1327	FROM 1/1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K
15-1604		

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		80,336
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		78,336
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		1,228
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		16,659
15 SPIRITUAL COUNSELING		
16 DIETARY COUNSELING		
17 COUNSELING - OTHER		
18 HOME HEALTH AIDE AND HOMEMAKER		
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
OTHER HOSPICE SERVICE COSTS		
19 OTHER		
20 DRUGS BIOLOGICAL AND INFUSION THERAPY		12,300
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		10,854
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)		199,713

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1327	FROM 1/ 1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
15-1604		

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	55,226			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			16,659	
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	55,226		16,659	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1327	FROM 1/ 1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
15-1604		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	78,125			
8 INPATIENT - RESPIRE CARE VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY		1,228		
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	78,125	1,228		

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1327	FROM 1/1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-1
15-1604		

HOSPICE 1

TOTAL (1)

9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	55,226
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	78,125
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	1,228
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	16,659
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	151,238

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1327	FROM 1/ 1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
15-1604		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1327	FROM 1/1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
15-1604		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	211			
8 INPATIENT - RESPIRE CARE VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	211			

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1327	FROM 1/ 1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-3
15-1604		

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	211
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	211

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-1327	FROM 1/ 1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
15-1604		PART I

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUI LDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	80,336			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	78,336			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	1,228			
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	16,659			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY	12,300			
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	10,854			
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)	199,713			

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-1327	FROM 1/ 1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
15-1604		PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
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			80,336	80,336
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE			78,336	52,718
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY			1,228	826
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			16,659	11,211
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY			12,300	8,277
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			10,854	7,304
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)			119,377	80,336

COST ALLOCATION -	PROVIDER NO:	PERIOD:	PREPARED
HOSPICE GENERAL SERVICE COST	15-1327	FROM 1/ 1/2010	5/11/2011
	HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
	15-1604		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	131,054
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	2,054
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	27,870
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	20,577
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	18,158
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)	199,713

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-1327	FROM 1/ 1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
15-1604		PART II

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1	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	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	FUNDRAISING			
40	OTHER PROGRAM COSTS			
41	COST TO BE ALLOCATED (PER WKST K-4, PART I)			
42	UNIT COST MULTIPLIER	.000000	.000000	.000000

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-1327	FROM 1/ 1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-4
15-1604		PART II

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL		-80,336	119,377
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			78,336
10 INPATIENT - RESPIRE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			
13 NURSING CARE			
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			1,228
16 OCCUPATIONAL THERAPY			
17 SPEECH/LANGUAGE PATHOLOGY			
18 MEDICAL SOCIAL SERVICES			16,659
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			12,300
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			10,854
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)			80,336
45 UNIT COST MULTIPLIER	.000000		.672960

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS
		0	3	4	5
1.00 ADMINISTRATIVE AND GENERAL	6				38,544
2.00 INPATIENT - GENERAL CARE	7	131,054			
3.00 INPATIENT - RESPIRE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10				
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	2,054			
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	27,870			
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20	20,577			
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	18,158			
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)		199,713			38,544
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	IS/ACCOUNTING/MARKETING	BUSINESS OFFICE & ADMINITTING	SUBTOTAL	OTHER ADMINISTRATIVE AND GENERAL
	6.01	6.02	6A.02	6.03
1.00 ADMINISTRATIVE AND GENERAL			38,544	2,726
2.00 INPATIENT - GENERAL CARE			131,054	9,270
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY			2,054	145
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES			27,870	1,971
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			20,577	1,455
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			18,158	1,284
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)			238,257	16,851
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	8	9	10	11
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	12	14	15	16
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE	6,054	15,785	802	
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)	6,054	15,785	802	
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL
	17	25	26	27
1.00 ADMINISTRATIVE AND GENERAL		63,911		63,911
2.00 INPATIENT - GENERAL CARE		140,324		140,324
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		2,199		2,199
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		29,841		29,841
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		22,032		22,032
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		19,442		19,442
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)		277,749		277,749
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE	41,939	182,263
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY	657	2,856
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES	8,919	38,760
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	6,585	28,617
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	5,811	25,253
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)		277,749
30.00 UNIT COST MULTIPLIER	.298876	

(1) COLUMN O, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

HOSPICE 1

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	28	29

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES) 5	IS/ACCOUNTING/MARKETING (ACCUM. COST)
	3	4	5	6.01
1.00 ADMINISTRATIVE AND GENERAL			151,238	
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)			151,238	
30.00 TOTAL COST TO BE ALLOCATED			38,544	
31.00 UNIT COST MULTIPLIER	.000000	.000000	.254857	.000000

HOSPICE COST CENTER	BUSINESS OFFICE & ADMINITTING (ACCUM. COST)	RECONCILIATION 6A.03	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST) 6.03	OPERATION OF PLANT (SQUARE FEET) 8
	6.02	6A.03	6.03	8
1.00 ADMINISTRATIVE AND GENERAL			38,544	
2.00 INPATIENT - GENERAL CARE			131,054	
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY			2,054	
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES			27,870	
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			20,577	
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			18,158	
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				

HOSPICE 1

	BUSINESS OFFICE & ADMITTING	RECONCILIATION	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT
HOSPICE COST CENTER	6.02	6A.03	6.03	8
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			238,257	
30.00 TOTAL COST TO BE ALLOCATED			16,851	
31.00 UNIT COST MULTIPLIER	.000000		.070726	.000000
	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
HOSPICE COST CENTER	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE'S)
	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL				338
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)				338
30.00 TOTAL COST TO BE ALLOCATED				6,054
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	17.911243

HOSPICE 1

HOSPICE COST CENTER	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(DIRECT NRSING HRS) 14	(COSTED REQUI S.) 15	(COSTED REQUI S.) 16	(GROSS CHARGES) 17
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	7,026	2,362		
30.00 TOTAL COST TO BE ALLOCATED	15,785	802		
31.00 UNIT COST MULTIPLIER	2.246655	.339543	.000000	.000000

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
15-1327	FROM 1/ 1/2010	5/11/2011
HOSPICE NO:	TO 12/31/2010	WORKSHEET K-6
15-1604		

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)				277,749
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				958
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				289.93
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	950			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	275,434			
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)			8	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			2,319	

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