

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-1315		FROM 10/ 1/2006		--AUDITED X-DESK REVIEW		4/30/2008
				TO 9/30/2007		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 2-MCR CODE		130
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 2/ 3/2009 TIME 16: 41

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: CAMERON MEMORIAL COMMUNITY 15-1315 FOR THE COST REPORTING PERIOD BEGINNING 10/ 1/2006 AND ENDING 9/30/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	6,933	11,693	0	
3	SWING BED - SNF	0	21,786	0	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	28,719	11,693	0	

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

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

HOSPITAL-BASED HOME HEALTH AGENCY
STATISTICAL DATA

PROVIDER NO: 15-1315
HHA NO: 15-7117
COUNTY:
PERIOD: FROM 10/1/2006 TO 9/30/2007
PREPARED 2/3/2009
WORKSHEET S-4

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	995	260	950
2 UNDUPLICATED CENSUS COUNT		143.00		

TOTAL
5

1 HOME HEALTH AIDE HOURS	2,205
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)			1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00		1.00
5 OTHER ADMINISTRATIVE PERSONEL	3.13		3.13
6 DIRECTING NURSING SERVICE	4.37		4.37
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	1.40		1.40
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.25		.25
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.02		.02
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.25		.25
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.06		1.06
17 HOME HEALTH AIDE SUPERVISOR			
18 PRIVATE DUTY NURSING	2.51		2.51

HOME HEALTH AGENCY MSA CODES

19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9915		

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	1,025	0	69	13
22 SKILLED NURSING VISIT CHARGES	131,758	0	9,285	1,643
23 PHYSICAL THERAPY VISITS	831	0	14	5
24 PHYSICAL THERAPY VISIT CHARGES	102,647	0	1,816	578
25 OCCUPATIONAL THERAPY VISITS	186	0	2	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	25,153	0	279	0
27 SPEECH PATHOLOGY VISITS	24	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	3,290	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	20	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	3,782	0	0	0
31 HOME HEALTH AIDE VISITS	596	0	1	17
32 HOME HEALTH AIDE VISIT CHARGES	35,574	0	58	1,137
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	2,682	0	86	35
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	302,204	0	11,438	3,358
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	166	0	31	3
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	14,439	0	4,016	0

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

PROVIDER NO: 15-1315
 HHA NO: 15-7117
 COUNTY:
 PERIOD: FROM 10/1/2006 TO 9/30/2007
 PREPARED 2/3/2009
 WORKSHEET S-4

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,107
22 SKILLED NURSING VISIT CHARGES	0	0	142,686
23 PHYSICAL THERAPY VISITS	0	0	850
24 PHYSICAL THERAPY VISIT CHARGES	0	0	105,041
25 OCCUPATIONAL THERAPY VISITS	0	0	188
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	25,432
27 SPEECH PATHOLOGY VISITS	0	0	24
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	3,290
29 MEDICAL SOCIAL SERVICE VISITS	0	0	20
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	3,782
31 HOME HEALTH AIDE VISITS	0	0	614
32 HOME HEALTH AIDE VISIT CHARGES	0	0	36,769
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	2,803
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	317,000
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	200
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	18,455

HOSPICE IDENTIFICATION DATA

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2006	2/ 3/2009
HOSPICE NO:	TO 9/30/2007	WORKSHEET S-9
15-1561		

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	1,712			
3 INPATIENT RESPIRE CARE	15			
4 GENERAL INPATIENT CARE	20			
5 TOTAL HOSPICE DAYS	1,747			

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE		1,712
3 INPATIENT RESPIRE CARE		15
4 GENERAL INPATIENT CARE		20
5 TOTAL HOSPICE DAYS		1,747

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	47			
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	37.17			
9 UNDUPLICATED CENSUS COUNT	47			

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE		47
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)		37.17
9 UNDUPLICATED CENSUS COUNT		47

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 15-1315
II PERIOD:
I FROM 10/ 1/2006
I TO 9/30/2007 II PREPARED 2/ 3/2009
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		2,326,807	2,326,807	-344,729	1,982,078
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		367,263	367,263	1,193,176	1,560,439
5	0500 EMPLOYEE BENEFITS	194,742	4,844,909	5,039,651	103,729	5,143,380
6	0600 ADMINISTRATIVE & GENERAL	2,122,516	5,507,181	7,629,697	41,533	7,671,230
8	0800 OPERATION OF PLANT	379,652	898,040	1,277,692	179,578	1,457,270
9	0900 LAUNDRY & LINEN SERVICE		89,046	89,046		89,046
10	1000 HOUSEKEEPING	373,327	122,712	496,039		496,039
11	1100 DIETARY	377,089	310,713	687,802	-566,998	120,804
12	1200 CAFETERIA				463,269	463,269
14	1400 NURSING ADMINISTRATION	412,537	8,912	421,449		421,449
15	1500 CENTRAL SERVICES & SUPPLY	92,703	59,059	151,762		151,762
16	1600 PHARMACY	385,076	981,135	1,366,211		1,366,211
17	1700 MEDICAL RECORDS & LIBRARY	271,466	311,523	582,989		582,989
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,025,300	54,340	1,079,640	53,342	1,132,982
26	2600 INTENSIVE CARE UNIT				15,553	15,553
33	3300 NURSERY				68,895	68,895
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	975,351	239,935	1,215,286	-129,485	1,085,801
38	3800 RECOVERY ROOM	125,525	3,039	128,564	129,485	258,049
39	3900 DELIVERY ROOM & LABOR ROOM	408,098	28,954	437,052	-137,790	299,262
41	4100 RADIOLOGY-DIAGNOSTIC	1,121,095	945,919	2,067,014		2,067,014
44	4400 LABORATORY	798,771	378,187	1,176,958		1,176,958
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	31,349	516,494	547,843	-55,797	492,046
49.01	4901 SLEEP LAB				83,505	83,505
50	5000 PHYSICAL THERAPY	477,030	37,252	514,282		514,282
53	5300 ELECTROCARDIOLOGY		260,300	260,300	-27,708	232,592
53.01	3140 CARDIAC REHAB	40,196	1,699	41,895		41,895
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,645,605	1,645,605		1,645,605
56	5600 DRUGS CHARGED TO PATIENTS					
59	3550 CHEMICAL DEPENDENCY	147,516	8,491	156,007		156,007
59.01	3480 ONCOLOGY		1,650,500	1,650,500		1,650,500
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	1,060,899	61,877	1,122,776		1,122,776
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY	658,838	71,701	730,539	12,690	743,229
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		697,389	697,389	-697,389	
93	9300 HOSPICE	109,611	31,788	141,399	-12,690	128,709
95	SUBTOTALS	11,588,687	22,460,770	34,049,457	372,169	34,421,626
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100	7950 DAYCARE-INFANT/TODDLER					
100.01	7951 MOB		31,813	31,813	-31,813	
100.02	7952 COMMUNITY HEALTH					
100.03	7953 ASSISTED LIVING/CAMERON WOODS	408,214	366,228	774,442	-209,481	564,961
100.04	7954 EDUCATION	74,220	11,195	85,415	-85,415	
100.05	7955 MARKETING	167,561	189,445	357,006	-45,460	311,546
100.06	7956 GUEST MEALS					
100.07	7957 OUTSIDE LAUNDRY					
100.08	7958 CANCER CENTER					
100.09	7959 URGENT CARE	338,036	546,109	884,145		884,145
101	TOTAL	12,576,718	23,605,560	36,182,278	-0-	36,182,278

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED 2/ 3/2009
I 15-1315	I FROM 10/ 1/2006	I WORKSHEET A
I	I TO 9/30/2007	I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-243,112	1,738,966
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-504,419	1,056,020
5	0500 EMPLOYEE BENEFITS	-126,335	5,017,045
6	0600 ADMINISTRATIVE & GENERAL	-3,237,496	4,433,734
8	0800 OPERATION OF PLANT		1,457,270
9	0900 LAUNDRY & LINEN SERVICE		89,046
10	1000 HOUSEKEEPING		496,039
11	1100 DIETARY	-14,151	106,653
12	1200 CAFETERIA	-76,300	386,969
14	1400 NURSING ADMINISTRATION		421,449
15	1500 CENTRAL SERVICES & SUPPLY		151,762
16	1600 PHARMACY	-173,756	1,192,455
17	1700 MEDICAL RECORDS & LIBRARY	-336	582,653
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,132,982
26	2600 INTENSIVE CARE UNIT		15,553
33	3300 NURSERY		68,895
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,085,801
38	3800 RECOVERY ROOM		258,049
39	3900 DELIVERY ROOM & LABOR ROOM		299,262
41	4100 RADIOLOGY-DIAGNOSTIC		2,067,014
44	4400 LABORATORY	-7,749	1,169,209
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		492,046
49.01	4901 SLEEP LAB		83,505
50	5000 PHYSICAL THERAPY		514,282
53	5300 ELECTROCARDIOLOGY		232,592
53.01	3140 CARDIAC REHAB		41,895
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,645,605
56	5600 DRUGS CHARGED TO PATIENTS		
59	3550 CHEMICAL DEPENDENCY		156,007
59.01	3480 ONCOLOGY	-122,813	1,527,687
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY		1,122,776
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		743,229
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
93	9300 HOSPICE		128,709
95	SUBTOTALS	-4,506,467	29,915,159
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100	7950 DAYCARE-INFANT/TODDLER		
100.01	7951 MOB		
100.02	7952 COMMUNITY HEALTH		
100.03	7953 ASSISTED LIVING/CAMERON WOODS		564,961
100.04	7954 EDUCATION		
100.05	7955 MARKETING		311,546
100.06	7956 GUEST MEALS		
100.07	7957 OUTSIDE LAUNDRY		
100.08	7958 CANCER CENTER		
100.09	7959 URGENT CARE		884,145
101	TOTAL	-4,506,467	31,675,811

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-1315
 PERIOD: FROM 10/ 1/2006 TO 9/30/2007
 PREPARED 2/ 3/2009
 NOT A CMS WORKSHEET

