

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

FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-1329	I	FROM 1/ 1/2010	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/24/2011 TIME 8:49

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
MARGARET MARY COMMUNITY HOSPITAL 15-1329  
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 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.

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ECR ENCRYPTION INFORMATION  
DATE: 5/24/2011 TIME 8:49

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

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		A	TITLE XVIII	B	TITLE XIX
	1		2		3	4
1	HOSPITAL	0		149,239	20,844	321,177
7	HOSPITAL-BASED HHA	0		0	0	0
100	TOTAL	0		149,239	20,844	321,177

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: 321 MITCHELL P.O. BOX:  
 1.01 CITY: BATESVILLE STATE: IN ZIP CODE: 47006- COUNTY: FRANKLIN

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	MARGARET MARY COMMUNITY HOSPITAL	15-1329		1/ 7/1966	4	5	6
09.00 HOSPITAL-BASED HHA	MARGARET MARY COMMUNITY HOSPITAL	15-7143		3/ 1/1985	N	0	0
12.00 HOSP-BASED HOSPICE	MARGARET MARY COMMUNITY HOSPITAL	15-1551		12/31/2003	N	0	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2010 TO: 12/31/2010  
 18 TYPE OF CONTROL 1 2

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 Y 15

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) Y 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 PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.

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). / /

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

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

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

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

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

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

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

25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.

25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURING IN ALL NON-PROVIDER SETTINGS. 0.00

IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)

25.09 0000 0.00

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

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

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

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

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

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4  
 0 0.0000 0.0000

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0 0

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

28.03 STAFFING % Y/N 0.00%

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX  
 1 2 3

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N  
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE  
 WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N  
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N  
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?  
 IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME  
 OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). N

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

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

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH  
 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N

52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL  
 EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N

53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN  
 EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE  
 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:

PREMIUMS: 0  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0

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

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

	DATE	Y OR N	LIMIT	Y OR N	FEE
	0	1	2	3	4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		N			
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		N			
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).				0	
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(c)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).				0	

MULTICAMPUS

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

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

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

MISCELLANEOUS DATA

64.00 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. Y

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TITLE XIX 5
1 ADULTS & PEDIATRICS	18	6,570	110,664.00			2,272	288
2 HMO							439
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	18	6,570	110,664.00			2,272	288
6 INTENSIVE CARE UNIT	7	2,555	11,664.00			294	
11 NURSERY							
12 TOTAL	25	9,125	122,328.00			2,566	288
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY						3,490	1,328
21 HOSPICE						1,961	208
25 TOTAL	25						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			4,611				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			4,611				
6 INTENSIVE CARE UNIT			486				
11 NURSERY			783				
12 TOTAL			5,880				
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY			7,697				
21 HOSPICE			3,482				
25 TOTAL			707				
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					726	105	2,028
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		373.00			726	105	2,028
13 RPCH VISITS							
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY		14.88					
21 HOSPICE		8.40					
25 TOTAL		396.28					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	0
2 UNDUPLICATED CENSUS COUNT		288.00		
TOTAL	5			

1 HOME HEALTH AIDE HOURS 0  
 2 UNDUPLICATED CENSUS COUNT  
 HOME HEALTH AGENCY - NUMBER OF EMPLOYEES  
 (FULL TIME EQUIVALENT)  
 ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL			
6 DIRECTING NURSING SERVICE			
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE			
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE			
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE			
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAS IN COL. 1 OR CBSAS IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).			

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

	FULL EPISODES		LUPA EPISODES 3	PEP ONLY EPISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	1,979	57	174	9
22 SKILLED NURSING VISIT CHARGES	316,100	9,120	27,804	1,440
23 PHYSICAL THERAPY VISITS	776	0	30	0
24 PHYSICAL THERAPY VISIT CHARGES	137,939	0	5,340	0
25 OCCUPATIONAL THERAPY VISITS	288	0	4	1
26 OCCUPATIONAL THERAPY VISIT CHARGES	54,966	0	764	191
27 SPEECH PATHOLOGY VISITS	15	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	2,867	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	6	0	0	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	1,692	0	0	282
31 HOME HEALTH AIDE VISITS	149	0	1	0
32 HOME HEALTH AIDE VISIT CHARGES	12,960	0	87	0
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	3,213	57	209	11
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	526,524	9,120	33,995	1,913
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	290	0	82	2
37 TOTAL NUMBER OF OUTLIER EPISODES	0	1	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	23,266	873	3,498	18

Health Financial Systems MCRIF32 FOR MARGARET MARY COMMUNITY HOSPITAL IN LIEU OF FORM CMS-2552-96 S-4 (05/2008)  
 HOSPITAL-BASED HOME HEALTH AGENCY STATISTICAL DATA I PROVIDER NO: 15-1329 I PERIOD: FROM 1/ 1/2010 I PREPARED 5/24/2011  
 I HHA NO: 15-7143 I TO 12/31/2010 I WORKSHEET S-4  
 HOME HEALTH AGENCY STATISTICAL DATA COUNTY: I

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	2,219
22 SKILLED NURSING VISIT CHARGES	0	0	354,464
23 PHYSICAL THERAPY VISITS	0	0	806
24 PHYSICAL THERAPY VISIT CHARGES	0	0	143,279
25 OCCUPATIONAL THERAPY VISITS	0	0	293
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	55,921
27 SPEECH PATHOLOGY VISITS	0	0	15
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	2,867
29 MEDICAL SOCIAL SERVICE VISITS	0	0	7
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	1,974
31 HOME HEALTH AIDE VISITS	0	0	150
32 HOME HEALTH AIDE VISIT CHARGES	0	0	13,047
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	0	3,490
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	0	571,552
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	0	374
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	1
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	27,655

HOSPICE IDENTIFICATION DATA

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	54	19	29	
2 ROUTINE HOME CARE	2,938	189	1,932	
3 INPATIENT RESPITE CARE	9			
4 GENERAL INPATIENT CARE				
5 TOTAL HOSPICE DAYS	3,001	208	1,961	

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE	11	84
2 ROUTINE HOME CARE	262	3,389
3 INPATIENT RESPITE CARE		9
4 GENERAL INPATIENT CARE		
5 TOTAL HOSPICE DAYS	273	3,482

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	65	4	54	
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE	626.00		411.00	
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	46.17	52.00	36.31	
9 UNDUPLICATED CENSUS COUNT	64	4	53	

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	9	78
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	30.33	44.64
9 UNDUPLICATED CENSUS COUNT	9	77

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 15-1329 I

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

I PREPARED 5/24/2011 I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
3 0300	NEW CAP REL COSTS-BLDG & FIXT		3,656,480	3,656,480	-21,671	3,634,809
3.01 0301	NEW CAP REL COSTS-OFFSITE BLDG		187,498	187,498	21,671	209,169
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		2,548,370	2,548,370	-74,740	2,473,630
4.01 0401	NEW CAP REL COSTS-MVBLE EQUIP OFFSIT				74,740	74,740
5 0500	EMPLOYEE BENEFITS	149,650	7,586,333	7,735,983		7,735,983
6 0600	ADMINISTRATIVE & GENERAL	3,146,399	2,631,217	5,777,616	325,713	6,103,329
8 0800	OPERATION OF PLANT		1,328,101	1,328,101		1,328,101
8.01 0801	OPERATION OF PLANT -OFFSITE		42,746	42,746		42,746
8.02 0802	OPERATION OF PLANT - HOSPITAL & OFFS	541,238	12,385	553,623		553,623
9 0900	LAUNDRY & LINEN SERVICE	70,409	36,456	106,865		106,865
10 1000	HOUSEKEEPING	550,595	95,129	645,724		645,724
11 1100	DIETARY	663,083	344,573	1,007,656	-759,153	248,503
12 1200	CAFETERIA				759,153	759,153
14 1400	NURSING ADMINISTRATION	618,715	17,287	636,002		636,002
15 1500	CENTRAL SERVICES & SUPPLY		371,876	371,876		371,876
16 1600	PHARMACY	537,463	955,948	1,493,411		1,493,411
17 1700	MEDICAL RECORDS & LIBRARY	732,324	198,518	930,842		930,842
	INPAT ROUTINE SRVC CNTRS					
25 2500	ADULTS & PEDIATRICS	1,486,753	115,497	1,602,250	446,963	2,049,213
26 2600	INTENSIVE CARE UNIT	405,975	19,657	425,632		425,632
33 3300	NURSERY		20,004	20,004	478,633	498,637
34 3400	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	1,113,938	1,876,480	2,990,418	-540,314	2,450,104
39 3900	DELIVERY ROOM & LABOR ROOM	872,626	134,211	1,006,837	-925,596	81,241
41 4100	RADIOLOGY-DIAGNOSTIC	1,801,896	3,489,265	5,291,161		5,291,161
44 4400	LABORATORY	1,042,278	1,472,180	2,514,458		2,514,458
49 4900	RESPIRATORY THERAPY	851,151	84,747	935,898		935,898
50 5000	PHYSICAL THERAPY	679,844	71,458	751,302		751,302
51 5100	OCCUPATIONAL THERAPY	406,279	37,480	443,759		443,759
52 5200	SPEECH PATHOLOGY	134,284	3,581	137,865		137,865
53 5300	ELECTROCARDIOLOGY		255,393	255,393		255,393
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS					
55.30 5530	IMPL. DEV. CHARGED TO PATIENT				540,314	540,314
56 5600	DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
60 6000	CLINIC	790,735	172,873	963,608		963,608
60.01 6001	WOUND CLINIC	150,305	99,105	249,410		249,410
61 6100	EMERGENCY	1,276,013	1,704,361	2,980,374		2,980,374
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65 6500	AMBULANCE SERVICES					
71 7100	HOME HEALTH AGENCY	964,087	120,016	1,084,103		1,084,103
	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE					
93 9300	HOSPICE	419,498	135,433	554,931		554,931
95	SUBTOTALS	19,405,538	29,824,658	49,230,196	325,713	49,555,909
	NONREIMBURS COST CENTERS					
98 9800	PHYSICIANS' PRIVATE OFFICES	3,004,163	742,810	3,746,973		3,746,973
98.01 9801	PRIVATE DUTY	16,547	2,573	19,120		19,120
100 7950	COMMUNITY RELATIONS	178,024	471,928	649,952	-325,713	324,239
100.01 7951	COMMUNITY BENEFITS	313,883	197,845	511,728		511,728
101	TOTAL	22,918,155	31,239,814	54,157,969	-0-	54,157,969