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

RECLASSIFICATIONS

PROVIDER NO:
151315

PERIOD:
FROM 10/ 1/2006
TO 9/30/2007

PREPARED 2/ 3/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		
	(1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 LABOR & DELIVERY RECLASS	A	ADULTS & PEDIATRICS	25	68,895	
2		NURSERY	33	68,895	
3 PROPERTY INSURANCE RECLASS	B	NEW CAP REL COSTS-BLDG & FIXT	3		30,021
4	C	EMPLOYEE BENEFITS	5	56,870	46,859
5		CAFETERIA	12	253,988	209,281
6 INTEREST EXPENSE RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		243,112
7		NEW CAP REL COSTS-MVBLE EQUIP	4		454,277
8 DEPRECIATION RECLASS	F	NEW CAP REL COSTS-MVBLE EQUIP	4		679,578
9 ICU RECLASS	G	INTENSIVE CARE UNIT	26	14,770	783
10 ALLOWABLE ADVERTISING RECLASS	H	ADMINISTRATIVE & GENERAL	6	25,380	28,694
11 ASSISTED LIVING/CAMERON WOODS RECLAS	I	NEW CAP REL COSTS-BLDG & FIXT	3		61,716
12		NEW CAP REL COSTS-MVBLE EQUIP	4		59,321
13 ALLOWABLE EDUCATION RECLASS	L	ADMINISTRATIVE & GENERAL	6	74,220	11,195
14 SLEEP LAB RECLASS	M	SLEEP LAB	49.01		83,505
15					
16 UTILITIES RECLASS	O	OPERATION OF PLANT	8		144,119
17					
18 PR RECLASS	P	ADMINISTRATIVE & GENERAL	6		8,614
19 PLANT OPS RECLASS	Q	OPERATION OF PLANT	8	35,459	
20 MSW SALARY RECLASS	R	HOME HEALTH AGENCY	71	12,690	
21 RECOVERY ROOM SALARY RECLASS	S	RECOVERY ROOM	38	129,485	
22 PUBLIC RELATIONS	T	MARKETING	100.05		17,228
36 TOTAL RECLASSIFICATIONS				740,652	2,078,303

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

RECLASSIFICATIONS

PROVIDER NO:
151315

PERIOD:
FROM 10/ 1/2006
TO 9/30/2007

PREPARED 2/ 3/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			6	LINE NO			
1 LABOR & DELIVERY RECLASS	A	DELIVERY ROOM & LABOR ROOM		39	137,790		
2							
3 PROPERTY INSURANCE RECLASS	B	ADMINISTRATIVE & GENERAL		6		30,021	12
4	C	DIETARY		11	310,858	256,140	
5							
6 INTEREST EXPENSE RECLASS	D	INTEREST EXPENSE		88		697,389	11
7							11
8 DEPRECIATION RECLASS	F	NEW CAP REL COSTS-BLDG & FIXT		3		679,578	9
9 ICU RECLASS	G	ADULTS & PEDIATRICS		25	14,770	783	
10 ALLOWABLE ADVERTISING RECLASS	H	MARKETING		100.05	25,380	28,694	
11 ASSISTED LIVING/CAMERON WOODS RECLASS	I	ASSISTED LIVING/CAMERON WOODS		100.03		61,716	13
12		ADMINISTRATIVE & GENERAL		6		59,321	13
13 ALLOWABLE EDUCATION RECLASS	L	EDUCATION		100.04	74,220	11,195	
14 SLEEP LAB RECLASS	M	RESPIRATORY THERAPY		49		55,797	
15		ELECTROCARDIOLOGY		53		27,708	
16 UTILITIES RECLASS	O	MOB		100.01		31,813	
17		ASSISTED LIVING/CAMERON WOODS		100.03		112,306	
18 PR RECLASS	P	MARKETING		100.05		8,614	
19 PLANT OPS RECLASS	Q	ASSISTED LIVING/CAMERON WOODS		100.03	35,459		
20 MSW SALARY RECLASS	R	HOSPICE		93	12,690		
21 RECOVERY ROOM SALARY RECLASS	S	OPERATING ROOM		37	129,485		
22 PUBLIC RELATIONS	T	ADMINISTRATIVE & GENERAL		6		17,228	
36 TOTAL RECLASSIFICATIONS					740,652	2,078,303	

(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.

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,043,373	15,572		15,572		1,058,945	
2 LAND IMPROVEMENTS	20,435,511	110,248		110,248	14,674	20,531,085	
3 BUILDINGS & FIXTURE	12,783,356	540,804		540,804	452,123	12,872,037	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL	34,262,240	666,624		666,624	466,797	34,462,067	
8 RECONCILING ITEMS							
9 TOTAL	34,262,240	666,624		666,624	466,797	34,462,067	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL	20,531,085		20,531,085	.697214				
4	NEW CAP REL COSTS-MV	12,872,038	3,955,801	8,916,237	.302786				
5	TOTAL	33,403,123	3,955,801	29,447,322	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,647,229			30,021	61,716		1,738,966
4	NEW CAP REL COSTS-MV	996,699				59,321		1,056,020
5	TOTAL	2,643,928			30,021	121,037		2,794,986

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	2,326,807						2,326,807
4	NEW CAP REL COSTS-MV	367,263						367,263
5	TOTAL	2,694,070						2,694,070

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

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	A	-454,277	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER	A	-243,112	NEW CAP REL COSTS-BLDG &	3	11
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-7,749			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-76,300	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-173,756	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-336	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-45,768	ADMINISTRATIVE & GENERAL	6	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 OTHER RECEIPTS	B	-29,918	ADMINISTRATIVE & GENERAL	6	
38 MEALS ON WHEELS	B	-8,651	DIETARY	11	
39 BREAKFAST CART	B	-5,500	DIETARY	11	
40 MRI DEPRECIATION CARRYFORWARD	A	-50,142	NEW CAP REL COSTS-MVBLE E	4	9
41 LOBBYING EXPENSES	A	-1,058	ADMINISTRATIVE & GENERAL	6	
42 PERSONAL USE OF AUTO	A	-1,497	ADMINISTRATIVE & GENERAL	6	
43 BAD DEBT EXPENSE	A	-3,149,236	ADMINISTRATIVE & GENERAL	6	
44 DAY CARE CENTER FEES	B	-126,335	EMPLOYEE BENEFITS	5	
45 CANCER CENTER RENTAL INCOME	B	-122,813	ONCOLOGY	59.01	
46 CHRISTMAS PARTY EXPENSE	A	-10,019	ADMINISTRATIVE & GENERAL	6	
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,506,467			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
15-1315

PERIOD:
FROM 10/ 1/2006
TO 9/30/2007

PREPARED 2/ 3/2009
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
44	MEDICAL SPECIALIST	12,000	7,749	4,251				
101	TOTAL	12,000	7,749	4,251				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
15-1315

PERIOD:
FROM 10/ 1/2006
TO 9/30/2007

PREPARED 2/ 3/2009
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	44	MEDICAL SPECIALIST						7,749
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						7,749

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

PROVIDER NO: 15-1315

PERIOD: FROM 10/ 1/2006 TO 9/30/2007

PREPARED 2/ 3/2009 WORKSHEET A-8-4 PARTS I - VII

RESPIRATORY THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	365
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	4.72
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED	1961.25	13185.50	216.25	
10	AHSEA (SEE INSTRUCTIONS)	58.23	50.63	37.97	
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE-HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	25.32	25.32	18.99	
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	114,204
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	667,582
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	8,211
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	781,786
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	781,786

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	781,786

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	9,242
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	9,242
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	1,723
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	10,965

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

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

RESPIRATORY THERAPY

33	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28)	10,965
34	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)	
35	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)	

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

STANDARD TRAVEL EXPENSE

36	THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)	
37	ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)	
38	SUBTOTAL (SUM OF LINES 36 AND 37)	
39	STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)	
40	THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)	
41	ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)	
42	SUBTOTAL (SUM OF LINES 40 AND 41)	
43	OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)	

TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE

44	STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)	
45	OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)	
46	OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)	

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47	OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1 509.25	2	3	4 5 509.25
48	OVERTIME RATE (SEE INSTRUCTIONS)	75.95	56.96		
CALCULATION OF LIMIT					
49	TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)	38,678			
50	PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00			100.00
51	ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)	2080.00			2080.00
DETERMINATION OF OVERTIME ALLOWANCE					
52	ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)	50.63			
53	OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)	105,310			
54	MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)	38,678			
55	PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)	25,783			
56	OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)	12,895			12,895

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57	SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23)	781,786
58	TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35)	10,965
59	TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)	
60	OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)	12,895
61	EQUIPMENT COST (SEE INSTRUCTIONS)	
62	SUPPLIES (SEE INSTRUCTIONS)	
63	TOTAL ALLOWANCE (SUM OF LINES 57-62)	805,646
64	TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS)	

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

PROVIDER NO: 15-1315

PERIOD: FROM 10/ 1/2006 TO 9/30/2007

PREPARED 2/ 3/2009 WORKSHEET A-8-4 PARTS I - VII

RESPIRATORY THERAPY

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

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

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

COST ALLOCATION STATISTICS

PROVIDER NO: 15-1315
 PERIOD: FROM 10/ 1/2006 TO 9/30/2007
 PREPARED 2/ 3/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	4	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	6	HOURS OF	SERVICE	ENTERED
11	DIETARY	7	MEALS	SERVED	ENTERED
12	CAFETERIA	8	FTES		ENTERED
14	NURSING ADMINISTRATION	9	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	10	COSTED	REQUIS.	ENTERED
16	PHARMACY	11	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	TIME	SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATIONS OF E & GENERAL PLANT	
	0	3	4	5		6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,738,966	1,738,966					
005 NEW CAP REL COSTS-MVBLE E	1,056,020		1,056,020				
006 EMPLOYEE BENEFITS	5,017,045	19,866	12,064	5,048,975			
008 ADMINISTRATIVE & GENERAL	4,433,734	182,546	110,854	910,285	5,637,419	5,637,419	
009 OPERATION OF PLANT	1,457,270	170,359	103,454	170,050	1,901,133	411,603	2,312,736
010 LAUNDRY & LINEN SERVICE	89,046	14,910	9,055		113,011	24,467	25,241
011 HOUSEKEEPING	496,039	1,025	623	152,933	650,620	140,862	1,736
012 DIETARY	106,653	44,827	27,222	27,132	205,834	44,564	75,885
014 CAFETERIA	386,969	21,362	12,972	97,654	518,957	112,356	36,162
015 NURSING ADMINISTRATION	421,449	4,806	2,919	168,996	598,170	129,506	8,136
016 CENTRAL SERVICES & SUPPLY	151,762	22,120	13,433	37,976	225,291	48,776	37,445
017 PHARMACY	1,192,455	11,151	6,772	157,746	1,368,124	296,204	18,876
025 MEDICAL RECORDS & LIBRARY	582,653	16,000	9,716	111,206	719,575	155,791	27,085
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,132,982	92,891	56,410	442,186	1,724,469	373,354	157,249
033 INTENSIVE CARE UNIT	15,553	5,372	3,263	6,051	30,239	6,547	9,095
037 NURSERY	68,895	4,272	2,594	28,223	103,984	22,513	7,232
039 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,085,801	98,274	59,679	346,509	1,590,263	344,298	166,362
038 RECOVERY ROOM	258,049	22,237	13,504	104,465	398,255	86,224	37,644
041 DELIVERY ROOM & LABOR ROO	299,262	25,954	15,761	110,732	451,709	97,797	43,936
044 RADIOLOGY-DIAGNOSTIC	2,067,014	64,619	39,241	459,257	2,630,131	569,439	109,389
048 LABORATORY	1,169,209	36,336	22,066	327,217	1,554,828	336,626	61,511
049 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	492,046	10,072	6,116	12,842	521,076	112,815	17,050
049 01 SLEEP LAB	83,505	17,773	10,793		112,071	24,264	30,086
050 PHYSICAL THERAPY	514,282	44,304	26,904	195,415	780,905	169,069	74,999
053 ELECTROCARDIOLOGY	232,592	1,602	973		235,167	50,915	2,712
053 01 CARDIAC REHAB	41,895	18,873	11,461	16,466	88,695	19,203	31,949
055 MEDICAL SUPPLIES CHARGED	1,645,605				1,645,605	356,280	
056 DRUGS CHARGED TO PATIENTS							
059 CHEMICAL DEPENDENCY	156,007			60,430	216,437	46,859	
059 01 ONCOLOGY	1,527,687	118,557	71,996		1,718,240	372,006	200,697
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	1,122,776	60,411	36,686	434,597	1,654,470	358,199	102,265
071 OBSERVATION BEDS (NON-DIS							
071 HOME HEALTH AGENCY	743,229	14,814	8,996	275,091	1,042,130	225,625	25,078
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE	128,709	3,033	1,842	39,704	173,288	37,518	5,135
095 SUBTOTALS	29,915,159	1,148,366	697,369	4,693,163	28,610,096	4,973,680	1,312,955
096 NONREIMBURS COST CENTERS							
100 GI FT, FLOWER, COFFEE SHOP		3,802	2,309		6,111	1,323	6,437
100 DAYCARE-INFANT/TODDLER		6,622	4,021		10,643	2,304	11,210
100 01 MOB		11,471	6,966		18,437	3,992	19,419
100 02 COMMUNITY HEALTH							
100 03 ASSISTED LIVING/CAMERON W	564,961	491,322	298,363	152,699	1,507,345	326,346	831,719
100 04 EDUCATION							
100 05 MARKETING	311,546	8,940	5,429	58,244	384,159	83,172	15,134
100 06 GUEST MEALS				6,393	6,393	1,384	
100 07 OUTSIDE LAUNDRY							
100 08 CANCER CENTER							
100 09 URGENT CARE	884,145	68,443	41,563	138,476	1,132,627	245,218	115,862
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	31,675,811	1,738,966	1,056,020	5,048,975	31,675,811	5,637,419	2,312,736

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	162,719						
011 HOUSEKEEPING	28,416	821,634					
012 DIETARY	2,325		328,608				
014 CAFETERIA		24,296		691,771			
015 NURSING ADMINISTRATION				21,709	757,521		
016 CENTRAL SERVICES & SUPPLY		7,730		12,758		332,000	
017 PHARMACY		5,522		21,911		1,034	1,711,671
025 MEDICAL RECORDS & LIBRARY				27,379		821	
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	35,830	167,862	323,870	110,571	155,950	5,050	
037 INTENSIVE CARE UNIT	724		4,738	1,539	2,161		
038 NURSERY	8,252	56,322		5,670	7,997		
039 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	20,793	68,469		60,186	84,876	3,222	
044 RECOVERY ROOM	10,120	15,461		20,291		351	
048 DELIVERY ROOM & LABOR ROO	2,954	13,252		22,235	31,375	2,562	
049 RADIOLOGY-DIAGNOSTIC	15,609	64,052		85,904	121,169	6,479	
053 LABORATORY	400	58,530		80,477	113,508	3,344	
055 INTRAVENOUS THERAPY							
056 RESPIRATORY THERAPY	152	12,148		1,620		680	
059 01 SLEEP LAB	2,459	4,417				1,848	
061 PHYSICAL THERAPY	1,791	25,400		36,209	51,095		
062 ELECTROCARDIOLOGY	152					223	
071 01 CARDIAC REHAB	1,791			3,524		22	
077 MEDICAL SUPPLIES CHARGED						291,659	
083 DRUGS CHARGED TO PATIENTS							1,711,671
089 CHEMICAL DEPENDENCY		11,043		12,313		175	
093 01 ONCOLOGY							
095 OUTPAT SERVICE COST CNTRS							
096 EMERGENCY	25,424	121,478		93,681	132,102	6,183	
100 02 OBSERVATION BEDS (NON-DIS							
100 03 OTHER REIMBURS COST CNTRS							
100 04 HOME HEALTH AGENCY		15,461		56,662	57,288	1,632	
100 05 SPEC PURPOSE COST CENTERS							
100 06 HOSPICE				9,396		456	
100 07 SUBTOTALS	157,192	671,443	328,608	684,035	757,521	325,741	1,711,671
100 08 NONREIMBURS COST CENTERS							
100 09 GIFT, FLOWER, COFFEE SHOP							
100 01 DAYCARE-INFANT/TODDLER	5,527	26,504					
100 02 MOB		86,139					
100 03 COMMUNITY HEALTH							
100 04 ASSISTED LIVING/CAMERON W						2,794	
100 05 EDUCATION						494	
100 06 MARKETING				5,265		676	
100 07 GUEST MEALS				2,471			
100 08 OUTSIDE LAUNDRY							
100 09 CANCER CENTER						2,295	
101 01 URGENT CARE		37,548					
101 02 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 TOTAL	162,719	821,634	328,608	691,771	757,521	332,000	1,711,671

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	930,651			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	7,354	3,061,559		3,061,559
033 INTENSIVE CARE UNIT	314	55,357		55,357
037 NURSERY	4,226	216,196		216,196
037 ANCILLARY SRVC COST CNTRS				
038 OPERATING ROOM	22,126	2,360,595		2,360,595
039 RECOVERY ROOM		568,346		568,346
041 DELIVERY ROOM & LABOR ROO		665,820		665,820
044 RADIOLOGY-DIAGNOSTIC	247,675	3,849,847		3,849,847
048 LABORATORY	321,082	2,530,306		2,530,306
049 INTRAVENOUS THERAPY				
049 01 RESPIRATORY THERAPY	33,604	699,145		699,145
050 SLEEP LAB		175,145		175,145
053 PHYSICAL THERAPY	77,413	1,216,881		1,216,881
053 01 ELECTROCARDIOLOGY	39,140	328,309		328,309
055 CARDIAC REHAB	23,436	168,620		168,620
056 MEDICAL SUPPLIES CHARGED		2,293,544		2,293,544
059 DRUGS CHARGED TO PATIENTS		1,711,671		1,711,671
059 01 CHEMICAL DEPENDENCY	29,590	316,417		316,417
061 ONCOLOGY		2,290,943		2,290,943
062 OUTPAT SERVICE COST CNTRS				
071 EMERGENCY	124,691	2,618,493		2,618,493
093 OBSERVATION BEDS (NON-DIS				
095 OTHER REIMBURS COST CNTRS				
096 HOME HEALTH AGENCY		1,423,876		1,423,876
096 SPEC PURPOSE COST CENTERS				
100 HOSPICE		225,793		225,793
100 SUBTOTALS	930,651	26,776,863		26,776,863
100 NONREIMBURS COST CENTERS				
100 GIFT, FLOWER, COFFEE SHOP		13,871		13,871
100 DAYCARE-INFANT/TODDLER		56,188		56,188
100 01 MOB		127,987		127,987
100 02 COMMUNITY HEALTH				
100 03 ASSISTED LIVING/CAMERON W		2,668,204		2,668,204
100 04 EDUCATION		494		494
100 05 MARKETING		488,406		488,406
100 06 GUEST MEALS		10,248		10,248
100 07 OUTSIDE LAUNDRY				
100 08 CANCER CENTER		2,295		2,295
100 09 URGENT CARE		1,531,255		1,531,255
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 TOTAL	930,651	31,675,811		31,675,811

ALLOCATION OF NEW CAPITAL RELATED COSTS

15-1315

FROM 10/ 1/2006

WORKSHEET B

TO 9/30/2007

PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		19,866	12,064	31,930	31,930		
006 ADMINISTRATIVE & GENERAL		182,546	110,854	293,400	5,752	299,152	
008 OPERATION OF PLANT		170,359	103,454	273,813	1,076	21,842	296,731
009 LAUNDRY & LINEN SERVICE		14,910	9,055	23,965		1,298	3,238
010 HOUSEKEEPING		1,025	623	1,648	967	7,475	223
011 DIETARY		44,827	27,222	72,049	172	2,365	9,736
012 CAFETERIA		21,362	12,972	34,334	618	5,962	4,640
014 NURSING ADMINISTRATION		4,806	2,919	7,725	1,069	6,872	1,044
015 CENTRAL SERVICES & SUPPLY		22,120	13,433	35,553	240	2,588	4,804
016 PHARMACY		11,151	6,772	17,923	998	15,718	2,422
017 MEDICAL RECORDS & LIBRARY		16,000	9,716	25,716	703	8,267	3,475
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		92,891	56,410	149,301	2,797	19,812	20,176
026 INTENSIVE CARE UNIT		5,372	3,263	8,635	38	347	1,167
033 NURSERY		4,272	2,594	6,866	179	1,195	928
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		98,274	59,679	157,953	2,192	18,271	21,345
038 RECOVERY ROOM		22,237	13,504	35,741	661	4,576	4,830
039 DELIVERY ROOM & LABOR ROO		25,954	15,761	41,715	700	5,190	5,637
041 RADIOLOGY-DIAGNOSTIC		64,619	39,241	103,860	2,905	30,215	14,035
044 LABORATORY		36,336	22,066	58,402	2,070	17,863	7,892
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		10,072	6,116	16,188	81	5,987	2,188
049 01 SLEEP LAB		17,773	10,793	28,566		1,288	3,860
050 PHYSICAL THERAPY		44,304	26,904	71,208	1,236	8,972	9,623
053 ELECTROCARDIOLOGY		1,602	973	2,575		2,702	348
053 01 CARDIAC REHAB		18,873	11,461	30,334	104	1,019	4,099
055 MEDICAL SUPPLIES CHARGED						18,906	
056 DRUGS CHARGED TO PATIENTS							
059 CHEMICAL DEPENDENCY					382	2,487	
059 01 ONCOLOGY		118,557	71,996	190,553		19,741	25,750
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY		60,411	36,686	97,097	2,749	19,008	13,121
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		14,814	8,996	23,810	1,740	11,973	3,218
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE		3,033	1,842	4,875	251	1,991	659
095 SUBTOTALS		1,148,366	697,369	1,845,735	29,680	263,930	168,458
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		3,802	2,309	6,111		70	826
100 DAYCARE-INFANT/TODDLER		6,622	4,021	10,643		122	1,438
100 01 MOB		11,471	6,966	18,437		212	2,491
100 02 COMMUNITY HEALTH							
100 03 ASSISTED LIVING/CAMERON W		491,322	298,363	789,685	966	17,318	106,711
100 04 EDUCATION							
100 05 MARKETING		8,940	5,429	14,369	368	4,414	1,942
100 06 GUEST MEALS					40	73	
100 07 OUTSIDE LAUNDRY							
100 08 CANCER CENTER							
100 09 URGENT CARE		68,443	41,563	110,006	876	13,013	14,865
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,738,966	1,056,020	2,794,986	31,930	299,152	296,731