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:  
I 15-1329  
I

I PERIOD:  
I FROM 1/ 1/2010 I PREPARED 5/24/2011  
I TO 12/31/2010 I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-1,156,834	2,477,975
3.01 0301	NEW CAP REL COSTS-OFFSITE BLDG		209,169
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		2,473,630
4.01 0401	NEW CAP REL COSTS-MVBLE EQUIP OFFSIT		74,740
5 0500	EMPLOYEE BENEFITS		7,735,983
6 0600	ADMINISTRATIVE & GENERAL	-90,201	6,013,128
8 0800	OPERATION OF PLANT		1,328,101
8.01 0801	OPERATION OF PLANT -OFFSITE		42,746
8.02 0802	OPERATION OF PLANT - HOSPITAL & OFFS		553,623
9 0900	LAUNDRY & LINEN SERVICE	-3,820	103,045
10 1000	HOUSEKEEPING		645,724
11 1100	DIETARY	-28,532	219,971
12 1200	CAFETERIA	-169,816	589,337
14 1400	NURSING ADMINISTRATION		636,002
15 1500	CENTRAL SERVICES & SUPPLY		371,876
16 1600	PHARMACY		1,493,411
17 1700	MEDICAL RECORDS & LIBRARY	-10,199	920,643
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		2,049,213
26 2600	INTENSIVE CARE UNIT		425,632
33 3300	NURSERY		498,637
34 3400	SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		2,450,104
39 3900	DELIVERY ROOM & LABOR ROOM		81,241
41 4100	RADIOLOGY-DIAGNOSTIC	-335,126	4,956,035
44 4400	LABORATORY		2,514,458
49 4900	RESPIRATORY THERAPY		935,898
50 5000	PHYSICAL THERAPY		751,302
51 5100	OCCUPATIONAL THERAPY		443,759
52 5200	SPEECH PATHOLOGY		137,865
53 5300	ELECTROCARDIOLOGY	-135,521	119,872
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		540,314
56 5600	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		963,608
60.01 6001	WOUND CLINIC		249,410
61 6100	EMERGENCY	-1,390,970	1,589,404
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES		
71 7100	HOME HEALTH AGENCY		1,084,103
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE		-0-
93 9300	HOSPICE		554,931
95	SUBTOTALS	-3,321,019	46,234,890
	NONREIMBURS COST CENTERS		
98 9800	PHYSICIANS' PRIVATE OFFICES		3,746,973
98.01 9801	PRIVATE DUTY		19,120
100 7950	COMMUNITY RELATIONS		324,239
100.01 7951	COMMUNITY BENEFITS		511,728
101	TOTAL	-3,321,019	50,836,950

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-OFFSITE BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-MVBLE EQUIP OFFSIT	0401	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT -OFFSITE	0801	OPERATION OF PLANT
8.02	OPERATION OF PLANT - HOSPITAL & OFFS	0802	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	WOUND CLINC	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PRIVATE DUTY	9801	PHYSICIANS' PRIVATE OFFICES
100	COMMUNITY RELATIONS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	COMMUNITY BENEFITS	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	



EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 CAFETERIA	A	DIETARY	11		499,557	259,596	
2 OB RECLASS	B	DELIVERY ROOM & LABOR ROOM	39		803,586	122,010	
3							
4 COMMUNITY RELATIONS	C	COMMUNITY RELATIONS	100		130,316	195,397	
5 DEPRECIATION RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3			21,671	9
6		NEW CAP REL COSTS-MVBLE EQUIP	4			74,740	9
7 IMPLANTABLE SUPPLIES	E	OPERATING ROOM	37			540,314	
36 TOTAL RECLASSIFICATIONS					1,433,459	1,213,728	

(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.

RECLASS CODE: A  
 EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	759,153	DIETARY	11	759,153	
TOTAL RECLASSIFICATIONS FOR CODE A			759,153				759,153

RECLASS CODE: B  
 EXPLANATION : OB RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	446,963	DELIVERY ROOM & LABOR ROOM	39	925,596	
2.00	NURSERY	33	478,633			0	
TOTAL RECLASSIFICATIONS FOR CODE B			925,596				925,596

RECLASS CODE: C  
 EXPLANATION : COMMUNITY RELATIONS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	325,713	COMMUNITY RELATIONS	100	325,713	
TOTAL RECLASSIFICATIONS FOR CODE C			325,713				325,713

RECLASS CODE: D  
 EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-OFFSITE BLDG	3.01	21,671	NEW CAP REL COSTS-BLDG & FIXT	3	21,671	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4.01	74,740	NEW CAP REL COSTS-MVBLE EQUIP	4	74,740	
TOTAL RECLASSIFICATIONS FOR CODE D			96,411				96,411

RECLASS CODE: E  
 EXPLANATION : IMPLANTABLE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	540,314	OPERATING ROOM	37	540,314	
TOTAL RECLASSIFICATIONS FOR CODE E			540,314				540,314

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	2,371,158					2,371,158	
2	LAND IMPROVEMENTS	372,269					372,269	
3	BUILDINGS & FIXTURE	59,013,090	1,291,052		1,291,052		60,304,142	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	5,861,186	275,456		275,456		6,136,642	
6	MOVABLE EQUIPMENT	27,024,891	2,074,872		2,074,872		29,099,763	
7	SUBTOTAL	94,642,594	3,641,380		3,641,380		98,283,974	
8	RECONCILING ITEMS							
9	TOTAL	94,642,594	3,641,380		3,641,380		98,283,974	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL	TOTAL (1)
							RELATED COST 14	
3	NEW CAP REL COSTS-BL	3,634,809		-1,156,834			14	15
3 01	NEW CAP REL COSTS-OF	209,169						2,477,975
4	NEW CAP REL COSTS-MV	2,473,630						209,169
4 01	NEW CAP REL COSTS-MV	74,740						2,473,630
5	TOTAL	6,392,348		-1,156,834				74,740
								5,235,514

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL	TOTAL (1)
							RELATED COST 14	
3	NEW CAP REL COSTS-BL	3,656,480					14	15
3 01	NEW CAP REL COSTS-OF	187,498						3,656,480
4	NEW CAP REL COSTS-MV	2,548,370						187,498
4 01	NEW CAP REL COSTS-MV							2,548,370
5	TOTAL	6,392,348						6,392,348

\* 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).

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	
	1	2	3	4	5
1			**COST CENTER DELETED**	1	
2			**COST CENTER DELETED**	2	
3			NEW CAP REL COSTS-BLDG &	3	
4			NEW CAP REL COSTS-MVBLE E	4	
5					
6					
7					
8					
9					
10					
11					
12	A-8-2	-1,855,349			
13					
14	A-8-1				
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	A-8-3				
28			**COST CENTER DELETED**	89	
29			**COST CENTER DELETED**	1	
30			**COST CENTER DELETED**	2	
31			NEW CAP REL COSTS-BLDG &	3	
32			NEW CAP REL COSTS-MVBLE E	4	
33			**COST CENTER DELETED**	20	
34					
35	A-8-4		OCCUPATIONAL THERAPY	51	
36	A-8-4		SPEECH PATHOLOGY	52	
37	B	-4,911	DIETARY	11	
38	B	-1,186	ADMINISTRATIVE & GENERAL	6	
39	B	-18,686	ADMINISTRATIVE & GENERAL	6	
40	B	-1,706	ADMINISTRATIVE & GENERAL	6	
41	B	-512	ADMINISTRATIVE & GENERAL	6	
42	B	-21,911	ADMINISTRATIVE & GENERAL	6	
43	B	-155	ADMINISTRATIVE & GENERAL	6	
44	B	-7,146	ADMINISTRATIVE & GENERAL	6	
45	B	-10,199	MEDICAL RECORDS & LIBRARY	17	
46	B	-23,621	DIETARY	11	
47	B	-15,402	ADMINISTRATIVE & GENERAL	6	
48	B	-6,268	EMERGENCY	61	
49	B	-3,820	LAUNDRY & LINEN SERVICE	9	
49.01	B	-930	ADMINISTRATIVE & GENERAL	6	
49.02	A	-169,816	CAFETERIA	12	
49.03	A	-3,225	ADMINISTRATIVE & GENERAL	6	
49.04	A	-4,624	ADMINISTRATIVE & GENERAL	6	
49.05	A	-14,718	ADMINISTRATIVE & GENERAL	6	
49.06	A	-1,156,834	NEW CAP REL COSTS-BLDG &	3	11
50		-3,321,019			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	6 A&G	14,711		14,711				
2	33 NURSERY	20,004		20,004				
3	41 RADIOLOGY	427,126	335,126	92,000				
4	44 LABORATORY	65,400		65,400				
5	49 RESPIRATORY	3,600		3,600				
6	53 CARDIAC	170,517	135,521	34,996				
7	61 EMERGENCY	1,685,528	1,384,702	300,826				
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	2,386,886	1,855,349	531,537				



## COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-1329 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET  
 I I TO 12/31/2010 I

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-OFFSITE	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	3	3.01	4	4.01	5	5a.00
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &	2,477,975	2,477,975					
003 01 NEW CAP REL COSTS-OFFSITE	209,169		209,169				
004 NEW CAP REL COSTS-MVBLE E	2,473,630			2,473,630			
004 01 NEW CAP REL COSTS-MVBLE E	74,740				74,740		
005 EMPLOYEE BENEFITS	7,735,983	25,491		25,446		7,786,920	
006 ADMINISTRATIVE & GENERAL	6,013,128	392,850		392,161		1,120,649	7,918,788
008 OPERATION OF PLANT	1,328,101	396,615		395,922			2,120,638
008 01 OPERATION OF PLANT -OFFSI	42,746						42,746
008 02 OPERATION OF PLANT - HOSP	553,623					185,106	738,729
009 LAUNDRY & LINEN SERVICE	103,045	31,246		31,192		24,080	189,563
010 HOUSEKEEPING	645,724	31,740		31,684		188,306	897,454
011 DIETARY	219,971	22,563		22,524		55,927	320,985
012 CAFETERIA	589,337	68,923		68,802		170,850	897,912
014 NURSING ADMINISTRATION	636,002					211,603	847,605
015 CENTRAL SERVICES & SUPPLY	371,876	23,665		23,624			419,165
016 PHARMACY	1,493,411	16,774		16,745		183,814	1,710,744
017 MEDICAL RECORDS & LIBRARY	920,643	35,243		35,181		250,458	1,241,525
025 ADULTS & PEDIATRICS	2,049,213	191,475		191,139		638,381	3,070,208
026 INTENSIVE CARE UNIT	425,632	37,068		37,003		138,845	638,548
033 NURSERY	498,637	11,561		11,541		144,924	666,663
034 SKILLED NURSING FACILITY							
037 OPERATING ROOM	2,450,104	74,334		74,203		380,971	2,979,612
039 DELIVERY ROOM & LABOR ROO	81,241	66,687		66,570		23,612	238,110
041 RADIOLOGY-DIAGNOSTIC	4,956,035	327,594		327,020		616,256	6,226,905
044 LABORATORY	2,514,458	81,455		81,312		356,463	3,033,688
049 RESPIRATORY THERAPY	935,898	41,163		41,091		291,097	1,309,249
050 PHYSICAL THERAPY	751,302	50,965		50,875		232,509	1,085,651
051 OCCUPATIONAL THERAPY	443,759	17,926		17,894		138,949	618,528
052 SPEECH PATHOLOGY	137,865	8,141		8,126		45,926	200,058
053 ELECTROCARDIOLOGY	119,872	42,528		42,453			204,853
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT	540,314						540,314
056 DRUGS CHARGED TO PATIENTS							
056 OUTPAT SERVICE COST CNTRS							
060 CLINIC	963,608	152,121		151,854		270,435	1,538,018
060 01 WOUND CLINC	249,410	10,163		10,145		51,405	321,123
061 EMERGENCY	1,589,404	138,274		138,031		436,402	2,302,111
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	1,084,103		19,197		6,859	329,722	1,439,881
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE	554,931					143,470	698,401
095 SUBTOTALS	46,234,890	2,296,565	19,197	2,292,538	6,859	6,630,160	44,457,775
095 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	3,746,973	146,151	189,972	145,895	67,881	1,027,436	5,324,308
098 01 PRIVATE DUTY	19,120					5,659	24,779
100 COMMUNITY RELATIONS	324,239	6,052		6,041		16,316	352,648
100 01 COMMUNITY BENEFITS	511,728	29,207		29,156		107,349	677,440
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	50,836,950	2,477,975	209,169	2,473,630	74,740	7,786,920	50,836,950

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT -OFFSI	OPERATION OF PLANT - HOSP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6	8	8.01	8.02	9	10	11
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-OFFSITE							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	7,918,788						
008 OPERATION OF PLANT	391,277	2,511,915					
008 01 OPERATION OF PLANT -OFFSI	7,887		50,633				
008 02 OPERATION OF PLANT - HOSP	136,302			875,031			
009 LAUNDRY & LINEN SERVICE	34,976	47,196		11,763	283,498		
010 HOUSEKEEPING	165,588	47,942		11,949	10,471	1,133,404	
011 DIETARY	59,225	34,081		8,494	368	14,102	437,255
012 CAFETERIA	165,673	104,105		25,948	1,500	43,077	
014 NURSING ADMINISTRATION	156,391						
015 CENTRAL SERVICES & SUPPLY	77,340	35,745		8,909	4,109	14,791	
016 PHARMACY	315,648	25,337		6,315		10,484	
017 MEDICAL RECORDS & LIBRARY	229,073	53,233		13,268		22,027	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	566,481	289,214		72,085	81,101	119,672	407,724
026 INTENSIVE CARE UNIT	117,818	55,990		13,955	5,443	23,168	29,531
033 NURSERY	123,005	17,463		4,352	3,721	7,226	
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	549,765	112,278		27,985	46,135	46,459	
039 DELIVERY ROOM & LABOR ROO	43,933	100,727		25,106	4,390	41,679	
041 RADIOLOGY-DIAGNOSTIC	1,148,920	494,816		123,330	23,852	204,747	
044 LABORATORY	559,743	123,033		30,665		50,909	
049 RESPIRATORY THERAPY	241,568	62,175		15,497	3,642	25,727	
050 PHYSICAL THERAPY	200,312	76,980		19,187	19,911	31,853	
051 OCCUPATIONAL THERAPY	114,124	27,076		6,748		11,204	
052 SPEECH PATHOLOGY	36,913	12,296		3,065		5,088	
053 ELECTROCARDIOLOGY	37,797	64,237		16,011	350	26,580	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT	99,693						
056 DRUGS CHARGED TO PATIENTS							
OUTPAT SERVICE COST CNTRS							
060 CLINIC	283,778	229,772		57,269	25,692	95,076	
060 01 WOUND CLINIC	59,250	15,351		3,826		6,352	
061 EMERGENCY	424,760	208,856		52,056	52,813	86,421	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	265,671		4,647	21,143			
SPEC PURPOSE COST CENTERS							
093 HOSPICE	128,861						
095 SUBTOTALS	6,741,772	2,237,903	4,647	578,926	283,498	886,642	437,255
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	982,383	220,755	45,986	282,831		224,725	
098 01 PRIVATE DUTY	4,572						
100 COMMUNITY RELATIONS	65,067	9,141		2,278		3,782	
100 01 COMMUNITY BENEFITS	124,994	44,116		10,996		18,255	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	7,918,788	2,511,915	50,633	875,031	283,498	1,133,404	437,255

COST CENTER DESCRIPTION	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST-STEP-DOWN ADJ
	12	14	15	16	17	25	26
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-OFFSITE							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT -OFFSI							
008 02 OPERATION OF PLANT - HOSP							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	1,238,215						
014 NURSING ADMINISTRATION	35,517	1,039,513					
015 CENTRAL SERVICES & SUPPLY			560,059				
016 PHARMACY	31,689		82,899	2,183,116			
017 MEDICAL RECORDS & LIBRARY	70,666		126		1,629,918		
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	176,158	570,892	4,325		949,914	6,307,774	
026 INTENSIVE CARE UNIT	31,710	102,765	1,019			1,019,947	
033 NURSERY	35,016					857,446	
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	89,133		155,768		102,524	4,109,659	
039 DELIVERY ROOM & LABOR ROO	5,704	18,486	6,842			484,977	
041 RADIOLOGY-DIAGNOSTIC	145,619		193,236		257,355	8,818,780	
044 LABORATORY	106,954		69,682			3,974,674	
049 RESPIRATORY THERAPY			5,266			1,663,124	
050 PHYSICAL THERAPY			1,255			1,435,149	
051 OCCUPATIONAL THERAPY			2,363			780,043	
052 SPEECH PATHOLOGY			129			257,549	
053 ELECTROCARDIOLOGY			1,693		18,831	370,352	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT						640,007	
056 DRUGS CHARGED TO PATIENTS				2,183,116		2,183,116	
OUTPAT SERVICE COST CNTRS							
060 CLINIC	66,923		10,043		163,201	2,469,772	
060 01 WOUND CLINC	13,341		7,441			426,684	
061 EMERGENCY	107,187	347,370	5,500		136,001	3,723,075	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	72,811		742			1,804,895	
SPEC PURPOSE COST CENTERS							
093 HOSPICE	39,333		3,733			870,328	
095 SUBTOTALS	1,027,761	1,039,513	552,062	2,183,116	1,627,826	42,197,351	
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	176,370		7,233		2,092	7,266,683	
098 01 PRIVATE DUTY	2,697					32,048	
100 COMMUNITY RELATIONS	6,621		22			439,559	
100 01 COMMUNITY BENEFITS	24,766		742			901,309	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,238,215	1,039,513	560,059	2,183,116	1,629,918	50,836,950	

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
003	01 NEW CAP REL COSTS-BLDG &	
004	01 NEW CAP REL COSTS-OFFSITE	
004	01 NEW CAP REL COSTS-MVBLE E	
005	01 NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
008	ADMINISTRATIVE & GENERAL	
008	OPERATION OF PLANT	
008	01 OPERATION OF PLANT -OFFSI	
008	02 OPERATION OF PLANT - HOSP	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
025	INPAT ROUTINE SRVC CNTRS	
026	ADULTS & PEDIATRICS	6,307,774
033	INTENSIVE CARE UNIT	1,019,947
034	NURSERY	857,446
034	SKILLED NURSING FACILITY	
037	ANCILLARY SRVC COST CNTRS	
039	OPERATING ROOM	4,109,659
041	DELIVERY ROOM & LABOR ROO	484,977
044	RADIOLOGY-DIAGNOSTIC	8,818,780
049	LABORATORY	3,974,674
050	RESPIRATORY THERAPY	1,663,124
051	PHYSICAL THERAPY	1,435,149
052	OCCUPATIONAL THERAPY	780,043
053	SPEECH PATHOLOGY	257,549
055	ELECTROCARDIOLOGY	370,352
055	MEDICAL SUPPLIES CHARGED	
056	30 IMPL. DEV. CHARGED TO PAT	640,007
060	DRUGS CHARGED TO PATIENTS	2,183,116
060	OUTPAT SERVICE COST CNTRS	
061	CLINIC	2,469,772
061	01 WOUND CLINC	426,684
062	EMERGENCY	3,723,075
062	OBSERVATION BEDS (NON-DIS	
065	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	
071	HOME HEALTH AGENCY	1,804,895
071	SPEC PURPOSE COST CENTERS	
093	HOSPICE	870,328
095	SUBTOTALS	42,197,351
098	NONREIMBURS COST CENTERS	
098	PHYSICIANS' PRIVATE OFFIC	7,266,683
098	01 PRIVATE DUTY	32,048
100	COMMUNITY RELATIONS	439,559
100	01 COMMUNITY BENEFITS	901,309
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	50,836,950

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-OFFSITE 3.01	NEW CAP REL C OSTS-MVBLE E 4	NEW CAP REL C OSTS-MVBLE E 4.01	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-OFFSITE							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		25,491		25,446		50,937	50,937
006 ADMINISTRATIVE & GENERAL		392,850		392,161		785,011	7,333
008 OPERATION OF PLANT		396,615		395,922		792,537	
008 01 OPERATION OF PLANT -OFFSI							
008 02 OPERATION OF PLANT - HOSP							1,211
009 LAUNDRY & LINEN SERVICE		31,246		31,192		62,438	158
010 HOUSEKEEPING		31,740		31,684		63,424	1,232
011 DIETARY		22,563		22,524		45,087	366
012 CAFETERIA		68,923		68,802		137,725	1,118
014 NURSING ADMINISTRATION							1,384
015 CENTRAL SERVICES & SUPPLY		23,665		23,624		47,289	
016 PHARMACY		16,774		16,745		33,519	1,202
017 MEDICAL RECORDS & LIBRARY		35,243		35,181		70,424	1,638
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		191,475		191,139		382,614	4,176
026 INTENSIVE CARE UNIT		37,068		37,003		74,071	908
033 NURSERY		11,561		11,541		23,102	948
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		74,334		74,203		148,537	2,492
039 DELIVERY ROOM & LABOR ROO		66,687		66,570		133,257	154
041 RADIOLOGY-DIAGNOSTIC		327,594		327,020		654,614	4,031
044 LABORATORY		81,455		81,312		162,767	2,332
049 RESPIRATORY THERAPY		41,163		41,091		82,254	1,904
050 PHYSICAL THERAPY		50,965		50,875		101,840	1,521
051 OCCUPATIONAL THERAPY		17,926		17,894		35,820	909
052 SPEECH PATHOLOGY		8,141		8,126		16,267	300
053 ELECTROCARDIOLOGY		42,528		42,453		84,981	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
OUTPAT SERVICE COST CNTRS							
060 CLINIC		152,121		151,854		303,975	1,769
060 01 WOUND CLINIC		10,163		10,145		20,308	336
061 EMERGENCY		138,274		138,031		276,305	2,854
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY			19,197		6,859	26,056	2,157
SPEC PURPOSE COST CENTERS							
093 HOSPICE							938
095 SUBTOTALS		2,296,565	19,197	2,292,538	6,859	4,615,159	43,371
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC		146,151	189,972	145,895	67,881	549,899	6,720
098 01 PRIVATE DUTY							37
100 COMMUNITY RELATIONS		6,052		6,041		12,093	107
100 01 COMMUNITY BENEFITS		29,207		29,156		58,363	702
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		2,477,975	209,169	2,473,630	74,740	5,235,514	50,937