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	28,501						
011 HOUSEKEEPING	4,977	15,290					
012 DIETARY	407		84,729				
014 CAFETERIA		452		46,006			
015 NURSING ADMINISTRATION				1,444	18,154		
016 CENTRAL SERVICES & SUPPLY		144		848		44,177	
017 PHARMACY		103		1,457		138	38,759
025 MEDICAL RECORDS & LIBRARY				1,821		109	
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	6,275	3,122	83,507	7,355	3,737	672	
037 INTENSIVE CARE UNIT	127		1,222	102	52		
038 NURSERY	1,445	1,048		377	192		
039 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	3,642	1,274		4,003	2,034	429	
044 RECOVERY ROOM	1,773	288		1,349		47	
048 DELIVERY ROOM & LABOR ROO	517	247		1,479	752	341	
053 RADIOLOGY-DIAGNOSTIC	2,734	1,192		5,713	2,904	862	
055 LABORATORY	70	1,089		5,352	2,720	445	
056 INTRAVENOUS THERAPY							
059 RESPIRATORY THERAPY	27	226		108		90	
061 SLEEP LAB	431	82				246	
062 PHYSICAL THERAPY	314	473		2,408	1,224		
071 ELECTROCARDIOLOGY	27					30	
076 CARDIAC REHAB	314			234		3	
081 MEDICAL SUPPLIES CHARGED						38,808	
086 DRUGS CHARGED TO PATIENTS							38,759
091 CHEMICAL DEPENDENCY		206		819		23	
096 ONCOLOGY							
100 OUTPAT SERVICE COST CNTRS							
100 EMERGENCY	4,453	2,261		6,230	3,166	823	
100 OBSERVATION BEDS (NON-DIS							
100 OTHER REIMBURS COST CNTRS							
101 HOME HEALTH AGENCY		288		3,768	1,373	217	
101 SPEC PURPOSE COST CENTERS							
103 HOSPICE				625		61	
103 SUBTOTALS	27,533	12,495	84,729	45,492	18,154	43,344	38,759
103 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP							
100 DAYCARE-INFANT/TODDLER	968	493					
100 MOB		1,603					
100 COMMUNITY HEALTH							
100 ASSISTED LIVING/CAMERON W						372	
100 EDUCATION						66	
100 MARKETING				350		90	
100 GUEST MEALS				164			
100 OUTSIDE LAUNDRY							
100 CANCER CENTER						305	
100 URGENT CARE		699					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	28,501	15,290	84,729	46,006	18,154	44,177	38,759

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
008 ADMINISTRATIVE & GENERAL				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVICE				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SUPPLY				
017 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	40,091			
025 INPAT ROUTINE SRVC CNTRS				
026 ADULTS & PEDIATRICS	317	297,071		297,071
033 INTENSIVE CARE UNIT	14	11,704		11,704
037 NURSERY	182	12,412		12,412
037 ANCILLARY SRVC COST CNTRS				
038 OPERATING ROOM	953	212,096		212,096
039 RECOVERY ROOM		49,265		49,265
041 DELIVERY ROOM & LABOR ROO		56,578		56,578
044 RADIOLOGY-DIAGNOSTIC	10,669	175,089		175,089
048 LABORATORY	13,831	109,734		109,734
049 INTRAVENOUS THERAPY				
049 01 RESPIRATORY THERAPY	1,448	26,343		26,343
050 SLEEP LAB		34,473		34,473
053 PHYSICAL THERAPY	3,335	98,793		98,793
053 01 ELECTROCARDIOLOGY	1,686	7,368		7,368
055 CARDIAC REHAB	1,010	37,117		37,117
056 MEDICAL SUPPLIES CHARGED		57,714		57,714
059 DRUGS CHARGED TO PATIENTS		38,759		38,759
059 01 CHEMICAL DEPENDENCY	1,275	5,192		5,192
061 ONCOLOGY		236,044		236,044
062 OUTPAT SERVICE COST CNTRS				
071 EMERGENCY	5,371	154,279		154,279
093 OBSERVATION BEDS (NON-DIS				
095 OTHER REIMBURS COST CNTRS				
096 HOME HEALTH AGENCY		46,387		46,387
096 SPEC PURPOSE COST CENTERS				
096 HOSPICE		8,462		8,462
095 SUBTOTALS	40,091	1,674,880		1,674,880
096 NONREIMBURS COST CENTERS				
100 GIFT, FLOWER, COFFEE SHOP		7,007		7,007
100 DAYCARE-INFANT/TODDLER		13,664		13,664
100 01 MOB		22,743		22,743
100 02 COMMUNITY HEALTH				
100 03 ASSISTED LIVING/CAMERON W		915,052		915,052
100 04 EDUCATION		66		66
100 05 MARKETING		21,533		21,533
100 06 GUEST MEALS		277		277
100 07 OUTSIDE LAUNDRY				
100 08 CANCER CENTER		305		305
100 09 URGENT CARE		139,459		139,459
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER				
103 TOTAL	40,091	2,794,986		2,794,986

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
15-1315

PERIOD:
FROM 10/ 1/2006
TO 9/30/2007

PREPARED 2/ 3/2009
WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	OSTS-BLDG &	OSTS-MVBLE E	FITS		(ACCUM. COST	(SQUARE FEET)
	(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES)	6a. 00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	162,812					
005 NEW CAP REL COSTS-MVB		162,812				
006 EMPLOYEE BENEFITS	1,860	1,860	12,325,106			
008 ADMINISTRATIVE & GENE	17,091	17,091	2,222,116	-5,637,419	26,038,392	
009 OPERATION OF PLANT	15,950	15,950	415,111		1,901,133	127,911
010 LAUNDRY & LINEN SERVI	1,396	1,396			113,011	1,396
011 HOUSEKEEPING	96	96	373,327		650,620	96
012 DIETARY	4,197	4,197	66,231		205,834	4,197
014 CAFETERIA	2,000	2,000	238,383		518,957	2,000
015 NURSING ADMINISTRATION	450	450	412,537		598,170	450
016 CENTRAL SERVICES & SU	2,071	2,071	92,703		225,291	2,071
017 PHARMACY	1,044	1,044	385,076		1,368,124	1,044
025 MEDICAL RECORDS & LIB	1,498	1,498	271,466		719,575	1,498
026 INPAT ROUTINE SRVC CN						
033 ADULTS & PEDIATRICS	8,697	8,697	1,079,425		1,724,469	8,697
	503	503	14,770		30,239	503
	400	400	68,895		103,984	400
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM	9,201	9,201	845,866		1,590,263	9,201
039 RECOVERY ROOM	2,082	2,082	255,010		398,255	2,082
041 DELIVERY ROOM & LABOR	2,430	2,430	270,308		451,709	2,430
044 RADIOLOGY-DIAGNOSTIC	6,050	6,050	1,121,095		2,630,131	6,050
048 LABORATORY	3,402	3,402	798,771		1,554,828	3,402
049 INTRAVENOUS THERAPY						
049 01 RESPIRATORY THERAPY	943	943	31,349		521,076	943
050 SLEEP LAB	1,664	1,664			112,071	1,664
053 PHYSICAL THERAPY	4,148	4,148	477,030		780,905	4,148
053 01 ELECTROCARDIOLOGY	150	150			235,167	150
055 CARDIAC REHAB	1,767	1,767	40,196		88,695	1,767
056 MEDICAL SUPPLIES CHAR					1,645,605	
059 DRUGS CHARGED TO PATI						
059 01 CHEMICAL DEPENDENCY			147,516		216,437	
061 ONCOLOGY	11,100	11,100			1,718,240	11,100
062 OUTPAT SERVICE COST C						
071 EMERGENCY	5,656	5,656	1,060,899		1,654,470	5,656
093 OBSERVATION BEDS (NON						
095 OTHER REIMBURS COST C						
096 HOME HEALTH AGENCY	1,387	1,387	671,528		1,042,130	1,387
100 SPEC PURPOSE COST CEN						
100 HOSPICE	284	284	96,921		173,288	284
100 SUBTOTALS	107,517	107,517	11,456,529	-5,637,419	22,972,677	72,616
100 NONREIMBURS COST CENT						
100 GIFT, FLOWER, COFFEE	356	356			6,111	356
100 DAYCARE-INFANT/TODDL	620	620			10,643	620
100 01 MOB	1,074	1,074			18,437	1,074
100 02 COMMUNITY HEALTH						
100 03 ASSISTED LIVING/CAMER	46,000	46,000	372,755		1,507,345	46,000
100 04 EDUCATION						
100 05 MARKETING	837	837	142,181		384,159	837
100 06 GUEST MEALS			15,605		6,393	
100 07 OUTSIDE LAUNDRY						
100 08 CANCER CENTER						
100 09 URGENT CARE	6,408	6,408	338,036		1,132,627	6,408
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	1,738,966	1,056,020	5,048,975		5,637,419	2,312,736
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	10.680822		.409650		.216504	
105 (WRKSHT B, PT I)		6.486131				18.080822
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			31,930		299,152	296,731
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.002591		.011489	
108 (WRKSHT B, PT III)						2.319824

COST ALLOCATION - STATISTICAL BASIS

15-1315

FROM 10/ 1/2006

WORKSHEET B-1

TO 9/30/2007

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(FTES)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)
GENERAL SERVICE COST	9	10	11	12	14	15	16
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	8,538						
010 HOUSEKEEPING	1,491	744					
011 DIETARY	122		13,386				
012 CAFETERIA		22		17,080			
014 NURSING ADMINISTRATION				536	275,846		
015 CENTRAL SERVICES & SUPPLY		7		315		1,873,218	
016 PHARMACY		5		541		5,833	100
017 MEDICAL RECORDS & LIBRARY				676		4,632	
025 INPAT ROUTINE SRVC CNTR							
026 ADULTS & PEDIATRICS	1,880	152	13,193	2,730	56,788	28,492	
033 INTENSIVE CARE UNIT	38		193	38	787		
NURSERY	433	51		140	2,912		
037 ANCILLARY SRVC COST CENTER							
038 OPERATING ROOM	1,091	62		1,486	30,907	18,182	
039 RECOVERY ROOM	531	14		501		1,978	
041 DELIVERY ROOM & LABOR	155	12		549	11,425	14,453	
044 RADIOLOGY-DIAGNOSTIC	819	58		2,121	44,123	36,554	
048 LABORATORY	21	53		1,987	41,333	18,867	
049 INTRAVENOUS THERAPY							
049 01 RESPIRATORY THERAPY	8	11		40		3,835	
050 SLEEP LAB	129	4				10,429	
053 PHYSICAL THERAPY	94	23		894	18,606		
053 01 ELECTROCARDIOLOGY	8					1,261	
055 CARDIAC REHAB	94			87		123	
056 MEDICAL SUPPLIES CHARGED TO PATIENT						1,645,605	
059 DRUGS CHARGED TO PATIENT							100
059 01 CHEMICAL DEPENDENCY		10		304		990	
061 ONCOLOGY							
062 OUTPAT SERVICE COST CENTER							
071 EMERGENCY	1,334	110		2,313	48,104	34,884	
093 OBSERVATION BEDS (NON-REIMBURS)							
095 OTHER REIMBURS COST CENTER							
HOME HEALTH AGENCY		14		1,399	20,861	9,210	
093 SPEC PURPOSE COST CENTER							
HOSPICE				232		2,575	
095 SUBTOTALS	8,248	608	13,386	16,889	275,846	1,837,903	100
096 NONREIMBURS COST CENTER							
100 GIFT, FLOWER, COFFEE							
100 01 DAYCARE-INFANT/TODDLER	290	24					
100 02 MOB		78					
100 03 COMMUNITY HEALTH							
100 04 ASSISTED LIVING/CAMERON						15,767	
100 05 EDUCATION						2,788	
100 06 MARKETING				130		3,812	
100 07 GUEST MEALS				61			
100 08 OUTSIDE LAUNDRY							
100 09 CANCER CENTER						12,948	
101 URGENT CARE		34					
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	162,719	821,634	328,608	691,771	757,521	332,000	1,711,671
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		1,104.346774		40.501815		.177235	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	19.058210		24.548633		2.746174		17,116.710000
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	28,501	15,290	84,729	46,006	18,154	44,177	38,759
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	3.338135	20.551075	6.329673	2.693560	.065812	.023583	387.590000