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT -OFFSI	OPERATION OF PLANT - HOSP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6	8	8.01	8.02	9	10	11
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-OFFSITE							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	792,344						
008 OPERATION OF PLANT	39,151	831,688					
008 01 OPERATION OF PLANT -OFFSI	789		789				
008 02 OPERATION OF PLANT - HOSP	13,638			14,849			
009 LAUNDRY & LINEN SERVICE	3,500	15,627		200	81,923		
010 HOUSEKEEPING	16,569	15,873		203	3,026	100,327	
011 DIETARY	5,926	11,284		144	106	1,248	64,161
012 CAFETERIA	16,577	34,469		440	433	3,813	
014 NURSING ADMINISTRATION	15,648						
015 CENTRAL SERVICES & SUPPLY	7,739	11,835		151	1,187	1,309	
016 PHARMACY	31,584	8,389		107		928	
017 MEDICAL RECORDS & LIBRARY	22,921	17,625		225		1,950	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	56,682	95,758		1,223	23,437	10,593	59,828
026 INTENSIVE CARE UNIT	11,789	18,538		237	1,573	2,051	4,333
033 NURSERY	12,308	5,782		74	1,075	640	
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	55,010	37,175		475	13,332	4,112	
039 DELIVERY ROOM & LABOR ROO	4,396	33,350		426	1,269	3,689	
041 RADIOLOGY-DIAGNOSTIC	114,951	163,831		2,093	6,892	18,124	
044 LABORATORY	56,008	40,736		520		4,506	
049 RESPIRATORY THERAPY	24,171	20,586		263	1,052	2,277	
050 PHYSICAL THERAPY	20,043	25,488		326	5,754	2,820	
051 OCCUPATIONAL THERAPY	11,419	8,965		115		992	
052 SPEECH PATHOLOGY	3,693	4,071		52		450	
053 ELECTROCARDIOLOGY	3,782	21,269		272	101	2,353	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT	9,975						
056 DRUGS CHARGED TO PATIENTS							
056 OUTPAT SERVICE COST CNTRS							
060 CLINIC	28,395	76,077		972	7,424	8,416	
060 01 WOUND CLINC	5,929	5,083		65		562	
061 EMERGENCY	42,502	69,152		883	15,262	7,650	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	26,583		72	359			
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	12,894						
095 SUBTOTALS	674,572	740,963	72	9,825	81,923	78,483	64,161
095 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	98,297	73,091	717	4,798		19,893	
098 01 PRIVATE DUTY	457						
100 COMMUNITY RELATIONS	6,511	3,027		39		335	
100 01 COMMUNITY BENEFITS	12,507	14,607		187		1,616	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	792,344	831,688	789	14,849	81,923	100,327	64,161

COST CENTER DESCRIPTION	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-OFFSITE							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
008 01 OPERATION OF PLANT -OFFSI							
008 02 OPERATION OF PLANT - HOSP							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	194,575						
014 NURSING ADMINISTRATION	5,581	22,613					
015 CENTRAL SERVICES & SUPPLY			69,510				
016 PHARMACY	4,980		10,288	90,997			
017 MEDICAL RECORDS & LIBRARY	11,105		16		125,904		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	27,682	12,419	537		73,375	748,324	
026 INTENSIVE CARE UNIT	4,983	2,235	126			120,844	
033 NURSERY	5,502					49,431	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	14,007		19,332		7,920	302,392	
039 DELIVERY ROOM & LABOR ROO	896	402	849			178,688	
041 RADIOLOGY-DIAGNOSTIC	22,883		23,985		19,880	1,031,284	
044 LABORATORY	16,807		8,648			292,324	
049 RESPIRATORY THERAPY			654			133,161	
050 PHYSICAL THERAPY			156			157,948	
051 OCCUPATIONAL THERAPY			293			58,513	
052 SPEECH PATHOLOGY			16			24,849	
053 ELECTROCARDIOLOGY			210		1,455	114,423	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT						9,975	
056 DRUGS CHARGED TO PATIENTS				90,997		90,997	
056 OUTPAT SERVICE COST CNTRS							
060 CLINIC	10,516		1,246		12,607	451,397	
060 01 WOUND CLINC	2,096		923			35,302	
061 EMERGENCY	16,843	7,557	683		10,505	450,196	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY	11,442		92			66,761	
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	6,181		463			20,476	
095 SUBTOTALS	161,504	22,613	68,517	90,997	125,742	4,337,285	
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	27,715		898		162	782,190	
098 01 PRIVATE DUTY	424					918	
100 COMMUNITY RELATIONS	1,040		3			23,155	
100 01 COMMUNITY BENEFITS	3,892		92			91,966	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	194,575	22,613	69,510	90,997	125,904	5,235,514	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		TOTAL
		27
	GENERAL SERVICE COST CNTR	
003	NEW CAP REL COSTS-BLDG &	
003 01	NEW CAP REL COSTS-OFFSITE	
004	NEW CAP REL COSTS-MVBLE E	
004 01	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
008	OPERATION OF PLANT	
008 01	OPERATION OF PLANT -OFFSI	
008 02	OPERATION OF PLANT - HOSP	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	748,324
026	INTENSIVE CARE UNIT	120,844
033	NURSERY	49,431
034	SKILLED NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	302,392
039	DELIVERY ROOM & LABOR ROO	178,688
041	RADIOLOGY-DIAGNOSTIC	1,031,284
044	LABORATORY	292,324
049	RESPIRATORY THERAPY	133,161
050	PHYSICAL THERAPY	157,948
051	OCCUPATIONAL THERAPY	58,513
052	SPEECH PATHOLOGY	24,849
053	ELECTROCARDIOLOGY	114,423
055	MEDICAL SUPPLIES CHARGED	
055 30	IMPL. DEV. CHARGED TO PAT	9,975
056	DRUGS CHARGED TO PATIENTS	90,997
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	451,397
060 01	WOUND CLINC	35,302
061	EMERGENCY	450,196
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	
071	HOME HEALTH AGENCY	66,761
	SPEC PURPOSE COST CENTERS	
093	HOSPICE	20,476
095	SUBTOTALS	4,337,285
	NONREIMBURS COST CENTERS	
098	PHYSICIANS' PRIVATE OFFIC	782,190
098 01	PRIVATE DUTY	918
100	COMMUNITY RELATIONS	23,155
100 01	COMMUNITY BENEFITS	91,966
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	5,235,514

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & FEET	OSTS-OFFSITE FEET	OSTS-MVBLE E FEET	OSTS-MVBLE E FEET	( GROSS SALARIES )	
	3	3.01	4	4.01	5	6a.00
003 GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	150,678					
003 01 NEW CAP REL COSTS-OFF		37,210				
004 NEW CAP REL COSTS-MVB			150,678			
004 01 NEW CAP REL COSTS-MVB				37,210		
005 EMPLOYEE BENEFITS	1,550		1,550		22,768,505	
006 ADMINISTRATIVE & GENE	23,888		23,888		3,276,715	-7,918,788
008 OPERATION OF PLANT	24,117		24,117			
008 01 OPERATION OF PLANT -O					541,238	
008 02 OPERATION OF PLANT -					70,409	
009 LAUNDRY & LINEN SERVI	1,900		1,900		550,595	
010 HOUSEKEEPING	1,930		1,930		163,526	
011 DIETARY	1,372		1,372		499,557	
012 CAFETERIA	4,191		4,191		618,715	
014 NURSING ADMINISTRATIO						
015 CENTRAL SERVICES & SU	1,439		1,439			
016 PHARMACY	1,020		1,020		537,463	
017 MEDICAL RECORDS & LIB	2,143		2,143		732,324	
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	11,643		11,643		1,866,589	
026 INTENSIVE CARE UNIT	2,254		2,254		405,975	
033 NURSERY	703		703		423,750	
034 SKILLED NURSING FACIL						
034 ANCILLARY SRVC COST C						
037 OPERATING ROOM	4,520		4,520		1,113,938	
039 DELIVERY ROOM & LABOR	4,055		4,055		69,040	
041 RADIOLOGY-DIAGNOSTIC	19,920		19,920		1,801,896	
044 LABORATORY	4,953		4,953		1,042,278	
049 RESPIRATORY THERAPY	2,503		2,503		851,151	
050 PHYSICAL THERAPY	3,099		3,099		679,844	
051 OCCUPATIONAL THERAPY	1,090		1,090		406,279	
052 SPEECH PATHOLOGY	495		495		134,284	
053 ELECTROCARDIOLOGY	2,586		2,586			
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
056 OUTPUT SERVICE COST C						
060 CLINIC	9,250		9,250		790,735	
060 01 WOUND CLINC	618		618		150,305	
061 EMERGENCY	8,408		8,408		1,276,013	
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						
071 HOME HEALTH AGENCY		3,415		3,415	964,087	
071 SPEC PURPOSE COST CEN						
093 HOSPICE					419,498	
095 SUBTOTALS	139,647	3,415	139,647	3,415	19,386,204	-7,918,788
095 NONREIMBURS COST CENT						
098 PHYSICIANS' PRIVATE O	8,887	33,795	8,887	33,795	3,004,163	
098 01 PRIVATE DUTY					16,547	
100 COMMUNITY RELATIONS	368		368		47,708	
100 01 COMMUNITY BENEFITS	1,776		1,776		313,883	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	2,477,975	209,169	2,473,630	74,740	7,786,920	
103 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	16.445500		16.416663		.342004	
104 (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED		5.621311		2.008600		
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					50,937	
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.002237	
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	OPERATION OF PLANT -OFFSI	OPERATION OF PLANT - HOSP	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	S
	( ACCUM. COST )	( SQUARE FEET )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF ) LAUNDRY	( SQUARE FEET )	( MEALS )ERVED	
	6	8	8.01	8.02	9	10	11	
GENERAL SERVICE COST								
003 NEW CAP REL COSTS-BLD								
003 01 NEW CAP REL COSTS-OFF								
004 NEW CAP REL COSTS-MVB								
004 01 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 ADMINISTRATIVE & GENE	42,918,162							
008 OPERATION OF PLANT	2,120,638	101,123						
008 01 OPERATION OF PLANT -O	42,746		37,210					
008 02 OPERATION OF PLANT -	738,729			141,333				
009 LAUNDRY & LINEN SERVI	189,563	1,900		1,900	381,810			
010 HOUSEKEEPING	897,454	1,930		1,930	14,102	110,270		
011 DIETARY	320,985	1,372		1,372	495	1,372	17,294	
012 CAFETERIA	897,912	4,191		4,191	2,020	4,191		
014 NURSING ADMINISTRATIO	847,605							
015 CENTRAL SERVICES & SU	419,165	1,439		1,439	5,534	1,439		
016 PHARMACY	1,710,744	1,020		1,020		1,020		
017 MEDICAL RECORDS & LIB	1,241,525	2,143		2,143		2,143		
INPAT ROUTINE SRVC CN								
025 ADULTS & PEDIATRICS	3,070,208	11,643		11,643	109,225	11,643	16,126	
026 INTENSIVE CARE UNIT	638,548	2,254		2,254	7,331	2,254	1,168	
033 NURSERY	666,663	703		703	5,011	703		
034 SKILLED NURSING FACIL								
ANCILLARY SRVC COST C								
037 OPERATING ROOM	2,979,612	4,520		4,520	62,134	4,520		
039 DELIVERY ROOM & LABOR	238,110	4,055		4,055	5,913	4,055		
041 RADIOLOGY-DIAGNOSTIC	6,226,905	19,920		19,920	32,123	19,920		
044 LABORATORY	3,033,688	4,953		4,953		4,953		
049 RESPIRATORY THERAPY	1,309,249	2,503		2,503	4,905	2,503		
050 PHYSICAL THERAPY	1,085,651	3,099		3,099	26,816	3,099		
051 OCCUPATIONAL THERAPY	618,528	1,090		1,090		1,090		
052 SPEECH PATHOLOGY	200,058	495		495		495		
053 ELECTROCARDIOLOGY	204,853	2,586		2,586	471	2,586		
055 MEDICAL SUPPLIES CHAR								
055 30 IMPL. DEV. CHARGED TO	540,314							
056 DRUGS CHARGED TO PATI								
OUTPAT SERVICE COST C								
060 CLINIC	1,538,018	9,250		9,250	34,602	9,250		
060 01 WOUND CLINC	321,123	618		618		618		
061 EMERGENCY	2,302,111	8,408		8,408	71,128	8,408		
062 OBSERVATION BEDS (NON								
OTHER REIMBURS COST C								
065 AMBULANCE SERVICES								
071 HOME HEALTH AGENCY	1,439,881		3,415	3,415				
SPEC PURPOSE COST CEN								
093 HOSPICE	698,401							
095 SUBTOTALS	36,538,987	90,092	3,415	93,507	381,810	86,262	17,294	
NONREIMBURS COST CENT								
098 PHYSICIANS' PRIVATE O	5,324,308	8,887	33,795	45,682		21,864		
098 01 PRIVATE DUTY	24,779							
100 COMMUNITY RELATIONS	352,648	368		368		368		
100 01 COMMUNITY BENEFITS	677,440	1,776		1,776		1,776		
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	7,918,788	2,511,915	50,633	875,031	283,498	1,133,404	437,255	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		24.840195		6.191272		10.278444		
(WRKSHT B, PT I)	.184509		1.360736		.742511		25.283624	
105 COST TO BE ALLOCATED								
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER								
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED	792,344	831,688	789	14,849	81,923	100,327	64,161	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		8.224519		.105064		.909830		
(WRKSHT B, PT III)	.018462		.021204		.214565		3.710015	

COST CENTER DESCRIPTION	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (DIRECT )SING HRS	CENTRAL SERVI CES & SUPPLY NR(COSTED )EQUIS.	PHARMACY R(100% )HARMACY	MEDICAL RECOR DS & LIBRARY P(TIME )PENT	S )
GENERAL SERVICE COST	12	14	15	16	17	
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS-OFF						
004 NEW CAP REL COSTS-MVB						
004 01 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENE						
008 OPERATION OF PLANT						
008 01 OPERATION OF PLANT -O						
008 02 OPERATION OF PLANT -						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA	526,607					
014 NURSING ADMINISTRATIO	15,105	136,417				
015 CENTRAL SERVICES & SU			6,288,522			
016 PHARMACY	13,477		930,817	100		
017 MEDICAL RECORDS & LIB	30,054		1,412		779	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	74,919	74,919	48,564		454	
026 INTENSIVE CARE UNIT	13,486	13,486	11,443			
033 NURSERY	14,892					
034 SKILLED NURSING FACIL						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	37,908		1,749,008		49	
039 DELIVERY ROOM & LABOR	2,426	2,426	76,825			
041 RADIOLOGY-DIAGNOSTIC	61,931		2,169,721		123	
044 LABORATORY	45,487		782,413			
049 RESPIRATORY THERAPY			59,132			
050 PHYSICAL THERAPY			14,096			
051 OCCUPATIONAL THERAPY			26,528			
052 SPEECH PATHOLOGY			1,451			
053 ELECTROCARDIOLOGY			19,011		9	
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI				100		
OUTPUT SERVICE COST C						
060 CLINIC	28,462		112,765		78	
060 01 WOUND CLINC	5,674		83,549			
061 EMERGENCY	45,586	45,586	61,753		65	
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						
071 HOME HEALTH AGENCY	30,966		8,332			
SPEC PURPOSE COST CEN						
093 HOSPICE	16,728		41,916			
095 SUBTOTALS	437,101	136,417	6,198,736	100	778	
NONREIMBURS COST CENT						
098 PHYSICIANS' PRIVATE O	75,010		81,215		1	
098 01 PRIVATE DUTY	1,147					
100 COMMUNITY RELATIONS	2,816		244			
100 01 COMMUNITY BENEFITS	10,533		8,327			
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,238,215	1,039,513	560,059	2,183,116	1,629,918	
(PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER		7.620113		21,831.160000		
(WRKSHT B, PT I)	2.351308		.089061		2,092.320924	
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	194,575	22,613	69,510	90,997	125,904	
(PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER	.369488	.165764	.011053	909.970000	161.622593	
(WRKSHT B, PT III)						

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	6,307,774		6,307,774		
26	INTENSIVE CARE UNIT	1,019,947		1,019,947		
33	NURSERY	857,446		857,446		
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,109,659		4,109,659		
39	DELIVERY ROOM & LABOR ROO	484,977		484,977		
41	RADIOLOGY-DIAGNOSTIC	8,818,780		8,818,780		
44	LABORATORY	3,974,674		3,974,674		
49	RESPIRATORY THERAPY	1,663,124		1,663,124		
50	PHYSICAL THERAPY	1,435,149		1,435,149		
51	OCCUPATIONAL THERAPY	780,043		780,043		
52	SPEECH PATHOLOGY	257,549		257,549		
53	ELECTROCARDIOLOGY	370,352		370,352		
55	MEDICAL SUPPLIES CHARGED					
55 30	IMPL. DEV. CHARGED TO PAT	640,007		640,007		
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	2,183,116		2,183,116		
60	CLINIC	2,469,772		2,469,772		
60 01	WOUND CLINC	426,684		426,684		
61	EMERGENCY	3,723,075		3,723,075		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	838,587		838,587		
65	AMBULANCE SERVICES					
101	SUBTOTAL	40,360,715		40,360,715		
102	LESS OBSERVATION BEDS	838,587		838,587		
103	TOTAL	39,522,128		39,522,128		

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,455,529		5,455,529			
26	INTENSIVE CARE UNIT	743,329		743,329			
33	NURSERY	1,456,044		1,456,044			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,666,332	10,165,200	12,831,532	.320278	.320278	
39	DELIVERY ROOM & LABOR ROO	684,411	40,366	724,777	.669140	.669140	
41	RADIOLOGY-DIAGNOSTIC	1,172,386	31,458,139	32,630,525	.270262	.270262	
44	LABORATORY	1,933,854	12,025,197	13,959,051	.284738	.284738	
49	RESPIRATORY THERAPY	1,465,339	400,275	1,865,614	.891462	.891462	
50	PHYSICAL THERAPY	184,092	2,034,138	2,218,230	.646979	.646979	
51	OCCUPATIONAL THERAPY	104,529	888,222	992,751	.785739	.785739	
52	SPEECH PATHOLOGY	52,324	121,527	173,851	1.481435	1.481435	
53	ELECTROCARDIOLOGY	420,268	2,521,144	2,941,412	.125910	.125910	
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT	547,124	505,270	1,052,394	.608144	.608144	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	3,033,589	3,515,983	6,549,572	.333322	.333322	
60	CLINIC	132,476	3,299,141	3,431,617	.719711	.719711	
60 01	WOUND CLINC		585,391	585,391	.728887	.728887	
61	EMERGENCY	223,420	5,207,903	5,431,323	.685482	.685482	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		1,257,620	1,257,620	.666805	.666805	
65	AMBULANCE SERVICES						
101	SUBTOTAL	20,275,046	74,025,516	94,300,562			
102	LESS OBSERVATION BEDS						
103	TOTAL	20,275,046	74,025,516	94,300,562			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	6,307,774		6,307,774		
26	INTENSIVE CARE UNIT	1,019,947		1,019,947		
33	NURSERY	857,446		857,446		
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,109,659		4,109,659		
39	DELIVERY ROOM & LABOR ROO	484,977		484,977		
41	RADIOLOGY-DIAGNOSTIC	8,818,780		8,818,780		
44	LABORATORY	3,974,674		3,974,674		
49	RESPIRATORY THERAPY	1,663,124		1,663,124		
50	PHYSICAL THERAPY	1,435,149		1,435,149		
51	OCCUPATIONAL THERAPY	780,043		780,043		
52	SPEECH PATHOLOGY	257,549		257,549		
53	ELECTROCARDIOLOGY	370,352		370,352		
55	MEDICAL SUPPLIES CHARGED					
55 30	IMPL. DEV. CHARGED TO PAT	640,007		640,007		
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	2,183,116		2,183,116		
60	CLINIC	2,469,772		2,469,772		
60 01	WOUND CLINC	426,684		426,684		
61	EMERGENCY	3,723,075		3,723,075		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	838,587		838,587		
65	AMBULANCE SERVICES					
101	SUBTOTAL	40,360,715		40,360,715		
102	LESS OBSERVATION BEDS	838,587		838,587		
103	TOTAL	39,522,128		39,522,128		

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	5,455,529		5,455,529			
26	INTENSIVE CARE UNIT	743,329		743,329			
33	NURSERY	1,456,044		1,456,044			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,666,332	10,165,200	12,831,532	.320278	.320278	
39	DELIVERY ROOM & LABOR ROO	684,411	40,366	724,777	.669140	.669140	
41	RADIOLOGY-DIAGNOSTIC	1,172,386	31,458,139	32,630,525	.270262	.270262	
44	LABORATORY	1,933,854	12,025,197	13,959,051	.284738	.284738	
49	RESPIRATORY THERAPY	1,465,339	400,275	1,865,614	.891462	.891462	
50	PHYSICAL THERAPY	184,092	2,034,138	2,218,230	.646979	.646979	
51	OCCUPATIONAL THERAPY	104,529	888,222	992,751	.785739	.785739	
52	SPEECH PATHOLOGY	52,324	121,527	173,851	1.481435	1.481435	
53	ELECTROCARDIOLOGY	420,268	2,521,144	2,941,412	.125910	.125910	
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT	547,124	505,270	1,052,394	.608144	.608144	
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	3,033,589	3,515,983	6,549,572	.333322	.333322	
60	CLINIC	132,476	3,299,141	3,431,617	.719711	.719711	
60 01	WOUND CLINC		585,391	585,391	.728887	.728887	
61	EMERGENCY	223,420	5,207,903	5,431,323	.685482	.685482	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		1,257,620	1,257,620	.666805	.666805	
65	AMBULANCE SERVICES						
101	SUBTOTAL	20,275,046	74,025,516	94,300,562			
102	LESS OBSERVATION BEDS						
103	TOTAL	20,275,046	74,025,516	94,300,562			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	4,109,659	302,392	3,807,267			4,109,659
39	DELIVERY ROOM & LABOR ROO	484,977	178,688	306,289			484,977
41	RADIOLOGY-DIAGNOSTIC	8,818,780	1,031,284	7,787,496			8,818,780
44	LABORATORY	3,974,674	292,324	3,682,350			3,974,674
49	RESPIRATORY THERAPY	1,663,124	133,161	1,529,963			1,663,124
50	PHYSICAL THERAPY	1,435,149	157,948	1,277,201			1,435,149
51	OCCUPATIONAL THERAPY	780,043	58,513	721,530			780,043
52	SPEECH PATHOLOGY	257,549	24,849	232,700			257,549
53	ELECTROCARDIOLOGY	370,352	114,423	255,929			370,352
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT	640,007	9,975	630,032			640,007
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	2,183,116	90,997	2,092,119			2,183,116
60	CLINIC	2,469,772	451,397	2,018,375			2,469,772
60 01	WOUND CLINC	426,684	35,302	391,382			426,684
61	EMERGENCY	3,723,075	450,196	3,272,879			3,723,075
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	838,587		838,587			838,587
65	AMBULANCE SERVICES						
101	SUBTOTAL	32,175,548	3,331,449	28,844,099			32,175,548
102	LESS OBSERVATION BEDS	838,587		838,587			838,587
103	TOTAL	31,336,961	3,331,449	28,005,512			31,336,961