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 2/ 3/2009

15-1315

FROM 10/ 1/2006

WORKSHEET B-1

|

| TO

9/30/2007

|

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY (TIME SPENT)
	17
003 GENERAL SERVICE COST	
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
008 ADMINISTRATIVE & GENE	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVI	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
015 NURSING ADMINISTRATIO	
016 CENTRAL SERVICES & SU	
017 PHARMACY	
017 MEDICAL RECORDS & LIB	100,864
025 INPAT ROUTINE SRVC CN	
026 ADULTS & PEDIATRICS	797
033 INTENSIVE CARE UNIT	34
037 NURSERY	458
037 ANCILLARY SRVC COST C	
038 OPERATING ROOM	2,398
039 RECOVERY ROOM	
041 DELIVERY ROOM & LABOR	
044 RADIOLOGY-DIAGNOSTIC	26,843
048 LABORATORY	34,799
049 INTRAVENOUS THERAPY	
049 01 RESPIRATORY THERAPY	3,642
050 SLEEP LAB	
053 PHYSICAL THERAPY	8,390
053 01 ELECTROCARDIOLOGY	4,242
055 CARDIAC REHAB	2,540
056 MEDICAL SUPPLIES CHAR	
059 DRUGS CHARGED TO PATI	
059 01 CHEMICAL DEPENDENCY	3,207
061 ONCOLOGY	
062 OUTPAT SERVICE COST C	
071 EMERGENCY	13,514
093 OBSERVATION BEDS (NON	
095 OTHER REIMBURS COST C	
096 HOME HEALTH AGENCY	
100 SPEC PURPOSE COST CEN	
100 HOSPICE	
100 01 SUBTOTALS	100,864
100 02 NONREIMBURS COST CENT	
100 03 GIFT, FLOWER, COFFEE	
100 04 DAYCARE-INFANT/TODDLE	
100 05 MOB	
100 06 COMMUNITY HEALTH	
100 07 ASSISTED LIVING/CAMER	
100 08 EDUCATION	
100 09 MARKETING	
100 10 GUEST MEALS	
100 11 OUTSIDE LAUNDRY	
100 12 CANCER CENTER	
100 13 URGENT CARE	
101 14 CROSS FOOT ADJUSTMENT	
102 15 NEGATIVE COST CENTER	
103 16 COST TO BE ALLOCATED	930,651
104 (PER WRKSHT B, PART	
105 UNIT COST MULTIPLIER	
106 (WRKSHT B, PT I)	9,226791
107 COST TO BE ALLOCATED	
108 (PER WRKSHT B, PART	
108 UNIT COST MULTIPLIER	
108 (WRKSHT B, PT I I)	40,091
108 UNIT COST MULTIPLIER	
108 (WRKSHT B, PT I I I)	.397476

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:
15-1315PERIOD:
FROM 10/ 1/2006
TO 9/30/2007PREPARED 2/ 3/2009
WORKSHEET C
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,061,559		3,061,559		3,061,559
26	INTENSIVE CARE UNIT	55,357		55,357		55,357
33	NURSERY	216,196		216,196		216,196
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,360,595		2,360,595		2,360,595
38	RECOVERY ROOM	568,346		568,346		568,346
39	DELIVERY ROOM & LABOR ROO	665,820		665,820		665,820
41	RADIOLOGY-DIAGNOSTIC	3,849,847		3,849,847		3,849,847
44	LABORATORY	2,530,306		2,530,306		2,530,306
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	699,145		699,145		699,145
49	01 SLEEP LAB	175,145		175,145		175,145
50	PHYSICAL THERAPY	1,216,881		1,216,881		1,216,881
53	ELECTROCARDIOLOGY	328,309		328,309		328,309
53	01 CARDIAC REHAB	168,620		168,620		168,620
55	MEDICAL SUPPLIES CHARGED	2,293,544		2,293,544		2,293,544
56	DRUGS CHARGED TO PATIENTS	1,711,671		1,711,671		1,711,671
59	CHEMICAL DEPENDENCY	316,417		316,417		316,417
59	01 ONCOLOGY	2,290,943		2,290,943		2,290,943
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,618,493		2,618,493		2,618,493
62	OBSERVATION BEDS (NON-DIS	369,629		369,629		369,629
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	25,496,823		25,496,823		25,496,823
102	LESS OBSERVATION BEDS	369,629		369,629		369,629
103	TOTAL	25,127,194		25,127,194		25,127,194

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	3,150,010		3,150,010			
26	INTENSIVE CARE UNIT	92,530		92,530			
33	NURSERY	269,374		269,374			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,399,755	3,878,735	5,278,490	.447210	.447210	.447210
38	RECOVERY ROOM	209,704	1,092,363	1,302,067	.436495	.436495	.436495
39	DELIVERY ROOM & LABOR ROO	289,953	51,046	340,999	1.952557	1.952557	1.952557
41	RADIOLOGY-DIAGNOSTIC	767,199	13,755,722	14,522,921	.265088	.265088	.265088
44	LABORATORY	764,063	5,315,757	6,079,820	.416181	.416181	.416181
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	455,097	246,962	702,059	.995849	.995849	.995849
49	01 SLEEP LAB		658,882	658,882	.265821	.265821	.265821
50	PHYSICAL THERAPY	224,512	1,668,144	1,892,656	.642949	.642949	.642949
53	ELECTROCARDIOLOGY	31,712	432,438	464,150	.707334	.707334	.707334
53	01 CARDIAC REHAB	1,526	201,127	202,653	.832063	.832063	.832063
55	MEDICAL SUPPLIES CHARGED	331,997	5,477,299	5,809,296	.394806	.394806	.394806
56	DRUGS CHARGED TO PATIENTS	1,296,035	2,577,154	3,873,189	.441928	.441928	.441928
59	CHEMICAL DEPENDENCY		356,811	356,811	.886792	.886792	.886792
59	01 ONCOLOGY		3,267,382	3,267,382	.701156	.701156	.701156
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	152,933	5,169,965	5,322,898	.491930	.491930	.491930
62	OBSERVATION BEDS (NON-DIS	44,662	518,468	563,130	.656383	.656383	.656383
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	9,481,062	44,668,255	54,149,317			
102	LESS OBSERVATION BEDS						
103	TOTAL	9,481,062	44,668,255	54,149,317			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,061,559		3,061,559		3,061,559
26	INTENSIVE CARE UNIT	55,357		55,357		55,357
33	NURSERY	216,196		216,196		216,196
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,360,595		2,360,595		2,360,595
38	RECOVERY ROOM	568,346		568,346		568,346
39	DELIVERY ROOM & LABOR ROO	665,820		665,820		665,820
41	RADIOLOGY-DIAGNOSTIC	3,849,847		3,849,847		3,849,847
44	LABORATORY	2,530,306		2,530,306		2,530,306
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	699,145		699,145		699,145
49	01 SLEEP LAB	175,145		175,145		175,145
50	PHYSICAL THERAPY	1,216,881		1,216,881		1,216,881
53	ELECTROCARDIOLOGY	328,309		328,309		328,309
53	01 CARDIAC REHAB	168,620		168,620		168,620
55	MEDICAL SUPPLIES CHARGED	2,293,544		2,293,544		2,293,544
56	DRUGS CHARGED TO PATIENTS	1,711,671		1,711,671		1,711,671
59	CHEMICAL DEPENDENCY	316,417		316,417		316,417
59	01 ONCOLOGY	2,290,943		2,290,943		2,290,943
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,618,493		2,618,493		2,618,493
62	OBSERVATION BEDS (NON-DIS	369,629		369,629		369,629
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	25,496,823		25,496,823		25,496,823
102	LESS OBSERVATION BEDS	369,629		369,629		369,629
103	TOTAL	25,127,194		25,127,194		25,127,194

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,360,595	212,096	2,148,499			2,360,595
38	RECOVERY ROOM	568,346	49,265	519,081			568,346
39	DELIVERY ROOM & LABOR ROO	665,820	56,578	609,242			665,820
41	RADIOLOGY-DIAGNOSTIC	3,849,847	175,089	3,674,758			3,849,847
44	LABORATORY	2,530,306	109,734	2,420,572			2,530,306
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	699,145	26,343	672,802			699,145
49	01 SLEEP LAB	175,145	34,473	140,672			175,145
50	PHYSICAL THERAPY	1,216,881	98,793	1,118,088			1,216,881
53	ELECTROCARDIOLOGY	328,309	7,368	320,941			328,309
53	01 CARDIAC REHAB	168,620	37,117	131,503			168,620
55	MEDICAL SUPPLIES CHARGED	2,293,544	57,714	2,235,830			2,293,544
56	DRUGS CHARGED TO PATIENTS	1,711,671	38,759	1,672,912			1,711,671
59	CHEMICAL DEPENDENCY	316,417	5,192	311,225			316,417
59	01 ONCOLOGY	2,290,943	236,044	2,054,899			2,290,943
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,618,493	154,279	2,464,214			2,618,493
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	369,629		369,629			369,629
101	SUBTOTAL	22,163,711	1,298,844	20,864,867			22,163,711
102	LESS OBSERVATION BEDS	369,629		369,629			369,629
103	TOTAL	21,794,082	1,298,844	20,495,238			21,794,082