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	12,831,532	.320278	.320278
39	DELIVERY ROOM & LABOR ROO	724,777	.669140	.669140
41	RADIOLOGY-DIAGNOSTIC	32,630,525	.270262	.270262
44	LABORATORY	13,959,051	.284738	.284738
49	RESPIRATORY THERAPY	1,865,614	.891462	.891462
50	PHYSICAL THERAPY	2,218,230	.646979	.646979
51	OCCUPATIONAL THERAPY	992,751	.785739	.785739
52	SPEECH PATHOLOGY	173,851	1.481435	1.481435
53	ELECTROCARDIOLOGY	2,941,412	.125910	.125910
55	MEDICAL SUPPLIES CHARGED			
55 30	IMPL. DEV. CHARGED TO PAT	1,052,394	.608144	.608144
56	DRUGS CHARGED TO PATIENTS	6,549,572	.333322	.333322
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,431,617	.719711	.719711
60 01	WOUND CLINC	585,391	.728887	.728887
61	EMERGENCY	5,431,323	.685482	.685482
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,257,620	.666805	.666805
65	AMBULANCE SERVICES			
101	SUBTOTAL	86,645,660		
102	LESS OBSERVATION BEDS	1,257,620		
103	TOTAL	85,388,040		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	4,109,659	302,392	3,807,267			4,109,659
39	DELIVERY ROOM & LABOR ROO	484,977	178,688	306,289			484,977
41	RADIOLOGY-DIAGNOSTIC	8,818,780	1,031,284	7,787,496			8,818,780
44	LABORATORY	3,974,674	292,324	3,682,350			3,974,674
49	RESPIRATORY THERAPY	1,663,124	133,161	1,529,963			1,663,124
50	PHYSICAL THERAPY	1,435,149	157,948	1,277,201			1,435,149
51	OCCUPATIONAL THERAPY	780,043	58,513	721,530			780,043
52	SPEECH PATHOLOGY	257,549	24,849	232,700			257,549
53	ELECTROCARDIOLOGY	370,352	114,423	255,929			370,352
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT	640,007	9,975	630,032			640,007
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	2,183,116	90,997	2,092,119			2,183,116
60	CLINIC	2,469,772	451,397	2,018,375			2,469,772
60 01	WOUND CLINC	426,684	35,302	391,382			426,684
61	EMERGENCY	3,723,075	450,196	3,272,879			3,723,075
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	838,587		838,587			838,587
65	AMBULANCE SERVICES						
101	SUBTOTAL	32,175,548	3,331,449	28,844,099			32,175,548
102	LESS OBSERVATION BEDS	838,587		838,587			838,587
103	TOTAL	31,336,961	3,331,449	28,005,512			31,336,961

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	12,831,532	.320278	.320278
39	DELIVERY ROOM & LABOR ROO	724,777	.669140	.669140
41	RADIOLOGY-DIAGNOSTIC	32,630,525	.270262	.270262
44	LABORATORY	13,959,051	.284738	.284738
49	RESPIRATORY THERAPY	1,865,614	.891462	.891462
50	PHYSICAL THERAPY	2,218,230	.646979	.646979
51	OCCUPATIONAL THERAPY	992,751	.785739	.785739
52	SPEECH PATHOLOGY	173,851	1.481435	1.481435
53	ELECTROCARDIOLOGY	2,941,412	.125910	.125910
55	MEDICAL SUPPLIES CHARGED			
55 30	IMPL. DEV. CHARGED TO PAT	1,052,394	.608144	.608144
56	DRUGS CHARGED TO PATIENTS	6,549,572	.333322	.333322
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	3,431,617	.719711	.719711
60 01	WOUND CLINC	585,391	.728887	.728887
61	EMERGENCY	5,431,323	.685482	.685482
62	OBSERVATION BEDS (NON-DIS	1,257,620	.666805	.666805
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	86,645,660		
102	LESS OBSERVATION BEDS	1,257,620		
103	TOTAL	85,388,040		

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.320278		.320278		
39 DELIVERY ROOM & LABOR ROOM	.669140		.669140		
41 RADIOLOGY-DIAGNOSTIC	.270262		.270262		
44 LABORATORY	.284738		.284738		
49 RESPIRATORY THERAPY	.891462		.891462		
50 PHYSICAL THERAPY	.646979		.646979		
51 OCCUPATIONAL THERAPY	.785739		.785739		
52 SPEECH PATHOLOGY	1.481435		1.481435		
53 ELECTROCARDIOLOGY	.125910		.125910		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT	.608144		.608144		
56 DRUGS CHARGED TO PATIENTS	.333322		.333322		
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.719711		.719711		
60 01 WOUND CLINIC	.728887		.728887		
61 EMERGENCY	.685482		.685482		
62 OBSERVATION BEDS (NON-DISTINCT PART)	.666805		.666805		
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,359,041			
39 DELIVERY ROOM & LABOR ROOM		2,817			
41 RADIOLOGY-DIAGNOSTIC		13,110,294			
44 LABORATORY		2,443,582			
49 RESPIRATORY THERAPY		116,555			
50 PHYSICAL THERAPY		559,039			
51 OCCUPATIONAL THERAPY		164,191			
52 SPEECH PATHOLOGY		30,422			
53 ELECTROCARDIOLOGY		1,026,495			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT		190,153			
56 DRUGS CHARGED TO PATIENTS		995,717			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		1,066,224			
60 01 WOUND CLINIC		220,360			
61 EMERGENCY		1,631,010			
62 OBSERVATION BEDS (NON-DISTINCT PART)		866,297			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		23,782,197			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		23,782,197			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	435,271		
39 DELIVERY ROOM & LABOR ROOM	1,885		
41 RADIOLOGY-DIAGNOSTIC	3,543,214		
44 LABORATORY	695,781		
49 RESPIRATORY THERAPY	103,904		
50 PHYSICAL THERAPY	361,686		
51 OCCUPATIONAL THERAPY	129,011		
52 SPEECH PATHOLOGY	45,068		
53 ELECTROCARDIOLOGY	129,246		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30 IMPL. DEV. CHARGED TO PATIENT	115,640		
56 DRUGS CHARGED TO PATIENTS	331,894		
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC	767,373		
60 01 WOUND CLINC	160,618		
61 EMERGENCY	1,118,028		
62 OBSERVATION BEDS (NON-DISTINCT PART)	577,651		
65 OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL	8,516,270		
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
104 PROGRAM ONLY CHARGES			
104 NET CHARGES	8,516,270		

(A) WORKSHEET A LINE NUMBERS

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



TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,318
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,318
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,318
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,272
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6,307,774
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,307,774

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,654,051
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,654,051
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.824109
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,439.27
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6,307,774

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,186.12
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,694,865
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,694,865

	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	1,019,947	486	2,098.66	294	617,006
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
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)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL OTHER

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

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	707
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,186.12
85	OBSERVATION BED COST	838,587

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,318
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,318
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,318
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	288
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	783
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6,307,774
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,307,774

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,654,051
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,654,051
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.824109
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,439.27
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6,307,774

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,186.12
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					341,603
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					341,603

	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)	857,446	783	1,095.08	
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT	1,019,947	486	2,098.66	
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				1
49	TOTAL PROGRAM INPATIENT COSTS				209,557
					551,160

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	707
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,186.12
85	OBSERVATION BED COST	838,587

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 XVIII, PART A HOSPITAL OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS		3,280,038	
26	INTENSIVE CARE UNIT		622,376	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.320278	332,296	106,427
39	DELIVERY ROOM & LABOR ROOM	.669140	5,602	3,749
41	RADIOLOGY-DIAGNOSTIC	.270262	652,242	176,276
44	LABORATORY	.284738	1,054,017	300,119
49	RESPIRATORY THERAPY	.891462	760,735	678,166
50	PHYSICAL THERAPY	.646979	111,463	72,114
51	OCCUPATIONAL THERAPY	.785739	73,752	57,950
52	SPEECH PATHOLOGY	1.481435	38,869	57,582
53	ELECTROCARDIOLOGY	.125910	286,112	36,024
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30	IMPL. DEV. CHARGED TO PATIENT	.608144	272,427	165,675
56	DRUGS CHARGED TO PATIENTS	.333322	1,777,800	592,580
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.719711	87,926	63,281
60 01	WOUND CLINC	.728887		
61	EMERGENCY	.685482	8,690	5,957
62	OBSERVATION BEDS (NON-DISTINCT PART)	.666805		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		5,461,931	2,315,900
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,461,931	

TITLE XIX		HOSPITAL	OTHER	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS		458,979	
26	INTENSIVE CARE UNIT		37,696	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.320278	37,961	12,158
39	DELIVERY ROOM & LABOR ROOM	.669140	50,698	33,924
41	RADIOLOGY-DIAGNOSTIC	.270262	52,468	14,180
44	LABORATORY	.284738	118,433	33,722
49	RESPIRATORY THERAPY	.891462	30,946	27,587
50	PHYSICAL THERAPY	.646979	3,100	2,006
51	OCCUPATIONAL THERAPY	.785739	1,921	1,509
52	SPEECH PATHOLOGY	1.481435	9,589	14,205
53	ELECTROCARDIOLOGY	.125910	12,914	1,626
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55	30 IMPL. DEV. CHARGED TO PATIENT	.608144		
56	DRUGS CHARGED TO PATIENTS	.333322	157,520	52,505
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.719711	3,058	2,201
60	01 WOUND CLINC	.728887		
61	EMERGENCY	.685482	20,328	13,934
62	OBSERVATION BEDS (NON-DISTINCT PART)	.666805		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		498,936	209,557
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		498,936	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) 8,517,193  
 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) 8,517,193

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) 8,602,365  
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18 CAH DEDUCTIBLES 90,879  
 18.01 CAH ACTUAL BILLED COINSURANCE 4,275,033  
 LINE 17.01 (SEE INSTRUCTIONS)  
 19 SUBTOTAL (SEE INSTRUCTIONS) 4,236,453  
 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 4,236,453  
 24 PRIMARY PAYER PAYMENTS 1,067  
 25 SUBTOTAL 4,235,386

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26 COMPOSITE RATE ESRD  
 27 BAD DEBTS (SEE INSTRUCTIONS) 673,716  
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 673,716  
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 574,369  
 28 SUBTOTAL 4,909,102  
 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER  
 TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.  
 OTHER ADJUSTMENTS (SPECIFY)  
 30 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)  
 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING  
 FROM DISPOSITION OF DEPRECIABLE ASSETS.  
 32 SUBTOTAL 4,909,102  
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)  
 34 INTERIM PAYMENTS 4,888,258  
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  
 35 BALANCE DUE PROVIDER/PROGRAM 20,844  
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
 IN ACCORDANCE WITH CMS PUB. 15-II, 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 XVIII		HOSPITAL		INPATIENT-PART A		P A R T B	
DESCRIPTION		MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT		
		1	2	3	4		
1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,887,830		4,576,033		
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 7/15/2010	52,097	7/15/2010	126,124		
	ADJUSTMENTS TO PROVIDER	.02 7/15/2010	5,160				
	ADJUSTMENTS TO PROVIDER	.03 12/31/2010	55,291				
	ADJUSTMENTS TO PROVIDER	.04 12/31/2010	53,683	12/31/2010	430,799		
	ADJUSTMENTS TO PROVIDER	.05					
	ADJUSTMENTS TO PROVIDER	.49					
	ADJUSTMENTS TO PROGRAM	.50		7/15/2010	92,945		
	ADJUSTMENTS TO PROGRAM	.51		12/31/2010	151,753		
	ADJUSTMENTS TO PROGRAM	.52					
	ADJUSTMENTS TO PROGRAM	.53					
	ADJUSTMENTS TO PROGRAM	.54					
	SUBTOTAL	.99	166,231		312,225		
4	TOTAL INTERIM PAYMENTS		5,054,061		4,888,258		
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)		149,239		20,844		
	SETTLEMENT TO PROVIDER	.01					
	SETTLEMENT TO PROGRAM	.02					
7	TOTAL MEDICARE PROGRAM LIABILITY		5,203,300		4,909,102		

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	5,627,771
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	5,627,771
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	5,684,049

COMPUTATION OF LESSER OF COST OR CHARGES

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

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	5,684,049
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	598,023
21	EXCESS REASONABLE COST	
22	SUBTOTAL	5,086,026
23	COINSURANCE	
24	SUBTOTAL	5,086,026
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	117,274
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	117,274
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	89,784
26	SUBTOTAL	5,203,300
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	5,203,300
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	5,054,061
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	149,239
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1				
2			551,160	
3				
4				
5				
6			551,160	
7				
8				
9			551,160	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10				
11			498,936	
12				
13				
14				
15				
16			498,936	
	CUSTOMARY CHARGES			
17				
18				
19				
20			498,936	
21				
22			52,224	
23			551,160	
	PROSPECTIVE PAYMENT AMOUNT			
24				
25				
26				
27				
28				
29				
30			551,160	
31				
32			551,160	
33				
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34				
35			551,160	
36				
37				
38				
38.01				
38.02				
38.03				
39				
40			551,160	
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52			551,160	
53				
54				
55			551,160	
56				
57			229,983	
57.01				
58			321,177	
59				





	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,484,609			
29 SALARIES, WAGES & FEES PAYABLE	3,315,568			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	1,521,961			
35 OTHER CURRENT LIABILITIES	1,107,879			
36 TOTAL CURRENT LIABILITIES	7,430,017			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	35,666,859			
42 TOTAL LONG-TERM LIABILITIES	35,666,859			
43 TOTAL LIABILITIES	43,096,876			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	63,813,686			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	63,813,686			
52 TOTAL LIABILITIES AND FUND BALANCES	106,910,562			

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2 3 4
1 FUND BALANCE AT BEGINNING		56,223,529
2 OF PERIOD		
3 NET INCOME (LOSS)		4,434,964
4 TOTAL		60,658,493
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6 ADDITIONS (CREDIT ADJUSTM	3,155,193	
7		
8		
9		
10 TOTAL ADDITIONS		3,155,193
11 SUBTOTAL		63,813,686
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		63,813,686
PERIOD PER BALANCE SHEET		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	6,883,917		6,883,917
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	6,883,917		6,883,917
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	743,328		743,328
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	743,328		743,328
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	7,627,245		7,627,245
17 00 ANCILLARY SERVICES	12,620,144		12,620,144
18 00 OUTPATIENT SERVICES		81,142,552	81,142,552
19 00 HOME HEALTH AGENCY		1,235,649	1,235,649
20 00 AMBULANCE SERVICES			
23 00 HOSPICE		1,199,258	1,199,258
24 00			
25 00 TOTAL PATIENT REVENUES	20,247,389	83,577,459	103,824,848

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		54,157,969	
ADD (SPECIFY)			
27 00 CHARITY	1,410,391		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		1,410,391	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		55,568,360	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-1329 I FROM 1/ 1/2010 I WORKSHEET G-3  
 I I TO 12/31/2010 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	103,824,848
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	43,821,524
3	NET PATIENT REVENUES	60,003,324
4	LESS: TOTAL OPERATING EXPENSES	55,568,360
5	NET INCOME FROM SERVICE TO PATIENTS	4,434,964
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	
25	TOTAL OTHER INCOME	
26	TOTAL	4,434,964
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	4,434,964

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	316,114				120,016	436,130
HHA REIMBURSABLE SERVICES						
6	387,974					387,974
7	159,906					159,906
8	54,165					54,165
9	2,202					2,202
10	13,217					13,217
11	25,019					25,019
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22	5,490					5,490
23						
23.50						
24	964,087				120,016	1,084,103

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		436,130		436,130
HHA REIMBURSABLE SERVICES				
6		387,974		387,974
7		159,906		159,906
8		54,165		54,165
9		2,202		2,202
10		13,217		13,217
11		25,019		25,019
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22		5,490		5,490
23				
23.50				
24		1,084,103		1,084,103

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	ADMINISTRATIVE & GENERAL	436,130				436,130	436,130
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	387,974				387,974	261,133
7	PHYSICAL THERAPY	159,906				159,906	107,628
8	OCCUPATIONAL THERAPY	54,165				54,165	36,457
9	SPEECH PATHOLOGY	2,202				2,202	1,482
10	MEDICAL SOCIAL SERVICES	13,217				13,217	8,896
11	HOME HEALTH AIDE	25,019				25,019	16,839
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE	5,490				5,490	3,695
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	1,084,103				1,084,103	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE	649,107					
7	PHYSICAL THERAPY	267,534					
8	OCCUPATIONAL THERAPY	90,622					
9	SPEECH PATHOLOGY	3,684					
10	MEDICAL SOCIAL SERVICES	22,113					
11	HOME HEALTH AIDE	41,858					
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE	9,185					
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)	1,084,103					



HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-OFFSIT 3.01	NEW CAP REL COSTS-MVBLE 4	NEW CAP REL COSTS-MVBLE 4.01	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL			19,197		6,859	329,722
2 SKILLED NURSING CARE	649,107					
3 PHYSICAL THERAPY	267,534					
4 OCCUPATIONAL THERAPY	90,622					
5 SPEECH PATHOLOGY	3,684					
6 MEDICAL SOCIAL SERVICES	22,113					
7 HOME HEALTH AIDE	41,858					
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	9,185					
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,084,103		19,197		6,859	329,722
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATI VE & GENERAL 6	OPERATION OF PLANT 8	OPERATION OF PLANT -OFFS 8.01	OPERATION OF PLANT - HOS 8.02	LAUNDRY & LI NEN SERVICE 9
1 ADMIN & GENERAL	355,778	65,644		4,647	21,143	
2 SKILLED NURSING CARE	649,107	119,766				
3 PHYSICAL THERAPY	267,534	49,362				
4 OCCUPATIONAL THERAPY	90,622	16,721				
5 SPEECH PATHOLOGY	3,684	680				
6 MEDICAL SOCIAL SERVICES	22,113	4,080				
7 HOME HEALTH AIDE	41,858	7,723				
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	9,185	1,695				
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,439,881	265,671		4,647	21,143	
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16
1 ADMIN & GENERAL			72,811		742	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			72,811		742	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	MEDICAL RECORDS & LIBRARIES 17	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		520,765		520,765		
2 SKILLED NURSING CARE		768,873		768,873	311,808	1,080,681
3 PHYSICAL THERAPY		316,896		316,896	128,514	445,410
4 OCCUPATIONAL THERAPY		107,343		107,343	43,532	150,875
5 SPEECH PATHOLOGY		4,364		4,364	1,770	6,134
6 MEDICAL SOCIAL SERVICES		26,193		26,193	10,622	36,815
7 HOME HEALTH AIDE		49,581		49,581	20,107	69,688
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		10,880		10,880	4,412	15,292
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		1,804,895		1,804,895	520,765	1,804,895
21 UNIT COST MULTIPLIER					0.405539	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET )	NEW CAP REL COSTS-OFFSIT (SQUARE FEET )	NEW CAP REL COSTS-MVBLE (SQUARE FEET )	NEW CAP REL COSTS-MVBLE (SQUARE FEET )	EMPLOYEE BENEFITS ( GROSS SALARIES )	RECONCILIATION
	3	3.01	4	4.01	5	6A
1 ADMIN & GENERAL		3,415		3,415	964,087	
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)		3,415		3,415	964,087	
21 COST TO BE ALLOCATED		19,197		6,859	329,722	
22 UNIT COST MULTIPLIER		5.621376		2.008492	0.342004	

HHA COST CENTER	ADMINISTRATIVE & GENERAL ( ACCUM. COST )	OPERATION OF PLANT (SQUARE FEET )	OPERATION OF PLANT -OFFS (SQUARE FEET )	OPERATION OF PLANT - HOS (SQUARE FEET )	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY )	HOUSEKEEPING (SQUARE FEET )
	6	8	8.01	8.02	9	10
1 ADMIN & GENERAL	355,778		3,415	3,415		
2 SKILLED NURSING CARE	649,107					
3 PHYSICAL THERAPY	267,534					
4 OCCUPATIONAL THERAPY	90,622					
5 SPEECH PATHOLOGY	3,684					
6 MEDICAL SOCIAL SERVICES	22,113					
7 HOME HEALTH AIDE	41,858					
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	9,185					
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,439,881		3,415	3,415		
21 COST TO BE ALLOCATED	265,671		4,647	21,143		
22 UNIT COST MULTIPLIER	0.184509		1.360761	6.191215		

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

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

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 I 15-1329 I FROM 1/ 1/2010 I WORKSHEET H-5  
 I HHA NO: I TO 12/31/2010 I PART II  
 I 15-7143 I

HHA 1

HHA COST CENTER	DIETARY (MEALS ERVED 11	CAFETERIA S (HOURS OF ) SERVICE 12	NURSING ADMI NISTRATION S (DIRECT ) SING HRS 14	CENTRAL SERV ICES & SUPPL NR (COSTED ) EQUIS. 15	PHARMACY R (100% ) HARMACY 16	MEDICAL RECO RDS & LIBRAR P (TIME ) PENT 17
1 ADMIN & GENERAL		30,966		8,332		
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)		30,966		8,332		
21 COST TO BE ALLOCATED		72,811		742		
22 UNIT COST MULTIPLIER		2.351321		0.089054		