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,360,595	212,096	2,148,499			2,360,595
38	RECOVERY ROOM	568,346	49,265	519,081			568,346
39	DELIVERY ROOM & LABOR ROO	665,820	56,578	609,242			665,820
41	RADIOLOGY-DIAGNOSTIC	3,849,847	175,089	3,674,758			3,849,847
44	LABORATORY	2,530,306	109,734	2,420,572			2,530,306
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	699,145	26,343	672,802			699,145
49	01 SLEEP LAB	175,145	34,473	140,672			175,145
50	PHYSICAL THERAPY	1,216,881	98,793	1,118,088			1,216,881
53	ELECTROCARDIOLOGY	328,309	7,368	320,941			328,309
53	01 CARDIAC REHAB	168,620	37,117	131,503			168,620
55	MEDICAL SUPPLIES CHARGED	2,293,544	57,714	2,235,830			2,293,544
56	DRUGS CHARGED TO PATIENTS	1,711,671	38,759	1,672,912			1,711,671
59	CHEMICAL DEPENDENCY	316,417	5,192	311,225			316,417
59	01 ONCOLOGY	2,290,943	236,044	2,054,899			2,290,943
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,618,493	154,279	2,464,214			2,618,493
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	369,629		369,629			369,629
101	SUBTOTAL	22,163,711	1,298,844	20,864,867			22,163,711
102	LESS OBSERVATION BEDS	369,629		369,629			369,629
103	TOTAL	21,794,082	1,298,844	20,495,238			21,794,082

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	5,278,490	.447210	.447210
38	RECOVERY ROOM	1,302,067	.436495	.436495
39	DELIVERY ROOM & LABOR ROO	340,999	1.952557	1.952557
41	RADIOLOGY-DIAGNOSTIC	14,522,921	.265088	.265088
44	LABORATORY	6,079,820	.416181	.416181
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	702,059	.995849	.995849
49	01 SLEEP LAB	658,882	.265821	.265821
50	PHYSICAL THERAPY	1,892,656	.642949	.642949
53	ELECTROCARDIOLOGY	464,150	.707334	.707334
53	01 CARDIAC REHAB	202,653	.832063	.832063
55	MEDICAL SUPPLIES CHARGED	5,809,296	.394806	.394806
56	DRUGS CHARGED TO PATIENTS	3,873,189	.441928	.441928
59	CHEMICAL DEPENDENCY	356,811	.886792	.886792
59	01 ONCOLOGY	3,267,382	.701156	.701156
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	5,322,898	.491930	.491930
62	OBSERVATION BEDS (NON-DIS	563,130	.656383	.656383
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	50,637,403		
102	LESS OBSERVATION BEDS	563,130		
103	TOTAL	50,074,273		

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

PROVIDER NO: 15-1315
 PERIOD: FROM 10/1/2006 TO 9/30/2007
 PREPARED 2/3/2009
 WORKSHEET C
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,360,595	5,278,490			
38	RECOVERY ROOM	568,346	1,302,067			
39	DELIVERY ROOM & LABOR ROO	665,820	340,999			
41	RADIOLOGY-DIAGNOSTIC	3,849,847	14,522,921			
44	LABORATORY	2,530,306	6,079,820			
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	699,145	702,059			
49	01 SLEEP LAB	175,145	658,882			
50	PHYSICAL THERAPY	1,216,881	1,892,656			
53	ELECTROCARDIOLOGY	328,309	464,150			
53	01 CARDIAC REHAB	168,620	202,653			
55	MEDICAL SUPPLIES CHARGED	2,293,544	5,809,296			
56	DRUGS CHARGED TO PATIENTS	1,711,671	3,873,189			
59	CHEMICAL DEPENDENCY	316,417	356,811			
59	01 ONCOLOGY	2,290,943	3,267,382			
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	2,618,493	5,322,898			
62	OBSERVATION BEDS (NON-DIS	369,629	563,130			
	OTHER REIMBURS COST CNTRS					
101	TOTAL	22,163,711	50,637,403			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	2,360,595		2,360,595	5,278,490			
38	RECOVERY ROOM	568,346		568,346	1,302,067			
39	DELIVERY ROOM & LABOR ROO	665,820		665,820	340,999			
41	RADIOLOGY-DIAGNOSTIC	3,849,847		3,849,847	14,522,921			
44	LABORATORY	2,530,306	7,749	2,538,055	6,079,820			
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY	699,145		699,145	702,059			
49	01 SLEEP LAB	175,145		175,145	658,882			
50	PHYSICAL THERAPY	1,216,881		1,216,881	1,892,656			
53	ELECTROCARDIOLOGY	328,309		328,309	464,150			
53	01 CARDIAC REHAB	168,620		168,620	202,653			
55	MEDICAL SUPPLIES CHARGED	2,293,544		2,293,544	5,809,296			
56	DRUGS CHARGED TO PATIENTS	1,711,671		1,711,671	3,873,189			
59	CHEMICAL DEPENDENCY	316,417		316,417	356,811			
59	01 ONCOLOGY	2,290,943		2,290,943	3,267,382			
61	OUTPAT SERVICE COST CNTRS							
	EMERGENCY	2,618,493		2,618,493	5,322,898			
62	OBSERVATION BEDS (NON-DIS	369,629		369,629	563,130			
	OTHER REIMBURS COST CNTRS							
101	TOTAL	22,163,711	7,749	22,171,460	50,637,403			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIIII OUTPAT COSTS							
109	TITLE XIX OUTPAT 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	441
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	838.16
85	OBSERVATION BED COST	369,629

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,358,040	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		48,594	
37	OPERATING ROOM	.447210	235,228	105,196
38	RECOVERY ROOM	.436495	41,134	17,955
39	DELIVERY ROOM & LABOR ROOM	1.952557		
41	RADIOLOGY-DIAGNOSTIC	.265088	267,640	70,948
44	LABORATORY	.416181	338,948	141,064
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.995849	192,571	191,772
49	01 SLEEP LAB	.265821		
50	PHYSICAL THERAPY	.642949	72,529	46,632
53	ELECTROCARDIOLOGY	.707334	19,411	13,730
53	01 CARDIAC REHAB	.832063		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.394806	137,698	54,364
56	DRUGS CHARGED TO PATIENTS	.441928	578,064	255,463
59	CHEMICAL DEPENDENCY	.886792		
59	01 ONCOLOGY	.701156		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.491930	1,739	855
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.656383		
101	TOTAL		1,884,962	897,979
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,884,962	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.447210		
38	RECOVERY ROOM	.436495		
39	DELIVERY ROOM & LABOR ROOM	1.952557		
41	RADIOLOGY-DIAGNOSTIC	.265088	12,300	3,261
44	LABORATORY	.416181	12,848	5,347
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.995849	17,133	17,062
49 01	SLEEP LAB	.265821		
50	PHYSICAL THERAPY	.642949	112,417	72,278
53	ELECTROCARDIOLOGY	.707334	411	291
53 01	CARDIAC REHAB	.832063		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.394806	11,667	4,606
56	DRUGS CHARGED TO PATIENTS	.441928	31,691	14,005
59	CHEMICAL DEPENDENCY	.886792		
59 01	ONCOLOGY	.701156		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	.491930		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.656383		
101	TOTAL		198,467	116,850
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		198,467	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,639,617		3,551,445
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	5/15/2007	71,479	5/15/2007	134,405
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		71,479		134,405
4 TOTAL INTERIM PAYMENTS		1,711,096		3,685,850
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	4/ 3/2008	100,730	4/ 3/2008	442,673
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		100,730		442,673
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		6,933		11,693
7 TOTAL MEDICARE PROGRAM LIABILITY		1,818,759		4,140,216

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00130

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII I SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		345,862		
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	5/15/2007	17,612		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		17,612		NONE
4 TOTAL INTERIM PAYMENTS		363,474		
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	4/ 3/2008	8,238		
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		-8,238		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		21,786		
7 TOTAL MEDICARE PROGRAM LIABILITY		377,022		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00130

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	260,739	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	118,019	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	308	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	378,758	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	378,758	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	378,758	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	1,736	
14	80% OF PART B COSTS		
15	SUBTOTAL	377,022	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	377,022	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	363,474	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	-8,238	
21	BALANCE DUE PROVIDER/PROGRAM	21,786	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2006	2/ 3/2009
COMPONENT NO:	TO 9/30/2007	WORKSHEET E-3
15-1315		PART II

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

1	INPATIENT SERVICES	2,031,834
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,031,834
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,052,152
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCI LLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DI RECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,052,152
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	268,709
21	EXCESS REASONABLE COST	
22	SUBTOTAL	1,783,443
23	COI NSURANCE	
24	SUBTOTAL	1,783,443
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	35,316
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	35,316
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	22,793
26	SUBTOTAL	1,818,759
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DI SPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	1,818,759
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,711,096
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	100,730
33	BALANCE DUE PROVIDER/PROGRAM	6,933
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

BALANCE SHEET

		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,738,957			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE	43,265			
4	ACCOUNTS RECEIVABLE	7,769,856			
5	OTHER RECEIVABLES	13,389			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,837,000			
7	INVENTORY	631,549			
8	PREPAID EXPENSES	347,313			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	7,707,329			
FIXED ASSETS					
12	LAND	1,058,945			
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	20,531,085			
14.01	LESS ACCUMULATED DEPRECIATION	-9,840,742			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	14,322,037			
16.01	LESS ACCUMULATED DEPRECIATION	-8,360,103			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	17,711,222			
OTHER ASSETS					
22	INVESTMENTS	15,037,705			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,895,573			
26	TOTAL OTHER ASSETS	16,933,278			
27	TOTAL ASSETS	42,351,829			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	947,711			
29 SALARIES, WAGES & FEES PAYABLE	1,055,207			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	959,042			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,837,898			
36 TOTAL CURRENT LIABILITIES	4,799,858			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	8,181,100			
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	3,287,974			
42 TOTAL LONG-TERM LIABILITIES	11,469,074			
43 TOTAL LIABILITIES	16,268,932			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	26,082,897			
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	26,082,897			
52 TOTAL LIABILITIES AND FUND BALANCES	42,351,829			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		23,782,382		
	OF PERIOD				
2	NET INCOME (LOSS)		2,127,893		
3	TOTAL		25,910,275		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5					
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		25,910,275		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13					
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		25,910,275		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	3,419,384		3,419,384
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	3,419,384		3,419,384
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	92,530		92,530
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	92,530		92,530
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	3,511,914		3,511,914
17 00 ANCILLARY SERVICES	5,706,553	39,134,228	44,840,781
18 00 OUTPATIENT SERVICES	197,595	5,688,433	5,886,028
19 00 HOME HEALTH AGENCY		767,808	767,808
23 00 HOSPICE		229,861	229,861
24 00 PHYSICIAN REVENUE		1,546,132	1,546,132
24 01 MARKETING REVENUE		5,266	5,266
25 00 TOTAL PATIENT REVENUES	9,416,062	47,371,728	56,787,790