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
PATIENT SERVICES		1	2	3	4	5	6
1 SKILLED NURSING	2	1,080,681		1,080,681	4,753	227.37	1,408
2 PHYSICAL THERAPY	3	445,410		445,410	1,461	304.87	523
3 OCCUPATIONAL THERAPY	4	150,875		150,875	465	324.46	189
4 SPEECH PATHOLOGY	5	6,134		6,134	17	360.82	8
5 MEDICAL SOCIAL SERVICES	6	36,815		36,815	15	2,454.33	5
6 HOME HEALTH AIDE SERVICE	7	69,688		69,688	986	70.68	100
7 TOTAL		1,789,603		1,789,603	7,697		2,233

	-----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	PART B 10	11
1 SKILLED NURSING	811		320,137	184,397	504,534
2 PHYSICAL THERAPY	283		159,447	86,278	245,725
3 OCCUPATIONAL THERAPY	104		61,323	33,744	95,067
4 SPEECH PATHOLOGY	7		2,887	2,526	5,413
5 MEDICAL SOCIAL SERVICES	2		12,272	4,909	17,181
6 HOME HEALTH AIDE SERVICES	50		7,068	3,534	10,602
7 TOTAL	1,257		563,134	315,388	878,522

LIMITATION COST COMPUTATION					PROGRAM COST LIMITS	PROGRAM VISITS PART A
PATIENT SERVICES	1	2	3	4	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	PART B 10	11
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) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00				27,655		14,286
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	PART A 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES		13,369		
16 COST OF DRUGS				
16.20 COST OF DRUGS				

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

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.646979			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.785739			COL 2, LN 3
3 SPEECH PATHOLOGY	52	1.481435			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55				COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.608144			
5 DRUGS CHARGED TO PATIENTS	56	.333322			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER 5
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	
1 PHYSICAL THERAPY	1	304.87	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	324.46					
3 SPEECH PATHOLOGY	4	360.82					
4 TOTAL (SUM OF LINES 1-3)							



TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		468,806		255,486
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			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		468,806		255,486
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
TENTATIVE TO PROGRAM	.99			
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY		468,806		255,486

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.

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 INPATIENT CARE SERVICE	147,412			
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	173,153			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	33,567			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING	8,112			
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	57,254			
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)	419,498			

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	135,433	282,845		282,845
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
9 VISITING SERVICES				
10 PHYSICIAN SERVICES				
10.20 NURSING CARE-CONTINUOUS HOME CARE		173,153		173,153
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		33,567		33,567
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING		8,112		8,112
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER		57,254		57,254
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
19 OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	135,433	554,931		554,931

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
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		282,845
8 INPATIENT CARE SERVICE		
9 INPATIENT - GENERAL CARE		
10 INPATIENT - RESPITE CARE		
11 VISITING SERVICES		
12 PHYSICIAN SERVICES		
13 NURSING CARE		173,153
14.20 NURSING CARE-CONTINUOUS HOME CARE		
15 PHYSICAL THERAPY		
16 OCCUPATIONAL THERAPY		
17 SPEECH/LANGUAGE PATHOLOGY		
18 MEDICAL SOCIAL SERVICES		33,567
19 SPIRITUAL COUNSELING		
20 DIETARY COUNSELING		8,112
21 COUNSELING - OTHER		
22 HOME HEALTH AIDE AND HOMEMAKER		57,254
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
24 OTHER HOSPICE SERVICE COSTS		
25 OTHER		
26 DRUGS BIOLOGICAL AND INFUSION THERAPY		
27.30 ANALGESICS		
28.31 SEDATIVES / HYPNOTICS		
29.32 OTHER - SPECIFY		
30 DURABLE MEDICAL EQUIPMENT/OXYGEN		
31 PATIENT TRANSPORTATION		
32 IMAGING SERVICES		
33 LABS AND DIAGNOSTICS		
34 MEDICAL SUPPLIES		
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36 RADIATION THERAPY		
37 CHEMOTHERAPY		
38 OTHER		
39 BEREAVEMENT PROGRAM COSTS		
40 VOLUNTEER PROGRAM COSTS		
41 FUNDRAISING		
42 OTHER PROGRAM COSTS		
43 TOTAL (SUM OF LINES 1 THRU 33)		554,931



COMPENSATION ANALYSIS  
SALARIES AND WAGES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/24/2011
I	15-1329	I	FROM 1/ 1/2010	I	WORKSHEET	K-1
I	HOSPICE NO:	I	TO 12/31/2010	I		
I	15-1551	I		I		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
10.20	173,153			
11				
12				
13				
14				
15				
16				
17				8,112
18				
18.20			57,254	
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34	173,153		57,254	8,112



HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	282,845			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	173,153			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	33,567			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING	8,112			
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	57,254			
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)	554,931			



HOSPICE 1

TOTAL  
 (COL. 5A  
 + COL. 6)

7

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	353,153
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	68,461
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	16,545
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	116,772
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)	554,931

COST ALLOCATION - I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011  
 HOSPICE STATISTICAL BASIS I 15-1329 I FROM 1/ 1/2010 I WORKSHEET K-4  
 I HOSPICE NO: I TO 12/31/2010 I PART II  
 I 15-1551 I I

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
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				
31				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 COST TO BE ALLOCATED (PER WKST K-4, PART I)				
35 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
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		-282,845	272,086
INPATIENT CARE SERVICE			
7 INPATIENT - GENERAL CARE			
8 INPATIENT - RESPITE CARE			
VISITING SERVICES			
9 PHYSICIAN SERVICES			
10 NURSING CARE			173,153
10.20 NURSING CARE-CONTINUOUS HOME CARE			
11 PHYSICAL THERAPY			
12 OCCUPATIONAL THERAPY			
13 SPEECH/LANGUAGE PATHOLOGY			
14 MEDICAL SOCIAL SERVICES			33,567
15 SPIRITUAL COUNSELING			
16 DIETARY COUNSELING			8,112
17 COUNSELING - OTHER			
18 HOME HEALTH AIDE AND HOMEMAKER			57,254
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
OTHER HOSPICE SERVICE COSTS			
19 OTHER			
20 DRUGS BIOLOGICAL AND INFUSION THERAPY			
20.30 ANALGESICS			
20.31 SEDATIVES / HYPNOTICS			
20.32 OTHER - SPECIFY			
21 DURABLE MEDICAL EQUIPMENT/OXYGEN			
22 PATIENT TRANSPORTATION			
23 IMAGING SERVICES			
24 LABS AND DIAGNOSTICS			
25 MEDICAL SUPPLIES			
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27 RADIATION THERAPY			
28 CHEMOTHERAPY			
29 OTHER			
30			
31			
32 FUNDRAISING			
33 OTHER PROGRAM COSTS			
34 COST TO BE ALLOCATED (PER WKST K-4, PART I)			282,845
35 UNIT COST MULTIPLIER	.000000		1.039543

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-OFFSITE BLDG	NEW CAP REL COSTS-MVBLE EQUIP
		0	3	3.01	4
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	353,153			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11				
7.00 OCCUPATIONAL THERAPY	12				
8.00 SPEECH/LANGUAGE PATHOLOGY	13				
9.00 MEDICAL SOCIAL SERVICES	14	68,461			
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16	16,545			
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	116,772			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		554,931			
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP OFFSIT	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
	4.01	5	5A	6
1.00 ADMINISTRATIVE AND GENERAL		143,470	143,470	26,472
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			353,153	65,159
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			68,461	12,632
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING			16,545	3,053
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			116,772	21,545
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)		143,470	698,401	128,861
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

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

HOSPICE COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL			39,333	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			39,333	
30.00 UNIT COST MULIPLIER				

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	15	16	17	25
1.00 ADMINISTRATIVE AND GENERAL	3,733			213,008
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				418,312
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				81,093
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				19,598
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				138,317
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	3,733			870,328
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
	26	27	28	29
1.00 ADMINISTRATIVE AND GENERAL		213,008		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		418,312	135,556	553,868
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		81,093	26,279	107,372
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING		19,598	6,351	25,949
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		138,317	44,822	183,139
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)		870,328		870,328
30.00 UNIT COST MULTIPLIER			.324055	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

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

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/24/2011
ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I	15-1329	I	FROM 1/ 1/2010	I	WORKSHEET	K-5
COST CENTERS	I	HOSPICE NO:	I	TO 12/31/2010	I	PART I	
	I	15-1551	I		I		

HOSPICE 1

	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G	TOTAL HOSPICE COSTS
HOSPICE COST CENTER	26	27	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-OFFSITE BLDG (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	NEW CAP REL COSTS-MVBLE EQUIP OFFSIT (SQUARE FEET)
	3	3.01	4	4.01
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	EMPLOYEE BENEFITS (GROSS SALARIES) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUMULATED COST) 6	OPERATION OF PLANT (SQUARE FEET) 8
1.00 ADMINISTRATIVE AND GENERAL	419,498		143,470	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			353,153	
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			68,461	
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING			16,545	
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			116,772	
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				

HOSPICE 1

HOSPICE COST CENTER	EMPLOYEE BENEFITS	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	5	6A	6	8
29.00 TOTAL (SUM OF LINE 1 THRU 28)	419,498		698,401	
30.00 TOTAL COST TO BE ALLOCATED	143,470		128,861	
31.00 UNIT COST MULTIPLIER	.342004		.184509	.000000

HOSPICE COST CENTER	OPERATION OF PLANT -OFFSITE (SQUARE FEET)	OPERATION OF PLANT - HOSPITAL & OFFS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)
	8.01	8.02	9	10
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOME MAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	DIETARY (MEALS SERVED) 11	CAFETERIA (HOURS OF SERVICE) 12	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 14	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 15
1.00 ADMINISTRATIVE AND GENERAL			16,728	41,916
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)			16,728	41,916
30.00 TOTAL COST TO BE ALLOCATED			39,333	3,733
31.00 UNIT COST MULIPLIER	.000000	2.351327	.000000	.089059

PHARMACY MEDICAL RECORDS & LIBRARY

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

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

	I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/24/2011
ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE	I	15-1329	I	FROM 1/ 1/2010	I	WORKSHEET	K-5
COST CENTERS - STATISTICAL BASIS	I	HOSPICE NO:	I	TO 12/31/2010	I	PART II	
	I	15-1551	I		I		

HOSPICE 1

HOSPICE COST CENTER	PHARMACY	MEDICAL RECORDS & LIBRARY
	16	17
29.00 TOTAL (SUM OF LINE 1 THRU 28)		
30.00 TOTAL COST TO BE ALLOCATED		
31.00 UNIT COST MULTIPLIER	.000000	.000000

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.646979	
2	OCCUPATIONAL THERAPY	51	.785739	
3	SPEECH PATHOLOGY	52	1.481435	
4	DRUGS CHARGED TO PATIENTS	56	.333322	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.284738	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		
7.30	IMPL. DEV. CHARGED TO PATIENT	55.30	.608144	
8	EMERGENCY	61	.685482	
9	RADIOLOGY-DIAGNOSTIC	41	.270262	
10	WOUND CLINIC	59		
11	TOTAL (SUM OF LINES 1-10)			

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				870,328
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				3,482
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				249.95
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	3,001			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	750,100			
6 UNDUPLICATED MEDICAID DAYS			208	
7 AGGREGATE MEDICAID COST		51,990		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	1,961			
9 AGGREGATE SNF CDST (LINE 3 TIMES LINE 8)	490,152			
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			273	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			68,236	

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