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		36,182,278	
ADD (SPECIFY)			
27 00			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		36,182,278	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	56,787,790
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	22,142,211
3	NET PATIENT REVENUES	34,645,579
4	LESS: TOTAL OPERATING EXPENSES	36,182,278
5	NET INCOME FROM SERVICE TO PATIENTS	-1,536,699
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	43,745
7	INCOME FROM INVESTMENTS	2,003,054
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	81,295
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	1,134
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	336
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	45,768
22	RENTAL OF HOSPITAL SPACE	314,238
23	GOVERNMENTAL APPROPRIATIONS	
24	CAMERON WOODS ASSISTED LIVING	962,529
24.01	DAY CARE/PLAY CARE	126,335
24.02	CPR/FIRST AID	5,764
24.03	OTHER RECEIPTS	67,357
24.04	MEALS ON WHEELS	8,651
24.05	BREAKFAST CART	5,500
25	TOTAL OTHER INCOME	3,665,706
26	TOTAL	2,129,007
	OTHER EXPENSES	
27	NON-ALLOWABLE EXPENSE	1,114
28		
29		
30	TOTAL OTHER EXPENSES	1,114
31	NET INCOME (OR LOSS) FOR THE PERIOD	2,127,893

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	165,546			5,647	34,335	205,528
HHA REIMBURSABLE SERVICES						
6	266,282		27,625			293,907
7	92,806					92,806
8	15,815					15,815
9	1,431					1,431
10	12,690					12,690
11	26,333					26,333
12					4,094	4,094
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17	90,625					90,625
18						
19						
20						
21						
22						
23						
23.50						
24	671,528		27,625	5,647	38,429	743,229

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		205,528		205,528
HHA REIMBURSABLE SERVICES				
6		293,907		293,907
7		92,806		92,806
8		15,815		15,815
9		1,431		1,431
10		12,690		12,690
11		26,333		26,333
12		4,094		4,094
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17		90,625		90,625
18				
19				
20				
21				
22				
23				
23.50				
24		743,229		743,229

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		205,528				205,528	205,528
HHA REIMBURSABLE SERVICES							
6		293,907				293,907	112,341
7		92,806				92,806	35,474
8		15,815				15,815	6,045
9		1,431				1,431	547
10		12,690				12,690	4,851
11		26,333				26,333	10,065
12		4,094				4,094	1,565
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17		90,625				90,625	34,640
18							
19							
20							
21							
22							
23							
23.50							
24		743,229				743,229	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
		406,248					
6		128,280					
7		21,860					
8		1,978					
9		17,541					
10		36,398					
11		5,659					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17		125,265					
18							
19							
20							
21							
22							
23							
23.50							
24		743,229					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-205,528	537,701
6	SKILLED NURSING CARE					293,907	
7	PHYSICAL THERAPY					92,806	
8	OCCUPATIONAL THERAPY					15,815	
9	SPEECH PATHOLOGY					1,431	
10	MEDICAL SOCIAL SERVICES					12,690	
11	HOME HEALTH AIDE					26,333	
12	SUPPLIES					4,094	
13	DRUGS						
13. 20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING					90,625	
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23. 50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-205,528	537,701
25	COST TO BE ALLOCATED					205,528	
26	UNIT COST MULTIPLIER					.382235	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6
1 ADMIN & GENERAL		14,814	8,996	67,816	91,626	19,837
2 SKILLED NURSING CARE	406,248			109,083	515,331	111,571
3 PHYSICAL THERAPY	128,280			38,018	166,298	36,004
4 OCCUPATIONAL THERAPY	21,860			6,479	28,339	6,136
5 SPEECH PATHOLOGY	1,978			586	2,564	555
6 MEDICAL SOCIAL SERVICES	17,541			5,198	22,739	4,923
7 HOME HEALTH AIDE	36,398			10,787	47,185	10,216
8 SUPPLIES	5,659				5,659	1,225
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING	125,265			37,124	162,389	35,158
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)	743,229	14,814	8,996	275,091	1,042,130	225,625
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14
1 ADMIN & GENERAL	25,078		15,461		16,727	
2 SKILLED NURSING CARE					17,699	24,978
3 PHYSICAL THERAPY					5,670	8,002
4 OCCUPATIONAL THERAPY					1,013	1,414
5 SPEECH PATHOLOGY					81	121
6 MEDICAL SOCIAL SERVICES					1,013	1,444
7 HOME HEALTH AIDE					4,293	6,055
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING					10,166	15,274
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)	25,078		15,461		56,662	57,288
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	CENTRAL SERVICES & SUPPL	PHARMACY	MEDICAL RECORDS & LIBRARY	SUBTOTAL	POST STEP DOWN ADJUST	SUBTOTAL
	15	16	17	25	26	27
1 ADMIN & GENERAL	1,632			170,361		170,361
2 SKILLED NURSING CARE				669,579		669,579
3 PHYSICAL THERAPY				215,974		215,974
4 OCCUPATIONAL THERAPY				36,902		36,902
5 SPEECH PATHOLOGY				3,321		3,321
6 MEDICAL SOCIAL SERVICES				30,119		30,119
7 HOME HEALTH AIDE				67,749		67,749
8 SUPPLIES				6,884		6,884
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING				222,987		222,987
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,632			1,423,876		1,423,876
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	ALLOCATED HHA A & G	TOTAL HHA COSTS
	28	29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	91,001	760,580
3 PHYSICAL THERAPY	29,352	245,326
4 OCCUPATIONAL THERAPY	5,015	41,917
5 SPEECH PATHOLOGY	451	3,772
6 MEDICAL SOCIAL SERVICES	4,093	34,212
7 HOME HEALTH AIDE	9,208	76,957
8 SUPPLIES	936	7,820
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING	30,305	253,292
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)	170,361	1,423,876
21 UNIT COST MULTIPLIER	0.135907	

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

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6A	6	8
1 ADMIN & GENERAL	1,387	1,387	165,546		91,626	1,387
2 SKILLED NURSING CARE			266,282		515,331	
3 PHYSICAL THERAPY			92,806		166,298	
4 OCCUPATIONAL THERAPY			15,815		28,339	
5 SPEECH PATHOLOGY			1,431		2,564	
6 MEDICAL SOCIAL SERVICES			12,690		22,739	
7 HOME HEALTH AIDE			26,333		47,185	
8 SUPPLIES					5,659	
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING			90,625		162,389	
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	1,387	1,387	671,528		1,042,130	1,387
21 COST TO BE ALLOCATED	14,814	8,996	275,091		225,625	25,078
22 UNIT COST MULTIPLIER	10.680606	6.485941	0.409649		0.216504	18.080750

HHA COST CENTER	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)
	9	10	11	12	14	15
1 ADMIN & GENERAL		14		413		9,210
2 SKILLED NURSING CARE				437	9,095	
3 PHYSICAL THERAPY				140	2,914	
4 OCCUPATIONAL THERAPY				25	515	
5 SPEECH PATHOLOGY				2	44	
6 MEDICAL SOCIAL SERVICES				25	526	
7 HOME HEALTH AIDE				106	2,205	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING				251	5,562	
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)		14		1,399	20,861	9,210
21 COST TO BE ALLOCATED		15,461		56,662	57,288	1,632
22 UNIT COST MULTIPLIER		1104.357143		40.501787	2.746177	0.177199

HHA 1

PHARMACY	MEDICAL RECO
	RDS & LIBRAR
(COSTED	(TIME
REQUIS.) SPENT
16	17

HHA COST CENTER

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

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	760,580	2	760,580	1,805	421.37	647
2 PHYSICAL THERAPY	3	245,326		245,326	1,296	189.29	513
3 OCCUPATIONAL THERAPY	4	41,917		41,917	305	137.43	70
4 SPEECH PATHOLOGY	5	3,772		3,772	36	104.78	24
5 MEDICAL SOCIAL SERVICES	6	34,212		34,212	33	1,036.73	9
6 HOME HEALTH AIDE SERVICE	7	76,957		76,957	1,341	57.39	185
7 TOTAL		1,162,764		1,162,764	4,816		1,448

	-----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	9	10	11	12
1 SKILLED NURSING	460		272,626	193,830		466,456
2 PHYSICAL THERAPY	337		97,106	63,791		160,897
3 OCCUPATIONAL THERAPY	118		9,620	16,217		25,837
4 SPEECH PATHOLOGY			2,515			2,515
5 MEDICAL SOCIAL SERVICES	11		9,331	11,404		20,735
6 HOME HEALTH AIDE SERVICES	429		10,617	24,620		35,237
7 TOTAL	1,355		401,815	309,862		711,677

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

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

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2006	2/ 3/2009
HHA NO:	TO 9/30/2007	WORKSHEET H-6
15-7117		PARTS III & III
		HHA 1

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 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	7,820		7,820	18,455	.423733	7,321
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	11,134		3,102	4,718
16 COST OF DRUGS	2,051			
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:

	MSA NUMBER	AMOUNT
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9915	1
17 PER BENE COST LIMITATION (FRM FI)	9915	2
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	.642949			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.394806			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.441928			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 VISITS -----	----- PROGRAM COSTS -----	----- PROG VISITS ON OR AFTER -----
			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	2	189.29	2.01	3	3.01	4
2 OCCUPATIONAL THERAPY	3	137.43				5
3 SPEECH PATHOLOGY	4	104.78				
4 TOTAL (SUM OF LINES 1-3)						

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2006	2/ 3/2009
HHA NO:	TO 9/30/2007	WORKSHEET H-7
15-7117		PARTS I & II

TITLE XVII I

HHA 1

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

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

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	222,019	190,049
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	3,615	4,373
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	1,485	676
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	227,119	195,098
13 EXCESS REASONABLE COST		
14 SUBTOTAL	227,119	195,098
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	227,119	195,098
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	227,119	195,098
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		2,028
22 SUBTOTAL	227,119	197,126
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	227,119	197,126
25 INTERIM PAYMENTS	227,119	197,126
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2006	2/ 3/2009
HOSPICE NO:	TO 9/30/2007	WORKSHEET K
15-1561		

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	25,311			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	65,938			8,483
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE			11,013	
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES	5,672			
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	96,921		11,013	8,483

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2006	2/ 3/2009
HOSPICE NO:	TO 9/30/2007	WORKSHEET K
15-1561		

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	11,355	36,666		36,666
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE		74,421		74,421
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE		11,013		11,013
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES		5,672		5,672
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOME MAKER				
18.20 HH AIDE & HOME MAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES	937	937		937
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)	12,292	128,709		128,709

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

PROVIDER NO:	PERIOD:	PREPARED 2/ 3/2009
15-1315	FROM 10/ 1/2006	WORKSHEET K
HOSPICE NO:	TO 9/30/2007	
15-1561		

HOSPICE 1

	ADJUSTMENTS	TOTAL (COL. 8 + COL. 9)
	9	10
GENERAL SERVICE COST CENTERS		
1 CAPITAL RELATED COSTS-BLDG AND FIXT.		
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
3 PLANT OPERATION AND MAINTENANCE		
4 TRANSPORTATION - STAFF		
5 VOLUNTEER SERVICE COORDINATION		
6 ADMINISTRATIVE AND GENERAL		36,666
INPATIENT CARE SERVICE		
7 INPATIENT - GENERAL CARE		74,421
8 INPATIENT - RESPIRE CARE		
VISITING SERVICES		
9 PHYSICIAN SERVICES		
10 NURSING CARE		11,013
10.20 NURSING CARE-CONTINUOUS HOME CARE		
11 PHYSICAL THERAPY		
12 OCCUPATIONAL THERAPY		
13 SPEECH/LANGUAGE PATHOLOGY		
14 MEDICAL SOCIAL SERVICES		5,672
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		937
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)		128,709

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2006	2/ 3/2009
HOSPICE NO:	TO 9/30/2007	WORKSHEET K-1
15-1561		

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
6	ADMINISTRATIVE AND GENERAL	25,311		
7	INPATIENT CARE SERVICE			
8	INPATIENT - GENERAL CARE			
8	INPATIENT - RESPIRE CARE			
	VISITING SERVICES			
9	PHYSICIAN SERVICES			
10	NURSING CARE			
10.20	NURSING CARE-CONTINUOUS HOME CARE			
11	PHYSICAL THERAPY			
12	OCCUPATIONAL THERAPY			
13	SPEECH/LANGUAGE PATHOLOGY			
14	MEDICAL SOCIAL SERVICES		5,672	
15	SPIRITUAL COUNSELING			
16	DIETARY COUNSELING			
17	COUNSELING - OTHER			
18	HOME HEALTH AIDE AND HOMEMAKER			
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE			
	OTHER HOSPICE SERVICE COSTS			
19	OTHER			
20	DRUGS BIOLOGICAL AND INFUSION THERAPY			
20.30	ANALGESICS			
20.31	SEDATIVES / HYPNOTICS			
20.32	OTHER - SPECIFY			
21	DURABLE MEDICAL EQUIPMENT/OXYGEN			
22	PATIENT TRANSPORTATION			
23	IMAGING SERVICES			
24	LABS AND DIAGNOSTICS			
25	MEDICAL SUPPLIES			
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
27	RADIATION THERAPY			
28	CHEMOTHERAPY			
29	OTHER			
30	BEREAVEMENT PROGRAM COSTS			
31	VOLUNTEER PROGRAM COSTS			
32	FUNDRAISING			
33	OTHER PROGRAM COSTS			
34	TOTAL (SUM OF LINES 1 THRU 33)	25,311	5,672	

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2006	2/ 3/2009
HOSPICE NO:	TO 9/30/2007	WORKSHEET K-1
15-1561		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	65,938			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	65,938			

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2006	2/ 3/2009
HOSPICE NO:	TO	WORKSHEET K-1
15-1561	9/30/2007	

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	25,311
7	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	65,938
8	INPATIENT - RESPIRE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	
12	OCCUPATIONAL THERAPY	
13	SPEECH/LANGUAGE PATHOLOGY	
14	MEDICAL SOCIAL SERVICES	5,672
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	96,921

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2006	2/ 3/2009
HOSPICE NO:	TO 9/30/2007	WORKSHEET K-3
15-1561		

HOSPICE 1

ADMINISTRATOR
1

DIRECTOR
2

SOCIAL
SERVICES
3

SUPERVISORS
4

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

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2006	2/ 3/2009
HOSPICE NO:	TO 9/30/2007	WORKSHEET K-3
15-1561		

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL				
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE	8,483			
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE				
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES				
15 SPIRITUAL COUNSELING				
16 DIETARY COUNSELING				
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER				
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
30 BEREAVEMENT PROGRAM COSTS				
31 VOLUNTEER PROGRAM COSTS				
32 FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	8,483			

COMPENSATION ANALYSIS
SALARIES AND WAGES

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2006	2/ 3/2009
HOSPICE NO:	TO	WORKSHEET K-3
15-1561	9/30/2007	

HOSPICE 1

TOTAL (1)
9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	8,483
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	8,483

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

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2006	2/ 3/2009
HOSPICE NO:	TO 9/30/2007	WORKSHEET K-4
15-1561		PART I

HOSPICE 1

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

GENERAL SERVICE COST CENTERS			
1 CAPITAL RELATED COSTS-BLDG AND FIXT.			
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
3 PLANT OPERATION AND MAINTENANCE			
4 TRANSPORTATION - STAFF			
5 VOLUNTEER SERVICE COORDINATION			
6 ADMINISTRATIVE AND GENERAL	36,666		
INPATIENT CARE SERVICE			
7 INPATIENT - GENERAL CARE	74,421		
8 INPATIENT - RESPI TE CARE			
VISITING SERVICES			
9 PHYSICIAN SERVICES			
10 NURSING CARE	11,013		
10.20 NURSING CARE-CONTINUOUS HOME CARE			
11 PHYSICAL THERAPY			
12 OCCUPATIONAL THERAPY			
13 SPEECH/LANGUAGE PATHOLOGY			
14 MEDICAL SOCIAL SERVICES	5,672		
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	937		
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)	128,709		

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

PROVIDER NO:	15-1315	PERIOD:	FROM 10/ 1/2006	PREPARED 2/ 3/2009
HOSPICE NO:	15-1561	TO	9/30/2007	WORKSHEET K-4
				PART I

HOSPICE 1

	TRANSPORTATION	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (COL. 0-5)	ADMINISTRATIVE & GENERAL
	4	5	5A	6
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL			36,666	36,666
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE			74,421	29,647
8 INPATIENT - RESPIRE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE			11,013	4,387
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY				
12 OCCUPATIONAL THERAPY				
13 SPEECH/LANGUAGE PATHOLOGY				
14 MEDICAL SOCIAL SERVICES			5,672	2,259
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			937	373
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)			92,043	36,666

COST ALLOCATION -
 HOSPICE GENERAL SERVICE COST

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2006	2/ 3/2009
HOSPICE NO:	TO 9/30/2007	WORKSHEET K-4
15-1561		PART I

HOSPICE 1

TOTAL
 (COL. 5A
 + COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	104,068
10	INPATIENT - RESPIRE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	15,400
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	7,931
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	1,310
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)	128,709

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2006	2/ 3/2009
HOSPICE NO:	TO 9/30/2007	WORKSHEET K-4
15-1561		PART 11

HOSPICE 1

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

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

.000000	.000000	.000000	.000000
---------	---------	---------	---------

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2006	2/ 3/2009
HOSPICE NO:	TO 9/30/2007	WORKSHEET K-4
15-1561		PART II

HOSPICE 1

VOLUNTEER SERVICES COORDINATOR (HOURS)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)
5	6A	6

1	GENERAL SERVICE COST CENTERS		
2	CAPITAL RELATED COSTS-BLDG AND FIXT.		
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4	PLANT OPERATION AND MAINTENANCE		
5	TRANSPORTATION - STAFF		
6	VOLUNTEER SERVICE COORDINATION		
6	ADMINISTRATIVE AND GENERAL	-36,666	92,043
7	INPATIENT CARE SERVICE		
7	INPATIENT - GENERAL CARE		74,421
8	INPATIENT - RESPIRE CARE		
9	VISITING SERVICES		
9	PHYSICIAN SERVICES		
10	NURSING CARE		11,013
10.20	NURSING CARE-CONTINUOUS HOME CARE		
11	PHYSICAL THERAPY		
12	OCCUPATIONAL THERAPY		
13	SPEECH/LANGUAGE PATHOLOGY		
14	MEDICAL SOCIAL SERVICES		5,672
15	SPIRITUAL COUNSELING		
16	DIETARY COUNSELING		
17	COUNSELING - OTHER		
18	HOME HEALTH AIDE AND HOMEMAKER		
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE		
18.20	OTHER HOSPICE SERVICE COSTS		
19	OTHER		
20	DRUGS BIOLOGICAL AND INFUSION THERAPY		
20.30	ANALGESICS		
20.31	SEDATIVES / HYPNOTICS		
20.32	OTHER - SPECIFY		
21	DURABLE MEDICAL EQUIPMENT/OXYGEN		
22	PATIENT TRANSPORTATION		
23	IMAGING SERVICES		
24	LABS AND DIAGNOSTICS		
25	MEDICAL SUPPLIES		937
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)		36,666
35	UNIT COST MULTIPLIER	.000000	.398357

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

HOSPICE 1

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		33,531		
2.00 INPATIENT - GENERAL CARE		126,600	22,079	148,679
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		51,593	8,998	60,591
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		12,475	2,176	14,651
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				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES		1,594	278	1,872
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)		225,793	174,403	225,793
30.00 UNIT COST MULTIPLIER				

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

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	RECONCILIATION
	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	6A
	3	4	5	
1.00 ADMINISTRATIVE AND GENERAL	284	284	25,311	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			65,938	
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			5,672	
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				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	284	284	96,921	
30.00 TOTAL COST TO BE ALLOCATED	3,033	1,842	39,704	
31.00 UNIT COST MULTIPLIER	10.679577	6.485915	409653	

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(ACCUMULATED COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)
	6	8	9	10
1.00 ADMINISTRATIVE AND GENERAL	15,244	284		
2.00 INPATIENT - GENERAL CARE	104,068			
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	42,411			
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	10,255			
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				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES	1,310			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				

HOSPICE 1

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6	8	9	10
29.00 TOTAL (SUM OF LINE 1 THRU 28)	173,288	284		
30.00 TOTAL COST TO BE ALLOCATED	37,518	5,135		
31.00 UNIT COST MULTIPLIER	.216507	18.080986	.000000	.000000

HOSPICE COST CENTER	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)
	11	12	14	15
1.00 ADMINISTRATIVE AND GENERAL			232	2,575
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPIRE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32				
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)			232	2,575
30.00 TOTAL COST TO BE ALLOCATED			9,396	456
31.00 UNIT COST MULTIPLIER	.000000	40.500000	.000000	.177087

HOSPICE 1

PHARMACY MEDICAL RECORDS
& LIBRARY

HOSPICE COST CENTER

(COSTED REQUIS.)	(TIME SPENT)
16	17

1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPIRE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE		
5.20 NURSING CARE-CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY		
7.00 OCCUPATIONAL THERAPY		
8.00 SPEECH/LANGUAGE PATHOLOGY		
9.00 MEDICAL SOCIAL SERVICES		
10.00 SPIRITUAL COUNSELING		
11.00 DIETARY COUNSELING		
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND 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		
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

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	.642949	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.441928	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.416181	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.394806	
8	EMERGENCY	61	.491930	
9	RADIOLOGY-DIAGNOSTIC	41	.265088	
10	CHEMICAL DEPENDENCY	59	.886792	
10.01	ONCOLOGY	59.01	.701156	
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

PROVIDER NO:	PERIOD:	PREPARED
15-1315	FROM 10/ 1/2006	2/ 3/2009
HOSPICE NO:	TO	WORKSHEET
15-1561	9/30/2007	K-6

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				225,793
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				1,747
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				129.25
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	1,747			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	225,800			
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST				
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)				
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)				
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)				

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